The following abbreviations are used in volumes of the *Official Records of the World Health Organization*:

ACABQ — Advisory Committee on Administrative and Budgetary Questions  
ACAST — Advisory Committee on the Application of Science and Technology to Development  
ACC — Administrative Committee on Coordination  
CIOMS — Council for International Organizations of Medical Sciences  
ECA — Economic Commission for Africa  
ECAFE — Economic Commission for Asia and the Far East  
ECE — Economic Commission for Europe  
ECLA — Economic Commission for Latin America  
FAO — Food and Agriculture Organization of the United Nations  
IAEA — International Atomic Energy Agency  
IARC — International Agency for Research on Cancer  
IBRD — International Bank for Reconstruction and Development  
ICAO — International Civil Aviation Organization  
ILO — International Labour Organisation (Office)  
IMCO — Inter-Governmental Maritime Consultative Organization  
ITU — International Telecommunication Union  
OAU — Organization of African Unity  
PAHO — Pan American Health Organization  
PASB — Pan American Sanitary Bureau  
UNCTAD — United Nations Conference on Trade and Development  
UNDP — United Nations Development Programme  
UNESCO — United Nations Educational, Scientific and Cultural Organization  
UNFDAC — United Nations Fund for Drug Abuse Control  
UNFPA — United Nations Fund for Population Activities  
UNICEF — United Nations Children’s Fund  
UNIDO — United Nations Industrial Development Organization  
UNITAR — United Nations Institute for Training and Research  
UNRWA — United Nations Relief and Works Agency for Palestine Refugees in the Near East  
UNSCEAR — United Nations Scientific Committee on the Effects of Atomic Radiation  
WHO — World Health Organization  
WMO — World Meteorological Organization

The designations employed and the presentation of the material in the *Official Records of the World Health Organization* do not imply the expression of any opinion whatsoever on the part of the Director-General concerning the legal status of any country or territory or of its authorities, or concerning the delimitation of its frontiers.
The Twenty-sixth World Health Assembly, held at the Palais des Nations, Geneva, from 7 to 23 May 1973, was convened in accordance with resolution EB50.R19 of the Executive Board (fiftieth session).

The proceedings of the Twenty-sixth World Health Assembly are published in two parts. The resolutions, with annexes, are printed in Official Records No. 209. The records of plenary and committee meetings, the list of delegates and other participants, the agenda and other material are contained in the present volume.
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MEMBERSHIP OF THE HEALTH ASSEMBLY

LIST OF DELEGATES AND OTHER PARTICIPANTS

DELEGATIONS OF MEMBER STATES

AFGHANISTAN

Delegates:
Professor A. M. KHOSHBEEN, Deputy Minister of Public Health (Chief Delegate)
Dr G. R. ROASHAN, President, Child Health Institute, Kabul (Deputy Chief Delegate)
Dr G. H. WAHED, President, Avicenna Hospital, Kabul

ALBANIA

Delegates:
Dr A. MIHO, Deputy Minister of Health (Chief Delegate)
Dr A. BOÇKA, Faculty of Medicine, University of Tirana
Mr K. HYSENAJ, Ministry of Foreign Affairs

ALGERIA

Delegates:
Dr A. BENADOUDA, Directeur de l'Action sanitaire; Director, National Institute of Public Health (Chief Delegate)
Mr R. BOUDJAKDJJI, Ambassador, Permanent Representative of the Democratic and Popular Republic of Algeria to the United Nations Office at Geneva and to the Specialized Agencies in Switzerland and Austria
Dr A. AROUA, Chief Physician, Sanitation and Environmental Hygiene Section, National Institute of Public Health

Alternates:
Mr A. BOUDEHRI, Secrétaire d'Ambassade, Permanent Mission of the Democratic and Popular Republic of Algeria to the United Nations Office at Geneva and to the Specialized Agencies in Switzerland and Austria

ARGENTINA

Delegates:
Dr A. J. GONZÁLEZ, Under-Secretary for Public Health (Chief Delegate)
Dr R. C. LEÓN, Director, International Health Relations, Under-Secretariat of Public Health (Deputy Chief Delegate)
Mr R. A. RAMAYÓN, First Secretary, Permanent Mission of the Republic of Argentina to the United Nations Office and the Other International Organizations at Geneva

Advisers:
Miss R. GUEVARA ACHAVAL, First Secretary, Permanent Mission of the Republic of Argentina to the United Nations Office and the Other International Organizations at Geneva

AUSTRALIA

Delegates:
Sir William REFSHAUGE, Commonwealth Director-General of Health, Department of Health (Chief Delegate)
Dr R. W. GREVILLE, Chief Medical Officer, Australian High Commission in the United Kingdom of Great Britain and Northern Ireland
Mr R. J. SMITH, Counsellor, Deputy Permanent Representative of Australia to the United Nations Office and the Other International Organizations at Geneva

Alternates:
Mr S. C. WHITLAM, Third Secretary, Permanent Mission of Australia to the United Nations Office and the Other International Organizations at Geneva
Dr R. W. CUMMING, Director, International Health, Commonwealth Department of Health
Dr F. G. RAINSFORD, Medical Director, Australian Embassy in Austria

AUSTRIA

Delegates:
Dr A. KRASSNIGG, Director-General of Public Health, Federal Ministry for Health and Environmental Protection (Chief Delegate)
Dr J. DAIMER, Director, Federal Ministry for Health and Environmental Protection (Deputy Chief Delegate)
Dr R. HAVLASEK, Director, Federal Ministry for Health and Environmental Protection (Deputy Chief Delegate)

Alternates:
Mr F. CESKA, Counsellor, Deputy Permanent Representative of Austria to the United Nations Office and the Specialized Agencies at Geneva
Dr M. HAAS, Federal Ministry for Health and Environmental Protection

BAHRAIN

Delegates:
Dr A. M. FAKHRO, Minister of Health (Chief Delegate)
Mr M. R. AL-TAJIR, Director of Administration Affairs, Ministry of Health

BANGLADESH

Delegates:
Mr A. MANNAN, Minister of Health and Family Planning (Chief Delegate)
Professor K. A. KHALEQUE, Director of Health Services
Mr W. RAHMAN, Permanent Delegate of Bangladesh to the International Organizations at Geneva

BELGIUM

Delegates:
Professor S. HALTER, Secretary-General, Ministry of Public Health and Family Welfare (Chief Delegate)

Dr jur. J. DE CONINCK, First Counsellor; Chief, International Relations Section, Ministry of Public Health and Family Welfare (Deputy Chief Delegate)
Dr M. KIVITS, Chief Physician; Director, Cooperation for Development Office

Alternate:
Mr J. P. VAN BELLINGHEN, Ambassador, Permanent Representative of Belgium to the United Nations Office and the Specialized Agencies at Geneva

Advisers:
Mr R. DELVAUX, Minister Counsellor, Deputy Permanent Representative of Belgium to the United Nations Office and the Specialized Agencies at Geneva
Mr A. ONKELINK, Embassy Counsellor, Permanent Mission of Belgium to the United Nations Office and the Specialized Agencies at Geneva
Professor K. VUYLSTEEK, Section of Health and Social Medicine, University of Ghent
Professor E. A. SAND, Faculty of Medicine, Free University of Brussels
Professor HEUZE, School of Public Health, Free University of Brussels
Professor M. GRAFFAR, Director, School of Public Health, Free University of Brussels
Professor M. F. LECHAT, Deputy Director, School of Public Health, Catholic University of Louvain
Professor P. G. JANSSENS, Director, Prince Leopold Institute of Tropical Medicine, Antwerp

BOLIVIA

Delegates:
Dr J. SERRATE AGUILERA, Under-Secretary, Ministry of Social Welfare and Public Health (Chief Delegate)
Mr A. OMEDO VIRREIRA, Ambassador, Permanent Representative of the Republic of Bolivia to the United Nations Office and the Other International Organizations at Geneva (Deputy Chief Delegate)
Mr S. A. IRIARTE RODRÍGUEZ, Administrative Director, Ministry of Social Welfare and Public Health
**Membership of the Health Assembly**

**Adviser:**  
Mrs V. BANZER LÓPEZ, Second Secretary, Permanent Mission of the Republic of Bolivia to the United Nations Office and the Other International Organizations at Geneva

**BRAZIL**

**Delegates:**  
Dr M. MACHADO DE LEMOS, Minister of Public Health (Chief Delegate)  
Dr A. N. BICA, Counsellor in the Secretariat of the Minister of Public Health  
Mr W. PIMENTEL PANTOJA, Ministry of Public Health

**Alternate:**  
Mr F. CUMPLIDO, Jr, Minister, Permanent Mission of Brazil to the United Nations Office and the Other International Organizations at Geneva

**Advisers:**  
Professor M. J. FERREIRA, Head, Planning Department, Ministry of Public Health  
Mr L. VILLARINHO PEDROSO, Embassy Counsellor, Permanent Mission of Brazil to the United Nations Office and the Other International Organizations at Geneva  
Mr A. AMARAL DE SAMPAIO, Embassy Counsellor, Permanent Mission of Brazil to the United Nations Office and the Other International Organizations at Geneva  
Mr R. DE SALVO COIMBRA, First Secretary, Ministry of External Relations

**BURMA**

**Delegates:**  
Dr AUNG THEIN, Director-General, Department of Health, Ministry of Health (Chief Delegate)  
Dr HLA PE, Deputy Director, Department of Health, Ministry of Health

**BURUNDI**

**Delegates:**  
Dr C. BITARIHO, Minister of Public Health (Chief Delegate)  
Mr L. SIMBANDUMWE, Director, Department of Medical Assistance and Pharmacy  
Dr P. NDIKUMANA, Medical Director, Prince Regent Charles Hospital, Bujumbura

**CAMEROON**

**Delegates:**  
Mr P. FOKAM KAMGA, Minister of Public Health and Welfare (Chief Delegate)  
Mr J.-C. NGOH, Ambassador of Cameroon in the Federal Republic of Germany (Deputy Chief Delegate)  
Dr T. BARLA MOUKOKO, Director of Public Health

**Alternates:**  
Dr E. ELOM NTOUZOO, Technical Adviser, Ministry of Public Health and Welfare  
Professor G. MONEKOSSO, Director, University Centre for Health Sciences, Yaoundé

**CANADA**

**Delegates:**  
Dr M. LECLAIR, Deputy Minister of National Health, Department of National Health and Welfare (Chief Delegate)  
Dr R. A. CHAPMAN, Director-General, International Health Services, Department of National Health and Welfare (Deputy Chief Delegate)  
Mr W. H. BARTON, Ambassador, Permanent Representative of Canada to the United Nations Office and the Other International Organizations at Geneva

**Alternates:**  
Dr B. D. B. LAYTON  
Dr J. BRUNET, Deputy Minister, Ministry of Social Affairs, Quebec  
Dr E. A. WATKINSON, Deputy Minister, Department of Health, New Brunswick  
Dr A. J. DEVILLIERS, Senior Medical Officer, International Health Services, Department of National Health and Welfare
Dr J. ROCHON, Head, Department of Social and Preventive Medicine, Laval University, Quebec
Mr G. B. ROSENFELD, Senior Adviser, Health Systems, Health Programs Branch, Department of National Health and Welfare

Advisers:
Mr G. BUICK, Deputy Director (United Nations Economic and Social Affairs), Department of External Affairs
Mr L. H. J. LEGAULT, First Secretary, Permanent Mission of Canada to the United Nations Office and the Other International Organizations at Geneva
Dr C. W. L. JEANES, Special Adviser for Population and Health, Special Advisers Division, Canadian International Development Agency
Mr R. D. AUGER, Second Secretary, Permanent Mission of Canada to the United Nations Office and the Other International Organizations at Geneva

CENTRAL AFRICAN REPUBLIC

Delegates:
Mr A. PATASSE, Minister of State for Public Health and Social Affairs (Chief Delegate)
Dr S. BÉDAYA-NGARO, Director-General of Public Health and Social Affairs

CHAD

Delegates:
Dr J. BAROUM, Minister of Public Health and Social Affairs (Chief Delegate)
Mr P. MBAILAO, Director of Public Health
Dr J. COULM, Director, Major Endemic Diseases Service

Alternate:
Mr J. ABDULAHAD, Permanent Representative of the Republic of Chad to the United Nations Office and the Other International Organizations at Geneva

CHILE

Delegates:
Dr A. JIRON VARGAS, Minister of Public Health (Chief Delegate)
Dr M. ZUNIGA, Medical Inspector, Ministry of Public Health
Mr M. SCHEGGIA, Third Secretary, Permanent Mission of Chile to the United Nations Office and the Other International Organizations at Geneva

Adviser:
Mr J. M. OVALLE, Third Secretary, Permanent Mission of Chile to the United Nations Office and the Other International Organizations at Geneva

CHINA

Delegates:
Dr HUANG Shu-tsé, Vice-Minister of Health (Chief Delegate)
Mr WANG Chung-li, Acting Permanent Representative of the People's Republic of China to the United Nations Office at Geneva and the Other International Organizations in Switzerland (Deputy Chief Delegate)
Dr CHEN Hai-feng, Director, Department of Education and Scientific Research, Ministry of Health

Alternates:
Professor HUANG Chia-su, President, Chinese Academy of Medical Sciences; Professor of Surgery
Professor LIN Ch'iao-chih, Chief, Department of Gynecology and Obstetrics, Capital Hospital, Peking; Chinese Academy of Medical Sciences
Dr LIN Wei, Member of Leading Group, Chinese Academy of Medical Sciences
Mr YEH Cheng-pa, Deputy Chief of Division, Department of International Organizations, Treaties and Law, Ministry of Foreign Affairs
Dr MENG Ching-yu, "Bare-foot" Doctor of Muchang Commune, West Suburb of T'ien-tsin

Advisers:
Professor CHU Chang-kong, Member of Leading Group, Peking Medical College
Professor WU Cheng-tsen, Member of Leading Group, Department of Scientific Research, Chinese Academy of Medical Sciences; Professor of Parasitology
Professor CHU Chi-ming, Professor of Virology, Chinese Academy of Medical Sciences
Professor YANG Ming-ting, Professor of Environmental Hygiene, Faculty of Public Health, Shanghai No. 1 Medical College
Dr NING Shou-pao, Deputy Chief, Department of Paediatrics, Children's Hospital, Shanghai No. 1 Medical College
Dr LI Chuan-chieh, Doctor of Acupuncture and Moxibustion, Academy of Chinese Traditional Medicine
Dr KAO Chang-ileh, Assistant Research Fellow, Chinese Academy of Medical Sciences
Dr YIN Yu-chou, Deputy Chief of Unit, Municipal Bureau of Health, Peking
Mr CHENG Wen-to, Third Secretary, Permanent Mission of the People's Republic of China to the United Nations Office at Geneva and the Other International Organizations in Switzerland
MEMBERSHIP OF THE HEALTH ASSEMBLY

COLOMBIA

Delegates:
- Dr J. M. SALAZAR BUCHELI, Minister of Public Health (Chief Delegate)
- Dr D. GARCÉS, Ambassador, Permanent Representative of Colombia to the United Nations Office and the Specialized Agencies at Geneva (Deputy Chief Delegate)
- Dr A. GARCIA BURGOS, Ambassador of Colombia in Switzerland

Alternates:
- Dr R. DE ZUBIRIA, Director, Institute of Family Welfare
- Dr G. MORA PATIÑO, Chief, International Relations, Ministry of Public Health

Adviser:
- Mr N. GÓMEZ, Counsellor, Permanent Mission of Colombia to the United Nations Office and the Specialized Agencies at Geneva

CONGO

Delegates:
- Dr C. A. EMPANA, Minister of Public Health and Social Affairs (Chief Delegate)
- Dr R. POUATY, Secretary-General for Public Health and Social Affairs
- Dr G. ONDAYE, Director of Health Services

COSTA RICA

Delegates:
- Dr J. L. ORLICH, Minister of Health (Chief Delegate)
- Mr C. DI MOTTOLA, Ambassador, Permanent Representative of the Republic of Costa Rica to the United Nations Office and the Other International Organizations at Geneva
- Mr M. A. MENA, Counsellor, Deputy Permanent Representative of the Republic of Costa Rica to the United Nations Office and the Other International Organizations at Geneva

CUBA

Delegates:
- Dr R. PEREDA CHÁVEZ, Director of International Relations, Ministry of Public Health (Chief Delegate)
- Dr R. MARTÍNEZ RODRÍGUEZ, Director of National Epidemiology, Ministry of Public Health
- Dr M. A. MOYA ALBA, Provincial Director, Ministry of Public Health

Alternate:
- Mrs A. I. OTERO MORAGUES, Directorate of International Bodies and Conferences, Ministry of External Relations

Adviser:
- Mr F. ORTIZ RODRÍGUEZ, First Secretary, Permanent Mission of Cuba to the United Nations Office and the Other International Organizations at Geneva

CYPRUS

Delegates:
- Dr V. P. VASSILIOPOULOS, Director-General, Ministry of Health (Chief Delegate)
- Dr J. CHRISTODOULIDES, Assistant Director of Medical Services, Ministry of Health

CZECHOSLOVAKIA

Delegates:
- Professor J. PROKOPEC, Minister of Health of the Czech Socialist Republic (Chief Delegate)
- Mr J. STÁHL, First Secretary, Permanent Mission of the Czechoslovak Socialist Republic to the United Nations Office and the Other International Organizations at Geneva
- Dr K. GECIK, Chief of the Secretariat of the Minister of Health of the Slovak Socialist Republic

Alternates:
- Dr Eliška KLIVAROVÁ, Director, Foreign Relations Department, Ministry of Health of the Czech Socialist Republic
- Dr Anna SOBOTKOVÁ, Ministry of Foreign Affairs of the Czechoslovak Socialist Republic
- Mr S. HRKOTÁČ, Head, Foreign Relations Department, Ministry of Health of the Slovak Socialist Republic

DAHOMEY

Delegates:
- Mr M. DJIBRIL MORIBA, Minister of Public Health and Social Affairs (Chief Delegate)
- Professor E. ALIHONOU, Technical Adviser, Ministry of Public Health and Social Affairs

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Delegates:
- Mr HAN Hong Sop, Deputy Minister of Public Health (Chief Delegate)

1 Admitted to membership by the Twenty-sixth World Health Assembly on 17 May 1973 (resolution WHA26.28).
Mr KIM Hi Soun, Ambassador of the Democratic People’s Republic of Korea in Poland (Deputy Chief Delegate)
Mr PAK In Ho, Director in the Ministry of Public Health

Alternates:
Mr DJANG Kwang Seun, Deputy Director in the Ministry of Public Health
Mr KIM Tcheul Su, Deputy Director in the Ministry of Public Health
Mr HWANG Djoun Mo, Counsellor, Embassy of the Democratic People’s Republic of Korea in Algeria
Mr SON Ryon Ho, Chief of section, Ministry of Public Health

Advisers:
Mr RI Djeung Kouk, Secretary, Embassy of the Democratic People’s Republic of Korea in Yugoslavia
Mr KIM Hyeung Ryoul, Counsellor, Embassy of the Democratic People’s Republic of Korea in the Syrian Arab Republic
Mr TCHON Djai Hong, Secretary, Embassy of the Democratic People’s Republic of Korea in Egypt

DEMOCRATIC YEMEN

Delegates:
Dr A. A. MAISARI, Director of Health Services, Ministry of Health (Chief Delegate)
Mr I. A. SAIDI, Permanent Secretary, Ministry of Health

DENMARK

Delegates:
Mr E. JENSEN, Minister of the Interior (Chief Delegate)
Dr Esther AMMUNDSEN, Director-General, National Health Service
Mr F. NIELSEN, Head of Department, Ministry of the Interior

Alternate:
Dr J. WORM-PETERSEN, Chief Physician, National Health Service

Advisers:
Mr O. FORSTING, Chief of section, Ministry of the Interior
Mr P. BAK-MORTENSEN, Chief of section, Ministry of the Interior
Professor T. AGERSNAP, Copenhagen Graduate School of Economics and Business Administration

1 Chief Delegate from 10 May.
2 Delegate from 10 May.

Mr E. OLSEN, Embassy Counsellor, Permanent Mission of Denmark to the United Nations Office and the Other International Organizations at Geneva

DOMINICAN REPUBLIC

Delegate:
Dr F. HERRERA-ROA, Ambassador, Permanent Representative of the Dominican Republic to the United Nations Office and the Other International Organizations at Geneva

ECUADOR

Delegates:
Dr T. BUSTAMANTE, Ambassador, Permanent Representative of Ecuador to the United Nations Office at Geneva (Chief Delegate)
Dr H. JÁTIVA, Minister, Deputy Permanent Representative of Ecuador to the United Nations Office at Geneva
Dr J. CARVAJAL, Ministry of Public Health

EGYPT

Delegates:
Professor M. M. MAHFOUZ, Minister of Health (Chief Delegate)
Dr A. ABDALLAH, Under-Secretary of State, Ministry of Health
Dr A. B. MUBARAK, Director, Rural Health Department

Alternates:
Dr I. Z. E. IMAM, Director-General, Egyptian Society for Sera and Vaccine Production
Dr A. M. ALY, Director, International Health Relations, Ministry of Public Health
Mr E. A. R. EL REEDY, Counsellor, Ministry of Foreign Affairs
Dr W. A. HASSOUNA, Adviser on Planning to the Minister of Health

Adviser:
Mrs W. TALLAWY, Second Secretary, Permanent Mission of the Arab Republic of Egypt to the United Nations Office and the Specialized Agencies at Geneva

EL SALVADOR

Delegates:
Mr G. A. GUERRERO, Ambassador, Permanent Representative of El Salvador to the United Nations Office at Geneva (Chief Delegate)
Dr E. ARRIETA PERALTA, Minister Counsellor, Deputy Permanent Representative of El Salvador to the United Nations Office at Geneva
MEMBERSHIP OF THE HEALTH ASSEMBLY

ETHIOPIA

Delegates:
Mr K. ABEBE, Minister of Public Health (Chief Delegate)
Mrs S. ABRAHAM, Assistant Minister, Ministry of Public Health
Mr M. O. SIFAF, Director-General, Ministry of Public Health

Alternates:
Dr B. SISSAY, Provincial Medical Officer of Health
Mr S. HAILE-GIORGIS, Director-General, Ministry of Public Health

FIJI

Delegates:
Dr D. SINGH, Permanent Secretary, Ministry of Health (Chief Delegate)
Mr E. RABUNO, Second Secretary, High Commission of Fiji in the United Kingdom of Great Britain and Northern Ireland

Delegates:
Mrs S. KARKINEN, Minister of Social Affairs and Health (Chief Delegate)
Professor L. NORO, Director-General, National Board of Health (Deputy Chief Delegate)
Dr M. PARMALA, Head, International Section, National Board of Health

Alternate:
Miss A.-R. KETOKOSKI, Secretary of section, Ministry of Foreign Affairs

Advisers:
Dr A. S. HÄRÖ, Chief, Department of Planning and Evaluation, National Board of Health
Mr H. SIMOLA, Managing Director, Finnish Hospital League
Dr I. VAÄNÄNEN, Administrative Director, Helsinki University Central Hospital
Mr P. HUHTANIEMI, Attaché, Permanent Mission of Finland to the United Nations Office and the Other International Organizations at Geneva

FINLAND

Delegates:
Mrs S. SINGHATEH, Minister of Health and Labour (Chief Delegate)
Dr P. J. N’DOW, Chief Medical Officer, Ministry of Health and Labour

Delegates:
Mr S. ESSIMENGANE, Minister of Public Health and Population (Chief Delegate)
Mr J. MEZU, Inspector-General of Public Health

GAMBIA

Delegates:
Mr K. SINGHATEH, Minister of Health and Labour (Chief Delegate)
Dr P. J. N’DOW, Chief Medical Officer, Ministry of Health and Labour

GERMAN DEMOCRATIC REPUBLIC

Delegates:
Professor L. MECKLINGER, Minister of Health (Chief Delegate)

1 Chief Delegate from 13 May.
2 Delegate from 13 May.
3 Admitted to membership by the Twenty-sixth World Health Assembly on 8 May 1973 (resolution WHA26.2).
Dr K.-H. LEBENTRAU, Head, Department of International Relations, Ministry of Health  
Professor F. RENGER, Head of Chair II, Medical Clinic of the "Carl Gustav Carus" Medical Academy of Dresden  

Alternates:  
Mr B. NEUGEBAUER, Scientific Adviser, International Organizations Department, Ministry of Foreign Affairs  
Professor H. BERNDT, Director, Association for Research on Tumorous Diseases  

Advisers:  
Dr H.-G. KUPFERSCHMIDT, Deputy Director of the Polyclinic (Internal Medicine), University of Leipzig  
Mr G. SCHUMANN, First Secretary, Office of the Permanent Observer of the German Democratic Republic to the United Nations Office at Geneva and Permanent Delegation to Other International Organizations  

GERMANY, FEDERAL REPUBLIC OF  

Delegates:  
Professor L. VON MANGER-KOENIG, Special Consultant on Health Affairs to the Federal Minister for Youth, Family Affairs and Health (Chief Delegate)  
Dr A. HERBST, Ambassador, Permanent Observer of the Federal Republic of Germany to the United Nations Office and Permanent Delegate to the Other International Organizations at Geneva (Deputy Chief Delegate)  
Dr B. E. ZOLLER, Head, International Relations Section, Federal Ministry for Youth, Family Affairs and Health  

Alternates:  
Dr W. SCHUMACHER, Head, Communicable Diseases and Epidemiology Section, Federal Ministry for Youth, Family Affairs and Health  
Dr Elisabeth FUNKE, Head, Public Health Care Section, Ministry of Labour, Health and Social Affairs of North-Rhine-Westphalia  
Dr ZYLMANN, President, Health Administration of Hamburg  
Dr jur. H. SCHIRMER, Counsellor, Office of the Permanent Observer of the Federal Republic of Germany to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva  

Advisers:  
Dr S. SCHUMM, Counsellor, Office of the Permanent Observer of the Federal Republic of Germany to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva  

Mr W. GOERKE, Head, Environment Sanitation Section, Federal Ministry of the Interior  
Dr J. GENTZ, Federal Ministry for Foreign Affairs  

GHANA  

Delegates:  
Dr J. C. ADJEITEY, Commissioner for Health (Chief Delegate)  
Dr M. A. BADDOO, Director of Medical Services, Ministry of Health (Deputy Chief Delegate)  
Dr F. C. GRANT, Deputy Director of Medical Services for Medical Care, Ministry of Health  

Alternate:  
Dr H. K. MENOKPOR, Regional Medical Officer of Health, Ministry of Health  

Advisers:  
Dr H. LIIMANN, Counsellor, Permanent Mission of the Republic of Ghana to the United Nations Office at Geneva and the Specialized Agencies in Switzerland  
Mr W. A. WILSON, Deputy Permanent Representative of the Republic of Ghana to the United Nations Office at Geneva and the Specialized Agencies in Switzerland  
Mr I. E. OGOE, Second Secretary, Permanent Mission of the Republic of Ghana to the United Nations Office at Geneva and the Specialized Agencies in Switzerland  

GREECE  

Delegates:  
Dr Meropi VIOLAKIS-PARASKEVAS, Director-General of Health, Ministry of Social Affairs (Chief Delegate)  
Mr D. C. VELISSARIOPOULOS, Ambassador, Permanent Representative of Greece to the United Nations Office at Geneva and the Specialized Agencies in Switzerland (Deputy Chief Delegate)  
Dr D. AVRAMIDIS, Director of Public Health, Ministry of Social Affairs  

Alternate:  
Mr G. HELMIS, Secrétaire d'Ambassade, Permanent Mission of Greece to the United Nations Office at Geneva and the Specialized Agencies in Switzerland  

GUATEMALA  

Delegates:  
Dr J. T. UCÉS RAMÍREZ, Minister of Public Health and Social Welfare (Chief Delegate)  
Dr R. ZECERA FLORES, Consul-General of Guatemala in Hamburg
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<tr>
<th>Country</th>
<th>Delegates</th>
<th>Alternates</th>
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<tr>
<td><strong>GUINEA</strong></td>
<td>Mr J. L. BORRAYO REYES, Minister Counsellor, Permanent Representation of</td>
<td>Dr J. FELKAI, Head, Department of International Relations, Ministry of Health</td>
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<td></td>
<td>Guatemala to the United Nations Office and the Specialized Agencies at Geneva</td>
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<td><strong>Delegates:</strong></td>
<td>Dr K. CAMARA, Minister of Public Health (Chief Delegate)</td>
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<td>Mr S. KEITA, Ambassador of the Republic of Guinea in Western Europe</td>
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<td>Dr G. MAKÁ, Director, Labé Medical Region</td>
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<td><strong>Alternates:</strong></td>
<td>Dr Y. KOUROUMA, Director-General of &quot;Pharma-Guinée&quot; National Pharmaceutical Industry</td>
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<td></td>
<td>Mr J. S. CAMARA, Counsellor for International Organization Affairs, Embassy of the Republic of Guinea in Western Europe</td>
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<td><strong>HAITI</strong></td>
<td>Dr A. THÉARD, Secretary of State for Public Health and Population (Chief Delegate)</td>
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<td></td>
<td>Dr H. DELVA, Chief, Epidemiology Section, Department of Public Health and Population</td>
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<td>Dr G. DESLOUCHES, Chief, Planning and Evaluation Section, Department of Public Health and Population</td>
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<td><strong>HONDURAS</strong></td>
<td>Dr C. G. ARTEAGA, Director-General of Public Health (Chief Delegate)</td>
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<td>Mr M. CARIAS, Ambassador, Permanent Representative of the Republic of Honduras to the United Nations Office at Geneva and the International Organizations in Switzerland</td>
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<td><strong>Delegates:</strong></td>
<td>Dr Z. SZABÓ, Minister of Health (Chief Delegate)</td>
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<td>Professor L. FARÁDI, First Deputy Minister of Health (Deputy Chief Delegate)</td>
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<td>Dr L. KOMÍVES, Ambassador, Permanent Representative of the Hungarian People's Republic to the United Nations Office and the Other International Organizations at Geneva</td>
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<td><strong>Alternates:</strong></td>
<td>Dr D. FELKAI, Head, Department of International Relations, Ministry of Health</td>
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<td><strong>HUNGARY</strong></td>
<td>Dr G. ACZÉL, Director, Ministry of Health</td>
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<td>Dr L. SÁNDOR, Deputy Head of Department, Ministry of Health</td>
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<td>Professor J. TIGYI, Pro-Rector, University of Medical Sciences, Pécs</td>
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<td><strong>Delegates:</strong></td>
<td>Dr L. MEDVE, Special Adviser, Ministry of Health</td>
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<td>Dr K. ÁGOSTON, First Secretary, Permanent Mission of the Hungarian People's Republic to the United Nations Office and the Other International Organizations at Geneva</td>
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<td>Mrs I. BERENYI, Second Secretary, Ministry for Foreign Affairs</td>
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<td><strong>ICELAND</strong></td>
<td>Dr P. SIGURDSSON, Secretary-General, Ministry of Health and Social Security (Chief Delegate)</td>
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<td>Dr O. OLAFSSON, Chief Medical Officer, Ministry of Health and Social Security (Deputy Chief Delegate)</td>
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<td>Mr E. BENEDIKTSSON, Permanent Representative of Iceland to the United Nations Office at Geneva</td>
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<td><strong>INDIA</strong></td>
<td>Mr R. K. KHADILKAR, Minister for Health and Family Planning (Chief Delegate)</td>
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<td></td>
<td>Mr C. S. RAMACHANDRAN, Secretary, Ministry of Health and Family Planning (Deputy Chief Delegate)</td>
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<td>Dr P. K. BANERJEE, Ambassador, Permanent Representative of India to the United Nations Office and the Other International Organizations at Geneva</td>
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<td><strong>Delegates:</strong></td>
<td>Dr J. B. SHRIVASTAV, Director-General of Health Services</td>
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<td>Mr M. K. MANGALAMURTHI, First Secretary, Permanent Mission of India to the United Nations Office and the Other International Organizations at Geneva</td>
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<td><strong>INDONESIA</strong></td>
<td>Professor G. A. SIWABESSY, Minister of Health (Chief Delegate)</td>
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<td>Professor Julie SULIANTI SAROSO, Director-General of Communicable Disease Control, Department of Health (Deputy Chief Delegate)</td>
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<td>Dr P. P. SUMBURG, Director, Bureau for Special Affairs, Department of Health</td>
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**Notes:**
1. Chief Delegate from 16 May.
2. Delegate from 16 May.
Alternate:
Dr R. BROTOSEN, Inspector-General, Department of Health

Adviser:
Miss P. M. LUHULIMA, First Secretary, Permanent Mission of the Republic of Indonesia to the United Nations Office and the Other International Organizations at Geneva

IRAN

Delegates:
Dr M. SHAHGHOLI, Minister of Health (Chief Delegate)
Dr A. DIBA, Ambassador; Health Adviser on WHO Affairs, Permanent Mission of Iran to the United Nations Office and the Specialized Agencies at Geneva
Professor C. MOFIDI, Vice-Chancellor for Research and Graduate Studies, University of Teheran

Advisers:
Dr G. SOOPIKIAN, Director-General of Planning and Programmes, Ministry of Health
Dr I. TABIZADEH, Director-General, Malaria Eradication Organization, Ministry of Health
Dr A. NADERI, Director-General for Pharmaceutical Affairs, Ministry of Health
Dr M. ROUHANI, Director-General, Medical and Health Services, National Iranian Oil Company
Mr A. N. AMIRAHMADI, Director, International Health Relations Department, Ministry of Health

IRAQ

Delegates:
Dr I. MUSTAFA, Minister of Health (Chief Delegate)
Dr A. W. AL-MUFTI, Director-General for Technical Affairs, Ministry of Health (Deputy Chief Delegate)
Dr M. IBRAHIM, Director of International Health Relations, Ministry of Health

Alternate:
Dr R. T. HUSAIN, Lecturer, College of Medicine, Baghdad University

Advisers:
Mr R. H. AL-ADHAMI, First Secretary, Permanent Mission of the Republic of Iraq to the United Nations Office at Geneva
Mr T. AL-KHUDHAIRI, Second Secretary, Permanent Mission of the Republic of Iraq to the United Nations Office at Geneva

IRELAND

Delegates:
Dr J. C. JOYCE, Chief Medical Officer, Department of Health (Chief Delegate)
Mr P. W. FLANAGAN, Principal Officer, Department of Health

ISRAEL

Delegates:
Dr A. ARNAN, Assistant Director-General, Public Health Services, Ministry of Health (Chief Delegate)
Mr S. ROSENNE, Ambassador, Permanent Representative of Israel to the United Nations Office and the International Organizations at Geneva
Dr D. PRIDAN, Chief Medical Officer, Judea and Samaria

Adviser:
Mr M. MELAMED, First Secretary, Permanent Mission of Israel to the United Nations Office and the International Organizations at Geneva

ITALY

Delegates:
Mr R. GASPARI, Minister of Health (Chief Delegate)
Professor G. A. CANAPERIA, President, Italian World Health Centre (Deputy Chief Delegate)
Professor F. POCCIARINI, Director, Istituto Superiore di Sanità

Alternates:
Mr A. QUARANTA, Counsellor of State, Chef de cabinet of the Minister of Health
Mr M. BANDINI, Counsellor, Permanent Mission of Italy to the United Nations Office and to the Other International Organizations at Geneva
Professor A. CORRADETTI, Istituto Superiore di Sanità
Professor L. GIANNICO, Inspector-General, Ministry of Health
Professor B. PACCAGNELLA, Director, Institute of Hygiene, University of Ferrara
Professor G. PENSO, Istituto Superiore di Sanità

Advisers:
Miss V. BELL, Legal Adviser, Ministry of Health
Mr E. DI MATTEI, First Secretary, Permanent Mission of Italy to the United Nations Office and to the Other International Organizations at Geneva
Professor G. VICARI, Istituto Superiore di Sanità
IVORY COAST

Delegates:
Dr H. AYE, Minister of Public Health and Population (Chief Delegate)
Mr B. NIOPIN, Ambassador, Permanent Representative of the Republic of the Ivory Coast to the United Nations Office and the Specialized Agencies at Geneva and Vienna (Deputy Chief Delegate)
Dr I. KONE, Director of Social Medicine

Alternate:
Mr A. S. BONI, Attaché de cabinet, Ministry of Public Health and Population

JAMAICA

Delegates:
Dr W. J.-S. WILSON, Chief Medical Officer, Ministry of Health and Environmental Control (Chief Delegate)
Miss F.-M. SHILLETTO, Second Secretary, Permanent Mission of Jamaica to the United Nations Office and the Specialized Agencies at Geneva

JAPAN

Delegates:
Mr H. KITAHARA, Ambassador, Permanent Representative of Japan to the United Nations Office and the Other International Organizations at Geneva (Chief Delegate)
Dr H. KASUGA, Councillor for Science and Technology, Ministry of Health and Welfare (Deputy Chief Delegate)
Mr H. KAYA, Counsellor, Permanent Mission of Japan to the United Nations Office and the Other International Organizations at Geneva

Alternates:
Mr M. TSUNASHIMA, Head, International Affairs Division, Minister's Secretariat, Ministry of Health and Welfare
Mr M. TANIGUCHI, Head, Specialized Agencies Division, United Nations Bureau, Ministry of Foreign Affairs
Mr K. TERADA, Deputy Head, Specialized Agencies Division, United Nations Bureau, Ministry of Foreign Affairs
Mr O. WATANABE, First Secretary, Permanent Mission of Japan to the United Nations Office and the Other International Organizations at Geneva
Mr Y. KAWASHIMA, First Secretary, Permanent Mission of Japan to the United Nations Office and the Other International Organizations at Geneva

JORDAN

Delegates:
Dr F. AKASHEH, Minister of Health (Chief Delegate)

Delegates:
Dr T. KARADSHI, Director of Health Services, Ministry of Health (Deputy Chief Delegate)
Dr A. MASADEH, Executive Director, Ministry of Health

Adviser:
Dr I. A. ZREIKAT, Ambassador, Permanent Representative of the Hashemite Kingdom of Jordan to the United Nations Office at Geneva and the Specialized Agencies in Switzerland

KENYA

Delegates:
Dr Z. ONYONKA, Minister for Health, (Chief Delegate)
Dr J. M. GEKONYO, Senior Deputy Director of Medical Services, Ministry of Health
Dr Z. ONYANGO, Deputy Director of Medical Services, Ministry of Health

KHMER REPUBLIC

Delegates:
Professor SO SATT'A, Ambassador, Permanent Representative of the Khmer Republic to the United Nations Office and the Specialized Agencies at Geneva (Chief Delegate)
Professor SREY SENG, Director-General of Public Health
Dr SUON BOPHEAK, Chief, External Relations Bureau, Ministry of Health

Adviser:
Mr SOM SOMOUTH, Second Secretary, Permanent Mission of the Khmer Republic to the United Nations Office and the Specialized Agencies at Geneva

KUWAIT

Delegates:
Dr A.-R. AL-ADWANI, Minister of Public Health (Chief Delegate)
Dr A. R. AL-AWADI, Director, Preventive Health Services, Ministry of Public Health
Dr A.-M. AL-RIFAI, Director, Curative Health Services, Ministry of Public Health

LAOS

Delegates:
Dr K. ABHAY, Secretary of State for Public Health (Chief Delegate)
Dr P. PHOUTTHASAK, Director-General, Ministry of Public Health

LEBANON

Delegates:
Dr J. ANOUTI, Director-General, Ministry of Public Health (Chief Delegate)
<table>
<thead>
<tr>
<th>Country</th>
<th>Delegates</th>
</tr>
</thead>
</table>
| Lesotho                 | Dr J. HATEM, Director, Central Public Health Laboratory  
                            Delegates:  
                            Mr C. D. MOLAPO, Minister of Health (Chief Delegate)  
                            Dr M. PHOOKO, Medical Officer, Ministry of Health |
| Liberia                 | Dr H. N. COOPER, Chief Medical Officer, J. F. Kennedy Medical Centre (Chief Delegate)  
                            Mr H. Q. TAYLOR, Assistant Minister of Health |
| Libyan Arab Republic    | Mr A. M. ABDULHADI, Director-General of Planning and Training, Ministry of Health (Chief Delegate)  
                            Mr B. M. AHMED, Director of Health Services, Province of Sebha |
| Luxembourg              | Dr C. NEY, Minister of Public Health (Chief Delegate)  
                            Dr E. J. P. DUHR, Director of Public Health (Deputy Chief Delegate)  
                            Miss M. LENNERS, Government Attaché, Ministry of Public Health |
| Alternates:             | Mr A. DUHR, Ambassador, Permanent Representative of Luxembourg to the United Nations Office and the Specialized Agencies at Geneva  
                            Mr M. SCHUMACHER, Deputy Permanent Representative of Luxembourg to the United Nations Office and the Specialized Agencies at Geneva |
| Madagascar              | Mr H. RANDRIANASOLO RAVONY, Administrateur Civil, Secretary-General, Ministry for Social Affairs (Chief Delegate)  
                            Dr H. RAVELOJAONA, Chief Physician and Director, Tuléar Principal Hospital |
| Malawi                  | Mr P. L. MAKHUMULA NKOMO, Minister of Health (Chief Delegate)  
                            Mr G. G. KUKADA, Secretary for Health, Ministry of Health and Community Development (Deputy Chief Delegate) |
| Malaysia                | Dr N. M. CHITIMBA, Deputy Chief Medical Officer, Ministry of Health and Community Development  
                            Delegates:  
                            Mr S. Y. LEE, Minister of Health (Chief Delegate)  
                            Dr S. Y. TOW, Deputy Director of Health Services (Deputy Chief Delegate)  
                            Dr GURMUKH SINGH, Deputy Director of Planning and Research, Ministry of Health  
                            Alternate:  
                            Mr A. B. ABDUL RAHIM, Principal Assistant Secretary (Administration), Ministry of Health |
| Mali                    | Dr D. KEITA, Director-General of Health, Ministry of Public Health (Chief Delegate)  
                            Dr O. SOW, Chief, Division of Social and Preventive Medicine, Ministry of Public Health |
| Malta                   | Dr P. L. BERNARD, Chief Government Medical Officer, Ministry of Health (Chief Delegate)  
                            Miss M. CILIA, Second Secretary, Permanent Mission of Malta to the United Nations Office and the Specialized Agencies at Geneva |
| Mauritania              | Mr O. G. ABEIDY, Secretary-General, Ministry of Health and Social Affairs (Chief Delegate)  
                            Dr A. M. MOULAYE, Director of Health  
                            Mr M. A. BA, First Counsellor, Embassy of Mauritania in France |
| Mauritius               | Sir Harold WALTER, Minister of Health and Population Control (Chief Delegate)  
                            Dr A. Y. WONG Shiu Leung, Principal Medical Officer, Ministry of Health and Population Control |

1 Chief Delegate from 17 May.  
2 Delegate from 17 May.
MEMBERSHIP OF THE HEALTH ASSEMBLY

MEXICO

Delegates:
Dr R. GUZMÁN, Under-Secretary for Health (Chief Delegate)
Dr M. E. BUSTAMANTE, Secretary-General, Health Council
Dr H. ACÜÑA MONTEVERDE, Director-General, International Affairs, Secretariat for Health and Welfare

Alternate:
Dr C. DÍAZ COLLER, Director of Research, Under-Secretariat for Environmental Improvement

Advisers:
Dr C. CANSECO GONZÁLEZ, Chief, Public Health Coordinating Services, Nuevo León
Dr A. ISLAS BONY, Adviser to the Secretary for Health and Welfare
Mrs M. PRIETO ESPINOSA, Third Secretary, Permanent Mission of Mexico to the United Nations Office at Geneva and the Other International Organizations in Switzerland

MONACO

Delegates:
Dr E. BOÉRI, Technical Adviser, Permanent Delegate of the Principality of Monaco to the International Health Organizations (Chief Delegate)
Mr J.-Ch. MARQUET, Legal Adviser, Office of H.S.H. the Prince of Monaco

MONGOLIA

Delegates:
Dr S. SHAADAI, Deputy Minister of Public Health (Chief Delegate)
Dr P. DOLGOR, Dean, Faculty of Postgraduate Training, State Medical Institute, Ulan Bator (Deputy Chief Delegate)
Dr Z. JADAMBAA, Acting Chief, Division of Foreign Relations, Ministry of Public Health

MOROCCO

Delegates:
Dr A. TOHAMI, Minister of Public Health (Chief Delegate)
Dr A. LARAGUI, Secretary-General, Ministry of Public Health (Deputy Chief Delegate)
Mr M. A.-A. KHATTABI, Acting Chargé d’Affaires, Permanent Mission of the Kingdom of Morocco to the United Nations Office at Geneva and the Specialized Agencies in Switzerland

Alternates:
Dr M. AKHMISSE, Chief Physician, Settat and Khouribga Provinces
Dr M. SKALLI-ESTTACHI, Chief Physician, Safi Province
Mr S. M. RAHMAI, Second Secretary, Permanent Mission of the Kingdom of Morocco to the United Nations Office at Geneva and the Specialized Agencies in Switzerland
Mr M. LOULIDI, Chef de cabinet of the Minister of Public Health; Director, National Blood Transfusion Centre

NEPAL

Delegates:
Mr P. R. SINGHA SUWAL, Minister for Health (Chief Delegate)
Dr B. R. BAIKYA, Director-General of Health Services, Ministry of Health (Deputy Chief Delegate)
Dr M. AMIN, Civil Surgeon, Gandaki Zonal Hospital

NETHERLANDS

Delegates:
Dr L. B. J. STUYT, Minister of Public Health and Environmental Hygiene (Chief Delegate)
Mr D. J. DE GEER, Director for International Affairs, Ministry of Public Health and Environmental Hygiene
Dr P. SIDERIUS, Secretary-General, Ministry of Public Health and Environmental Hygiene

Alternates:
Dr W. B. GERRITSEN, Director-General of Public Health, Ministry of Public Health and Environmental Hygiene
Dr J. SPAANDER, Director-General, National Institute of Public Health
Mr W. C. REIJ, Director-General for Environmental Hygiene, Ministry of Public Health and Environmental Hygiene
Mr E. TYDEMAN, Counsellor, Permanent Mission of the Kingdom of the Netherlands to the United Nations Office and the Other International Organizations at Geneva
Mr M. J. H. MARIJNEN, Department of International Affairs, Ministry of Public Health and Environmental Hygiene

Advisers:
Dr P. C. J. VAN LOON, Director for Planning and Development, Ministry of Public Health and Environmental Hygiene
Mr J. J. DE RUYTER, Ministry of Public Health and Environmental Hygiene
Dr D. K. RUTELS, Ministry of Public Health and Environmental Hygiene
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<th>Country</th>
<th>Delegates</th>
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<tr>
<td><strong>NEW ZEALAND</strong></td>
<td>Dr H. J. H. MIDDLESTONE, Director-General of Health (Chief Delegate)</td>
<td>Mrs V. R. CRUTCHLEY, Third Secretary, Permanent Mission of New Zealand to the United Nations Office at Geneva</td>
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<td>Dr C. N. D. TAYLOR, Deputy Director-General of Health</td>
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<td>Mrs V. R. CRUTCHLEY, Third Secretary, Permanent Mission of New Zealand to the United Nations Office at Geneva</td>
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<td><strong>NICARAGUA</strong></td>
<td>Dr F. VALLE LÓPEZ, Minister of Public Health (Chief Delegate)</td>
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<td>Dr O. AVILES, Director of Health Planning, Ministry of Public Health</td>
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<td><strong>NIGER</strong></td>
<td>Dr A. MOSSI, Minister of Public Health (Chief Delegate)</td>
<td>Dr A. NARGOUNGOU, Physician, Niamey Hospital</td>
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<td>Dr T. BANA, Director-General of Public Health</td>
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<td>Dr A. NARGOUNGOU, Physician, Niamey Hospital</td>
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<tr>
<td><strong>NIGERIA</strong></td>
<td>Mr A. KANO, Federal Commissioner for Health (Chief Delegate)</td>
<td>Professor C. NWOKOLO, Dean, Faculty of Medicine, University of Nigeria</td>
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<td>Dr S. L. ADESUYI, Chief Medical Adviser, Federal Ministry of Health (Deputy Chief Delegate)</td>
<td>Dr P. O. ADEOYE, Senior Medical Officer of Health, Ministry of Health of Kwara State</td>
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<td>Dr Marianne A. SILVA, Chief Health Officer, Federal Ministry of Health</td>
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<td><strong>NORWAY</strong></td>
<td>Dr T. MORK, Director-General of Health Services (Chief Delegate)</td>
<td>Dr Aud Blegen SVINDLAND, Director, Division of Epidemiology and Hygiene</td>
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<td>Dr R. HEGSBOM, County Chief Medical Officer</td>
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<td><strong>OMAN</strong></td>
<td>Dr A. AL-JAMALI, Minister of Health (Chief Delegate)</td>
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<td>Dr G. SAMI, Director of Public Health</td>
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<td><strong>PAKISTAN</strong></td>
<td>Mr A. QAYYUM, Secretary, Ministry of Health and Social Welfare (Chief Delegate)</td>
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<td>Dr A. M. ANSARI, Secretary, Health Department, Government of Sind</td>
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<td>Mr M. J. KHAN, Third Secretary, Permanent Mission of Pakistan to the United Nations Office and the Specialized Agencies at Geneva</td>
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<td><strong>PANAMA</strong></td>
<td>Mr J. M. ESPINO GONZÁLEZ, Ambassador, Permanent Representative of Panama to the United Nations Office and the International Organizations at Geneva</td>
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<td><strong>PARAGUAY</strong></td>
<td>Dr L. S. CODAS, Director, Standardization and Planning Services, Ministry of Public Health and Social Welfare</td>
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<td><strong>PERU</strong></td>
<td>Mr F. MIRÓ QUESADA BAHAMONDE, Minister of Health (Chief Delegate)</td>
<td>Mr C. ALZAMORA TRAVERSO, Ambassador, Permanent Representative of Peru to the United Nations Office and the Other International Organizations at Geneva</td>
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<td>Dr R. MONTERO RUIZ, Technical Adviser to the Minister of Health</td>
<td>Dr A. LARI CAVAGNARO, Director-General, International Relations Office</td>
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<td>Dr L. SUARES LÓPEZ, Director-General, Institute of Neonatology and Maternal and Child Health</td>
<td>Mr L. DUARTE MUNOZ, Assistant to the Minister of Health</td>
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<td><strong>PHILIPPINES</strong></td>
<td>Mr O. GRAHAM, First Secretary, Permanent Mission of Norway to the United Nations Office and the Other International Organizations at Geneva</td>
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<td>Dr J. SUMPAICO, Director, Bureau of Research and Laboratories, Department of Health (Chief Delegate)</td>
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<td>Poland</td>
<td>Professor M. SLIWINSKI, Minister of Health and Social Welfare (Chief Delegate)</td>
<td>Professor W. RUDOWSKI, Chairman, Scientific Council of the Minister of Health and Social Welfare</td>
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<td>Professor J. LEOWSKI, Director, Tuberculosis Institute, Warsaw</td>
<td>Mr S. TOPA, Counsellor, Deputy Permanent Representative of the Polish People's Republic to the United Nations Office and the Other International Organizations at Geneva</td>
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<td>Portugal</td>
<td>Mr F. DE ALCAMBAR PEREIRA, Ambassador, Permanent Representative of Portugal to the United Nations Office and Other International Organizations at Geneva (Chief Delegate)</td>
<td>Dr A. CASTELO-BRANCO, Technical Inspector, Directorate-General of Health, Ministry of Health and Welfare</td>
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<td>Dr A. CASTELO-BRANCO, Technical Inspector, Directorate-General of Health, Ministry of Health and Welfare</td>
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<td>Qatar</td>
<td>Mr K. M. AL-MANA, Minister of Public Health (Chief Delegate)</td>
<td>Dr A. TAJELDIN, Director of Preventive Health, Ministry of Public Health</td>
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<td>Mr M. G. AL-PAIN, Director, Ministry of Public Health</td>
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<td>Dr K. A. M. AL-JABER, Medical Officer, Ministry of Public Health</td>
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<td>Republic of Korea</td>
<td>Mr K. H. LEE, Minister of Health and Social Affairs (Chief Delegate)</td>
<td>Dr S. H. Rhee, Director, Bureau of Public Health, Ministry of Health and Social Affairs</td>
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<td>Mr T. J. PARK, Ambassador, Permanent Observer of the Republic of Korea to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva (Deputy Chief Delegate)</td>
<td>Dr S. H. Rhee, Director, Bureau of Public Health, Ministry of Health and Social Affairs</td>
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<td><strong>ROMANIA</strong></td>
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<td>Mr C. ENE, Ambassador, Permanent Representative of Romania to the</td>
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<td>Dr D. DONA, Deputy Director, Ministry of Health</td>
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<td>Dr M. ZAMFIRESCU, Deputy Director, Cantacuzino Institute, Bucharest</td>
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<td>Dr N. RACOVEANU, Chief of section, Institute of Hygiene and Public Health,</td>
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<td><strong>Advisers</strong></td>
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<td>Mr V. PUIU, Second Secretary, Permanent Mission of Romania to the United</td>
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<td><strong>RWANDA</strong></td>
<td>Dr T. SINDIKUBWABO, Minister of Public Health (Chief Delegate)</td>
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<td>Dr V. NTABOMVURA, Director, Butare University Hospital</td>
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<td>Dr M. GASHAKAMBA, Deputy Director, Kigali Hospital Centre</td>
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<td><strong>SAUDI ARABIA</strong></td>
<td>Mr J. HEJAILAN, Minister of Health (Chief Delegate)</td>
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<td>Dr A. S. AL-TABBAA, Director-General, Department of International Health,</td>
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<td>Dr M. TAIBA, Director-General of Curative Medicine, Ministry of Health</td>
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**Alternate:**

| Dr M. AL-SHOURA, Director-General, Central Laboratory | Dr S. ISLAM, Director of Health Bureaux, Ministry of Health |

**SENEGAL**

| Mr C. D. DIOUF, Minister of Public Health and Social Affairs (Chief Delegate) | Dr I. WONE, Technical Adviser to the Secretariat of the Ministry of Health and Social Affairs¹ |

¹ Chief Delegate from 13 May.
MEMBERSHIP OF THE HEALTH ASSEMBLY

SRI LANKA

Delegates:
Mr W. P. G. ARYADASA, Minister of Health (Chief Delegate)
Dr C. E. S. WEERATUNGE, Secretary, Ministry of Health
Mr A. PATHMARAJAH, Permanent Representative of the Republic of Sri Lanka to the United Nations Office and the Other International Organizations at Geneva

Alternate:
Mr A. C. GOONASEKERA, Third Secretary, Permanent Mission of the Republic of Sri Lanka to the United Nations Office and the Other International Organizations at Geneva

SUDAN

Delegates:
Mr A. G. M. IBRAHIM, Minister of Health (Chief Delegate)
Dr A. MUKHTAR, Under-Secretary, Ministry of Health
Dr M. I. EL IMAM, Deputy Under-Secretary (Training and Foreign Relations), Ministry of Health

Alternate:
Dr A. M. IDRIS, Assistant Under-Secretary (Epidemiology), Ministry of Health

SWAZILAND

Delegates:
Mr E. E. S. DHLADHLA, Minister of Health and Education (Chief Delegate)
Dr Fanny FRIEDMAN, Chief Medical Officer

SWEDEN

Delegates:
Professor B. REXED, Director-General, National Board of Health and Welfare (Chief Delegate)
Dr M. TOTTIE, Senior Medical Officer, National Board of Health and Welfare
Mr S.-E. HEINRICI, Head of the International Secretariat, Ministry of Health and Social Affairs

Alternates:
Mr T. TSCHERNING, Counsellor, Permanent Mission of Sweden to the United Nations Office and the Other International Organizations at Geneva
Mr H. VON KNORRING, Head of section, Ministry for Foreign Affairs
Mrs E. ALLGULANDER, Head of section, National Board of Health and Welfare

Adviser:
Mr J.-E. SPEK, Gteborg City Central Board

SWITZERLAND

Delegates:
Dr A. SAUTER, Director, Federal Public Health Service (Chief Delegate)
Mr F. MUHEIM, Collaborateur diplomatique, International Organizations Division, Federal Political Department
Dr C. FLEURY, Chief, Infectious Diseases Section, Federal Public Health Service

Alternate:
Dr Susy ROOS, Adjoint médical, Federal Public Health Service

Advisers:
Dr J.-P. PERRET, Deputy Director, Federal Public Health Service
Mr F. PICTET, Deputy Director, International Organizations Division, Federal Political Department
Dr J.-P. BERTSCHINGER, Chief, Pharmaceutical Section, Federal Public Health Service

SYRIAN ARAB REPUBLIC

Delegates:
Dr M. EL-KHIAMI, Minister of Health (Chief Delegate)
Dr N. RAMZI, Vice-Minister of Health (Deputy Chief Delegate)
Dr M. A. EL-YAFI, Director of International Relations, Ministry of Health

Alternate:
Mrs R. KOURDI, Director of Administrative and Legal Affairs, Ministry of Health

THAILAND

Delegates:
Dr S. PHONG AKSARA, Deputy Minister of Public Health (Chief Delegate)
Dr C. HEMACHUDHA, Director-General, Department of Public Health Promotion, Ministry of Public Health
Dr K. SUWARNARAT, Deputy Director-General, Department of Medical and Health Services, Ministry of Public Health

Alternate:
Dr C. HUSBUMMER, First Medical Officer, Division of Rural Health, Department of Medical and Health Services, Ministry of Public Health

TOGO

Delegates:
Dr P. MIKEM, Director, Division of Medical Welfare and Basic Health Services (Chief Delegate)
Dr L. AKOTE, Chief Physician, Bassari Health Subdivision
Dr E. HODONOU, Chief Physician, Anecho
Health Subdivision

TRINIDAD AND TOBAGO

Delegates:
Mr C. H. ARCHIBALD, Ambassador, Permanent
Representative of Trinidad and Tobago
to the United Nations Office at Geneva
and the Specialized Agencies in Europe
(Chief Delegate)
Mr T. C. TAITT, Permanent Secretary,
Ministry of Health
Dr M. U. HENRY, Chief Medical Officer,
Ministry of Health

Adviser:
Miss J. CADOGAN, Second Secretary,
Permanent Mission of Trinidad and Tobago
to the United Nations Office at Geneva
and the Specialized Agencies in Europe

TUNISIA

Delegates:
Mr M. MZALI, Minister of Public Health
(Chief Delegate)
Mr T. SLIM, Ambassador, Permanent
Representative of Tunisia to the United
Nations Office at Geneva and the
Specialized Agencies in Switzerland
Dr T. HACHICHA, Médecin-Inspecteur
divisionnaire; Chief, Directorate of
Campaigns of Preventive Medicine

Advisers:
Mr A. BELTAÏEF, Chief, International
Cooperation Division, Ministry of
Public Health
Dr M. BAHRI, Médecin-Inspecteur
divisionnaire; Adviser, Ministry of
Public Health
Mr S. CHAÏEB, Director for Administrative
and Financial Affairs, Ministry of
Public Health
Mr L. EL-AFI, Public Health Administrator
Mr H. BEN ACHOUR, Attaché d’Ambassade,
Permanent Mission of Tunisia to the
United Nations Office at Geneva and the
Specialized Agencies in Switzerland

TURKEY

Delegates:
Dr O. YASAR, Under-Secretary of State,
Ministry of Health and Social Assistance
(Chief Delegate)
Dr T. ALAN, Director-General of External
Relations, Ministry of Health and Social Assistance
Mr R. ARIM, Deputy Permanent
Representative of Turkey to the United
Nations Office at Geneva and the Other
International Organizations in Switzerland

Alternate:
Mr A. ERMAN, Second Secretary, Permanent
Mission of Turkey to the United Nations
Office at Geneva and the Other
International Organizations in Switzerland

UGANDA

Delegates:
Dr U. K. RWAKIHEMBO, Acting Minister of
Health (Chief Delegate)
Dr N. BAINGANA, Principal Medical Officer
(Communicable Diseases Control),
Ministry of Health
Dr E. G. N. MUZIRA, Principal Medical
Officer (Training)

Alternate:
Mr A. HASSAN, Research Officer

UNION OF SOVIET SOCIALIST REPUBLICS

Delegates:
Dr D. D. VENEDIKTOV, Deputy Minister of
Health of the USSR (Chief Delegate)
Mrs Z. V. MIRONOVA, Permanent
Representative of the USSR to the United
Nations Office and the Other Interna-
tional Organizations at Geneva
Professor Ju. P. LISICYN, Director, All-
Union Institute of Medical and Medico-
technical Information, Ministry of
Health of the USSR

Alternates:
Dr O. P. ŠČEPIN, Chief, External Relations
Board, Ministry of Health of the USSR
Dr E. V. GALAHOV, Head of Department,
All-Union Institute for Research on
Social Hygiene and Public Health
Administration
Dr V. K. TATOČENKO, Senior Scientific
Officer, Institute of Paediatrics,
Academy of Medical Sciences of the USSR
Dr P. A. ORLOV, Deputy Chief, External
Relations Board, Ministry of Health of
the USSR
Dr L. Ja. VASIL’EV, Counsellor, Permanent
Representation of the USSR to the
United Nations Office and the Other
International Organizations at Geneva
Dr N. V. NOVIKOV, Deputy Chief, External
Relations Board, Ministry of Health of
the USSR

Advisers:
Dr E. P. BALAKIREV, Senior Specialist,
Central Board of Curative and
Prophylactic Services, Ministry of
Health of the USSR
Mr L. I. MALYŠEV, Senior Inspector,
External Relations Board, Ministry of
Health of the USSR
Mr V. G. TRESKOV, First Secretary,
Ministry of Foreign Affairs of the USSR
MEMBERSHIP OF THE HEALTH ASSEMBLY

UNITED ARAB EMIRATES

Delegates:
Sheikh Sultan bin Ahmad AL-MUALLA, Federal Minister of Health (Chief Delegate)
Dr S. A. AL-MAHMOUD, Director of Preventive Medicine, Federal Ministry of Health
Mr A. A. R. AL ATEEK, Administrative and Financial Director, Federal Ministry of Health

Alternates:
Mr A. J. M. AL-SHAIBANI NOOR, Chief, Hospital Administration Section, Federal Ministry of Health
Mr A. A. FARDAN, Director, Supplies and Pharmacies, Ministry of Health, Abu Dhabi
Mr Y. M. AL-KENDI, Second Secretary, Ministry of Foreign Affairs

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Delegates:
Sir George GODBER, Chief Medical Officer, Department of Health and Social Security (Chief Delegate)
Dr J. L. KILGOUR, Principal Medical Officer, Department of Health and Social Security
Dr P. DILL-RUSSELL, Chief Medical Adviser, Overseas Development Administration

Alternates:
Sir John BROTHERSTON, Chief Medical Officer, Scottish Home and Health Department
Dr J. J. A. REID, Deputy Chief Medical Officer, Department of Health and Social Security
Mr R. C. TRANT, Principal, Department of Health and Social Security

Advisers:
Miss A. M. WARBURTON, Counsellor, Permanent Mission of the United Kingdom to the United Nations Office and Other International Organizations at Geneva
Mr E. W. CALLWAY, Second Secretary, Permanent Mission of the United Kingdom to the United Nations Office and Other International Organizations at Geneva

UNITED REPUBLIC OF TANZANIA

Delegates:
Mr A. H. MWINYI, Minister of Health (Chief Delegate)
Dr N. B. AKIM, Director, Division of Manpower Development, Ministry of Health

Dr E. TARIMO, Director, Division of Preventive Health Services, Ministry of Health

Alternate:
Mr J. S. D. MWAIKAMBO, Tanzania High Commission in the United Kingdom of Great Britain and Northern Ireland

UNITED STATES OF AMERICA

Delegates:
Dr C. C. EDWARDS, Assistant Secretary for Health, Department of Health, Education and Welfare (Chief Delegate)
Dr S. P. EHRlich, Jr, Director, Office of International Health, Department of Health, Education and Welfare (Deputy Chief Delegate)
Dr M. E. JOHNSON, Physician, San Antonio, Texas

Alternates:
Mr J. BASSIN, Acting Chargé d'Affaires, United States Permanent Mission to the United Nations Office and Other International Organizations at Geneva
Mr R. D. MOREY, Deputy Assistant Secretary, Bureau of International Organization Affairs, Department of State
Dr D. J. SENCER, Director, Center for Disease Control, Department of Health, Education and Welfare

Advisers:
Mrs E. GREEN, Member of Congress for Oregon
Dr B. D. BLOOD, International Health Attaché, United States Permanent Mission to the United Nations Office and Other International Organizations at Geneva
Mr J. S. COTTMAN, Jr, Counsellor, United States Permanent Mission to the United Nations Office and Other International Organizations at Geneva
Mr R. D. COTTON, Office of the Assistant Secretary for Health, Department of Health, Education and Welfare
Dr R. DE Caires, Associate Director for Planning and Evaluation, Office of International Health, Department of Health, Education and Welfare
Dr J. JENningS, Associate Commissioner for Medical Affairs, Food and Drug Administration, Department of Health, Education and Welfare
Mr E. W. LAWRENCE, First Secretary, United States Permanent Mission to the United Nations Office and Other International Organizations at Geneva
Dr M. D. LEAVITT, Director, Fogarty International Center, National Institutes of Health, Department of Health, Education and Welfare

1 Chief Delegate from 14 May.
TWENTY-SIXTH WORLD HEALTH ASSEMBLY, PART II

Mr C. J. NEE, Directorate for Health and Drug Control, Bureau of International Organizations Affairs, Department of State
Dr C. C. NYDELL, Deputy Assistant Secretary for Medical Services, Department of State

UPPER VOLTA

Delegates:
Dr A. BARBAUD, Minister of Public Health and Population (Chief Delegate)
Dr R. SAWADOGO, Director-General of Health
Dr M. A. N'DIAYE, Director of Urban Health

Alternate:
Dr K. P. COMPAORÉ, Director of Rural Health

URUGUAY

Delegates:
Mr A. LEGNANI, Ambassador, Permanent Representative of Uruguay to the United Nations Office and the Specialized Agencies at Geneva (Chief Delegate)
Dr A. SÁENZ SANGÜINETTI, Chairman, Commission on International Affairs, Ministry of Public Health (Deputy Chief Delegate)
Mrs R. RODRÍGUEZ LABRETA DE PESARESI, First Secretary, Permanent Mission of Uruguay to the United Nations Office and the Specialized Agencies at Geneva

VENEZUELA

Delegates:
Dr J. J. MAYZ LYÓN, Minister of Health and Social Welfare (Chief Delegate)
Dr D. CASTILLO, Administrative Director, Ministry of Health and Social Welfare
Mr J. A. LASCURAÍN, Director of Malariology and Environmental Sanitation, Ministry of Health and Social Welfare

Alternate:
Dr E. ECHEZURÍA, Chief, Division of Demography and Epidemiology, Ministry of Health and Social Welfare
Dr R. ARELLANO, Director, Los Andes University Hospital

Advisers:
Dr J. C. PINEDA PAVÓN, First Secretary, Permanent Mission of Venezuela to the United Nations Office and the Other International Organizations at Geneva
Mr J. R. LEÓN SIMANCAS, Director of Personnel, Ministry of Health and Social Welfare

VIET-NAM

Delegates:
Dr TRAN MINH TUNG, Minister of Health (Chief Delegate)
Dr TRUONG MINH CAC, Director-General of Health
Dr PHAM VAN, Director of Curative Medicine, Ministry of Health

Alternate:
Mr CHAU VAN MUOI, Private Secretary to the Minister of Health

Advisers:
Mr LE VAN LOI, Ambassador, Permanent Observer of the Republic of Viet-Nam to the United Nations Office and Permanent Representative to the Other International Organizations at Geneva
Miss NGUYEN LE DUNG, Third Secretary, Office of the Permanent Observer of the Republic of Viet-Nam to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva

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Delegate:
Dr J. C. THIEME, Director of Health

YEMEN

Delegates:
Dr M. K. AGHBARI, Minister of Health (Chief Delegate)
Dr A. TARCICI, Ambassador, Permanent Representative of the Yemen Arab Republic to the United Nations Office at Geneva and the Specialized Agencies in Europe
Dr A. W. ATEEK, Chief of Health Services, Ministry of Health

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Delegates:
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Dr D. JAKOVLJEVIĆ, President, Yugoslav Commission for Cooperation with International Health Organizations
Dr N. HRISTOV, President, Social and Health Council of the Republican Assembly, Socialist Republic of Macedonia; Member of the Yugoslav Commission for Cooperation with International Health Organizations

1 Chief Delegate from 14 May.
MEMBERSHIP OF THE HEALTH ASSEMBLY

Alternate:
Dr A. FARGELJ, Professor, Faculty of Medicine, Sarajevo; Member of the Yugoslav Commission for Cooperation with International Health Organizations

Advisers:
Dr S. ZONJIĆ, Director, Institute for Health Protection, Pristina; Member of the Yugoslav Commission for Cooperation with International Health Organizations
Dr M. RADOVANOVIC, Professor, Faculty of Medicine, Novi Sad
Mr T. BOJADŽIEVSKI, Second Secretary, Permanent Mission of the Socialist Federal Republic of Yugoslavia to the United Nations Office and International Organizations at Geneva
Dr V. STAROVA, Minister of Health of the Republic of Macedonia

ZAIRE

Delegates:
Dr KALONDA LOMEMA, State Commissioner for Public Health (Chief Delegate)
Dr B. LEKIE, Director, National Smallpox Eradication Campaign
Dr MATUNDU NZITA, Director of Health Services

Advisers:
Mr DIMBAMBULU KINKANDA, Private Secretary to the State Commissioner for Public Health
Dr Y. YOKO, Deputy Permanent Representative of the Republic of Zaire to the United Nations Office at Geneva and the Specialized Agencies in Switzerland

Delegates:
Mr A. B. CHIKWANDA, Minister of Health (Chief Delegate)
Dr M. M. NALUMANGO, Permanent Secretary for Health; Director of Medical Services, Ministry of Health
Dr S. H. SIWALE, Government Medical Officer

ZAMBIA

Delegates:
Mr A. B. CHIKWANDA, Minister of Health (Chief Delegate)
Dr M. M. NALUMANGO, Permanent Secretary for Health; Director of Medical Services, Ministry of Health
Dr S. H. SIWALE, Government Medical Officer

PAPUA NEW GUINEA

Mr T. P. H. COLE, Private Secretary to the Minister for Health
Mr A. M. SIAGURU, Foreign Relations Officer

HOLY SEE


ORDER OF MALTA

Count DE NOUE, Ambassador, Permanent Delegate of the Sovereign Order of Malta to the International Organizations at Geneva

1 Delegate from 14 May.

1 Delegate from 14 May.
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Dr J. L. MOIAPO
Professor R. VANNUGLI

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Mr V. LISSITSKY, External Relations and Inter-Agency Affairs
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Mr A. SQUADRILLI, United Nations Disaster Relief Office
Mr P. STANISSIS, United Nations Disaster Relief Office
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Mr A. S. BISHOP, Director, Environment and Housing Division, Economic Commission for Europe

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Mr J. GUIBBERT, Deputy Director of the European Office

United Nations Relief and Works Agency for Palestine Refugees in the Near East

Dr M. SHARIF, Director of Health

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Mr R. P. ETCHATS, Representative in Europe
Mr G. DUMONTET, Consultant to the Administrator

World Food Programme

Mr W. N. FRALEIGH, Chief, External Relations and General Affairs Branch

United Nations Conference on Trade and Development

Mr G. A. KRASNOV, External Relations Officer

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Mr Y. CHESTNOY, International Organisations Branch
Dr N. GAVRILESCU, Occupational Safety and Health Branch

International Bank for Reconstruction and Development

Mr F. STEUBER, Chief, External Relations Division, European Office

World Meteorological Organization

Dr C. C. A. WALLÉN, Chief, Special Environmental Applications Division
Mr V. W. WINDÉLL, Chief, External Relations Branch

International Atomic Energy Agency

Mr J. SERVANT, Director, IAEA Office in Geneva
Mrs M. OPELZ
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Dr C. SCHOU, Senior Medical Officer

International Committee of Military Medicine and Pharmacy
Général-Médecin J. VONCKEN, Secretary-General
Professor J. PATRNOGIC

World Intellectual Property Organization
Mr R. A. ARMSTRONG, Senior Counsellor; Head, Administrative Division

League of Arab States
Mr A. S. RADI, Permanent Delegate of the League of Arab States to the United Nations Office at Geneva
Mr A. EL-BOLKANY, Attaché, Permanent Delegation of the League of Arab States to the United Nations Office at Geneva

Organization of African Unity
Dr M.-H. RAJABALLY, Director, Health Division
Dr J. RAKOTCARIVELO, Senior Health Specialist

Organization of American States
Mr G. J. SCHAMÍS, Ambassador, Representative in Europe
Miss B. SZASZKIEWICZ

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Dr J. KAREFA-SMART
Mr J. C. McGILVRAY

Council for International Organizations of Medical Sciences
Dr S. BTESH

Inter-American Association of Sanitary Engineering
Mr J. A. LASCURAÍN

International Air Transport Association
Mr V. DE BOURSAC
Mr R. W. BONHOFF

International Association for Accident and Traffic Medicine
Professor J. BERNHEIM

International Association for Child Psychiatry and Allied Professions
Dr S. LEBOVICI

International Association of Medical Laboratory Technologists
Dr R. HOUSTON

International Association of Microbiological Societies
Professor R. H. REGAMEY

International Association on Water Pollution Research
Professor O. JAAG

International Astronautical Federation
Mr R. GREINACHER
Professor H. A. BJURSTEDT

International Brain Research Organization
Professor J. POSTERNAK
Dr D. RICHTER

International Committee of Catholic Nurses
Mrs E. VAN DER GRACHT-CARNEIRO
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MEMBERSHIP OF THE HEALTH ASSEMBLY

International Society of Blood Transfusion
Dr Z. S. HANTCHEF

International Society for Burn Injuries
Dr A. B. WALLACE

International Society of Cardiology
Professor P. MORET

International Society of Endocrinology
Dr D. R. BANGHAM

International Society of Orthopaedic Surgery and Traumatology
Dr E. VANDER ELST

International Society of Radiographers and Radiological Technicians
Mr E. R. HUTCHINSON

International Society of Radiology
Professor A. ZUPPINGER

International Society for Rehabilitation of the Disabled
Mrs P. BUGNION-SECRETAN

International Sociological Association
Professor M. PFLANZ

International Union of Architects
Mr A. RIVOIRE

International Union against Cancer
Dr J. F. DELAFRESNAVE

International Union for Child Welfare
Mrs I. KEMPE

International Union for Conservation of Nature and Natural Resources
Dr G. BUDOWSKI
Mr F. G. NICHOLLS
Miss M. BJÖRKLUEND

International Union for Health Education
Dr L. P. AUJOULAT
Mrs A. LE MEITOUR-KAPLUN

International Union of Local Authorities
Mr F. COTTIER

International Union of Pharmacology
Professor P. WASER
Professor H. HALBACH

International Union of Pure and Applied Chemistry
Dr R. MORF

International Union of School and University Health and Medicine
Professor V. BRUTO DA COSTA
Dr H. OUILLON

International Union against Tuberculosis
Dr D. R. THOMSON
Mrs J. BERNARD

International Union against the Venereal Diseases and the Treponematoses
Professor G. A. CANAPERIA

Joint Commission on International Aspects of Mental Retardation
Mrs Y. POSTERNAK

League of Red Cross Societies
Mr H. BEER
Dr V. SEMOUKHA
Dr H. ZIELINSKI

Medical Women's International Association
Dr Renée VOLUTER DE LORIOL
Dr Sylvia MOSCOSO DE LEVIN

Population Council
Dr C. PEASE

World Association of Societies of (Anatomic and Clinical) Pathology
Dr J. UNGAR
World Council for the Welfare of the Blind
   Mr A. MERMOD

World Federation of Hemophilia
   Mr H. CHAIGNEAU
   Mr L. JEANRENAUD
   Mr W. R. JEWETT

World Federation for Mental Health
   Dr Anne AUDEOUD-NAVILLE
   Mr D. DEANE

World Federation of Neurosurgical Societies
   Professor E. ZANDER

World Federation of Occupational Therapists
   Miss I. PÅHLSSON

World Federation of Parasitologists
   Professor A. MANTOVANI

World Federation of Public Health Associations
   Dr T. R. HOOD
   Mr R. E. MORGAN, Jr

World Federation of Societies of Anaesthesiologists
   Professor M. GEMPERLE

World Federation of United Nations Associations
   Mr C. GERBER

World Medical Association
   Professor T. VOSSENAAR

World Veterinary Association
   Dr M. LEUENBERGER
MEMBERSHIP OF THE HEALTH ASSEMBLY

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITtees

President:
Professor Julie SULIANTI SAROSO
(Indonesia)

Vice-Presidents:
Dr J. ANOUTI (Lebanon)
Professor J. PROKOPEC (Czechoslovakia)
Dr K. CAMARA (Guinea)
Dr M. MACHADO DE LEMOS (Brazil)
Dr J. SUMPAICO (Philippines)

Secretary:
Dr M. G. CANDAU, Director-General

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Canada, Colombia, Cuba, Hungary, Iran, Japan, Libyan Arab Republic, Netherlands, Senegal, Sri Lanka, Sweden, and Zambia.

Chairman: Mr G. BUICK (Canada)
Vice-Chairman: Mr M. TSUNASHIMA (Japan)
Rapporteur: Mr D. J. DE GEER (Netherlands)
Secretary: Mr C.-H. VIGNES, Constitutional and Legal Matters

Main Committees

Under Rule 35 of the Rules of Procedure of the Health Assembly, each delegation was entitled to be represented on each main committee by one of its members.

Committee A

Chairman: Dr S. PHONG AKSARA (Thailand)
Vice-Chairman: Dr R. PEREDA CHÁVEZ (Cuba)
Rapporteur: Dr GUMURKH SINGH (Malaysia)
Secretary: Dr O. W. CHRISTENSEN, Headquarters Programme Committee/Information Systems Development

Committee B

Chairman: Dr A. W. AL-MUFTI (Iraq)
Vice-Chairman: Dr jur. J. DE CONINCK (Belgium)
Rapporteur: Dr P. MIKEM (Togo)
Secretary: Dr M. R. SACKS, Programme Coordination
AGENDA

1. PLENARY MEETINGS

1.1 Opening of the session
1.2 Appointment of the Committee on Credentials
1.3 Election of the Committee on Nominations
1.4 Election of the President and the five Vice-Presidents
1.5 Election of the Chairman of Committee A
1.6 Election of the Chairman of Committee B
1.7 Establishment of the General Committee
1.8 Method of work of the Health Assembly - Terms of reference of the main committees
1.9 Adoption of the agenda and allocation of items to the main committees
1.10 Twenty-fifth anniversary of the World Health Organization
1.11 Review and approval of the reports of the Executive Board on its fiftieth and fifty-first sessions
1.13 Admission of new Members and Associate Members
   1.13.1 Application for membership by the German Democratic Republic
   1.13.2 Application for membership by the Democratic People's Republic of Korea
1.14 Election of Members entitled to designate a person to serve on the Executive Board
1.15 Director-General
   1.15.1 Appointment
   1.15.2 Approval of contract
1.16 Award of the Léon Bernard Foundation Medal and Prize (reports of the Léon Bernard Foundation Committee)
1.17 Award of the Dr A. T. Shousha Foundation Medal and Prize (reports of the Dr A. T. Shousha Foundation Committee)
1.18 Approval of reports of main committees
1.19 Closure of the Twenty-sixth World Health Assembly

2. COMMITTEE A

2.1 Election of Vice-Chairman and Rapporteur
2.2 Review and approval of the programme and budget estimates for 1974
   2.2.1 Consideration of the comments and recommendations of the representative of the Executive Board and of the Director-General
   2.2.2 Recommendation of the amount of the effective working budget and budget level for 1974 and examination of the projection of the budget estimates for 1975
   2.2.3 Detailed review of the programme and budget estimates for 1974
   2.2.4 Appropriation Resolution for the financial year 1974
2.3 Smallpox eradication

1 Adopted at the third plenary meeting.
2.4 Prophylactic and therapeutic substances
   2.4.1 Quality, safety and efficacy of drugs
       International information system on drugs
   2.4.2 International standards and units for biological substances

2.5 WHO's role in the development and coordination of biomedical research

2.6 Research in epidemiology and communications science

2.7 Problems of the human environment

2.8 Programme of international cooperation in cancer research

3. COMMITTEE B

3.1 Election of Vice-Chairman and Rapporteur

3.2 Revision of the text of the Appropriation Resolution for 1973

3.3 Supplementary budget estimates for 1973

3.4 [deleted]

3.5 Review of the financial position of the Organization
   3.5.1 Financial report on the accounts of WHO for 1972, reports of the External
       Auditor, and comments thereon of the Ad Hoc Committee of the Executive Board
   3.5.2 Status of collection of annual contributions and of advances to the Working
       Capital Fund
   3.5.3 Members in arrears in the payment of their contributions to an extent which
       may invoke Article 7 of the Constitution
   3.5.4 Report on casual income and status of the Assembly Suspense Account

3.6 Scale of assessment
   3.6.1 Assessment of Pakistan
   3.6.2 Assessment for 1972 and 1973 of new Members
   3.6.3 Scale of assessment for 1974

3.7 Working Capital Fund
   3.7.1 Review of the Working Capital Fund

3.8 Feasibility of introducing a biennial programme and budget

3.9 Proposed amendments to Articles 34 and 55 of the Constitution

3.10 Voluntary Fund for Health Promotion

3.11 Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training

3.12 Organizational study by the Executive Board
   3.12.1 Organizational study on methods of promoting the development of basic
       health services
   3.12.2 Future organizational study

3.13 Health assistance to refugees and displaced persons in the Middle East

3.14 Amendments to the Financial Regulations

3.15 [deleted]

3.16 Appointment of the External Auditor

3.17 Headquarters accommodation: future requirements

3.18 Real Estate Fund

3.19 Seventeenth Report of the Committee on International Surveillance of Communicable
     Diseases

3.20 Coordination with the United Nations system

3.21 United Nations Joint Staff Pension Fund
   3.21.2 Appointment of representatives to the WHO Staff Pension Committee

Supplementary agenda item 1: Drug dependence
VERBATIM RECORDS OF THE PLENARY MEETINGS

FIRST PLENARY MEETING

Monday, 7 May 1973, at 10 a.m.

President: Dr B. D. B. LAYTON (Canada)

1. OPENING OF THE SESSION

   The PRESIDENT: The Assembly is called to order.

   Distinguished delegates, ladies and gentlemen, as President of the Twenty-fifth World Health Assembly, I have the honour to declare open the Twenty-sixth World Health Assembly.

   By way of an opening announcement with regard to the use of languages at the World Health Assembly, delegations will be aware that, under the present Rules of Procedure, speeches made in Chinese are to be interpreted into English, French, Russian and Spanish, but that there is no provision for the contrary, namely, interpretation from English, French, Russian and Spanish into Chinese. I refer to Rule 86 of the Rules of Procedure. The Director-General has informed me that it would be possible to provide this additional facility and that funds are available for the purpose. In order to facilitate the participation in the work of the World Health Assembly by the Chinese delegation, I would therefore like to propose that you should endorse this arrangement. In this event it would suffice that the Health Assembly should so decide. The Rules of Procedure could subsequently be amended when the occasion presents itself.

   If there are no objections to this proposal - and I see none - this will be done.

2. ADDRESS BY THE PRESIDENT OF THE TWENTY-FIFTH WORLD HEALTH ASSEMBLY

   The PRESIDENT: It is my pleasure at the outset to welcome to this Assembly the representatives of the United Nations and the specialized agencies, the representatives of intergovernmental and nongovernmental organizations in official relations with WHO. I wish to extend also my warmest greetings to all the delegations of Member States and Associate Members and my special greetings to the representatives of the People's Republic of China and Swaziland, who are with us for the first time. Their presence at this Assembly, which we all welcome, reflects at the same time significant progress toward the universality of our Organization. Now we can indeed hope that the day is not too far distant when the World Health Organization will become truly universal, which has been a very basic aspiration of its founders and the intimate desire of all of us.

   Once again we have gathered together from all parts of the world in a joint pursuit of our noble objectives. Once again the well-ordered annual cycle of the World Health Organization is approaching its full circuit, also marking the initiation of a new and always challenging series of events in the continuity and expanding activities of this foremost international health forum.

   This year is, however, an exceptional year. Specific tasks lie before this Assembly at which we celebrate the twenty-fifth anniversary of the Organization. The last Health Assembly and the Executive Board in their wisdom envisaged the celebration of the Organization's silver jubilee not simply as a series of festivities, but as an occasion to ponder on the past in order to frame the future course of our action with a better understanding of current health problems and the means to deal with them. You will already have received and studied the Annual Report of the Director-General on the work of WHO, which this time provides us with an excellent basis to make a critical review of the issues and policies that have emerged in the health field, in fact, since the end of the Second World War. We shall soon be pleased to hear Dr Candau's verbal summary of our achievements and failures, and of the problems which lie before us.
It is not my intention to infringe on the prerogative of the Director-General in this respect, but, since the term of office of the President covers a good part of last year as well as the first months of the present one, it would seem appropriate at the conclusion of my presidential year that I touch briefly upon a few developments which have occurred since we last met and which are of determining importance for our endeavours.

But first, allow me a sad note in drawing your attention to the absence of one of our Vice-Presidents, Dr Douglas Kennedy of New Zealand. The World Health Organization and many of us lost a dear friend and a staunch supporter of this Organization when Dr Kennedy passed away late last year. We shall all miss his presence, his wise counsel, and his devotion to the cause of health.

I hesitate to refer to certain man-made tragedies arising from prolonged armed conflicts in the recent past. Suffice it to say I am confident it is a mutually shared hope that differences will be reconciled and resolved without further violence, especially when innocent people are involved.

In the past year natural tragedies have not spared our planet either. The volcanic eruptions which unfortunately continue on the Icelandic island, and the stunning earthquake which struck the city of Managua, have caused considerable physical destruction and human suffering to two of our Members—and this is not to overlook the recent floodings that involve certain countries in the western hemisphere. To all of them goes our sympathy. We trust that the passage of time and the relief assistance coming from other Members and the international agencies will help to alleviate their problems.

The United Nations Conference on the Human Environment held in Stockholm in June 1972 has awakened the world’s consciousness to the interaction of numerous factors in the environment and their impact on our physical and mental health. The extensive analyses and studies carried out at the Conference have deepened our knowledge that the modern magic technology for production of material goods can become a force of destruction if not used in the right direction.

Another event which I consider deserves our attention is the tenth anniversary of the World Food Programme. About 1.3 billion dollars in foodstuffs have been committed during the first decade of this Programme, which was established to provide assistance in commodities contributed voluntarily by governments. Almost 10% of this amount has been allocated for projects the main object of which is health promotion. In spite of this considerable contribution, supplementing some revolutionary changes in food production in certain developing areas, food deficiency and malnutrition, and in particular the protein gap, continue to persist with all the consequences which such a situation inflicts upon human wellbeing.

On the health front, as we have observed ourselves and learned from the unique analyses and evaluations made by the Organization, there have been new gains, while new problems have also been emerging. Mass communicable diseases have continued to recede, notwithstanding the unevenness of progress in the ever-increasing complexity of their control. The most significant results have probably been obtained in the smallpox eradication programme, which has now reached all endemic areas of the world. One year is far too short a time for noticeable improvements in health matters, and in particular in the fields of noncommunicable and chronic degenerative diseases. We have learned that, to penetrate into the unknown of disease and to develop efficient methods to tackle it, large global cooperation is indispensable. In that respect, tangible progress can be illustrated by the expansion of the Organization’s cooperative centres and laboratories and the intensified interchanges between scientists, experts and health administrators encouraged by the Organization.

An increasing number of requests from Member States for assistance in the provision of family planning services is also indicative of the past year’s developments. This, no doubt, adds new dimensions to the Organization’s role in the complex and sometimes controversial problems of population control, as well as to the future responsibilities of the Organization in the family health sector.

Before concluding, it would be improper for your outgoing President if he neglected to mention one other new problem which had been affecting in various degrees all countries and all governments in their current developmental efforts and with which you will have to deal at this Assembly. I have in mind the international monetary crisis, the adverse effect of which has not spared our Organization. May I add that, negative as it is, this financial phenomenon is, at the same time, another indication of the underlying unity of the world we live in.

Fellow delegates, with your rich knowledge and experience representing so many varied cultures and socioeconomic conditions, you will soon be considering the achievements and failures of the World Health Organization, the obstacles to its work and the ways to overcome them. As in the past, you will debate in dignity and decide without partiality the immediate
First Plenary Meeting

Programme of the Organization and its long-term orientation. You will also have to take in this exceptional year a number of far-reaching organizational, administrative and financial decisions.

While our ultimate objective is the attainment by all peoples of the highest possible level of health, our paramount and immediate preoccupation remains the tremendous health gap between the developed and developing parts of our world. Our main efforts, therefore, should be directed to assisting the less privileged Members of the Organization in improving their health infrastructure, educating their health cadres and bringing health services and medical care to all parts of their populations.

But, whatever problems we have to deal with and whatever fields the Organization is expected to assist in, it is evident that we need more knowledge and better tools if we wish to tackle more efficiently the problems ahead of us. In accordance with the resolution adopted at the last World Health Assembly, this present Assembly will have before it a report on research activities by the Organization and it will have to give further guidance to its work with regard to research. I am confident that I express the opinion of all of you if I stress that in the future programme new emphasis should be placed on multidisciplinary research, to be carried out in a more institutionalized way and on a world-wide basis.

It is on this note that I would wish to end my sketchy reflections on the year behind us, in inaugurating the twenty-sixth session of the supreme governing body of the World Health Organization. May I wish all of you success in your work and a most pleasant stay in this hospitable city of our headquarters.

3. APPOINTMENT OF THE COMMITTEE ON CREDENTIALS

The President: We shall now come to item 1.2 of the provisional agenda as set forth in the programme before you, and that deals with the appointment of the Committee on Credentials. The Assembly is required to appoint the Committee on Credentials in accordance with Rule 23 of the Rules of Procedure of the Assembly, which reads as follows:

A Committee on Credentials consisting of twelve delegates of as many Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President. This committee shall elect its own officers. It shall examine the credentials of delegates of Members and of the representatives of Associate Members and report to the Assembly thereon without delay. Any delegate or representative to whose admission a Member has made objection shall be seated provisionally with the same rights as other delegates or representatives, until the Committee on Credentials has reported and the Health Assembly has given its decision.

In conformity with this Rule, therefore, I propose for your approval the following list of 12 Member States: Canada, Colombia, Cuba, Hungary, Iran, Japan, Libyan Arab Republic, Netherlands, Senegal, Sri Lanka, Sweden, Zambia.

Are there any objections to my proposal regarding the membership of the Committee on Credentials? I see no objections and, since there are none, I declare the Committee on Credentials as proposed appointed by the Assembly.

Subject to the decision of the General Committee, the Committee on Credentials will meet, in accordance with resolution WHA20.2, when we start in plenary meeting the general discussion on the reports of the Executive Board and the Director-General, which will be found under items 1.11 and 1.12.

4. ELECTION OF THE COMMITTEE ON NOMINATIONS

The President: We will now pass on to item 1.3—Election of the Committee on Nominations. This item is governed by Rule 24 of the Rules of Procedure of the Assembly, which reads as follows:

The Health Assembly shall elect a Committee on Nominations consisting of twenty-four delegates of as many Members.

At the beginning of each regular session the President shall submit to the Health Assembly a list consisting of twenty-four Members to comprise a Committee on Nominations. Any Member may propose additions to such list. On the basis of such list, as amended by any additions proposed, a vote shall be taken in accordance with the provisions of those Rules dealing with elections.

In accordance with this Rule, a list of 24 Member States has been drawn up which I shall submit to the Assembly for its consideration. May I explain that in compiling this list I have followed the well-established tradition in adhering to the regional geographical distribution which currently exists for the Executive Board, also consisting, as you know, of
24 Members, and these are distributed as follows: four Members from the African Region, five from the Americas, two from South-East Asia, seven from Europe, four from the Eastern Mediterranean and two from the Western Pacific. I shall now read the list.

The proposal regarding the membership for the Committee on Nominations consisting of 24 Members is as follows: Australia, Brazil, China, Egypt, France, Honduras, India, Ireland, Lebanon, Madagascar, Mongolia, Morocco, Pakistan, Romania, Sierra Leone, Switzerland, Syrian Arab Republic, Togo, Trinidad and Tobago, Uganda, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela.

I hope you have had an opportunity to note these names of proposed members of the Committee on Nominations. Are there any comments on the list of proposed members of the Committee on Nominations that I have just read? I see no one wishing to make comments and accordingly I declare the Committee on Nominations elected. The Committee on Nominations will meet immediately.

As the delegates are aware, Rule 25 of the Rules of Procedure of the Assembly, which defines the mandate of the Committee on Nominations also states that: "The proposals of the Committee on Nominations shall be forthwith communicated to the Health Assembly."

We have now come to the end of our prescribed business for this first plenary session. Unless there are any comments from the distinguished delegates present, I will now adjourn the first plenary meeting.

The meeting rose at 10.35 a.m.
SECOND PLENARY MEETING  
Monday, 7 May 1973, at 2.30 p.m.  
President: Dr B. D. B. LAYTON (Canada)  
later: Professor Julie SULIANTI SAROSO (Indonesia)

1. FIRST REPORT OF THE COMMITTEE ON NOMINATIONS  
The PRESIDENT: The Assembly is called to order.  
The first item on the agenda for the second plenary meeting is the first report of the Committee on Nominations. This report is contained in document A26/35, which I trust you have before you. I will now call upon the Chairman of the Committee on Nominations, Dr J. Anouti, to present the first report.

Dr Anouti (Lebanon), Chairman of the Committee on Nominations, read out the first report of that Committee (see page 512).  

(Applause)

Election of the President

The PRESIDENT: Thank you, Dr Anouti.  
In respect of the provisions of these meetings, I must ask - unnecessarily, I hope: Are there any observations on this report? I see none, and from your silence I take it that you accept the report presented just now by Dr Anouti, document A26/35. Under Rule 77 of the Rules of Procedure it will not be necessary to take a vote, as there is only one candidate proposed, and therefore I suggest that the Assembly now express its approval of the nomination made by the Committee and elect its President formally by acclamation.  

Professor Sulianti Saroso is hereby elected President of the Twenty-sixth World Health Assembly. May I be the first to congratulate you, Dr Sulianti Saroso, and invite you to come and take the presidential chair and gavel.  

(Applause)

Professor Sulianti Saroso took the presidential chair

The PRESIDENT: Ladies and gentlemen, distinguished delegates, I regard it as a great honour to be elected President of this Assembly, especially since it marks the occasion of the twenty-fifth anniversary of the World Health Organization. Thank you all for the confidence you have shown in me. I shall have the pleasure to deliver my presidential address tomorrow.

2. SECOND REPORT OF THE COMMITTEE ON NOMINATIONS

The PRESIDENT: I now invite the Assembly to consider the second report of the Committee on Nominations. This report is contained in document A26/36. May I ask the Chairman of the Committee on Nominations, Dr Anouti, to read the second report of the Committee.

Dr Anouti read out the second report of the Committee on Nominations (see page 513).  

Election of the five Vice-Presidents

The PRESIDENT: I invite the Assembly to consider the nominations proposed by the Committee in its report: first, the nominations for the five Vice-Presidents of the Assembly. Are there any objections? If there are none, I invite the Assembly to declare the Vice-Presidents elected by acclamation.  

(Applause)

I shall now determine by lot the order in which the Vice-Presidents shall be requested to serve should the President be unable to act in between sessions. The names of the five Vice-Presidents have been written down on five separate sheets of paper which I am going to draw. Dr J. Anouti (Lebanon); Professor J. Prokopec (Czechoslovakia); Dr K. Camara (Guinea); Dr J. Sumpaico (Philippines); and Dr W. Machado de Lemos (Brazil). The Vice-Presidents will be requested to serve in the following order: Dr J. Anouti, Professor J. Prokopec, Dr K. Camara, Dr J. Sumpaico, Dr W. Machado. They are invited to come to the rostrum and take their seats.
Election of the Chairman of the main committees

The PRESIDENT: Nomination of the Chairman of Committee A: are there any observations? If there are none, I invite the Assembly to elect the Chairman of Committee A by acclamation.

(Applause)

Nomination of the Chairman of Committee B: are there any observations? If there are none, I invite the Assembly to elect the Chairman of Committee B by acclamation. (Applause)

Establishment of the General Committee

The PRESIDENT: Nominations of the other members of the General Committee. In accordance with Rule 31 of the Rules of Procedure of the Assembly, the Committee on Nominations has proposed the names of 14 countries which, added to those of the officers just elected, would constitute the General Committee of the Assembly. If there are no observations I declare the 14 countries elected. Are there any observations? These 14 countries then are elected to the General Committee.

3. METHOD OF WORK OF THE HEALTH ASSEMBLY - TERMS OF REFERENCE OF THE MAIN COMMITTEES

The PRESIDENT: We now come to item 1.8 of the provisional agenda: Method of work of the Health Assembly - Terms of reference of the main committees.

The Executive Board at its fifty-first session resumed a study on rationalization of the proceedings of the World Health Assembly, and in its resolution EB51.R28, which can be found in Official Records No. 206, pages 22-23, recommended a draft resolution for adoption by the Twenty-sixth World Health Assembly. May I ask the representative of the Executive Board to introduce this draft resolution.

Dr MOLAPO, representative of the Executive Board: Madam President, I will have occasion to congratulate you on your presidency at a more propitious moment. At the moment I propose to carry out the task which you have requested of me. The method of work of the Health Assembly has been, since the inception of the Organization, and continues to be one of the standing topics which preoccupies the Health Assembly and the Executive Board in an endeavour to improve its work, rationalize its procedures and adapt its proceedings to changing needs and new developments. It was in compliance with paragraph 4 of resolution WHA25.33 and the consensus at the fiftieth session of the Executive Board that the Director-General presented to the fifty-first session of the Board a report in which he dealt first with the feasibility of reducing the length of the Health Assembly to two weeks as suggested by some members, and second with some specific measures the effect of which would be further rationalization of the Health Assembly's work and some saving in time. The Board had very constructive and fruitful discussions and examined in detail all the issues involved. As regards the length of the Health Assembly per se, the prevailing view was that at present - with the events which constitutionally must take place at the Assembly, the substantial agenda, the continuous increase in membership of the Organization, and the trend towards increased participation of delegations in the study of various problems and in decision-making - it would be difficult to complete the Health Assembly in two weeks instead of 17 to 19 days, including some night meetings, as is now the case. The Board, however, said that - without prejudging the issue of biennial budgets, which will come under item 3.8 of the provisional agenda - the possibility of shortening the time of the Health Assembly could be studied if and when a biennial budget cycle is introduced.

The Board further considered that immediate measures could be recommended to the Health Assembly to further rationalize and improve the Assembly's work, and at the same time contribute even in a small measure to shorten its length. Four such measures had been recommended by the Board: the first one, changes in the terms of reference of Committee A to include, in addition to its detailed examination of the operating programme, the review of all other parts of the budget estimates, as well as recommending the text of the appropriation resolution after inserting the amount of all appropriation sections. The latter item, and the review of parts of the budget dealing with estimates other than for the operating programme, were up to now dealt with by Committee B. The Board believed that in changing that procedure some time could be saved, since there would no longer be an interruption in the work of Committee A as is now the case. As regards Committee B, its terms of reference might include the consideration of the amount of available casual income to be used to help finance the budget, which is in line with the practice prevailing for a number of years. Certain arrangements have been made to contribute to the shortening of the time required for the general debate and improving the essential value of the debate. Thirdly, rationalization in the preparation and submission of
reports to the effect that, to the greatest extent possible, new reports should be prepared when developments are such as to warrant their submission. And lastly, concurrence with the changes proposed by the Director-General to reduce documentation and improve its content. These measures have been recommended by the Board for the Health Assembly’s favourable consideration and approval, and, Madam President, as you rightly pointed out, the text of resolution EB51.R28 can be found on pages 22 to 23 of Official Records No. 206.

The PRESIDENT: Thank you, Dr Molapo. Are there any objections to the adoption of the draft resolution as proposed by the Executive Board in its resolution EB51.R28? In the absence of any objections the resolution is adopted.¹

The revised terms of reference of the main committees which the Assembly has just decided upon by adopting this resolution will be taken into consideration when we adopt the agenda of the Twenty-sixth World Health Assembly.

4. ANNOUNCEMENTS

The PRESIDENT: With regard to our programme of work, immediately after the adjournment of this plenary meeting the General Committee will meet. At this first meeting the General Committee will consider the provisional agenda of the Assembly, as prepared by the Executive Board and in the light of the resolution on the method of work of the Health Assembly which we just have adopted. It will also recommend the addition of a supplementary item to the provisional agenda, allocate items of the agenda to the main committees, and establish the programme of work of the Assembly for the first days of the session - including the Technical Discussions. I recall that the General Committee is composed of the President and the Vice-Presidents of the Health Assembly, the Chairman of the main committees and the delegates of the 14 countries just elected. I invite the General Chairman of the Technical Discussions, Dr Mofidi to attend this first meeting of the General Committee.

As announced by my predecessor, the Committee on Credentials will meet when the general discussion starts in plenary.

On adjournment of the plenary meeting tomorrow, about noon, Dr Layton of Canada will present to the Organization a portrait of its first Director-General, Dr Brock Chisholm. The ceremony will take place in this assembly hall in the presence of all delegates to the Assembly and other participants. As you are aware, tomorrow afternoon at 2.30 p.m. the fourth plenary meeting will be entirely devoted to the celebration of the twenty-fifth anniversary of the World Health Organization. A detailed programme of the celebration will be distributed in due course.

The meeting is adjourned.

The meeting rose at 3 p.m.

¹ Resolution WHA26.1.
ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMMITTEES

The PRESIDENT: The first item on our agenda today is item 1.9 - Adoption of the agenda and allocation of items to the main committees. The General Committee at its first meeting yesterday considered the provisional agenda, which was sent to Members and Associate Members 60 days before the opening of the session (document A26/1), together with the supplementary agenda (document A26/1 Add.1), which lists one supplementary item.

The General Committee made a number of recommendations relating to the agenda, which we now have to consider. They concern in the first instance modifications to the agenda itself, and in the second instance the allocation of items in the agenda.

We will therefore first consider the recommendations of the General Committee for amendments to the agenda. With regard to item 1.13 - Admission of new Members and Associate Members - the General Committee recommended that a new subitem be added, namely, subitem 1.13.2 - Application for membership by the Democratic People's Republic of Korea - in order to take into account the application for membership from the Democratic People's Republic of Korea received by the Director-General on 7 March 1973 (document A26/WP/1).

Does the Assembly agree to accept the recommendation of the General Committee to include subitem 1.13.2 - Application for membership by the Democratic People's Republic of Korea in the agenda? In the absence of any objections, it is so decided.

Addition of an item to the agenda: with regard to the supplementary item as contained in document A26/1 Add.1, the General Committee decided to recommend that this item, namely, "Drug dependence", proposed by the Government of the United States of America, be added to the agenda of the Twenty-sixth World Health Assembly. Does the Assembly agree to accept the recommendation of the General Committee to include the item "Drug dependence" on its agenda? In the absence of any objections, it is so decided.

Deletions of items of the agenda: the General Committee further recommended that items 3.7.2 - Advances to meet unforeseen or extraordinary expenses as authorized by resolution WHA23.8 (if any) - and 3.7.3 - Advances made for the provision of emergency supplies to Member States as authorized by resolution WHA23.8 (if any) - should be deleted from the agenda, since no such advances had been made by the opening of this Twenty-sixth World Health Assembly. As for item 3.15 - Amendments to the Staff Rules - it should also be deleted from the agenda, since these amendments are contained in the Executive Board's report which is before the Assembly in Official Records No. 206, and consequently there is no need for a separate item on the agenda. I take it that there is no objection to the deletion of these items? In the absence of any objections, it is so decided.

In connexion with item 3.5.3 - Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution - the words "if any" should be deleted, since this item is to be considered by the Assembly. However, the reference to resolution EB51.R23 should be omitted in view of the fact that the Member concerned, namely Uruguay, is no longer in arrears in the payment of its contributions to an extent which may invoke Article 7 of the Constitution.

We shall now consider the allocation to the main committees of items of the agenda. The provisional agenda of the Assembly, document A26/1, was prepared by the Executive Board in such a way as to indicate a proposed allocation of items to Committees A and B, on the basis of the terms of reference of the main committees as set forth by resolution WHA24.4. However, these terms of reference were amended by the Twenty-sixth World Health Assembly in its resolution WHA26.1 which we adopted yesterday. Consequently, the General Committee recommended that the provisional agenda as appearing in document A26/1 be revised in the light of the new terms of reference of the main committees. The General Committee therefore recommended that the following changes should be made: (a) the title of subitem 2.2.3 should now read, "Detailed review of the programme and budget estimates for 1974" and reference should be made to Official Records No. 207, Chapter I, paragraphs 20 to 292; (b) a new subitem 2.2.4, entitled "Appropriation Resolution for the financial year 1974" should be added, with the reference to Official Records No. 207, Chapter II, paragraphs 21 and 22; and (c) item 3.4, with its four subitems, should be deleted, as its substance will be discussed under item 2.2.

Are there any objections? Since there are none, I take it that it is the wish of the Assembly to accept these recommendations of the General Committee. Therefore the items appearing under the two main committees as indicated in the provisional agenda will be allocated to these committees, with the exception of the changes deriving from the adoption of resolution WHA26.1, on the understanding that later in the session it may become necessary...
to consider the transfer of items from one committee to the other, depending on the workload of the committees.

With regard to supplementary agenda item 1 - Drug dependence - the General Committee recommended that this item be allocated to Committee B. Are there any objections? In the absence of any objections, I take it that the Assembly wishes to allocate supplementary item 1 to Committee B.

As for the items appearing on the agenda of the plenary which have not yet been disposed of, the General Committee recommended that they all be dealt with in plenary.

The General Committee further decided that item 1.13.1 - Application for membership by the German Democratic Republic - will be taken up immediately prior to the consideration of items 1.11 and 1.12, and that item 1.13.2 - Application for membership by the Democratic People’s Republic of Korea - will be taken up later on after the completion of the general discussion.

The General Committee also recommended, in conformity with Rule 108 of the Rules of Procedure, that item 1.15 - Director-General - with its two subitems be considered by the plenary, meeting in private.

Is the Assembly willing to accept these recommendations of the General Committee? It is so decided.

The Assembly has now adopted its agenda. A revision of document A26/1 will be issued and distributed tomorrow.

2. ANNOUNCEMENTS

The PRESIDENT: With regard to the Technical Discussions, the General Committee recommended that the Technical Discussions be held on Friday, 11 May, morning and afternoon, and Saturday, 12 May in the morning only, as indicated in the Journal yesterday. Detailed arrangements for these Discussions are to be found in document A26/Technical Discussions/3. Are there any objections or observations? It is so decided.

Now about our hours of work. The General Committee decided that the hours of work should be as follows: plenary or main committees, 9.30 a.m. to 12 noon or 12.30 p.m, and in the afternoon from 2.30 to 5.30. The General Committee will meet at 12 noon or 5.30 p.m, according to circumstances. The programme of work of the Assembly for today has been published in the Journal. This afternoon there will be the celebration of the twenty-fifth anniversary of the World Health Organization. Tomorrow the fifth and sixth plenary meetings will be devoted to the general discussions on items 1.11 and 1.12. Are there any objections to this proposed programme? I see none, so it is so decided.

3. APPLICATION FOR MEMBERSHIP BY THE GERMAN DEMOCRATIC REPUBLIC

The PRESIDENT: Now we will take up item 1.13.1 - Application for membership by the German Democratic Republic. You will remember that the Twenty-fifth World Health Assembly in its resolution WHA25.19 decided to defer consideration of the participation of the German Democratic Republic until the Twenty-sixth World Health Assembly. The application of the German Democratic Republic is now before the Assembly. The Assembly may wish to vote on this application by acclamation. (Applause) With this applause I therefore declare the German Democratic Republic admitted to membership of the Organization and shall read out to you the text of the draft resolution which I propose for adoption by the Assembly:

The Twenty-sixth World Health Assembly

ADMITS the German Democratic Republic as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution.

Are there any objections to the adoption of this draft resolution? In the absence of any objection the resolution is adopted,2 and I have much pleasure in extending our congratulations to the Government of the German Democratic Republic and in welcoming this country to full membership in the World Health Organization.

I am told that the observer for the German Democratic Republic, Professor Mecklinger, would like to take the floor. May I invite Professor Mecklinger to the rostrum.

Professor MECKLINGER (Observer for the German Democratic Republic) (translation from the French): Madam President, ladies and gentlemen, on behalf of the delegation of the German Democratic Republic I should like to congratulate you, Madam President, most sincerely and

1 For the agenda as adopted, see p. 29.
2 Resolution WHA26.2.
heartily upon your election as President of the Twenty-sixth World Health Assembly. I also congratulate the Vice-Presidents of the Assembly and the Chairmen of this session's main committees.

The Twenty-sixth World Health Assembly has just taken a positive decision with regard to the admission of the German Democratic Republic to membership of WHO. My sincere and heartfelt thanks are due to all those delegations which, guided by the humanitarian principles of the Constitution of the World Health Organization, have voted in favour of the admission of the GDR. We also thank the President of the Assembly, Dr Candau the Director-General of WHO, Dr Kaprio and the other representatives of the Organization's Secretariat, as well as those many persons prominent in the field of medical science and of medical practice, from all over the world, who have spoken in favour of the admission of the GDR to WHO. The admission of the GDR to WHO corresponds with the positive development of relations between States directed towards consolidation of peace in the world and peaceful cooperation between peoples. It constitutes in fact one of the moves which are being made to base relations between States upon the solid foundation of the principles of sovereign equality, non-interference and mutually profitable cooperation.

With your permission, Madam President, I should like to remind this Assembly of the consistent efforts made by the socialist States, including the GDR, to bring about relaxation of tension and peaceful coexistence, efforts which are highly appreciated at the international level. The decision of the Twenty-sixth World Health Assembly, which is based on the WHO Constitution and on the principles of the United Nations Charter, constitutes a new important step towards the GDR's participation in the work of the United Nations system following its admission to membership of various United Nations bodies and specialized agencies. The positive decision of the Twenty-sixth World Health Assembly in regard to the GDR's request for admission can and should be regarded as a substantial contribution by WHO to peace and relaxation of tension.

Madam President, I should like to assure you in this Assembly that the GDR will do everything in its power to help to achieve WHO's humanitarian objectives. Realizing that the immense tasks before WHO still require great efforts from all Member States, the German Democratic Republic is prepared to make a constructive contribution to WHO's work. In WHO's various bodies, committees and working groups the GDR will be able to turn to account the experience it has obtained in setting up and steadily improving its socialist public health system, a system inspired by the guiding principle of socialist policy, namely that of doing everything possible for the welfare of man and for the people's happiness. In taking part in WHO's work the GDR will be able to draw upon the experience it has obtained in the course of extensive bilateral and multilateral cooperation in the fields of public health and medical science, more particularly with the USSR and other socialist countries, but also with other countries in Africa, South America and Asia. The GDR is prepared to put all its experience at WHO's disposal so as to discharge its obligations under the Organization's Constitution. Allow me at the same time to say that I am sure that the results of the fruitful work WHO has done during the 25 years of its existence - results, which will undoubtedly be followed by fresh triumphs - will also benefit the population of the GDR.

Allow me, Madam President, once again to thank all those who have supported the GDR, and to express the hope that our collaboration will be fruitful and constructive.

The PRESIDENT: Thank you, Professor Mecklinger.

4. REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTIETH AND FIFTY-FIRST SESSIONS

The PRESIDENT: We shall now consider item 1.11, which concerns the review and approval of the reports of the Executive Board on its fiftieth and fifty-first sessions. I have pleasure in giving the floor to the representative of the Executive Board, Dr Molapo, Chairman of the Executive Board.

Dr MOLAPO, representative of the Executive Board: Madam President, distinguished delegates, ladies and gentlemen, guests of the Twenty-sixth World Health Assembly, I have great pleasure and indeed a feeling of honour and privilege to present, in accordance with the Constitution of the World Health Organization, the reports of the Executive Board to this Assembly on this unique occasion when the Organization is celebrating 25 years of great achievements in the service of mankind.

The two sessions of the Executive Board on which I wish to report are the fiftieth and the fifty-first sessions. The fiftieth session was held in Geneva on 29 and 30 May 1972, immediately after the Twenty-fifth World Health Assembly, and the fifty-first session was also held in Geneva in January 1973.

Before I proceed with my report, Madam President, allow me to congratulate you, the Vice-Presidents of the Assembly, and the chairmen of the committees, on having been elected
to such important offices. Madam President, since you were my colleague up to yesterday in
the Executive Board I can claim to know you very well. I feel confident that under your
guidance and able manner in directing our deliberations in this Twenty-sixth World Health
Assembly we will adopt historic decisions which will be a further contribution to the
efforts which the World Health Organization has been exerting for a quarter of a century in
the field of international health and cooperation.

I will not attempt here to cover in full detail all the subjects covered by the Executive
Board, since the report, resolutions and annexes of the fiftieth and fifty-first sessions of
the Board are contained, and can be consulted, in Official Records Nos. 203, 206 and 207, which
have been circulated to all delegations. Moreover, many of the items will be dealt with in
depth by this Assembly and Professor Vannugli and myself will have the opportunity at that time
to inform the Assembly of the Board’s recommendations on these items. I shall endeavour to
highlight at this stage the important resolutions and underline the major accomplishments of
the Board.

During its fiftieth and fifty-first sessions the Board considered a variety of subjects
such as WHO’s role in the development and coordination of biomedical research; quality,
safety and efficacy of drugs; international standards and units for biological substances;
smallpox eradication; veterinary public health; organizational studies by the Executive
Board; and the review of the reports of 10 expert committee meetings covering a wide range
of subjects. In reporting on the meetings of the expert committees the Director-General
provided information relating to each committee, a brief account of the report, a summary of
the recommendations and, finally, an account of the implications for the Organization’s
programme. The Director-General also included in this report an account of the impact of
the recommendations of the Technical Report Series publications on tuberculosis. The
Executive Board found this study of great interest, particularly on the way in which expert
committees’ findings had stimulated research in the field of tuberculosis.

The Board was further informed that the number of expert advisory panels in 1972 amounted
to 43, in addition to the Advisory Committee on Medical Research. At the end of 1972 there
was a total of 2655 experts serving on these panels. Changes in the membership of expert
advisory panels since January 1972, including geographical distribution, were brought to the
attention of the Board.

As a step towards the implementation of resolution WHA25.60 concerning the intensifi-
cation of WHO’s activities in biomedical research, the Director-General submitted to the
Executive Board at its fifty-first session an interim report which provided an historical
background and a description of the present methods of implementing WHO research. The
Board was informed that the study was being pursued. An intrasecretariat committee had
been established for the purpose. Former ACMR members and advisers were being consulted
and the Advisory Committee on Medical Research would, at its next session in June 1973, be
asked to further advise the Director-General on the matter. After a thorough discussion
the Board requested the Director-General, in resolution ES51.R12, to transmit his interim
report and the summary of the discussions of the fifty-first session of the Board. This
matter will be before the Health Assembly under agenda item 2.5.

The Board took note of the action taken regarding classification of substances under
certain international conventions and considered a report concerning the feasibility of
developing an information system on drug evaluation and registration in Member States, and
of establishing minimum requirements for quality, safety and efficacy of drugs.

A new list of international standards and units for biological substances in replacement
of those recommended by resolutions of previous Health Assemblies was also studied by the
Board and will be before the Health Assembly for its consideration.

The Board selected the topic “The role of the health services in preserving or restoring
the full effectiveness of the human environment in the promotion of health” as the subject for
the Technical Discussions to be held at the Twenty-seventh World Health Assembly. It also
appointed Dr C. M. H. Mofidi as General Chairman of the Technical Discussions to be held at
this Assembly, which, as you are aware, will consider the topic “Organization, structure
and functioning of the health services and modern methods of administrative management”.

Pursuant to a suggestion of the Executive Board that it would be valuable if a regular
and comprehensive review of one of the Organization’s activities were to be submitted to
the Board each year, the Director-General presented to the fifty-first session of the Board
a programme review on veterinary public health. The subject had occupied WHO since the
First World Health Assembly and the second session of the Executive Board, when the
discussions on rabies and brucellosis could be considered to have initiated the Organization’s
programme in that field. The programme had grown considerably with the years, following the
discussions and decisions of successive Health Assemblies and sessions of the Board. It had
been recognized that enzootic diseases of domestic and some other animals should be studied
in connexion with some human endemo-epidemic diseases. The Organization’s programme had
thus been concerned mainly with the zoonoses, but it had been extended to other fields as
well, including hygiene of foodstuffs of animal origin and comparative medicine, in which
the animal disease was studied as a model for human disease and used as a subject of experiment.

The report before the Board dealt with the problems and tasks of veterinary public health around the world, and summarized the work in progress and contemplated for the foreseeable future.

The problem of zoonoses and food hygiene was analysed as each of the major zoonoses had its own special features which determine its public health and economic significance and the relative attention it merits. Rabies, brucellosis, leptospirosis, parasitic zoonoses, animal tuberculosis and other zoonoses were commented upon. The Board was informed that WHO has been pursuing its work on the socioeconomic consequences of the zoonoses in accordance with the Board's request in resolution EB49.R11. Some details of that work were given in the report, as well as reference to the measures being taken to encourage training.

The Board was also informed of the Organization's assistance to countries, which fell into three categories: zoonoses control, food hygiene, and education. The report also pointed out that the work of the Veterinary Public Health unit of WHO was carried out in close cooperation with many other units, not only those in the Division of Communicable Diseases, but also those responsible for the control of food additives and for the participation of WHO in the work of the Codex Alimentarius. Close links were also being established with the Cancer and Cardiovascular Diseases units, and with others responsible for noncommunicable diseases, in regard to which comparative medicine was of particular importance. Cooperation with FAO had developed well for many years on the basis of a division of responsibilities. WHO concerned itself strictly with veterinary public health questions which affected or influenced human health. A section of the report was also devoted to possible lines of future development.

With regard to the Board's organizational study on methods of promoting the development of basic health services, you will recall that this subject had been selected by the Twenty-fourth World Health Assembly, which requested the Executive Board to report on the study to the Twenty-sixth World Health Assembly. The forty-ninth session of the Executive Board appointed a working group of five members to prepare a report, which was discussed thoroughly at the fifty-first session of the Board and which will be before the Twenty-sixth World Health Assembly for its consideration.

Both the substance and the conclusions of the report of the working group were the subject of a wide-ranging, important and extended discussion at the Board, which decided that the points made in the discussion be brought to the attention of the Health Assembly, together with its study.

Several suggestions were submitted to the Executive Board for the selection of a subject for the future organizational study to be made by the Executive Board. In concluding its examination, the Board decided to recommend to the Twenty-sixth World Health Assembly that the next study to be undertaken by the Board be on the subject "Interrrelationships between the central technical services of WHO and programmes of direct assistance to Member States".

The Standing Committee on Administration and Finance, under the able and efficient chairmanship of my co-representative from the Board, Professor Vannugli, met during the week prior to the fifty-first session of the Executive Board and made a detailed examination and analysis of the Director-General's proposed programme and budget estimates for 1974, as presented in Official Records No. 204. Consequently, the Board, after having considered the estimates under the various appropriation sections, decided, in resolution EB51.R24, to recommend to the Twenty-sixth World Health Assembly that it approve an effective working budget for 1974 amounting to US$ 100,250,000.

Subsequent to the fifty-first session of the Executive Board, international monetary developments resulted in additional budgetary requirements for 1974 which were reported by the Director-General to the Ad Hoc Committee of the Board meeting on the 13th of last month. In its report to the Health Assembly, which is contained in document A26/33, the Ad Hoc Committee recognizes that, if the Assembly decides to approve the 1974 programme as proposed by the Director-General and as recommended by the Executive Board, it will be necessary to increase the level of the proposed effective working budget for that year to US$ 106,328,800.

For 1973 the Director-General submitted to the Executive Board supplementary budget estimates of US$ 673,000, which is required to cover in 1973 unforeseen cost increases relating to general service salaries and post adjustments at headquarters resulting from the acceleration of inflationary trends which in turn have generated significant cost-of-living increases in Geneva. The Board, in its resolution EB51.R7, recommended that the Health Assembly approve the supplementary estimates for 1973 proposed by the Director-General to be financed from available casual income. In that same resolution the Board requested its Ad Hoc Committee meeting prior to the Twenty-sixth World Health Assembly to consider any report by the Director-General on any further developments which might affect the supplementary estimates.
The Director-General submitted a report to the Ad Hoc Committee outlining the additional supplementary estimates required for 1973 as a result of the international monetary developments which occurred in February 1973. The total amount now required is US$ 4 949 100. The Ad Hoc Committee of the Board has proposed in its report, contained in document A26/32, that a maximum effort be developed by the Organization and those countries where the disease is still endemic in order to complete eradication in the earliest possible time. The Assembly will have before it an updated report on the status of the smallpox programme, which it will consider under agenda item 2.3.

One of the tasks before the Executive Board at its fifty-first session was the nomination for the post of Director-General. The Board's nomination, as well as the draft contract, are contained in its resolutions EB51.R15 and EB51.R14, submitted for the Health Assembly's consideration under agenda items 1.15.1 and 1.15.2.

I will not go into detail in reporting on the very fruitful and constructive discussions which took place at the fifty-first session of the Executive Board on the subjects of the method of work of the Health Assembly and the celebration of the twenty-fifth anniversary of the Organization, since I had the privilege of introducing the former item yesterday, and arrangements approved by the Board for the latter subject will hopefully materialize successfully this afternoon.

The Health Assembly will recall that when it approved at the Twenty-fifth World Health Assembly the new presentation of the proposed programme and budget estimates, designed to make it more programme-oriented, it requested the Director-General to submit to the fifty-first session of the Executive Board a report on the implications and possible methods of implementation of biennial budgeting. The Board discussed this report, the full text of which is contained in Annex 14 of Official Records No. 206, at length, and subsequently adopted resolution EB51.R31, which contains its recommendations to the Health Assembly on this matter. The Health Assembly will have the opportunity to consider these recommendations under agenda item 3.8.

Among the financial items considered by the Board at its fifty-first session was the review of the status of the Working Capital Fund, requested by the Health Assembly in resolution WHA25.13. The Board, in resolution EB51.R30, endorsed the Director-General's recommendations to maintain the amount in 1974 at the same level as that for 1973, namely, US$ 11 000 000. It also recommended that the Director-General submit a report on the Working Capital Fund to the Executive Board and the Health Assembly only when he considered it warranted, but in any case not less frequently than every third year. The Board also reviewed the status of the Voluntary Fund for Health Promotion and considered the Director-General's proposals for a new reporting procedure for this Fund. The Board's recommendations are contained in its resolution EB51.R31, which will be considered by the Health Assembly under agenda item 3.10.

The extended use of the Revolving Fund for Teaching and Laboratory Equipment to cover, under certain conditions, the purchase of medical periodicals and textbooks was another recommendation made by the Executive Board in its resolution EB51.R32, and is submitted for the Health Assembly's consideration under item 3.11.

In accordance with the provisions of Staff Regulation 12.2, the Executive Board, by resolution EB51.R35, confirmed one change in the Staff Rules made by the Director-General with regard to the maximum amount of the education grant pursuant to a decision of the United Nations General Assembly at its twenty-seventh session.

The Assembly will no doubt be interested to know that, thanks to the generosity of a testator resident at the time of his death in Italy, Mr Hugh S. Whitaker, the World Health Organization became, under his will, the legatee of a property in Florence consisting of a villa and its contents. In its resolution EB50.R21, adopted on 30 May 1972, the Executive Board authorized the Director-General to accept this gift on behalf of the Organization and to dispose thereof in accordance with arrangements to be determined by him. The necessary arrangements having been made by the Director-General, both the villa and its contents have been sold and it is now hoped that WHO will be able to derive a pecuniary benefit from this legacy. The Assembly will note that these actions of the Board were taken pursuant to the provisions of Article 57 of the Constitution, under which the Board, acting on behalf of the Health Assembly, may accept and administer gifts and bequests made to the Organization.

The Board considered carefully and at length matters relating to the future requirements for headquarters accommodation. The Executive Board, after noting the appointment of the architect, examined the plans and estimates presented by him in collaboration with a group of
consulting engineers. The Board took note of the explanations and detailed information supplied to it both by the architect and by the members of the Ad Hoc Committee, and particularly by the Committee's Chairman, Professor Aujaleu. The Board consequently adopted resolutions EB51.R38 and EB51.R39, which contain the recommendations of the Board on this issue and which will be considered by the Health Assembly during this session, together with the new developments which will have emerged from the recent meeting of the Ad Hoc Committee of the Board under the chairmanship of Professor Aujaleu.

Madam President, the terrible disaster that struck Nicaragua on 23 December 1972 was wholeheartedly felt by the Board. The Director-General and the Regional Director for the Americas reported on the emergency assistance provided to Nicaragua after the devastating Managua earthquake, which had resulted in heavy loss of life and high morbidity and seriously affected the national economy of the country. The Executive Board also heard the member of the Board designated by the Government of Nicaragua, who described the assistance needed by his country in its urgent task of caring for the injured and rehabilitating its health services.

The Board was also informed of the resolution adopted by the Economic and Social Council, inviting organizations of the United Nations system "to devote the largest possible volume of financial, technical and other resources, within their respective programmes, in cooperation with the Disaster Relief Coordinator, to meeting assistance requests from the Government of Nicaragua relating to the planning and implementation of reconstruction work contemplated in its initial emergency programmes and subsequent rehabilitation programmes".

Facing the great suffering and loss caused to the Nicaraguan people, the Executive Board adopted resolution EB51.R43, reflecting its support for and sympathy with Nicaragua and requesting the Director-General to take concrete measures for the rehabilitation and reconstruction of the health services of Nicaragua.

Coordination questions were discussed by the Board during its fiftieth and fifty-first sessions. The Director-General reported in detail on action taken by the United Nations and organizations in the United Nations system which had direct implications for the work of the Organization and which required specific consideration by the Board. The Board adopted several resolutions on this subject: resolution EB50.R17 and EB51.R47 on the reports of the Joint Inspection Unit; resolution EB51.R44, which contains its recommendation to the Health Assembly on the continuation of the Joint Inspection Unit; resolution EB51.R45 on the establishment of the International Civil Service Commission; and finally resolution EB51.R46, in which it recommended to the Director-General that he continue his efforts in coordination. The Health Assembly will have the opportunity to consider the Board's recommendations, as well as further developments on this subject, under agenda item 3.20.

Finally, Madam President, the Standing Committee on Nongovernmental Organizations reviewed applications received from nine nongovernmental organizations seeking official relations with WHO. Based on the recommendations of its Standing Committee, the Executive Board decided to establish relations with seven nongovernmental organizations and, after consideration of a request from the World Federation of Societies of Anaesthesiologists to resume official relations with WHO, decided to re-establish official relations with the Federation, thus bringing the number of nongovernmental organizations in official relations with WHO to a total of 106.

Madam President, it has been a great honour and privilege to have served as Chairman of the Executive Board during the past year. Allow me in concluding to pay special tribute to all members of the Board for the way in which they discharged their functions. Their task was a difficult one and the subjects they had to consider and the decisions they had to adopt were by no means simple. However, their discussions and deliberations were always held in a spirit of mutual understanding and cooperation.

Madam President, Professor Vannugli and I, as representatives of the Executive Board, are available to assist in the plenary and committee meetings whenever we may be called upon to do so.

The PRESIDENT: Thank you, Dr Molapo, for this comprehensive report. I should like also to take this opportunity of paying tribute to the work of the Executive Board and in particular to express our appreciation and our thanks to the eight out-going members.

5. REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1972

The PRESIDENT: I now give the floor to the Director-General, so that he can present his Annual Report on the work of WHO in 1972.

As I have pointed out in the introduction to the Report, many of the threats due to communicable diseases continue to recede. The reduction of smallpox is an obvious example. The disease is now considered to be endemic in only five countries. One consequence is that the United Kingdom and the United States of America have been able to reduce their vaccination programmes drastically, resulting in considerable savings. The smallpox campaign is an illustration not only of effective international cooperation but also of humanity’s common interest in controlling disease. The concept that disease anywhere is a threat to health everywhere is clearly expressed in the WHO Constitution, and is becoming ever more widely accepted as the volume of international trade and travel grows. Yet, however great the success achieved so far in the smallpox campaign, there is no room for complacency. On the contrary, as the campaign seems to approach its end, it should be pursued with persistent vigour backed by staunch international support.

Against poliomyelitis, signal success has also been achieved in many countries through systematic vaccination. One particular development last year may be of interest to the Assembly. In June 1972, Dr Albert Sabin proposed that WHO should accept the responsibility, hitherto exercised personally by Dr Sabin himself, of approving laboratories which want to produce poliovirus vaccines from the seed materials of the Sabin strains for types 1, 2 and 3 poliomyelitis viruses. Dr Sabin in his generosity had never patented his strains, and he wished them to continue to be available to producers who could show themselves competent to prepare effective and safe vaccines. Since it would be potentially dangerous if the strains were made available indiscriminately, the Director-General agreed to assume personally the heavy responsibility of ensuring the proper employment of the strains, and I am establishing a scientific committee to advise me on all matters pertaining to their use. For the present, the scheme will only apply to new laboratories wishing to produce the vaccine.

We all know that in the fight against malaria serious obstacles have arisen which were not clearly foreseen when the worldwide eradication campaign was launched; this should not be allowed to obscure the really great advances made against this disease. The Report before you speaks of freeing 721 million people from the threat of the disease and protecting another 631 million. Whatever the original hopes of success may have been, these are figures to be proud of. Attention must now be focused on those parts of the world where lack of funds and of trained manpower are slowing progress and where complex ecological conditions continue to favour transmission.

Preparations for a concerted attack on onchocerciasis in West Africa are gathering momentum. Control of the disease is essential for the economic development of the Volta river area, where seven governments are pledged to participate in the project. WHO is working with the United Nations Development Programme, the Food and Agriculture Organization of the United Nations and the International Bank for Reconstruction and Development. Since the main control method is to attack the vector, the selection of insecticides is being made with a view to avoiding the destruction of non-target organisms or other ecological damage. Research on this and other important aspects will continue throughout the execution phase.

The situation with respect to tuberculosis gives no cause for complacency. Our understanding of this disease has greatly increased over the years, thanks in considerable measure to WHO’s own research efforts. Today we possess simple and effective tools for prevention and treatment, yet tuberculosis still ranks high among priority problems in most parts of the world.

One of the largest research programmes ever undertaken by WHO concerns human reproduction. One purpose of this programme is to develop a variety of safe, effective and acceptable methods of fertility regulation. Another is to obtain a better understanding of the acceptability of fertility-regulating methods in different populations and cultures.

How to translate knowledge, old or new, into health benefits for the community is one of the abiding questions facing WHO. A number of reasons are commonly advanced to explain why a large part of the world’s population has no access to health services and why the services that do exist are not always fully utilized or are simply ignored. These failures can be attributed to lack of resources, lack of technical manpower, lack of health education and lack of planning and management. All these reasons are important, all have their validity, and all are of concern to WHO. But I do not believe we can accept them as sufficient.

In many developing countries, the proportion of resources in the national budget allotted to health is not inconsiderable. Manpower is being trained, though we must ask whether the educational and staffing patterns are the appropriate ones.

In the matter of health service development, we must reassert our priorities and review our strategies; while it is right to build on past successes and to continue to fill the gaps in our knowledge of diseases, it may now be necessary to turn more directly to the small communities and the consumer in order to clarify the lines for further development. It will take courage and skill to ask the consumer about his needs and problems in order to lay the ground for building the health services. Among the obstacles that stand in the way of
possible solutions, it may be that some are related to human dignity, to resistance to the
disruption of the existing patterns of society and of authority, and to other matters that may,
as yet, be only faintly suspected. Once we have a clear idea of the problems, I am sure we
can find the solutions.

Madam President, from the financial point of view, the year was not an easy one. Although
the financial problems resulting from international monetary disruptions were not of the
magnitude of the previous or of the current year, they made themselves felt; additionally,
accelerated inflation and its effect on expenditure were ever present. Thus, the sound
financial position of the Organization was maintained not only through the provision of
supplementary budget estimates approved by the Health Assembly last year but also by concerted
and continuous efforts to achieve maximum economies and to make the best possible use of all
available resources.

I would not wish to conclude, Madam President, without expressing my pleasure at seeing
represented here in this Assembly the People's Republic of China, Swaziland, which became a
Member last month, and the German Democratic Republic, which has just been admitted as a
Member.

The PRESIDENT: Thank you, Dr Candau.

6. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTIETH AND FIFTY-FIRST
SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1972

The PRESIDENT: We shall now start the general discussion on items 1.11 and 1.12 - the
review and approval of both the reports that have just been referred to. I would like to
remind you of resolution WHA26.1, which the Assembly adopted yesterday, on the method of work
of the Health Assembly, and in particular paragraph 6 of that resolution, in which the
Assembly recommends that

(1) delegations wishing to take part in the debate on the annual reports of the
Director-General and the Executive Board concentrate their interventions on matters
related to those reports, so providing guidance which may assist the Organization in the
determination of its policy; and

(2) delegations wishing to report on salient aspects of their health activities make
such reports in writing for inclusion in the record, as provided in resolution WHA20.2.

Delegations wishing to participate in the general discussion are requested to announce
their intention to do so, together with the name of the speaker, as soon as possible to the
assistant to the Secretary of the Assembly, Mr Fedele. Should a delegate wish to submit a
prepared statement for inclusion in extenso in the verbatim records, the text should also be
handed to Mr Fedele. In any event, if a written text exists of a speech which a delegate
intends to deliver, four advance copies should also be handed to Mr Fedele, to assist in the
interpretation and transcription of the proceedings.

Delegates will speak from their seats. As usual a system of lighting has been installed:
on the ninth minute the light will turn amber, and red on the tenth minute - which indicates
that the speaker is expected to conclude his statement. Fellow delegates, I would like to
appeal to all of you who intend to participate in the general discussion to do your best to
respect this recommendation, so that we do not need to hold night meetings.

I now give the floor to the first speaker on my list - the delegate of Malaysia,
Mr S. Y. Lee, Minister of Health.

Dr TOW (Malaysia): Madam President, I wish to inform you that because our chief delegate
is indisposed today we would like to ask that his speech be postponed to a later date.

The PRESIDENT: May I now invite Dr Edwards, Assistant Secretary for Health, Department
of Health, Education and Welfare, delegate of the United States of America, to take the floor.
Dr EDWARDS (United States of America): Madam President, friends and distinguished colleagues, I am pleased - and certainly very privileged - to bring the greetings of my Government to the nations represented at this Twenty-sixth World Health Assembly, and to join with you, all of you, in commemorating 25 years of outstanding service by the World Health Organization.

To our new and very gracious President, to our newly elected Vice-Presidents as well, I offer sincere congratulations on behalf of my delegation and myself. We have every confidence that you will distinguish this Assembly by your leadership, your insight, and your dedication to the cause that brings us together.

I should like to also congratulate Dr Molapo on his presentation of the proceedings of the last two sessions of the Executive Board. These reports provide a clear understanding of the health problems discussed by Board members and the attention that was given to them.

To Dr Candau I would like to express our gratitude and pride at the continuing advance in world health, which he has again so eloquently depicted in his Report. It is with mixed emotions that the members of the United States delegation receive that Report. For with the satisfaction that we feel, there is a certain sadness shared by each of us that the 1972 Report is the last that will be presented by Dr Candau as Director-General.

In the 20 years that Dr Candau has guided this Organization, its prestige has heightened and its leadership in world health has been increasingly recognized. Dr Candau, through his deep and creative devotion to his duties, has earned the respect and gratitude of health authorities in every nation. His legacy is an Organization that, like himself, is respected and certainly deeply valued. I believe that no finer expression of our gratitude can be shown to Dr Candau than that we pledge ourselves to continue the effort that he has so devoutly and determinedly carried forward since 1953.

As we prepare for the next quarter of a century, we have the opportunity to chart a course that will guarantee our pledge to Dr Candau and help to fulfill the promise of the founders of this Organization 25 years ago, namely, the promise to provide the world with an international health agency. I stress the words "international health", because it is through the promotion of global health that we can achieve the objectives that we all so deeply want to share.

In its first 25 years, the World Health Organization sought to respond as fully and as effectively as possible to the health needs of the world. As those needs expanded, the programmes of the Organization expanded; and its growth has been indeed remarkable. For an organization that exists because the peoples of the world invest in it, through their governments, the pattern of growth that we have seen constitutes strong evidence of confidence. It indeed demonstrates that people believe in advancing world health through world effort, and that they believe in the ability of WHO to bring about such an advance. It is up to each and all of us to assure that this confidence is indeed well placed, for it is our task to guarantee, to the best of our ability, that the resources placed in our hands are applied where they can bring the greatest benefit worldwide.

Over the past several decades we have seen many of the traditional values and attitudes of almost every nation undergo revolutionary change. Indeed, a large number of new nations have joined us over the past years, bringing with them new ideas and new concepts that have altered both our thinking and our understanding of world health. We are privileged to have been part of an organization that did not greet these changes with fear, but instead reconciled the old with the new, and proceeded with the work of improving and protecting the health of all people.

In the same spirit we must recognize that we still face the difficult task of adapting to change, so that this Organization can continue to maintain and strengthen its role as a truly international health organization. The choices that must be made are difficult and they will be painful, for established practices die hard. But, if we keep clearly in view our role as an international health organization and the special contribution that we and we alone can provide, I believe our path will be clear.

What then is the role of WHO as it moves through the 1970s and beyond? To our mind the Organization must use its resources increasingly for problems of global significance, affecting all Member nations. These include, of course, the many traditional activities that still command a very high priority on the world health agenda. But as new health threats emerge, resulting from the changing character of the world we live in, WHO's resources must be channeled into leadership in guidance aimed at their resolution. Similarly, global efforts can capitalize on technological advances, as the Organization has so superbly done in regard to smallpox, to bring health benefits to all peoples of the world as rapidly as possible.
This kind of coordinated effort must be developed further so that we, as a community of nations, can reinforce our own national efforts – whether, for example, by developing new tools in the fight against disease, or by preserving health gains through such preventive activities as the establishment of appropriate standards and guides which are universally recognized and universally accepted.

Such an approach enforces and emphasizes the basic objectives formulated in our long-term programme of work. Indeed, the strengthening of basic health services, the development of health manpower, the control of disease, and the improvement of environmental health are clearly essential if the health of people throughout the world is to be improved and is to be protected. The World Health Organization must provide the leadership and the stimulus for greater investment by nations and international bodies to deal with these problems in an efficient and an effective manner. And may I suggest that one of the most important tasks this Organization could assume in its next 25 years would be to direct its efforts towards fully mobilizing all national and international resources that can be made available for the improvement of health.

In all these activities it is self-evident that an international organization has a very vital role. For only through leadership, stimulation and support that ranges beyond national boundaries can we hope effectively to improve conditions within those boundaries. The need for both technical assistance and worldwide services is unlimited. While we would wish that all the needs of all the nations could be met by this Organization, we are compelled to face the fact that our resources – the resources of the World Health Organization – though growing, are, to be sure, limited. Requests from governments have increased beyond the capacity of the World Health Organization to meet them. They unquestionably reflect very real needs, and they are certainly not frivolous. They represent the recognition on the part of governments that they need assistance. Yet no one organization can effectively respond to all needs, no matter how genuine and how urgent they are.

We must therefore apply our resources where they can achieve the greatest benefit among the community of nations. We face the hard choices of priority, knowing that emphasis in one area may mean postponement in another. The alternative is a fragmentation of efforts and a threat to effectiveness in all areas. The challenge before us, as we enter the second quarter of a century and another era of international health service to the people of the world, is to recognize the need to set priorities and employ our limited resources in accord with these priorities. I would urge that we plan and direct our efforts toward the objectives which are especially amenable to international action. When confronted by a hard choice of priority, let our decision favour the problems that international action alone can solve. In this way WHO can make its strongest contribution to the goals toward which we all aspire and to the truest definition of world health.

For all of us here, world health is the common denominator through which we share our knowledge and our aspirations. But, moreover, it is increasingly becoming a significant tool for developing and strengthening peace and understanding throughout the world. Let us use this tool to demonstrate the benefits which can accrue to mankind and the ability of the community of nations to build a solid foundation of mutual respect and cooperation for the health and peace of the world.

The PRESIDENT: Thank you, Dr Edwards.

Sir Harold WALTER (Mauritius): On a point of procedural order, I consider, Madam, that to ask any delegate to speak from his chair is a retrograde step, in that it makes it uncomfortable for the whole Assembly to turn round and listen to the delegate. We have just heard the United States delegate, who has made a very good speech, and you could see from your chair all the delegates turning their heads to look where he is speaking from.

In every Assembly in the world the speaker goes to the rostrum. Why should we adopt a retrograde step? Why cannot the man be asked to go to the rostrum and address the Assembly, Madam? There would be more control on the length of the speech, there would be more force in the delivery of the speech, and there would be more attention from the floor. I am sure that the whole Assembly will support the idea.

The PRESIDENT: This has been a decision of the Assembly. I do not recall which one, but I am sure that I shall be given the exact resolution. Any change in such a resolution has, I think, to follow certain procedures. If you will allow the Chair – I think we will continue first as we have done, because this was a decision by the Assembly, and any change to be made in such a resolution will have to be taken up according to certain procedures. Is that all right?
Sir Harold WALTER (Mauritius): We are again like the civil service, bound by regulations, rules and what have you. And this is supposed to be the Organization of all independent and sovereign States, where we take the decision on the way in which we want our debates to be conducted.

The PRESIDENT: I think that we will continue, at least for today. I have to look up exactly what rules of procedure to follow so that your proposal can be taken into account. I am sure that there is some procedure to be taken.

May I now invite Dr Adjeitey, the Commissioner for Health of Ghana.

Dr ADJEITEY (Ghana): Madam President, the Ghana delegation is delighted to congratulate you warmly on your election as President of the Twenty-sixth World Health Assembly. We congratulate the Vice-Presidents who have been elected to assist you in the performance of your onerous task, as well as the Chairman of the committees. This is a significant session of our Assembly, the twenty-fifth anniversary of the coming into being of the World Health Organization, and we hope that by your long association with the Organization, and with the support of the Vice-Presidents and the Chairman of the committees, the conduct of our deliberations will be successful under your experienced and able guidance.

With regard to the Director-General's Report, the World Health Organization has for the past 25 years made an untiring effort towards the attainment of the highest possible level of health for all mankind. We congratulate the Director-General and his staff for the splendid report on the activities of the World Health Organization, which continues to fight on all fronts. It is true that with the cooperation of Member States successes are being achieved in all the continents.

We also congratulate Dr Candau for his relentless efforts during the past 20 years with the Organization, and we wish him a well-earned rest.

On education, Madam President, the Ghana Medical School has continued its achievements in medical education with the assistance of WHO and other well-meaning donors. The year 1972 saw the creation of postgraduate training in medicine, surgery, midwifery and gynaecology and paediatrics, when 10 doctors were admitted. This is but a humble beginning but we have visions of more developments in the future. The Ministry of Health of Ghana is particularly involved in the arrangements for regional cooperation in postgraduate medical education between the Gambia, Ghana, Nigeria and Sierra Leone, and we see in this one more step in combating the ever-pressing loss of professional personnel to the more advanced countries.

The whole field of the training of nurses in Ghana has been under review. The new comprehensive training of the state-registered nurse, which was introduced with the assistance of the World Health Organization, has become a reality. The training of enrolled nurses is being undertaken in a large number of hospitals, both government and private, and the programme has been improved so that those with the requisite basic qualifications may proceed to the state-registered nurse course. The postbasic nursing programme is still assisted by WHO as one of the social services programmes of the University of Ghana, Legon. As the various courses for the training of sisters, nursing sisters, tutors and administrators have caught on with the nursing profession, we shall look forward to the continuing assistance of WHO in these fields of endeavour.

The training of health centre superintendents is proceeding at Kintampo, and we see in this cadre the manpower to lead the health team in the rural health centres and health posts, under the supervision of the district medical officer of health.

Madam President, in the training of personnel for courses which are not available locally we would like WHO to meet as far as possible the requests of our Government, especially in those areas where counterpart staff are to be trained; we recognize that it is not always possible to find counterparts, but this should not stop WHO giving fellowships in other fields when requested, otherwise our efforts will be thwarted.

The Ghana national family planning programme is proceeding with the same zeal with which it was launched. The number of acceptors has been increasing every month and we are pleased to observe that the rural populations are also beginning to use the services of the programme in larger numbers than before. We are very grateful for the assistance of the United Nations Fund for Population Activities in the organization of various fellowships, tours and courses. Much assistance is also being received from UNICEF, the United States Agency for International Development, the International Planned Parenthood Federation, the Population Council and the Ford Foundation. To all these agencies we wish to record our deepest gratitude.

In the field of public health the basic problems of environmental sanitation continue to pose a challenge. Communicable diseases, nutritional disorders and complications of
pregnancy and child health continue to rank high among the causes of morbidity and mortality. The situation becomes more serious in that, while these basic environmental problems are yet to be overcome, new challenges emerge as a consequence of rural-urban drift of the population, industrialization and programmes aimed at intensifying the exploitation of our natural resources.

Industrialization is certainly one of the methods of solving some of our economic problems, but at the same time we have to be vigilant about the release of wastes and pollutants which may adversely affect the quality of the environment and health. This calls for the establishment of a multidisciplinary body to be charged with the responsibility of formulating broad plans of national health policies and also to coordinate all activities of the programmes with health implications.

The Government of Ghana still believes in the concept of basic health services as one of the means of solving the major health problems of the country and to this end is determined to continue the programme for the development of the basic health services. In pursuance of this policy there are at present 53 health centres which have been completed and commissioned. There are eight under construction, and 13 others are planned for implementation within the next two financial years. In addition, we have 37 health posts functioning, 67 are under construction and 86 more are planned. In the development of the basic health services we are grateful to WHO and UNICEF and other agencies for assistance and support in the provision of equipment and supplies.

River blindness still plagues several countries in West Africa, but today the havoc has been measured in economic terms. It is therefore no wonder the World Health Organization has spearheaded action in an all-out effort to eradicate this disease from West Africa. The World Health Organization is also engaged in the control of schistosomiasis in man-made lakes of Africa. It is our sincere hope that these two rather insidious and crippling diseases will one day be wiped out of Africa.

Madam President, the Government of the National Redemption Council of Ghana has moved steadily in an effort to improve the economy of Ghana. This is no mean task, as we face difficult odds. Whereas the prices of imported goods, including medical equipment and pharmaceuticals, continue to soar, the prices of our products and natural resources are controlled and in fact dictated by the already developed countries. The economic survival of developing countries like mine is thus determined by the developed countries. It is no wonder that my Government has decided upon a policy of self-reliance. Last year we reported on the progress. This year we have moved into the second phase, in which the Ministry of Health is very much involved in a massive campaign to educate the people in good nutrition, as far as possible from local products.

This year marks the twenty-fifth anniversary of the World Health Organization, and the theme for this year's celebrations could not have been better chosen for the occasion - "Health begins at home". We in Ghana gave prominence to this celebration and placed emphasis on our maternal and child health services, which form the basis of our national life.

As an organization established for humanitarian purposes, we hope WHO will concentrate on its humanitarian activities and leave matters of politics for those United Nations organizations established for that purpose.

In conclusion, my delegation would like to congratulate the Organization on the most magnificent arrangements for the World Health Assembly in this twenty-fifth anniversary year. We also wish to thank the Government of the Canton of Geneva for its kind hospitality. We will continue to uphold the noble ideals of our Organization and wish that WHO will continue to play its magnificent role in providing better health for all mankind.

The PRESIDENT: Thank you, Dr Adjeitey.

The next speaker on my list is the delegate of Sierra Leone, Mr Findlay.

Mr FINDLAY (Sierra Leone): Madam President, Director-General, distinguished delegates, I bring you hearty and fraternal greetings from our President, Dr Siaka Stevens, and also from the Government and people of the Republic of Sierra Leone in this our jubilee year when we all, as members of this august body, join in celebrating such an important milestone in its history.

On behalf of my delegation, I wish to convey to you, Madam President, our sincere congratulations on your election, and to congratulate all the officers who have been elected to serve during this twenty-sixth session of the World Health Assembly. I wish to assure you of our fullest support and cooperation throughout the session, and sincerely wish that your administration will be crowned with abundant success.

I wish also to pay a tribute to Dr Layton, of the Canadian delegation to the Twenty-fifth World Health Assembly, for the very outstanding and brilliant manner in which he conducted the business of the Assembly as its distinguished President.
As usual, the reports of the Director-General and the Executive Board are very factual in detail, covering as they do the entire field of activities of the Organization. I wish to congratulate the Director-General and the Executive Board on their untiring efforts in implementing the decisions of the Assembly, and in particular the Director-General on the wisdom and overall interest which are so characteristic of him in every sphere of the activities of the Organization. In this connexion, we shall miss him as he goes into retirement after serving as the captain of this international ship for almost 20 years. His wise and experienced leadership, in and out of the committee meetings, has become a byword among distinguished delegates year after year; and we shall remember his apt interventions in our deliberations, which have always calmed troubled waters and injected a new vision into the distant horizon. We from the developing countries in particular shall miss him and I am sure that I shall be expressing the consensus in wishing for him a long lease of happy and useful retirement with his family. I am quite sure that he still has the potentiality to make further valuable contributions to the welfare of mankind in general.

Greater emphasis continues to be placed on preventive medicine in my country, as it has been fully realized that most of the diseases which affect the population can be prevented if only the basic principles of hygiene and sanitation are applied and put into practice in the various communities throughout the country, and immunization programmes expanded. At the same time every effort is being made to fully integrate curative and preventive medicine into a comprehensive health care service, and already the effectiveness of this integration is showing signs of an overall improvement in the delivery of health care throughout the country.

Rural pilot health projects, involving the provision of simple but safe water supply systems and waste disposal, have been started in certain areas; and, as funds become available, other areas will benefit from the experience gained. Piped water supplies have been installed in a number of the larger towns, and the programme envisages a total coverage for the whole country.

Control measures against the major endemic and communicable diseases have been maintained at a very high level and thanks are due to the World Health Organization for its continued assistance in this area of our activities. Yaws and measles have been kept under reasonable control, while since April 1969 there has not been a single confirmed case of smallpox.

The next major problems are connected with leprosy and tuberculosis. The campaign against leprosy has been in existence for some time, with a number of voluntary agencies participating in it. Quite recently the efforts in this field were coordinated into a national programme involving the Government and all the participating voluntary agencies. As a result of this, a nationwide campaign for the control and treatment of the disease has been launched and is operating through mobile and static clinics. Its main objective is the complete eradication of the disease in about 20 years' time. Full-scale preparations are on for the launching of a mass treatment and control campaign against tuberculosis, which is ranked as one of the major causes of high mortality after the diseases of early infancy and malaria. A number of random surveys have been conducted into the incidence of this disease, and quite recently it was established that the disease conforms in incidence to that of other countries in Africa. WHO and UNICEF have offered assistance in this area of our activities.

My Government has established a national planning council, in which the Ministry of Health is represented. Sectoral planning committees, including one for health, have also been established for the various ministries. The health committee comprises doctors and public health administrators. A national development plan is in process of preparation, to cover the period 1973/74 to 1978/79; and it is hoped that, based on a realistic appraisal of the country's needs and resources, and of potential external assistance, the implementation of the plan will meet with little or no difficulty.

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The development of the basic health services continues with assistance from WHO, UNICEF and other agencies. Greater emphasis is on mother and child health care and, though to a great extent not custom-built, antenatal and postnatal clinics and "under-fives" clinics are now in operation throughout the country. Family health care and the health aspects of family planning have been integrated into these services, and already there are clear indications of the advantages derivable from the existing set-up, notable among which are the marked improvement in the life expectancy of children born and the decrease in the infant mortality rate.

A regional centre for the training of technicians in the repair and maintenance of hospital equipment has been established in my country by the World Health Organization. An expert from the Organization is in charge, with a Sierra Leonean serving as a counterpart. This has been a long-felt need in the Region, and it should now be possible for students from the African Region to benefit from the training facilities provided.

The need for a well-organized health education unit in the central health administration cannot be overemphasized. One such unit is being set up in my Ministry, with a qualified
At the same time, national schools are finding it rather difficult to cater for their own needs, becoming greater and greater with the development and expansion of the health care facilities. As to control and eradicate diseases, especially the endemic and epidemic diseases, and every citizen with the best and highest preventive and curative health services as well Organization to success. Director-General on the services rendered during the period of his services that led the well as other colleagues who were elected to the various offices, wishing them all success. Organization which, in spite of all the difficulties that confronted our Organization during the first quarter, was able to achieve great success towards the fulfilment of its objective and any assistance from Member States and international agencies to make the project a reality. for the establishment of the centre for health sciences to a satisfactory end and would welcome great minimized. added to this is the possibility that the incidence of the "brain drain" would be greatly minimized. With all these considerations, my Government intends to pursue the project for the establishment of the centre for health sciences to a satisfactory end and would welcome any assistance from Member States and international agencies to make the project a reality. Our proposal to establish a centre for health sciences, based on the WHO concept as exemplified at Yaoundé, is still under consideration. Fortunately, WHO has shown very great interest in the project, and an expert is due soon, to do the groundwork for the establishment of the centre. The need for more doctors and dental surgeons and all categories of paramedical staff is becoming greater and greater with the development and expansion of the health care facilities. At the same time, national schools are finding it rather difficult to cater for their own needs, let alone for the needs of other countries. It has therefore become increasingly apparent that the real solution is the establishment of local or regional schools which would cater adequately for the local or regional needs and would provide training facilities to suit local needs. Nutrition has also occupied our attention. As with all developing countries, nutritional deficiencies, particularly amongst children, are a source of great concern to health administrations. A nutritionist is now in post in my Ministry and, with the nutritionist in the Ministry of Social Welfare, it is proposed to produce a comprehensive nutrition plan for the country. A nutrition unit is envisaged in my Ministry, and plans are being worked out to this end. When fully established and working in close cooperation with the Health Education Unit and the Ministry of Social Welfare, it is hoped that a great impact will be created on the nutritional habits and customs of the various communities, with great benefits to all concerned. Our national school of nursing has at long last gained recognition by the General Council of England and Wales and I would like to take this opportunity to express our grateful thanks to the World Health Organization for the expertise it has provided since the inception of the school, without which recognition would not have become a reality so soon. Our thanks also go to UNICEF for its continued material assistance to the school. Much as we have our own pressing needs for trained nurses, we would like to offer the training facilities at the school to students from Member States, particularly from the African Region. In conclusion, Madam President, I wish on behalf of my delegation to congratulate the Director-General for his excellent Report, and to express our sincere appreciation to him and his staff for the very efficient manner in which they have been carrying out their very difficult task. Long live the World Health Organization: Long live the international cooperation for the attainment by all peoples of the highest possible level of health! The Revolutionary Government of the Republic of Iraq is deeply concerned to provide all and every citizen with the best and highest preventive and curative health services as well as to control and eradicate diseases, especially the endemic and epidemic diseases.
We have been able during the last four years to increase and expand the number of our health institutions and upgrade them. Special importance has been given to health manpower whose number has been almost doubled, and we have achieved great success in our malaria eradication project and all other health programmes.

We have prepared our five-year plan to promote our health services on a large scale, especially following our success in getting back our rights from cartel oil companies and starting to utilize our natural resources by ourselves. We will do our best to take all measures needed to improve the human environment, especially providing all villages and rural areas with safe water, and also to improve occupational health services, social services and education throughout our country.

The five-year national plan for development is complete in respect of its socioeconomic, cultural and health aspects. Health has been given full attention as a basic measure to improve living standards and increase production.

I would like to reiterate our previous statements in the Assembly emphasizing the principle of the universality of this Organization, and I am pleased with the great step taken by the last Assembly restoring the right of representation of the people of China to its lawful Government and considering it the only representative of China. I have the pleasure in welcoming the delegation of the Government of the People's Republic of China. I would like to congratulate this Assembly for the other important step taken by admitting the German Democratic Republic as a full Member and to welcome the delegation of the GDR. I am fully confident that this Assembly will decide to admit, as a full Member, the Democratic People's Republic of Korea and by doing this action achieve another great step towards the universality of this Organization.

Madam President, while we are enjoying the celebration of the twenty-fifth anniversary of this Organization we should remember bitterly our brothers who have been suffering, during all these twenty-five years, all types of torture and expulsion from their homes - I am referring to the Arab inhabitants of Palestine who have been expelled from their homeland and subjected to all types of racial discrimination, and were deprived of their human rights. All these were the results of occupation of their country by Zionist forces who practised and are still practising the most brutal crimes in spite of all resolutions taken by this Assembly and other international bodies and which all condemned these acts. Therefore the delegation of the Republic of Iraq once again calls upon this Assembly to take all measures which secure health protection to refugees, displaced persons and the inhabitants of its occupied territories, and restore these rights.

Finally I would like to thank Dr Candau and his staff, Dr Taba, our Regional Director, and his staff, and all WHO experts who have visited or are working in Iraq, for the assistance rendered to us in implementing our health projects. Also I would like to record our thanks to UNICEF for full cooperation and assistance.

The PRESIDENT: Thank you, Dr Mustafa. I now give the floor to the delegate of the Federal Republic of Germany, Professor von Manger-Koenig.

Professor VON MANGER-KOENIG (Federal Republic of Germany): Madam President, may I first of all offer to you and the Vice-Presidents warm congratulations on your election. I am confident that the Twenty-sixth World Health Assembly will work through its agenda harmoniously under your capable guidance.

May I thank on this occasion the Organization's Director-General, Dr Candau, and all the members of his staff for the work they have done in the service and to the benefit of the health of all nations.

Once again the Director-General's Report is an impressive document which covers in detail the various fields of WHO activities and every aspect of the problems involved. It is obvious that in this and in coming years WHO will be faced with considerable difficulties owing to the increasing demands that will be made upon it. These difficulties automatically follow from the developments in the international monetary field. Unfortunately it will hardly be possible for the Organization to cope with all these problems simply by raising regular contributions. More than ever before, the Director-General will find himself having to concentrate the Organization's efforts on the main priorities. Perhaps I might recall what I said on the same occasion last year. I appealed to Member States to give play to their imagination in the search for the best means of coordinating national objectives with the aims of international cooperation to meet the needs of WHO. What I have in mind is not only contributions to the Voluntary Fund for Health Promotion, which are used for tackling urgent problems of common interest. It is also important that Member States should enable national institutes to act as international reference and training centres of WHO. Another possibility would be for governments to invite WHO to convene international meetings in their countries and be willing to provide the staff and institutional facilities - in other words to finance them out of national funds.
I would like to refer once again to the matters which I feel deserve our special attention. In the first place, there is a need to devote greater attention to the problems of health education, which is mentioned several times in the Director-General's Report. Here I cannot embark on the survey of the whole philosophy of health education and will confine myself to a few major points. Health education is an integral element of all preventive measures ranging from family planning, mother and child care, school health services, the fight against drug abuse and the control of venereal disease to the early detection of cancer and cardiovascular diseases. Health education is complementary to all efforts in the field of curative medicine and rehabilitation, not least in the broad sector of psychiatry and mental health. On the one hand it gives the individual citizen a better understanding of his own responsibilities and makes him aware of the part he can play, and, on the other, promotes partnership, partnership between the citizen, the health services and the community. And finally, it is an effective instrument to use for and within parliaments to ensure that the necessary priority is given to public health inside the framework of overall policy.

WHO has another important task to perform in defining new medical and paramedical professions, their functions and training requirements. I am thinking, in particular, of the specialized duties in clinical treatment and health techniques, and in the field of social medicine. Training capacities cannot be enlarged at will, so that the defining of new health professions must involve the rationalization of both curricula and duties.

My country supports WHO's initiatives regarding drug economics and the study of drug consumption and clinical pharmacology. I hope that as many Member States as possible will participate in these important activities.

As regards WHO's drug monitoring system, I wish to repeat a suggestion that I made at the last meeting of the Regional Committee for Europe. I will ask you to consider whether we should not also introduce an international toxicological information and monitoring system for food, cosmetics and other products of daily use, which contain very active substances. We have all heard about the various regrettable accidents that have happened in recent times with such products, and I feel we need to set up some kind of system with the help of WHO which will ensure that all responsible authorities are provided with the data and facts they need without delay. Only in this way will it be possible to guarantee full health protection, avoid duplication of work, and provide a wide-ranging toxicological monitoring system. I realize that this proposal, if put into practice, will place an additional burden on WHO. We offer our assistance in resolving this problem, which includes important aspects of environmental protection to which WHO should, as in the past, attach the greatest importance. May I therefore suggest that one of the next World Health Days be devoted to environmental health.

In conclusion, I am pleased to say that we approve the Director-General's Report. We recommend that the work of WHO be continued on the basis of the principles it embodies, and I repeat the formal declaration made by the President of the Federal Republic of Germany in his address: that my country will continue to promote international cooperation and solidarity and will, in particular, support the activities of WHO in every way possible.

The PRESIDENT: Thank you, Professor von Manger-Koenig. May I now invite the delegate of Peru, Mr Miró Quesada,

Mr MIRO QUESADA (Peru) (translation from the Spanish): Madam President, officers of the World Health Assembly, ladies and gentlemen, allow me to begin by congratulating you, Madam President, and the officers of the Assembly on their well-deserved election; and to congratulate the Director-General and Executive Board on their outstanding work for the preservation of world health, and especially on their stewardship during the past year. I should like, on behalf of the Revolutionary Government of the Armed Forces of Peru, to welcome the delegates of the People's Republic of China, the delegates of Swaziland, and the representatives of the German Democratic Republic, which has been admitted today to the World Health Organization. I should also like to mention the solidarity of the people of Peru with the people of Nicaragua in connexion with the catastrophe which devastated that part of the world and in which almost all of us peoples of the Americas came together and endeavoured, by our assistance, to alleviate in some measure the situation of that sister country. I also congratulate the World Health Organization on attaining the twenty-fifth anniversary of its foundation.

In referring to the problems facing Peru in the health field, I shall confine myself to those which can be categorized as fundamental. Among these is the problem of maternal and child morbidity and mortality. We already mentioned at the last Assembly the high morbidity and mortality rates in this highly vulnerable group in countries such as ours. In order to be able to cope successfully with this problem the Government of Peru decided to set up an Institute of Neonatology and Maternal and Child Welfare. Since its creation scarcely two years ago, this Institute has begun its activities by developing standards of welfare for the mother and the child, without which it could not have initiated any action in this field. I should like to place on record my gratitude to the Pan American Health Organization, and
particularly its Director, Dr Horwitz, for the assistance we have received in this sphere. Meanwhile, to cope with this same problem of child morbidity and mortality, we are taking steps to train staff and to enlist the services of traditional birth attendants so as to be able to increase the human resources available to us to deal with this complex problem.

Another problem I should like to refer to is the inadequate coverage of the health services in the rural areas and in the isolated regions of our territory. Our country is extremely large with areas of widely differing natural features where health activities are extremely arduous to carry out owing to the poor communications and the roughness of the terrain.

As a first measure, we have had to attend to the development of programmes for expanding the rural health services: this, of course, includes equipping these services, which poses a basic economic problem that we shall have to solve by stages.

Similarly, in order to be able to build up these services, we require specialized manpower which we do not at present possess. Fortunately, the new law reforming the educational system in Peru has made it possible to set up the civilian service for graduandos, that is to say, for young university students who, on completion of their courses - and in this context I am referring in particular to those studying the health sciences - must render service to the community before obtaining the relevant professional diploma. In this way, and working jointly with the Peruvian University under agreements, we shall have sufficient professional staff available - or so we believe, according to our preliminary calculations - to be able to carry out what we have called "rural penetration" for the benefit of the isolated areas.

Another programme I should like to mention because of the success we have achieved in it is the one we have designated the Basic Drug Programme. It is a programme whose objective is to place within the reach of the most needy classes the drugs that are essential for the preservation and restoration of health. It is being conducted at governmental level, and is not affecting the interests of private industry because, in producing these basic medicines, we are creating a new market consisting of those people who did not have access to medicine at commercial prices. At first the programme developed rather cautiously, but in its second phase, this year, it has expanded by over fifty per cent. and success is assured inasmuch as the medicines are of excellent quality and their price is very much lower than those which prevailed before. This is a tool now available to us to enable us to undertake the restoration of the health of the Peruvian people.

I should like to ask for support from the Organization for the rural programmes, especially the one we are developing in the jungle region. The discovery of new sources of energy, and in particular of mineral oil in economically quite workable quantities, has brought all the sectors of public activity into play. We have calculated that during the present two-year period investments to a value of 500 million dollars will be made in the jungle region. This is going to necessitate substantial shifting of people and new activities which will carry with them the need to adopt new health measures.

I should also like to ask for support from the World Health Organization in training medium-grade specialized personnel. We are faced with a severe shortage of paramedical personnel and, in general, of specialized staff who are not qualified physicians but who make up the health team, and we lack facilities for their training. In this regard, I believe that the Pan American Health Organization and the World Health Organization can contribute effectively to solving this problem, which is not exclusive to Peru but, I venture to point out, is also a problem of contemporary importance in the countries of South America.

Before closing I should like to express the concern of the Government of Peru at the pollution of the environment by the atomic explosions which are being set off at Mururoa in the South Pacific. The Government of Peru has duly made known its opinion on the subject and has made its voice heard at the international level. We hope that these trials, which contribute nothing to the advancement of peoples, will be suspended for the good of the community, for the good of mankind.

The PRESIDENT: Thank you, Mr Miró Quesada. May I now invite the delegate of Zaire, Dr Kalonda Lomema, to take the floor.

Dr KALONDA LOMEMA (Zaire) (translation from the French): Madam President, honourable delegates, on the occasion of the twenty-fifth anniversary of the World Health Organization I should like to stress how effective the cooperation and aid extended to the Republic of Zaire by WHO has been during the last 13 years. WHO's technical assistance to Zaire has made it possible during those years to promote and forge ahead with work to eliminate endemic, epidemic and other diseases, and to encourage activities in the fields of public health, medical and paramedical education, maternal and child health and welfare, nutrition and, lastly, administrative and social techniques relating to public health. The delegation of the Republic of Zaire would like to thank the World Health Organization for the indefatigable
TWENTY-SIXTH WORLD HEALTH ASSEMBLY, PART II

...efforts it has been making all this time to secure the best possible state of health for the people of Zaire.

Our Assembly is bigger this year. From now on the delegation of the People's Republic of China and others will be sitting among us, and it is with great pleasure that we welcome the newcomers, who are substantially extending WHO's field of action.

Like other delegations we cordially congratulate the President, together with the other elected officers of this Assembly. We also sincerely thank the Director-General for the report on the work of WHO that he has presented to us, which describes the untiring efforts WHO is making to improve health in the world.

Our delegation would like to give you information about the epidemiological situation in the Republic of Zaire in regard to smallpox, tuberculosis, yellow fever, cholera, trypanosomiasis and leprosy.

**Smallpox.** The Republic of Zaire associated itself in 1965 with the world smallpox eradication campaign. The attack phase of the programme began in November 1968 and ended in December 1971. Nearly 25 million vaccinations were carried out in those three years by mobile teams, which covered the whole country. It is significant to note that since August 1971 no case of smallpox has been reported in Zaire. On the other hand, strict surveillance of this disease brought to light three cases of monkeypox. The surveillance and maintenance phase of the programme began in January 1972 and health teams performed 4,460,000 smallpox vaccinations in 1972.

**Tuberculosis.** BCG vaccination of children up to 15 years of age was carried out along with the smallpox eradication campaign. Nearly 11,500,000 vaccinations were performed during the attack phase of this campaign, namely, up to the end of 1971. In 1972 medical teams carried out systematic vaccination of all newborns and of children up to 15 years of age. Nearly 1,290,000 were vaccinated.

**Yellow fever.** In December 1971 two cases of yellow fever were found in the Ubangi Subregion of Equator Region. Strict quarantine measures were taken at once and an epidemiological survey was carried out in the Gemena area. At the same time the health authorities vaccinated the whole population of the Ubangi Subregion - some 394,473 people. No new case has been reported since these operations and there has been constant surveillance in this subregion since December 1971.

**Cholera.** In view of the cholera threat along certain frontiers the Department of Public Health vaccinated all the people living along those frontiers and in some urban centres, meanwhile ordering increased health surveillance at frontier posts, ports and airports, which are the routes by which the disease enters the country. The occurrence of cases of cholera in Angola led to a campaign to vaccinate the whole population of Zaire and all the Angola refugees living on the frontier. At the port of Matadi, which is particularly exposed, special preventive measures were taken, consisting of special sanitation operations and compulsory vaccination and chemoprophylaxis.

**Trypanosomiasis.** By Ordinance No. 68/221 of 4 July 1968 a Central Trypanosomiasis Bureau was set up, immediately responsible to the Office of the President of the Republic. This Bureau is responsible for organizing, coordinating and carrying out sleeping sickness control throughout the country. The field work is done by specialized mobile teams headed by Belgian and Zaire technicians. Twenty-two units are at present carrying out control work in the main focus of the disease.

**Leprosy.** The leprosy morbidity rate in Zaire is estimated to be 2% in certain areas. The importance of this endemic disease led to the setting up in January 1970 of a National Leprosy Control Bureau under the Department. Three action areas are envisaged, each under a leprologist. The aims of the Bureau are: treatment of known cases; finding of new cases; supervision of treatment and of case-finding; supply of specific drugs; and compilation of epidemiological statistics.

The President: Thank you, Dr Kalonda Lomema.

As shown in today's Journal, after the adjournment of this plenary meeting a presentation will be made of a portrait of Dr Brock Chisholm, first Director-General of the World Health Organization, which will be attended by all delegations and other participants of the Twenty-sixth World Health Assembly. I would remind you that immediately after this ceremony the two main committees will meet in their respective rooms for a short organizational meeting. I now adjourn the meeting to allow the Canadian delegation to proceed with the presentation as announced.

The meeting rose at 12 noon.
FOURTH PLENARY MEETING

Tuesday, 8 May 1973, at 2.30 p.m.

President: Professor Julie SULIANTI SAROSO (Indonesia)

CELEBRATION OF THE TWENTY-FIFTH ANNIVERSARY OF THE WORLD HEALTH ORGANIZATION

The ceremony opened with music by the brass quintet of the Convivium Musicum of Geneva

The PRESIDENT: The meeting is called to order. I declare open the formal celebration of the Twenty-fifth anniversary of the World Health Organization. It is my privilege and my pleasant duty on behalf of the Assembly to welcome our special guests, the representatives of the federal, cantonal and municipal authorities, in particular Monsieur H. P. Tschudi, Conseiller fédéral, chef du Département de l'Intérieur, représentant du Conseil fédéral suisse; Monsieur François Picot, Président du Conseil d'Etat de la République du Canton de Genève; Monsieur Louis Piguet, Président du Grand Conseil; Monsieur Jean Eger, Procureur général de la République et Canton de Genève; Monsieur Willy Donzé, Conseiller d'Etat; Madame Lise Girardin, Mayor of the City of Geneva; Monsieur Albert Chauffat, Président du Conseil municipal; the representative of the Secretary-General of the United Nations, Mr Winspeare Guicciardi, Director-General of the United Nations Office at Geneva; the heads of the specialized agencies, their representatives and those of the various bodies of the United Nations.

Message from the Secretary-General of the United Nations, delivered by the Director-General of the United Nations Office at Geneva

The PRESIDENT: May I now call first upon Mr Winspeare Guicciardi to deliver the message which the Secretary-General of the United Nations has asked him to convey to us on this auspicious occasion.

Mr WINSPEARE GUICCIARDI, Director-General of the United Nations Office at Geneva:

Madame le Président, Monsieur le Conseiller fédéral, Messieurs les Représentants des Autorités cantonales et municipales de Genève, Monsieur le Directeur général, Messieurs les chefs des organisations de la famille des Nations Unies, distinguished guests, ladies and gentlemen, the Secretary-General of the United Nations, Mr Waldheim, is extremely disappointed that he is unable to be here in person today - he is at the moment visiting Scandinavia at the invitation of the Nordic Governments. He has asked me to convey to you his congratulations and warmest good wishes on this historic occasion for your Organization. Disappointed though I know you must be that the Secretary-General is not himself present, it is for me personally a privilege and a particular pleasure to represent him today and to make a statement on his behalf.

This anniversary inevitably takes the mind back to the early days of the World Health Organization. Twenty-five years ago, on 7 April 1948, 26 states ratified the Constitution of WHO. Today your Organization has more than five times as many Members - indeed, it is close to achieving the universality of membership which is envisaged in your Constitution. But it is not the growth in number of Members which is the most significant achievement in the past 25 years. The first Article of your Constitution expresses clearly the primary purpose and inspiration of the World Health Organization: "the attainment by all peoples of the highest possible level of health". "Highest possible" is a relative term which cannot be exactly measured, but there can be no doubt whatsoever about the very remarkable quantitative as well as qualitative achievements of your Organization during the last quarter century and its contribution to improving the health of peoples throughout the world. WHO has clearly demonstrated the catalytic role open to an international organization with precise objectives, a clear conception of its own part and consistency in its activities, however limited the resources may be at any one time in relation to the needs.

Your place in the United Nations family and system is a source of pride to us all, and the fact of our increasing cooperation in many areas enables us to supplement each other's activities more effectively. Without listing too many examples, I feel I must mention a joint activity in which your Organization has been a pioneer: the environment. But it would be wrong not to refer also to our common concern to implement the International Development Strategy for the Second Development Decade, or our joint efforts in the struggle against abuse of narcotic drugs, your continuing collaboration with UNDP and the long established and well recognized association with UNICEF. The United Nations Geneva Office is especially conscious of your efforts to provide assistance in emergency situations, and is witness to many instances where cooperation as an abstract concept has been translated into effective action at the working level.
While emphasizing, as is natural for the Secretary-General of the United Nations, the role of the World Health Organization within our system in promoting, according to the Charter, "solutions of international economic, social, health and related problems", and while drawing attention to the close cooperation which is so important to us all, this twenty-fifth anniversary must be the occasion to look more closely at WHO's accomplishments in the sector of its own specific responsibilities. One might touch on the most revolutionary results of your work in the health field, the control of mass communicable diseases and the initiation of programmes aimed at the complete eradication of these. But the indicator which, in our mind, most clearly summarizes, in statistical terms, the progress of mankind during the last 25 years is that of life expectancy at birth. No other measure expresses so clearly the remarkable change which has occurred. The average expectation of life at birth increased between 1950 and 1970 from 64.6 to 70.4 years in many developed countries. In the developing countries it increased during the same period by almost eight years from 41.7 to 49.6 years. Those figures not only tell us how much has been done, but the statistics for the developing countries make clear what still remains to be accomplished in the future. However, figures of this kind fail to reveal the more fundamental concern which we share for the quality of life. Throughout the world human beings are increasingly concerned about the quality of their lives. The World Health Organization has always fought for the cause of social development and can claim credit for the greater awareness which now exists for the social aspects of the development process. Your record in the past gives us confidence for the future.

Before closing, it must be right on this occasion to draw attention to the fact that the achievements of your Organization are in large measure due to the remarkable leadership of your Director-General. Mr Waldheim has asked me especially to convey his appreciation to Dr Candau, who will shortly be retiring after serving the World Health Organization and humanity so impressively for 20 years as Director-General. Dr Candau's contribution is generally known - and I am sure is very familiar to you all - in the field of competence of your Organization. What may be less widely appreciated is the very important contribution Dr Candau has also made to the working of the United Nations as a system. He has been unstinting with wise and often witty counsel and his wisdom will continue to bear fruit. May I conclude by congratulating Dr Candau on his most distinguished term of office, and saluting this Assembly on behalf of the Secretary-General on the occasion of this twenty-fifth anniversary.

The President: Thank you, Mr Winspeare Guicciardi. We are most grateful to Mr Waldheim for his inspiring message.

Address by the Representative of the Swiss Authorities

The President: Mr Hans Peter Tschudi, Conseiller fédéral, will now address the Assembly in the name of the Swiss authorities. Mr Tschudi, I am sure I interpret the feelings of the whole Assembly in saying how honoured we are by your presence today, and I have much pleasure in giving you the floor.

Mr Tschudi, Conseiller fédéral (translation from the French): Madam President, Mr President of the Council of State of the Republic and Canton of Geneva, Madam Mayor of the City of Geneva, Director-General, ladies and gentlemen, it is a very great privilege for me, on the occasion of this glorious anniversary of the World Health Organization, to bring you the greetings, congratulations, and good wishes of the Swiss authorities. I bring them on behalf of the Federal Council, which I have the honour to represent here, and also on behalf of the Council of State of the Republic and Canton of Geneva and the Administrative Council of the City of Geneva, who have asked to be associated with the tribute we all wish to pay to your Organization. I must add that, through their authorities, the Swiss people as a whole are joining in this celebration.

Switzerland is happy and proud to host to the World Health Organization. It has not been forgotten that the invitation to participate in the International Health Conference in New York in 1946 was the first invitation addressed to Switzerland to take part in an international conference convened by the United Nations. Its traditional policy impelled this country right from the start to support this particularly necessary effort by the international community to alleviate human suffering and to mitigate economic and social conflicts. Thus Switzerland became the first non-Member State of the United Nations to become a Member of the World Health Organization.

Like the other specialized agencies of the United Nations, the World Health Organization is termed a "technical organization". However we are aware that its tasks are not merely technical in nature. When WHO was established 25 years ago the world was still suffering from the shock of the destruction wrought by the Second World War. There was a fervent and universal desire to build a better world and to do whatever was humanly possible to prevent any catastrophe of that kind ever occurring again. There was a unanimous conviction that, in this effort to attain a better world, a foremost place should be given to the improvement of physical and mental health.
Twenty-five years have passed since the World Health Organization came into being. During these 25 years the Organization has passed through a period which, owing to spectacular discoveries, has provided the public health authorities with powerful means of carrying out their tasks. These means have even made it possible to spread the idea that some diseases could be completely eliminated and to undertake control with that objective in mind. On the other hand, the technical progress made during the same period has given rise to new problems, confronting the health authorities with new tasks. Man has created most of these problems himself through his own progress in the most varied fields. Consequently, the solution of the problems raises new questions of a special nature and extent. Whether the problems are concerned with the environment, with population dynamics, with the spread of communicable diseases through modern communications, with so-called diseases of civilization, or with protection against the undesirable side effects of drugs, they all have the common characteristic that they cannot be solved by one country acting alone. While each country has to choose a solution suited to its political structure and economic possibilities, as for example in the organization of public health or of its social security system, it must nevertheless take into account the experience of other countries and the results of research undertaken jointly.

During the 25 years of its existence, therefore, the World Health Organization has become what its Constitution states that it should be: "the directing and coordinating authority on international health work". The volume of international public health tasks is bound to increase as time goes on. It is said of man that he grows with the tasks he has to fulfil. We are convinced that this must also be true of the World Health Organization and we are happy that Switzerland, as host country to the headquarters of the Organization, can in this special way continue to encourage its activities. We have always been concerned to provide the Organization with the best possible conditions. In full agreement with the Geneva authorities I can assure you that this state of affairs will continue in the future.

At this point, Madam President, ladies and gentlemen, I should like to pay tribute to the exceptional man who for 20 years has watched over the destiny of the World Health Organization and who is about to leave it, Dr Marcolino Candau. Assisted by his excellent Deputy Director-General, Dr Pierre Dorolle, he has led the Organization in an outstanding manner and has won for it the respect of all who have taken part in or benefited from its work throughout a period that has seen so many political changes and presented many complex problems. The relations of the Swiss and Geneva authorities with Dr Candau and his colleagues have always been characterized by mutual trust and understanding. I wish to thank him most sincerely on behalf of the Federal Council and the Geneva authorities and to offer him our warmest wishes for his retirement, during which we hope he will continue to place his great experience and vast knowledge at the service of world health.

Madam President, ladies and gentlemen, the Swiss people and authorities will continue to regard it as a privilege and a duty to give the best support they can to your Organization in the years to come.

The PRESIDENT: Thank you, Mr Tschudi.

Address by the President of the Assembly

The PRESIDENT: Monsieur le Conseiller fédéral, representatives of the cantonal and municipal authorities, representative of the Secretary-General of the United Nations, ladies and gentlemen, fellow delegates, 25 years ago in this same historic hall, the President of the First World Health Assembly solemnly declared "Each country has its own peculiarities, and what may be good for one may not be so good for another. But one basic truth applies to all of them, and that is that every individual has a fundamental right to health. If our new organization directs its activities positively in this sense, it will, no doubt, be crowned by lasting achievements."

The World Health Organization has stood firmly by this predication. Today, as representatives of Member States, we can confirm with pride that the health of every man was always at the centre of the Organization's preoccupations, the objective of its programmes and the motivation of its activities; as individuals our gratitude goes to all those who laboured in that sense.

In celebrating the twenty-fifth birthday of the World Health Organization, this Assembly will endeavour to appraise the past and decide in which direction to move in the future.

To appraise our achievements as well as our failures, we shall soon be listening to the revealing report of the Director-General of our Organization on the path we have travelled together. No one is better qualified to give us this account.

At this point let me, dear guests and fellow delegates, turn my thoughts briefly towards Dr Candau who, after two decades as the chief technical and administrative officer
of the Organization, has decided to retire from that high office. Dr Candau, when some
20 years ago the World Health Assembly appointed you as Director-General and you took
over the direction of the World Health Organization from your distinguished predecessor,
the late Dr Chisholm, the Organization was endowed with a progressive philosophy and faith
in its missions, yet it was still fragile in structure, inexperienced in functioning and
little known to the world. In an extremely complex period of world history you have
administered the Organization with exceptional talent and energy. No discovery potentially
applicable to health has occurred without your immediate attempt to apply it in the
Organization's programme. Under your leadership, the World Health Organization, with
strikingly modest resources, has become a wonderful machinery and succeeded in playing a
leading role in raising the standard of health the world over - be it in individual coun-
tries, on a regional or on a global basis.

Today, as your contemporaries, we all admire you for what you have done; tomorrow,
you will go into history as a great humanitarian and a great architect of international
health cooperation. On behalf of all of us, of all our peoples and governments, I thank
you most sincerely for all that you have done in building a healthier world.

Ladies and gentlemen, fellow delegates, as we look at the conditions under which health
action progressed, time and time again we realize that the World Health Assembly, the ulti-
mate authority of the World Health Organization, has played a unique role. It was the
World Health Assembly in the troubled postwar period which was the main initiator and
organizer of health endeavours on a worldwide scale.

The First World Health Assembly, convened in the Palais des Nations, Geneva, on
24 June 1948, was attended by delegates of all except two of its then 55 Member States, ob-
servers from nine non-Member States, from the Allied Control Authorities and from the United
Nations and five specialized agencies, the Office international d'Hygiène publique and the
Pan American Sanitary Organization. One hundred and thirty-seven countries now belong to
the World Health Organization. With the representatives of the People's Republic of China
and Swaziland attending this Assembly, and with the admission of the German Democratic
Republic which has just taken place this morning the Organization is nearing true
universality.

It is of historical significance that, at the 25 World Health Assemblies which preceded
the present one, most major policy decisions on health matters were taken without dissenting
voices.

From the First World Health Assembly, which touched upon a vast spectrum of health
matters, from insulin supply and housing and town planning to malaria, tuberculosis,
maternal and child health, and rural hygiene, no Health Assembly has passed without decisions
being taken which marked a new milestone in mankind's continual struggle against disease.

Let me only mention in passing the First General Programme of Work adopted by the Third
World Health Assembly, this programme having, in fact, covered all the major health problems
of the time and foreseen many of the forthcoming ones.

In the field of communicable mass diseases, the historic resolution on the malaria
eradication programme adopted by the Eighth World Health Assembly in 1955 in Mexico City
initiated the largest international health action ever undertaken to solve the biggest
public health problem of the developing countries. If, after 15 years, the progress has
not been in all countries as was hoped, over 1.3 billion people have been either freed or
protected from the disease. We hope that further development in this field will give pro-
gression to more people.

The eradication of smallpox has been one of the World Health Assembly's preoccupations
since the first session, when it established a study group on smallpox. The series of
decisions and events which followed led to the Eighteenth World Health Assembly's declaring
the eradication of smallpox to be one of the major objectives of the Organization. The
results of the worldwide campaign against smallpox thus launched in 1967 were quick to
confirm the opinion of the Director-General of our Organization: "we can think in terms of
its complete eradication within the space of the next few years".

Since the beginning, the World Health Assembly has continued taking interest in the
application of earlier conventions relating to quarantinable disease, and has now developed
a system of international surveillance more suitable to modern international traffic and
adjusted to the changing epidemiological situation.

The lines for WHO's programme of activities in the field of human reproduction were
laid down by the Eighteenth World Health Assembly in 1965 after its discussion of a report
presented by the Director-General on programme activities in the health aspects of world
population that might be developed by WHO. The concern expressed by many governments of
developing countries about the slow rate of economic growth in relation to the high rate of
their population increase and the United Nations demographers' anticipation that at its current rate of increase the world population will reach 6.5 billion by the year 2000 had to be taken into consideration by the World Health Organization, and the problem has also been intimately linked with family health. In tackling from the health and human genetics point of view the somewhat controversial problem of family planning, the Health Assembly noted that scientific knowledge with regard to the biology of human reproduction and the medical aspects of fertility control was insufficient. Since the Eighteenth World Health Assembly, these problems and the provision of services to the governments requesting the Organization's assistance have remained the preoccupation of each World Health Assembly.

The Health Assembly was also in the forefront in matters connected with the environment, and since the beginning it was mindful of the contribution to be made by the Organization in focusing attention on the adverse effect on human ecology of the many different forms of environmental pollution and problems associated with urbanization and population growth. The Twenty-fourth Assembly laid down the Organization's long-term programme in human environment, a programme of far-reaching importance.

The protection and improvement of our environment need, of course, a multidisciplinary approach. The solution of these problems requires considerable capital investments and human resources. Aware of this, the Assembly has invited "voluntary contributions from governments and other sources to accelerate the pace of effort and to extend the scope of activities now being limited by lack of sufficient funds".

Education and training is another activity in which the Health Assembly displayed energy and initiative. Already the First World Health Assembly had considered fellowships and medical literature, and the Sixth Assembly approved a plan for assistance to national training institutes. The shortage of health personnel has remained, however, critical, which led the Twenty-fourth World Health Assembly to reconsider the whole concept of training. To improve the situation we need not only to intensify our efforts in the training of national health personnel, but to adapt training programmes to the realities of health situations in each country.

It would take me too far if I tried to give even a scanty record of the past World Health Assemblies, the global analysis of specific problems made at various sessions. May I only add that, parallel with determining the policy and programmes in world health matters, the World Health Assembly, assisted by the Executive Board, also guided the constitutional, administrative and financial development of the Organization. For that purpose it has been reviewing every year the financial position of the Organization as well as its managerial and administrative evolution in a constant search for its most efficient and effective functioning. If the financial situation of the Organization remained sound throughout the past year, that is undoubtedly due to the budgetary policy and foresight of the Health Assembly.

When recalling the role of the World Health Assembly in the past 25 years, we are deeply indebted to those remarkable men who presided its sessions. Outstanding as national health workers, they were all great internationals as presidents. May we at this solemn moment remember more particularly those who have passed away: Professor A. Stampar, President of the First Assembly; Rajkumari Amrit Kaur, the first woman to hold this office in the Organization, President of the Third Assembly; Professor M. Khater, President of the Sixth Assembly; Professor J. Parisot, President of the Ninth Assembly; Sir John Charles, President of the Twelfth Assembly; Dr S. V. Kurašov, President of the Fifteenth Assembly; and Dr M. K. Afridi, President of the Seventeenth Assembly.

In remembering those who left an inspiring imprint on the life of WHO, another name sticks out - the name of Dr Brock Chisholm, the first Director-General of this Organization, whose devotion, imagination, courage and, above all, deep faith in the future of this Organization we tried to evoke this morning.

Ladies and gentlemen, fellow delegates, although much progress has been made in the field of health during the last 25 years, we should not be complacent about it. The centuries-old scourges like malaria, leprosy, cholera and tuberculosis still affect millions of human beings. The high population increase continues, accompanied by an accelerated migration from rural areas towards towns. In the developing countries the urban population is expanding at an unprecedented rate of over 4.5% a year, creating new, concentrated foci of disease and malnutrition.

Diseases deriving from development are increasing in the industrialized countries. Our waters also are becoming contaminated and the air we breathe polluted. There are many indications that the biosphere of our planet and the technosphere of man's creation may be getting out of balance.
It would be neither in harmony with this occasion nor in my capacity to indulge in listing the multitude of factors which shape our destiny and condition health developments. Nevertheless, we should not miss this solemn occasion to express our concern over the inadequacy of resources for health action. This inadequacy is even more striking when compared with the astronomic figure of over 200 billion dollars spent each year on armaments, a sum equal to the total incomes of all the developing countries on this earth.

This anniversary year is also the year of the first appraisal of the implementation of the International Development Strategy in the current Decade, in which so many hopes have been placed. As the appraisal action progresses, we will learn more precisely to what extent countries have been orienting their policies to fulfill their responsibilities with regard to the Decade's targets. There should be no illusions that action in the health sector will be greatly impaired if the transfer of resources and knowledge to the least privileged parts of the world does not meet justified expectations.

Today, we indeed stand at a fork on history's highway. The task to bring health to every home is a formidable one - but feasible, and within our reach. The world is far from utilizing the available resources to anything like their maximum potentiality for the welfare of mankind.

What we need primarily is more knowledge and better tools to tackle more efficiently the problems ahead. May I recall how right was my distinguished predecessor, Dr Layton, when, in his opening address yesterday, he stressed that in future WHO programmes should place new emphasis on multidisciplinary research. In this connexion, new priority should be given to community health research. The development of health services for the community requires not only the appropriate human resources and the financial means, but also a better knowledge of the many factors involved in establishing an adequate and effective health care delivery system.

The medical world has long been aware of the fact that we are all travelling on the same vessel and that there is no room on that vessel for a healthy part and a sick part. As we now turn towards the future, we know that only in working together in a truly cooperative endeavour can we continue to progress. Today, more than ever before, we realize how health problems, old or new, cannot be permanently solved in isolation by a single country.

In that context it is of primary importance to strengthen the World Health Assembly and perfect its functioning as a world forum which makes it possible to pool the political will of governments and the medical knowledge of health workers for analysing and promoting health development.

Let me express my firm conviction that every one of us present here will make the utmost contribution to that purpose and that this World Health Assembly, marking the 25 years of our Organization, will give new impetus to and open new vistas in the common march of all countries - rich and poor, small and big - towards the World Health Organization's ultimate goal, which is the attainment by all peoples of the highest possible level of health.

Address by the Chairman of the Executive Board

The PRESIDENT: I now have much pleasure in giving the floor to Dr Molapo, Chairman of the Executive Board of the World Health Organization.

Dr MOLAPPO: Madam President, Mr Federal Councillor, representatives of the cantonal and municipal authorities, Mr representative of the Secretary-General of the United Nations, ladies and gentlemen, fellow delegates, allow me, Madam President, perhaps at the risk of monotony, again to say I congratulate you on your election to the high office of President of this Twenty-sixth World Health Assembly, which marks the commemoration of 25 years of existence of this Organization and a quarter of a century of remarkable achievements in international health work and in the service of mankind.

By your eloquent speech which we have just heard, you have indicated to me the lines I should follow. You glanced back over 25 sessions of the Assembly, that supreme authority of this Organization. You talked about the function and characteristics of the World Health Assembly and its accomplishments. I feel, therefore, bound to review briefly on this memorable day certain features of what the Constitution has set out as a second organ of this Organization and the executive arm of the Assembly - the Executive Board of the World Health Organization. From Articles 24 and 29 of WHO's Constitution, the first characteristic of the Executive Board which emerges is its integrity. Twenty-four persons of outstanding qualifications in the field of health, designated by as many Members with due regard to
equitable geographical distribution, exercise as independent experts and health administrators on behalf of the whole Health Assembly the delegated powers - thus the responsibility of the Executive Board members in connexion with their views and decisions goes wholly to the World Health Assembly and not to their own governments in any degree whatsoever. The Board members ponder, act and decide in their personal capacity. Certainly it is not easy for any health worker to detach himself from the problems and realities of his own country, but the experience of the 25 years has shown that all members of the Executive Board can transcend their national concepts and apply their varied experience to the needs of the world at large in a purely international spirit. There were also sincere attempts to convert the Board into a body made up of government representatives. Up to now, however, the view of the founders of the Organization has prevailed. They believed that the independence and technical character of the Executive Board were basic to the integrity of the World Health Organization and the fulfilment of its mission.

Article 25 of the WHO Constitution provides us with the second characteristic of this body, its continuity. Elected for three years with annual replacement of only eight of its members and with the possibility of re-election, the smooth running of the Board's work has never suffered, due to the sense of continuity which has prevailed from its first session to this moment. Another feature which cannot be found in any legal text, but which I am certain is felt by all of us who have served on the Board, is the educational impact that working on the Executive Board has on its own members. As scientists, health workers and pioneers in the health field, of different culture and background, they learn to work together in multiple health matters, which inter alia enhances the value of the individual to his nominating government.

Regarding the many functions assigned to the Executive Board, consideration of the Organization's programme and budget ranks amongst the first. The Executive Board has been examining systematically and in detail each annual financial report and the proposed annual programme and budget with expertise and judgement which resulted in many observations and recommendations. The Board's analysis and conclusions prove to be invaluable to the Health Assembly in its consideration and approval of the Organization's annual programme and budget.

Carrying out studies known as the Executive Board's organizational studies is another function assigned specifically to the Board. These studies, dealing with diverse subjects, have been of particular importance in the search for the most efficient and effective operational and administrative functioning of the Organization. I shall mention here only a few examples. The first study concerned the organizational structure and administrative efficiency of the Organization, in which the Board addressed itself to several matters such as staffing, including the maximum use of local personnel on field projects and geographical distribution. To develop effective coordination of WHO programmes with those of the United Nations, its organs and specialized agencies, the Board conducted two studies at an interval of six years; the analysis and findings of these studies led to the conclusion that coordination of health action with other components of development is most desirable. It further concluded that the Organization should continue to emphasize the role of health as a fundamental factor and an inseparable element in the development process, which should be duly taken into account in coordination arrangements. The Board's organizational study on medical literature services to Members was another cornerstone in developing the Organization's policy in this matter. The study emphasized WHO's role in the development, coordination and improvement of biomedical communications, the improvement in the distribution of WHO scientific and technical publications, and the importance of medical libraries, with particular emphasis on the development of regional medical libraries. The last such study - which, as I mentioned this morning, is going to be submitted to this Assembly - is on methods of promoting the development of basic health services.

In assisting the World Health Assembly to frame the policy of the Organization in the planning of its activities, the Board has also prepared five general programmes of work covering the period 1952-1977, which were subsequently approved by the World Health Assembly. These programmes constitute for a rigid list of priorities a set of guiding principles elastic enough to take account of the needs and circumstances of individual countries so that they may be provided for in the Organization's programme. They have been basic to the development of the World Health Organization's action. The programme for the period 1973-1977 foresees that the Organization, while covering all other necessary fields of action within its financial and other limitations, will focus its attention on four major programme objectives - namely, strengthening of health services, development of health manpower, disease prevention, and promotion of environmental health.
Madam President, I venture to highlight only a few of the Board's outstanding contributions to the performance of the Organization during the past 25 years of its life. The Board has indeed performed its task efficiently, with serenity and integrity - for which honour is due to all those who have participated in its work and achievements. Achievements are exciting, but the faith which was the forerunner and continues to be the moving spirit of those achievements is of even greater importance. May I express my most sincere wish that it flourish as abundantly and in ever increasing measure in the hearts of individuals.

The President: Thank you, Dr Molapo. I shall now take my leave of those of our distinguished guests who find it difficult to stay with us until the end of the celebration. I would like to renew to them our deeply felt appreciation of their presence here on this auspicious occasion.

Musical interlude

The President: We will now have the privilege of hearing speakers from each of the six WHO regions. The speakers are, I recall, the delegates of the following countries, which have been designated by their respective Regional Committee: Guinea for the African Region; Brazil and Trinidad and Tobago for the Region of the Americas; Sri Lanka for the South-East Asia Region; Pakistan and Egypt for the Eastern Mediterranean Region; Belgium for the European Region; Laos and the Philippines for the Western Pacific Region.

Address by the delegate of the country designated by the Regional Committee for Africa

The President: I now give the floor to the first speaker, the delegate of Guinea.

Dr CAMARA (Guinea) (translation from the French): Madam President, Mr Director-General of the World Health Organization, honourable delegates, ladies and gentlemen, I should first like to thank the Regional Committee for Africa for the honour it has done the people, Party and Government of Guinea by appointing me as spokesman for the African Region at this function celebrating the twenty-fifth anniversary of the World Health Organization.

Madam President, ladies and gentlemen, Conakry, capital of the Republic of Guinea, recently played host to the last session of the Regional Committee for Africa, during which with one accord the people of Guinea assembled behind its well-beloved leader, President Ahmed Sékou Touré, to proclaim its confidence in the future of the Organization, which, in its long and circuitous progress, has launched itself during the past decade on a dynamic trajectory consistent with the true interests of the masses. A circuitous progress indeed, since as far as we Africans were concerned the early years of WHO were very hard: the only African voice which resounded in the assemblies for many a long year was that of Liberia; and what could it achieve alone? Then came regionalization, with the headquarters of WHO's African Region in Europe and administered by Europeans.

The purpose of this brief historical survey, Madam President, is simply to measure the ground we have covered when we behold, seated here today, not the single African of those early days but a considerable number of authentic sons of Africa, representing 31 independent, sovereign and free countries, all unfailingly concerned for the progress of health in the communities of which they feel themselves an integral part. On this day marking the anniversary of WHO our thanks go out to all those who, in differing but equally decisive ways, have made possible the triumph, day after day, of the principle of the universality of our Organization. And you, Dr Candau, our talented and courageous Director-General, are one of them: you who have never lacked the tact, or the perseverance, or sometimes even the daring, to assert the principle that health, the unit which gives value to all the zeros of life, can be guaranteed only under the protection of the entire community of nations. May those who take over command strengthen and cause to fructify, over the years, that ideal of universal humanism that presides over the constant endeavour to promote the health of our peoples, the same as the humanism that must underly our efforts to protect, everywhere and at any cost, the liberty and dignity of all peoples?
Madam President, honourable delegates, naturally, in celebrating the anniversary of our Organization, on which today all nations look with pride, it is right and proper to present a balance-sheet, and that balance-sheet is a favourable one. An institution with 25 years' existence and experience behind it has already come to the age of reason and attained its full maturity through the specificity and convolutions of its approaches to the solution of health problems.

However, while it is good to speak of WHO's balance-sheet in the African Region, it is still better to grasp and analyse carefully the true reasons for its success in order to pave the way for further victories.

One of the happiest decisions of our agency was to set up regional organizations. This regionalization of WHO's activities has made it possible to establish services better adapted to their requirements in the Member States of the African Region, while at the same time giving more responsibility to the national health authorities, with their greater awareness of local conditions. The second reason for the success resides in the search for and application of an authentic philosophy of medical and health action throughout the African Region, based on the unity and mutually complementary roles of health and economic development and on a unitary and integrated concept of the health services. But we maintain that a principle cannot be worth more than the people responsible for its application. Hence neither of these reasons could have operated without the existence, at the headquarters of the African Region, of a dynamic team, deeply involved in Africa's health problems and aware of its historic responsibilities. To that must be added the distinguished contribution which you, honourable delegates of the African countries, have constantly made to the progress of our Organization at each of the sessions of the Regional Committee.

Madam President, it was with these valuable tools at its disposal that our Region laid down the following four basic priorities: development of the basic health services; control of communicable diseases; sanitation and environmental health; and training of medical personnel. In all these fields successes have been achieved which are a source of pride to our Region and to WHO. Spectacular results have been obtained in the control of smallpox, yaws, leprosy and malaria. Nevertheless, in order to consolidate the results of these communicable disease control campaigns, WHO must accord particular attention to the development of permanent services in rural communities and must improve, everywhere and at whatever cost, environmental health. For that, priority must be given to the basic and advanced training of personnel, that is to say of people, who remain in the last analysis the essential source of all true development.

But, Madam President, on hearing all these manifold tasks enumerated, and despite the encouraging results already achieved, you will have realized that in our Region the road leading to the highest attainable standard of health is still littered with serious obstacles. In order to overcome them quickly and at less cost, let me impart to this august assembly the economics of our enterprise, i.e., the experience of my own country, the Republic of Guinea.

No country or people has ever been able to establish and perpetuate itself without first having found a reasonably valid solution to the vital problem of its health. For thousands of years the peoples of Africa developed thanks to their own gifts and nothing else. Without external aid they were able to withstand nature, disease and death; they used their mental resources and their aptitude for work to develop medicines that enabled them to survive and prosper. Hence Africa achieved much in the sphere of preservation of human life and of its development. The organization of medical care in Africa therefore unquestionably antedates colonialism; and Africa has in fact entered in the register of the development of science, technique and technology many resources and media specific to our continent. For us this implies not a need to return to authenticity but the historical necessity to exploit and turn to account this folk medicine in an enriching symbiosis with modern medicine. There is, moreover, borne in upon us a new concept of medicine for the majority, medicine for the masses, which must be explained to the people, assimilated, understood, adopted and practised by the people. Demystified medicine must be placed within the reach of all, in its fundamental concepts of treatment and prevention; this is the sine qua non for its being effective at lower cost and for its refinement through the practice and the creative genius of our labouring masses. In our developing countries, the health tasks are so enormous in relation to our resources that we have no choice but to organize for the people and with the people, with their conscious and unremitting participation, the control of diseases and their causes. It is through permanent health education of the people at home, for "health begins at home", on building sites, in factories, in schools, in hospitals and maternity clinics, through education, we shall be able before long to put health within the reach of everyone.

Madam President, we know that the problems facing our countries are still innumerable, and that any problem that the people takes to itself and makes its own is a problem already
half solved; we know, too, that the true solutions to our problems will never come from outside, but from ourselves and through our own efforts; we sincerely believe that all the peoples of the world possess equal biological potential and can therefore attain any level of civilization or of thought, provided they have the desire to make and be part of history; and lastly, we realize that the improvement of health throughout the world is the concern of all nations and that the future will belong not to those who picnic on the surface of the moon but to those who have done the most for suffering mankind. Because of all this, Madam President, I have tried to put forward briefly, in the name of the African Region, some considerations which I felt were worthy of your distinguished attention. And I trust I have partly come up to the expectations of my African brothers who have so overwhelmingly honoured me today by singling out at this imposing ceremony my country, the Republic of Guinea, and its people.

The PRESIDENT: Thank you, Dr Camara.

Addresses by the delegates of the countries designated by the Regional Committee for the Americas

The PRESIDENT: I now give the floor to the delegate of Brazil.

Dr MACHADO DE LEMOS (Brazil) (translation from the Spanish): Madam President, Mr Director-General of WHO, distinguished colleagues of the 137 countries making up the great WHO family, representatives of the authorities, ladies and gentlemen, it is with the greatest satisfaction that I appear before this august Assembly to perform three important tasks. The first - and this is an honour of which I am deeply sensible - is to interpret the thinking of my colleagues in the delegations of the countries of the Region of the Americas at this ceremony commemorating the twenty-fifth anniversary of the World Health Organization. The second, of an historical nature, is to give expression to the hopes placed by public health workers, and through them by the governments of all the countries in the world, in the conclusions and recommendations of this Assembly, which will be discussing the fundamental problems of the biomedical sciences, with their international implications, and the solutions to be applied to them. The third task, and one that I fulfil with a feeling of affection and gratitude, is to acclaim, on behalf not only of the Americas but also of the countries of every continent, Dr Marcolino Candau, my dear friend and fellow countryman, and a man who today is a true citizen of the world. During the present year and at the conclusion of his fifth term of office, he will be retiring from the post of Director-General of the World Health Organization, after 20 consecutive years - nearly a third of his life and 80% of the time that WHO has been in existence. May we also remember with gratitude the first Director-General of WHO, Dr Chisholm.

It is unquestionably a great and historic moment and an occasion for rejoicing when the Member States meet as a family to commemorate the anniversary of WHO in this building of such noble traditions. WHO came into being 25 years ago in the name of science and of love for our fellow-men, and its basic objective is the physical, mental and social wellbeing of mankind. In the light of the great mass of knowledge and the technical innovations resulting from the experience acquired during the Second World War and of the advances made in biomedical research during the early 1940s, the need became apparent for all countries to join together to take concerted, organized action in the field of the biomedical sciences, through an international organization that would bring them together in the achievement of common goals. For the purposes of public health the world would thus cease to be a geographically fragmented and isolationist patchwork of countries and become instead a great world health community, because of the universal nature of the problems facing it, which call for the preparation of plans on an intercontinental scale. The result was the birth of WHO, an organization that stems from the heart as well as from the brain and is the symbol and example of scientific cooperation between all governments and of the universal brotherhood of all peoples.

It was born with the vital power of a seed sown in fertile ground and grew up into a fruitful tree whose shade now overspreads 137 countries, sheltering under the protection of its technical and financial assistance. In 1945, at the San Francisco Conference, when the United Nations was set up, the Brazilian delegation (at the suggestion of one of its members, Geraldo de Paula Souza), together with the delegation of China, suggested that an international public health conference should be urgently convened, and this took place the following year, 1946, in New York.
On that occasion the Constitution of the World Health Organization was approved, though it only came into force on 7 April 1948, when it had been ratified by the United Nations General Assembly, which was then grappling with the huge task of reconstructing a better world on the ruins left behind by the Second World War. WHO diversified and broadened its activities, establishing priorities and recommending the establishment of specific goals in health education, health planning, communicable disease control, maternal and child health, nutrition, environmental sanitation, research and finance.

In the Region of the Americas, to which I must refer in particular in view of the fact that I have been entrusted with the task of representing it, the results of the joint work accomplished by WHO and the Pan American Health Organization are extremely promising.

It is worth remembering that when WHO was set up in 1946, the Pan American Health Organization had already been in existence in the Americas since 1902, with the same objectives on a continental scale; this led in 1949 to the conclusion of an agreement between the two international organizations, with a view to avoiding duplication of functions. As a result of this agreement, the Pan American Sanitary Bureau, the executive organ of PAHO, became the World Health Organization's Regional Office for the Americas, and was enriched by an uninterrupted flow of ideas, experiments and technological innovations from all over the world.

In the Region of the Americas, the ten-year health plan of the Charter of Punta del Este laid down the guidelines for the preparation of programmes and projects in the various countries during the period 1968-1971.

In October 1972, the Third Special Meeting of Ministers of Health of the Americas was held at Santiago. Its main purpose was to evaluate, in the course of discussing an agenda of great scientific and social import, the progress achieved during the past 10 years, to lay down duly quantified aims and objectives, and to define the activities, guidelines, and mechanisms that would make it possible to meet the aspirations and allay the anxieties of the more than 300 million people constituting the great Latin American family.

In their final declaration, the Ministers of Health stated that we are still far from reaching the targets set; but that the path marked out offers guidance for whatever action we take to ensure that on the basis of a sober analysis of our internal problems, in the framework of a world without frontiers, our efforts will mount up and the bonds of fellowship will be strengthened until our peoples enjoy the all-round development - physical, mental, social, cultural and economic - to which every human being is entitled and leading towards an understanding resulting in social justice in the benefit of man and his communities.

We are convinced that the magnitude and complexity of our task arise from the concept of health, with its many cause-effect-cause interrelationships, as a basic component and an objective of the overall process of social and economic development.

According to this wide theoretical concept, health, as a synthesis of the ecological balance of the individual, embraces the whole of man’s being and acquires the character and universality of one of mankind’s fundamental rights. Health in itself is not merely an individual possession, of interest only to the person who owns it; it is a right which, because of its origin and nature, creates a tacit obligation to recompense society for it: no one has the right to possess health without having the consequential and necessary duty of using it for the benefit of all. It is only when it is put to use that health, basically a personal possession, impinges and acts on society as a creative source of wealth.

In our view, therefore, the health of the individual is an inalienable heritage of the community and is one of the basic components of the developmental process, marked as it is by progression and proportionality and its relationship to the present day.

Thus, Machiavelli’s statement that, though it is the doctor’s task to preserve health, it is the responsibility of the economist to make proper use of it, acquires its full meaning.

As everyone knows, the Latin American exists within a Myrdalian process of cumulative circular causation, in the midst of a series of interlocking factors creating a biological, social and economic vicious circle, at the centre of which is the child victim, since it is the physical and mental health of the infant, the most fragile component, which, with the sensitiveness of a seismograph, records social and economic disturbances.

It is Myrdal again who warns us that the recent staggering development of medical science, making it easy and inexpensive to reduce mortality even where the standard of living is extremely low, weakens control over population and so shifts the equilibrium of stagnation towards an even greater level of human misery.

The extraordinary developments in public health, making it possible to control the major endemic diseases and assisting in man’s ecological adaptation, have indeed altered certain population characteristics and have brought about a steep decline in the death rate in numerous countries without any reduction in the birth rate and without any improvement in economic and cultural conditions, contrary to all traditional forecasts.
Thus, the birth rate is rising instead of falling, for two basic reasons:
(a) the higher proportion of young people who survive and reach the age of biological maturity for the reproduction of the species;
(b) the larger number of individuals who attain the age of 50, an increase in the expectation of life which enhances the reproductive capacity of the population.

In these circumstances, Latin America has witnessed a marked fall in the general and infant mortality rate in recent decades, and meanwhile the birth rate has remained high, indeed one of the highest in the world, and the expectation of life has increased. Consequently, the age pyramid continues to be that typical of a young population, with a wide base, narrowing symmetrically towards the apex, and will remain so for a length of time that cannot be forecast.

The annual growth rate of the population, which was 1.8% at the beginning of the century, has risen in the last 50 years to its present level of 2.8%. If this growth rate continues, as it is expected to do, during the present decade, there will in round figures, be an increase of 95 million inhabitants by 1980, when the population of Latin America will be 284 million.

It should not be forgotten that this great expansion in the population, the highest in any continent, constitutes a grave warning and a real challenge to the authorities, owing to its implications for every kind of activity.

It means that, even if the current rate of increase in the economy is maintained (the annual average growth in the gross national product was 2.6% in the last three years), the problem of unemployment, the main preoccupation of the entire Latin American strategy of development, will get very much worse, with far-reaching social repercussions, owing to the inability of the prevailing economic systems to absorb it. According to recent estimates by ECLA, 40% of the economically active population of Latin America is either unemployed, or underemployed in occupations of minimal productivty.

The seriousness of this problem can be appreciated from the fact that 50% of the population of Latin America, living in extremely precarious material and cultural conditions, has a per capita income of barely $ 120, whereas the higher strata of society, representing only about 5% of the population, have a per capita income of $ 2600 and a standard of living similar to that prevailing in the more developed countries.

Clearly, it is not enough for us to reduce the mortality rate, with the corresponding increase in the expectation of life; we do not wish merely to live longer, we must live better, since otherwise we should achieve only an unacceptable increase in distress, misery and want.

In the context of extremely complex multifactorial problems, this population increase involves a growing burden of responsibility of a medical, public health and social nature, which we shall not be in a position to assume unless the governments of Latin America make (as others are doing) a firm and apt decision, with the indispensable assistance of PAHO/WHO, to press forward with the reformulation, on a new structural and administrative basis, of their public health policy, in accordance with the essential requirements that will increase efficiency, lower operational expenditure and promote the achievement of the objectives of the programmes, namely rational planning, the proper organization and administration of services, the training of personnel, and scientific research.

Despite the limitations of medical and public health measures of a sectoral nature, within this biological, social and economic complex, it is vital to take measures for the protection, development and restoration of health, especially that of the most vulnerable groups in the population, such as pregnant and nursing mothers, infants and children not yet of school age, who cannot, without risk of serious harm, await the slow effects of economic growth, the success of which depends on the boldness with which are taken political decisions to introduce reforms of an institutional, structural, technical, administrative, economic and financial nature.

The extensive inroads into the population still made by avoidable diseases and by the premature death of a large number of the inhabitants, before or during the economically active phase of their lives, before they have contributed by their efforts towards the reimbursement of the cost of their training; temporary or permanent incapacity for work; the nutritional deficiency affecting our peoples, with its disastrous effects on physical and mental development; the many varieties of parasitosis, which weaken the organism and shorten the time children spend at school; the fact that a large part of the population has no access to the achievements of science and technology for the benefit of health; the growing incidence of mental disease; the distress of sick people without means of their own to recover their health; these and other medical and public health problems which, with other matters related to them, play their part in impeding the process of economic and social development, can be, must be, and are being dealt with more rationally with a view to the progressive introduction of appropriate solutions with the technical assistance of PAHO/WHO.
One may reasonably expect that, by putting into effect a well thought out, rational and objective medical and sanitary programme that is adapted to existing conditions, it will be possible to bring about a great improvement in health conditions in Latin America.

This is not to suggest that standards of health similar to those in areas with a highly developed economy can be achieved in the short term through specific measures in the field of public health. There is in fact no example in history of a country or region anywhere in the world having reached those standards without a corresponding development in other sectors and especially in the economy.

A noteworthy example of what can be done in the field of public health, despite the unfavourable social and economic conditions prevailing in Latin America, is the marked decline during the past 10 years in the incidence of infectious and parasitic diseases. The mortality rates for communicable diseases, infections of the digestive tract and of the respiratory system were reduced by 48%, 44% and 26% respectively. There was also a considerable fall in the morbidity and mortality caused by infections for which effective biological and chemotherapeutic products exist. Also in this connexion, particular attention should be drawn to the control and eradication of malaria and to the absence since April 1971 of notified cases of smallpox in the Americas.

On the other hand, although much has been achieved, it is still little in the light of what should be done to cope with the growing demand generated by the astonishing expansion of the population and by the increased and more varied aspirations of our peoples. This is one of the principal objectives of this gathering, which will examine how to expand health services to cover a wider sector of the population in urban and rural areas. We must achieve a better administration of our scanty resources and avoid overlapping in the technical and scientific infrastructure, which in fact represents an inadequate use of national resources and a waste of international contributions. We are not in a position to spend properly, in other words to produce the maximum effect with the minimum of available resources and in the shortest possible time. What happens is exactly the contrary: we produce little in a lengthy period of time and devote the maximum amount of resources that can be made available under present circumstances. It is only by building on a rational basis, in a continental context, and by following common guidelines, that governments will be able to provide the Latin American community with assistance that is integrated and integral, appropriate, efficient, adequate and egalitarian.

This is precisely the policy adopted by WHO and PAHO and it is worth mentioning as a good example of multinational cooperation the Pan American centres towards which are directed international resources for the benefit of all the countries, so avoiding wasteful duplication. This course of action is due to the foresight, originality and leadership of Marcolino Candau and Abraham Horwitz, who are - let me repeat - not idealists out of touch with reality but realists inspired by great ideals.

Madam President, I cannot conclude my statement without congratulating the governments of all Member States on having been privileged to provide these two international health organizations with leaders of the exceptional calibre of Marcolino Candau and Abraham Horwitz, to whom public health in the American continent and the world owes so much.

The subsequent renewal of their appointments, which was an endorsement of their work, was an expression of the gratitude of the nations for their unselfishness, outstanding efficiency, and extreme devotion in the struggle for increasing the physical, mental and social wellbeing of mankind.

All these efforts by international organizations and their Member governments are helping man to approach ever nearer to the four biological harmonies of Gregory Pende: the harmony of form, which is beauty; the harmony of function, which is health; the harmony of sentiment, which is kindness; and the harmony of the faculties, which is intelligence. To these should be added social harmony, which is the product of justice among men.

The PRESIDENT: Thank you, Dr Machado de Lemos. I now give the floor to the delegate of Trinidad and Tobago.

Dr HENRY (Trinidad and Tobago): Madam President, Mr Director-General, distinguished guests, fellow representatives of Member countries of the World Health Organization, it is indeed with a feeling of pride not unmixed with some diffidence that I have mounted the rostrum this afternoon to deliver the second address on behalf of the Region of the Americas. Let me say that Trinidad and Tobago considers its selection for this task a signal honour, giving meaning to expressions of inter-American solidarity and auguring well for continued international cooperation in the field of health and other areas of endeavour. In this connexion I give you greetings on behalf of the Right Honourable Prime Minister and my Minister of Health in the Government of Trinidad and Tobago.
Before I proceed further, Madam President, let me take this opportunity to congratulate you on your election to high office and pray that under your guidance this Assembly will come to speedy and wise decisions. This year, as the World Health Organization celebrates its twenty-fifth anniversary, the occasion is all the more auspicious as there are so many achievements on which WHO can look with justifiable pride. The First World Health Assembly, for example, assigned a high priority to tuberculosis control in WHO programmes. The initial task undertaken was the collection of information from all countries about the extent of the tuberculosis problem, the methods used for control, and the facilities and personnel available. Results showed that in most countries no reliable information could be obtained about the size of the tuberculosis problem. Later, WHO took over field responsibility for mass BCG vaccination programmes and was also in the forefront investigating the efficiency of anti-tuberculosis drugs. Today in many countries of the world the incidence of tuberculosis has fallen and once crowded sanitoria are now being utilized as chest or general hospitals. And in some countries where the incidence is very low the role of BCG vaccination itself is being debated.

But by far the greatest success story of the period has been, as other speakers have remarked, the battle against smallpox. Whereas in 1967 as many as 131,000 cases of smallpox were reported from 42 countries, 30 of which were considered endemic for the disease, in 1972 there were 65,000 cases of smallpox and the disease was endemic in only six countries. Little wonder, then, that two governments have dispensed with smallpox vaccination as a routine procedure, although maintaining it for people travelling to endemic areas and for all health service staff. However, WHO has quite wisely counselled that such a policy can only be followed by countries which have highly developed health services and good epidemiological surveillance.

Communicable disease, international quarantine - it fell to the World Health Assembly to replace the multiplicity of conventions by a single code based on modern epidemiological principles and to provide an international instrument which could be adapted to changing conditions; the health of the mother and her infant, nutrition, provision of potable water supplies were some of the matters that occupied the attention of the First Health Assembly. The resolutions of that first and other early Assemblies bear eloquent testimony to the noble ideas which inspire WHO. Over the years WHO has faithfully pursued health objectives to the benefit of millions of people all over the world, but especially to the benefit of millions of underprivileged citizens wherever they may be. By increasing the expectation of life at birth, by decreasing infant mortality, by virtually eradicating smallpox, by reducing the incidence of poliomyelitis, tuberculosis and malaria, and by executing many other successful programmes in the face of overwhelming odds, WHO has encouraged the world community to look to her for guidance and to participate actively in the work of the Organization.

The work of WHO is carried on through its Regional Committees, and we in the Region of the Americas belong to a regional health organization, the Pan American Health Organization, which has the unique distinction of antedating WHO, but which functions as any of the other five Regional Committees which comprise WHO.

The Pan American Health Organization, the WHO Regional Organization for the Americas, has been fully alive to its responsibilities for promoting the health of the international community, and toward that end a most historic Meeting of Ministers of Health of the Americas was held in Santiago, Chile, in October 1972. The ministers, after a detailed review of the health situation in the Americas, agreed on a ten-year health plan for the Americas. The basis of the policy is threefold: to increase the productivity of existing facilities, to extend the coverage of health services to the total population, including the rural population, and to raise the expectation of life throughout the hemisphere. Within this broad general policy, targets were set for the control of communicable diseases, maternal and child health and family welfare, nutrition, chronic diseases, environmental sanitation programmes, strengthening the supporting services of nursing, laboratories, epidemiological surveillance systems, and health education, and for the development of a health infrastructure and human, physical, and financial resources. Each national community is now required to adopt a strategy to achieve the goals it considers a priority.

It should be emphasized that the goals outlined for the Region of the Americas are in complete harmony with the objectives of the Fifth General Programme of Work of WHO, which was approved by a resolution of the Twenty-fourth World Health Assembly. It should be noted, too, that with WHO's accumulated experience over 25 years, to some extent a shift in emphasis has taken place in WHO's programme. Vertical programmes against specific diseases like malaria, tuberculosis and smallpox are now becoming incorporated into general health services, and present emphasis is therefore on the development of a health service infrastructure which will provide protection against a spectrum of diseases peculiar
The phenomenon of the brain drain, which has left many countries short of much needed skilled personnel, has stimulated the development of local as opposed to overseas training programmes wherever this is possible, and more and more the use of the auxiliary is being promoted.

The shortage of skilled manpower and the need for increased productivity in the face of limited resources is giving rise to manpower utilization studies and cost-benefit and cost-effectiveness studies, and there is increasing research into the delivery of health care to extend coverage in rural areas and marginal urban areas. Deficiencies in statistics and health information systems are being recognized as a basic constraint to improving health services, especially in less developed countries.

WHO is therefore now pursuing a role of giving direct assistance to governments, and collating and disseminating factual health information and promoting the national development of health information systems. WHO is also actively engaged in coordinating the health inputs of other agencies, like the World Food Programme, UNICEF and UNFPA, to mention but three. There is little doubt that WHO has been accomplishing a most difficult but essential task in a most efficient manner, and this is why today Member countries can reflect with pride, though not with complacency, on 25 years of achievement.

But plans and programmes remain paper plans and paper programmes unless implemented under the direction of wise leadership, and in its choice of leaders WHO has been singularly fortunate. However, even today, as we celebrate our twenty-fifth anniversary, we are aware that Dr Marcolino Candau, who has for the past 20 years served this Organization faithfully and well, has given us notice of his imminent retirement. I am confident that I echo the sentiments not only of the Region of the Americas but indeed of our entire membership when I say how thankful we are for the sterling contribution Dr Candau has made to the growth and development of this Organization.

May I, on behalf of those for whom I speak, take this opportunity to wish you many years of good health and happiness in your future career.

May I, in conclusion, extend to you, Madam President, ladies and gentlemen, sincere greetings from the Government and people of Trinidad and Tobago, and from the people of the Region of the Americas.

The PRESIDENT: Thank you, Dr Henry.

Musical Interlude

Address by the delegate of the country designated by the Regional Committee for South-East Asia

Dr WEERATUNGE (Sri Lanka): Madam President, distinguished delegates, ladies and gentlemen, it is an honour and a rare privilege to speak on behalf of the peoples of the South-East Asia Region on this twenty-fifth anniversary of the World Health Organization. I accept this task, which has been entrusted to me as Chairman of the twenty-fifth session of the Regional Committee for South-East Asia, in all humility. I greatly appreciate the confidence shown in me through my nomination to represent the countries of our Region.

Twenty-five years is a short period in terms of man’s existence and life on this planet, but during this quarter of a century there have been stupendous advances and achievements in science and technology of which mankind can be justly proud. It is not for me to speak of these technical and scientific achievements here today; suffice it to mention that they have contributed to the phenomenally rapid advance in medical science that one sees today. It is in this environment that the concept of health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, has germinated.

Over one-fifth of the world’s population lives in the nine countries of the South-East Asia Region which I represent here today. I speak for Bangladesh, a newborn, but old in its inheritance; for Burma, the land of the golden pagodas and famed in legend and history; for India, the great matrix of human civilization; for Indonesia, the jewelled archipelago of the Eastern seas; for the Maldives, the sparkling diadem in the Indian Ocean; for Mongolia, the country of the rolling steppe, whose people brought to life the silk route; for Nepal, the land of an intrepid people of the Himalayan foothills; for Thailand, the eastern bridgehead with its rich cultural heritage. I also speak for my little island home, Sri Lanka, where the stories of the centuries are enshrined in legend and in stone.

All these lands, with their varied peoples and vast problems, while remembering the common ties of the past, look forward to their common responsibilities in the future. With the
sweeping winds of change that herald an awakening awareness, we are indebted to the World Health Organization, whose commitment to the attainment of the highest possible level of health by all peoples welds us together in a common effort. It is in the realization of this fact that the past bows down to the present, which in turn looks hopefully to the future. These are not mere empty words, but are born of the realization of the proud record of the World Health Organization.

Our Member countries, in a background of similar socioeconomic patterns and cultural ties, are confronted with nearly identical health problems. Low living standards and an insanitary environment were the lot of the rural masses. Large reservoirs of infection contributed to the spread of communicable diseases. Malnutrition and undernutrition were prevalent through the length and breadth of many of our lands. Inadequacies of training facilities for medical, paramedical and auxiliary workers were a serious setback in the implementation of health programmes. Management and supervisory services were not adequately developed. The scarce national resources for procurement and maintenance of equipment and transport created problems. The countries in this Region, which are all developing countries, found it difficult to lay down strict priorities and still more difficult to adhere to them. With new public health needs emerging and popular demand for modern medical facilities increasing daily, governments felt obliged to attempt the utmost instead of what was reasonably attainable.

The World Health Organization moved in to meet the challenge, knowing full well that its guidance would act as a catalyst to activate the processes towards necessary improvement. For a quarter of a century WHO has served our peoples through the South-East Asia Regional Office. Beginning with assistance in the prevention and control of communicable diseases, with eradication as the ultimate goal, it has energized Member countries in many other aspects of the war against disease. International staff working with national counterparts embarked on field programmes calculated to foster national and local self-reliance. Local needs and priorities determined the strategy of these programmes. Success achieved in demonstration projects to combat communicable diseases causing high morbidity and mortality secured support for expansion into countrywide programmes. The acceptance of the importance of basic health services around which various health programmes could develop paved the way for long-term assistance in communicable diseases control.

Training programmes for national personnel to man the countrywide campaigns had to follow. The advantages of integrating curative, preventive and special disease control services were demonstrated in model health centres. The concept of community health had come to stay. Training programmes for professional supervisors, teachers and administrators were instituted to strengthen the administrative and supervisory machinery needed for the proper deployment and effective use of the increased number of trained health workers. WHO's assistance was more profitably utilized by introducing intercountry projects. Through meetings, seminars and conferences sponsored by the World Health Organization national authorities were provided with the forum to discuss their common problems. Fellowships granted to our medical and paramedical personnel exposed them to the methods and means adopted in other countries to combat health problems. Medical research was sponsored and encouraged. For all this and more we are indeed grateful to the World Health Organization.

The battle against disease is still being waged. In man's attempt to solve existing problems he keeps on creating newer ones. In the process of relieving humanity from suffering, in the process of freeing this world from the torments and ravages of epidemic disease, in the process of improving our techniques, our skills, our remedies in saving life so sacred, in the process of rehabilitating those whom we have failed to cure, we have now a world teeming with human beings whose overall morbidity and mortality are lowered and whose lifespan is increased. We now face the biggest problem of the century, the population explosion.

Family planning programmes have assumed the highest priority in a number of our countries; in some they have been integrated into family health services. The World Health Organization, being conscious of the health of the mother and child as a prerequisite for a healthy nation, has given considerable assistance to these programmes.

With over-population arises the need for increased provision of the physical necessities that support all physiological and industrial activity, which means an increased demand for food, raw materials and fuel. The consequent exponentially increasing environmental pollution has created a multitude of problems. This planet is not vast enough nor blessed with the unlimited resources necessary for the sustenance of an ever-expanding population.
Will environmental pollution step in to relieve us of the problem of over population? Should we wait for this merciful release? If we want to survive, we should have as our goal a harmonious estate of economic, social and ecological equilibrium of this planet. We shall have to redefine our goals and readjust our values at individual, national and global levels. While looking ahead for further technical guidance from the World Health Organization in the future, when the fate of the human race will be in jeopardy, we must here register our deep appreciation and gratitude for the tasks accomplished in our Region in the 25 years we leave behind us.

I shall thank all members of this Organization, so ably led by Dr Candau, for their valuable guidance, personal interest and willingness to work in close collaboration with us in the delivery of total health care to our people. However, in the race against extinction, in the programming for survival, let us as members of the world community not remain complacent in the groove of distinct organizations. Let us not be hemmed in by manmade walls, and let us all with resolution address ourselves to the total effort in the interest of mankind, so that the entire might of the United Nations family is mobilized to achieve happiness for us in our own lifetime and for generations yet to be born.

The PRESIDENT: Thank you, Dr Weeratunge.

Address by the delegates of the countries designated by the Regional Committee for the Eastern Mediterranean

The PRESIDENT: I now give the floor to the delegate of Pakistan.

Mr QAYYUM (Pakistan): Madam President, Mr Director-General and distinguished delegates, it is a great privilege to speak today as the leader of the Pakistan delegation on the happy occasion of the twenty-fifth anniversary of this distinguished Organization. Indeed, it was an honour done to my country when the last Subcommittee A session of the Regional Committee for the Eastern Mediterranean, held in Amman in September 1972, resolved that the representative from Pakistan to this World Health Assembly would be one of the two to speak on behalf of the Region. I am grateful to the Region's Members for this signal honour.

Madam President, the fact that this Organization has not merely survived a quarter century but has seen its membership rise from 55 at the first Assembly to 137 at the time of this twenty-sixth is, in itself, an eloquent testimony to its truly important role and popularity. The last year was an outstanding milestone in its history, when a most significant addition to its membership, that of the great People's Republic of China, took place.

Let us now see how it has traversed the path towards its goal of positive health for all mankind. I believe, to pay true homage to this Organization on its twenty-fifth anniversary, it will be in the fitness of things to do dispassionate stock-taking and appraisal of its activities and achievements, as well as to do some pre-thinking about its future plans in the context of present-day trends.

Speaking on behalf of the Members of the Eastern Mediterranean Region, as I do, I would limit my observations to the activities of WHO as they affect this particular Region only. The first task of WHO in this Region was to meet urgent requests of governments for assistance in control of communicable diseases. Such programmes still account for almost half the total public health expenditure in the Region. The disease most prominent in this Region in the first decade of WHO's life was malaria. Iran, Iraq, Lebanon and Syria embarked on eradication programmes while others like Egypt and Jordan were busy with preparations of their respective plans for action.

Maternal and child health formed an important part of many country health programmes and WHO assisted Egypt, Iraq and Syria in epidemiological surveys of bilharziasis by making field trials. Increasing industrialization led to requests from Egypt and Iraq for occupational health surveys.

The first decade was also marked by a predominance of short-term projects with hardly any comprehensive long-term planning. In the second decade, the formulation of plans for social and economic development became accepted government policy in most countries of the Region, WHO can rightly claim its due share in promoting this happy trend. Lack of trained manpower,
both medical and paramedical and their auxiliaries, however, continued to be the major obstacle in the execution of the plans. WHO therefore rightly emphasized assistance in the field of education and training of health personnel of all levels. The countries helped included Ethiopia, Syria and Tunisia, where new schools grew up through the provision of teaching personnel by WHO as well as supplies and equipment. Fellowships for undergraduate education were also provided for those countries which had no medical schools of their own.

In connexion with the control of communicable diseases, the idea of malaria eradication was accepted by almost all countries of the Region. Nine were carrying out full-scale programmes. These included Pakistan. Four others were in their pre-eradication phase. Quite a number of fellowships were granted for training of malaria personnel. Unfortunately, cholera, which was absent from this Region in the first decade, reappeared during this time.

Several countries developed national programmes for the control of schistosomiasis and WHO assisted in particular Iran, Iraq, the United Arab Republic and Libya. Seminars, group meetings and training courses were organized in many places.

Tuberculosis was the leading cause of death in the Region and, as such, high priority was rightly given to a controlled programme. Similarly, programmes for smallpox eradication were organized in some countries with comparable priority. Besides these, environmental health, nutrition and mental health programmes were developed.

Coming now to recent years of the life of WHO, I would like to mention that the attack on communicable diseases has developed some difficulties as against the progress which it made in the first and second decades. Malaria eradication, for example, has faced difficulties due to the vector becoming resistant to DDT. While Jordan, Syria and Tunisia showed good results, programmes in Afghanistan, Iran and Iraq ran into difficulties. Iran and Iraq have since succeeded in overcoming the difficulties. Pakistan, however, continues to be beset with the problem of lack of resources for procurement of necessary insecticides. Above all, it is apparent that DDT will soon have to be replaced by other insecticides, of which malathion may be the most appropriate, particularly because BHC - the cheaper one - is not available in the required quantities.

There has been significant progress in smallpox eradication. Of the four endemic countries - Afghanistan, Pakistan, Ethiopia, and Sudan - it is gratifying to state that Afghanistan has eradicated the disease and the other three are making satisfactory progress.

The recent situation in respect of cholera is very heartening. No case has been reported since 1971 in the Region, thanks to the preventive measures being taken by the governments and the vigil kept by WHO.

All this indicates that great strides have been made by this Organization during these twenty-five years of its existence, but a lot still remains to be done. More and more attention needs to be given to environmental sanitation; no investment in direct control or eradication programmes for communicable diseases is going to pay dividends unless sanitation is improved. The Director-General has very rightly made a reference to this important need in his Annual Report. This is the problem of the countries in my Region. I would appeal to the distinguished delegates that, in planning for the future in this Assembly, due importance be given to this single item.

Many countries of the Region are now producing drugs on their own, for the purpose of providing cheap drugs to consumers. They require a large measure of assistance for quality control, and WHO, we hope, will be generous in this respect.

Finally, Madam President, may I refer briefly to the bold and forthright reference by the Director-General in his Report to the paradox of the desirability of universal membership on the one hand and to making WHO's relations with Member countries contingent upon certain conditions on the other. We wholeheartedly endorse his noble sentiments in the matter. I would like to add that it is similarly important to adhere more strictly to the principle of making WHO's assistance to various regions and countries proportional to the size and quality of their own efforts in the planning of their health measures. In this way, WHO can stimulate more earnest efforts to give due place to the health sector in national planning.

To conclude, Madam President, I would like to thank Dr Candau and the Regional Director, Dr Taba, who during their long association with the Organization have contributed such a lot towards the progress so far made by the Organization. I particularly want to add the humble tribute of our Region to the many tributes paid to Dr Candau on the eve of his retirement for the excellent services rendered by him throughout, and I wish him the best of health and the best of luck in all his endeavours.
The PRESIDENT: Thank you Mr Qayyum. I now give the floor to the delegate of Egypt.

Professor MAHFOUZ (Egypt) (interpretation from the Arabic): Madam President, Mr Director-General, ladies and gentlemen, we are now celebrating a historic and uniquely important occasion which occurs but once every century. For this reason I feel deeply honoured and most sincerely privileged to address you on behalf of the Eastern Mediterranean Region. When WHO was established on 7 April 1948, the entire world was groaning under the yoke of severe wounds caused by the Second World War. Mankind in its agony was desperately seeking humanitarian touches of sympathy and enlightened concern which would relieve the unprecedented catastrophes resulting from that ferocious war - catastrophes which were caused by the lunacy of power, the rapacity of violence and the avarice of aggression - bringing in its wake devastation of the values of life, denial of the march of civilization and refusal to acknowledge the most basic human rights. Mankind became a field for experiments of power and violence. The long history of civilization was violated and the social and economic march of mankind was subjugated by the worst kinds of exploitation and racial discrimination.

Amidst this absolute darkness there emerged the dawn of the World Health Organization, spreading light everywhere and bringing hope and relief to the suffering millions of the world's population. Twenty-five years have elapsed during which the Organization advanced steadily and we with her, fully conscious of the landmarks of our footsteps along the way. It is now time for us to pause a while, both to look in order to assess our past for the good of our future and to mobilize our resources in order to proceed anew, armed with the same steadfast determination and purpose with which we began this great endeavour to serve mankind only 25 years ago. Let us deepen our commitment and make firm our dedication to pursue achievement of new goals and ever noble objectives.

Now, Madam President, the question arises, what was WHO during this quarter century? The reply to such a question has many aspects. WHO was and is a great hope for mankind. It is also a unique and successful endeavour of concerted action by and for mankind. There is no need for me to review the many spheres of WHO's activity - humanitarian, social, economic and political. Nor is there a necessity to go into details about the enormous achievements of WHO in combating disease, providing manpower training and sponsoring scientific research. Neither is it necessary to explain the major role played by WHO in promoting the fully human spirit of cooperation among all peoples of this planet, nor the great debt we owe WHO for its clarity of vision in defining the concept "health". There is no need for me to describe all these activities and achievements. All of us here are indeed well acquainted with them since we are privileged to have "lived WHO" from its very beginning even to the present.

Now let us look ahead to the future awaiting us, to the long road ahead on which we shall march with our Organization to the greater prospects and ever larger objectives we aspire to achieve in our endeavour to provide better health conditions for every human being who lives on this good earth.

Let the motto of this silver anniversary continue to be ours for the coming stage in the history of WHO. Those few and simple words "Health begins at home" are deep in significance. They symbolize a philosophy, a path and a doctrine. They are representative of a full programme of services which can embrace numerous schemes, and tremendous activities in all the varied fields of public health. So let us adhere to this motto while proceeding purposefully along the road of our commitment to mankind. May God Almighty give us guidance and crown the efforts of the World Health Organization with success!

The PRESIDENT: Thank you, Professor Mahfouz.

Musical interlude

Address by the delegate of the country designated by the Regional Committee for Europe

The PRESIDENT: I now give the floor to the delegate of Belgium.

Professor HALTER (Belgium) (translation from the French): Madam President, your charm and competence lend added lustre to this twenty-fifth anniversary. It is the wish of the European Region, through me as its spokesman, to join in the general rejoicing at this twenty-fifth anniversary of the World Health Organization.
Madam President, Director-General, a glance back over the last quarter of a century reveals some encouraging facts. In the first place it is clear that the wisdom of those who drew up the WHO Constitution in 1946 has enabled our Organization to carry out its remarkable work on behalf of the health of nations in an atmosphere of solidarity and brotherly sympathy for all the underprivileged of the world. Secondly, the competence, wisdom and authority of the Director-General, Dr Candau, whose name will always remain indissolubly linked with this period, have made a powerful contribution to the Organization's growth and success and to its manifold activities. The Member States of the European Region wish to express the sadness they feel at the conclusion of a career of 20 years particularly rich in experience, in teaching, and in human sympathy. To all those who have collaborated with him in this great work we express our gratitude and our admiration.

Madam President, I could on this occasion have attempted to review the activities of the Regional Office as part of the whole of the Organization's efforts on behalf of humanity. I shall confine myself, however, to evoking the memory of the two Regional Directors, Dr Begg and Dr van de Calseyde - now no longer with us - and to stating how much the Members of the Region appreciate the qualities of the present Director, Dr Kaprio, whom they have adopted enthusiastically and whose activities are supported by all.

The European Region, by virtue of the very principle of regionalization, would like to see itself at one in its concerns and in the execution of its programmes. However, this Region extends from the Atlantic to the Pacific and touches three continents - Africa, Europe and Asia. It includes peoples whose history has given them different social and political structures and who are still at different levels of economic development. It might be thought that there could be conflicts of ideology and ambitions. Nevertheless, the true situation within the Regional Office for Europe is much more reassuring.

Despite the diversity of political viewpoints and economic situations, a great harmony has developed with regard to health matters and the work of the Office is carried out in a spirit of real mutual and personal understanding. In an area of more than 30 million km$^2$ a population of nearly 800 million men and women make up this larger Europe that it is the Regional Office's task to serve.

The Region's programmes are of course based on the major policy decisions of the World Health Assembly, but the characteristic imprint of the Region can be seen in a certain number of specific tendencies embodied in special projects and research programmes. Although development aid is needed for some Member States, the level of socioeconomic development achieved by the others calls for activities directed more towards joint study and research in depth in the so-called "spearhead" areas. The characteristic feature of the Region's programmes lies in the importance that is attached to the efforts of experts and to promotional research.

The coexistence of very different political and economic systems, far from constituting a source of difficulty, often proves fruitful. Europe is also characterized by a very marked urge among countries to become associated within multinational contexts of different sizes and for specific purposes. This is a clear manifestation of solidarity between countries that have common concerns or interests, and regionalism expresses the inclination of certain groups of countries to work together on behalf of their development. The European Economic Community, now enlarged to nine countries, and the Council of Europe are, in the west, two of these groups, to which must be added, in the east, the Council for Mutual Economic Aid. The links that have been established between the Regional Office and these organizations are a matter for congratulation.

The increasingly important role played by officials of the Copenhagen office in the various committees concerned with health problems in Europe gives the activities of those committees increased value and ensures that they are effective. This form of collaboration provides the countries of the European Region with an increased guarantee that their efforts will be effective and helps prevent duplication of work and the haphazard proliferation of initiatives and projects.

The future of the World Health Organization and its European Office, closely linked to the harmonious development of mankind, is one of the leading concerns of Member States.

The constantly growing number and complexity of the health problems in the world and particularly in Europe compel us to reflect and look ahead. Up to now, medium-term prospects have been outlined and the major priorities for the next five or six years have been defined. The teaching and training of health personnel (physicians, nurses, engineers, administrators, etc.) and the definition of the role that these health personnel should play, are, together with health planning problems, subjects that will occupy our world for a long time to come. The control of degenerative diseases, particularly cardiovascular conditions (a tribute that we pay to the consumer society) and mental health are other subjects which are sources of anxiety. The control of environmental pollution, research in epidemiology, and operational
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research in public health are yet others. The organization of health care on a community basis, the preparation of ophthalmological programmes, the development of public health laboratories, health education of the public, and activities for health protection and promotion complete this list of subjects contained in the medium-term programme of the Regional Office.

The more distant future is less easy to portray, but I cannot refrain from referring here to the remarkably lucid report that has just been published on behalf of the Council of Europe by our dear colleague Professor Aujaleu, whose talents and ability have been known to this Assembly from its earliest days. It would be pointless for me to attempt to make original forecasts in the face of this long-term study in the field of public health, which considers the characteristics of the environment during the next 20 years, the situations that will inevitably result, and the many repercussions that must be expected on man and his health.

Our equally esteemed colleague Dr Venediktov has outlined his views on the future and development of certain concepts and long-term programmes in WHO, and he also recognizes the basic role that the public health services have to play in the socioeconomic development of nations. He specifies three basic activities that the health services must develop, and thereby summarizes the objectives of the entire region: the development of research and of biomedical knowledge as the only possible basis for increasingly complex measures to protect and promote health; the application of disease prevention using individual or collective measures, and particularly the health protection of young people and environmental health; and the provision for all citizens of facilities for the early diagnosis of diseases, the resources for treating them, and the means of rehabilitation.

Both the authors I have just mentioned are undeniably in harmony when they discuss their concerns and suggestions, thus clearly revealing the similarity of ideas concerning public health throughout the entire European Region.

Madam President, it will be necessary during the next few years to pursue these joint efforts, and I would therefore like to plead once more for a joint search for a more precise concept of health that will be even more widely accepted. The concept of "wellbeing" contained in our present definition of health is too vague and can be interpreted in many ways both with regard to the concept of individual wellbeing, which may be either momentary or permanent, and with regard to the concept of collective wellbeing, perception of which can too readily be influenced by external factors, such as biased information, publicity, or other means that may be used by a government wishing to bend the people to its will. By uniting the efforts of its Members, WHO should be able to draw up and enunciate criteria for evaluating wellbeing and the level at which it should be established.

The problems of demography and of attaining the best possible population structures in the framework within which people can and must live should also be studied more thoroughly, and only WHO has the necessary standing to seek and find solutions to this area. The problem of the framework within which people live, of the environment, and of nutrition, should be given priority in the future programmes of our Organization. The fateful consequences of the stresses of modern life, drug abuse, drug addiction, and mental illness call for renewed efforts.

By uniting the efforts of all concerned we shall at last be able, at the regional level, on a worldwide scale, and in the peace we so much desire, to achieve the happiness of the citizens of the world.

The PRESIDENT: Thank you, Professor Halter.

Addresses by the delegates of countries designated by the Regional Committee for the Western Pacific

The PRESIDENT: I now give the floor to the delegate of Laos.

Dr ABHAY (Laos) (translation from the French): Mr President, Director-General, honourable delegates, ladies and gentlemen, like most of our colleagues I am deeply aware on this solemn occasion of what a great honour it is for my country and myself to be asked, together with the honourable delegate of the Philippines, to address you on behalf of the Western Pacific Region, on the occasion of the twenty-fifth anniversary of the World Health Organization.

A quarter of a century has passed since the newly established Organization in 1948 called in its Constitution for a universal effort to improve the level of health of all peoples of the world, confronted governments with their responsibilities in this respect, and drew attention to the danger inherent in the inequality of countries in their struggle to control communicable diseases and to raise the general level of health.

The Western Pacific Region of WHO is one of the areas of the world where these three different concepts take on particular significance, in view of its size, the diversity of
the countries that make it up, and the extreme differences in the level of economic and social
development of those countries.

If we review the progress achieved in the last 25 years in the Western Pacific Region we
find that most of its economically advanced countries have practically solved their communicable
disease problems.

Yaws has practically disappeared as a result of systematic treatment with penicillin.

Despite the availability of simple, effective and inexpensive methods of preventing or
treating tuberculosis, and the efforts made to control that disease in most countries of the
Region, it is still a major public health problem in many countries of the Western Pacific.

Malaria was endemic in most countries of the Region except for the northern part of
Japan, the southern part of the Australian continent, New Zealand and the Polynesian islands
in the South Pacific. It was estimated in the early 1950s that the population exposed to
the risk of malaria was about 420 million. Today, thanks to the efforts undertaken with the
assistance of the Organization, eight countries or territories have eradicated malaria by
conventional means or appropriate control measures. Eradication is under way in three
countries of the Region, and WHO is assisting in malaria control projects in seven countries
or territories. It is now estimated that about 80 million people are still exposed to the
risk of malaria.

The success of smallpox eradication, undertaken by WHO on a worldwide scale since 1967,
must be noted. Actually, the Western Pacific Region has been practically free from this
disease since 1964, and the efforts carried out with WHO assistance to maintain the countries
of the Region in that happy state have so far been successful.

I should also like to refer to the efforts made to clarify the epidemiological problems of
El Tor cholera. The first epidemic manifestations were for a long time confined to Celebes
before the disease spread in successive waves to the Philippines and Java, more recently to
the European and African continents, and more recently still to the South Pacific. Since
1968, research in the Philippines on the importance of improving sanitation in the epidemiology
of El Tor cholera has been completed with the collaboration of the Organization and has
indicated many practical methods of halting the progress of the pandemic we are at present
experiencing.

There is another aspect that deserves our attention and must be stressed in an account
of the progress achieved during the first 25 years of the Organization; as a result of the
great competence of those who advise and run the Organization, we have been able to adapt
the programmes and priorities to the needs of the countries of the world and to increase our
effectiveness to the greatest possible extent. This adjustment of programmes to needs may,
when we can see things in better perspective, prove to have been one of the great achievements
of the first 25 years of WHO. Here, I shall merely describe the major policies selected,
which I consider to be determining factors in the health of all the developed or developing
countries.

First of all, without doubt the major activity into which the Organization has chosen to
channel its energies is the organization and strengthening of health services. In our Region
major projects for strengthening the health services are under way in the least developed
countries; these projects will permit the better planning and operation of the basic services
and their improvement and will make it possible to provide the greatest possible number of
people with the basic care they need and are demanding. The control of communicable diseases,
so far often undertaken independently, will thereby be strengthened and become more effective
because facilities will permanently be available for reaching the maximum possible number of
people. The strengthening of the basic health services has been encouraged in various other
domains, particularly those of family health, including maternal and child health services
and family planning wherever countries have expressed a wish for it; public health laboratories:
and the improvement of the collection and processing of vital and morbidity statistics.

Secondly, stress has been placed on the training of health personnel, and substantial
development of relevant projects is at present taking place in the South Pacific area. Laos
is benefiting greatly from the Organization's efforts, at the Royal School of Medicine in
Vientiane with regard to the training of physicians and medical assistants and at our school
for qualified nurses with regard to the training of auxiliary nurse midwives; I mention these
types of health worker deliberately to show how, through the action of WHO, we have been able
to select the types of staff best suited to our real needs, and this achievement is not one of
the least benefits conferred by the Organization. Throughout the Western Pacific Region the
same objectives have been pursued: assisting in a planned approach to the development of
health staffing, increasing the number and effectiveness of teachers of health personnel in
accordance with the needs of the countries, stimulating the training of auxiliary staff at all
levels, encouraging the development of new methodologies in education and training, applying new teaching methods, and providing refresher training for health personnel.

In the third place it should be stressed how much the progress during the last 25 years has been felt in many countries in regard to sanitation and environmental hygiene. Great efforts concerning the distribution of drinking water and the disposal of solid wastes have proved successful through help from WHO; industrial pollution remains a major problem, especially in the more developed countries, and WHO's encouragement in identifying the problems and assessing their extent has been particularly noteworthy. Much still remains to be done in this respect, but it is felt that WHO is applying technical resources and an increasingly large proportion of its human resources to assist the countries of the world in this struggle, the objective of which is to improve the quality of life and to eliminate the harmful effects of some activities of modern man.

To conclude this all too brief review of the work of WHO I should like to mention its increasingly beneficial and constantly growing role in communications and research. Through the reciprocal worldwide information system developed by WHO during the last 25 years, the various countries of the world can now know more about the development of epidemics, keep a better watch on the progress of dangerous diseases spread through international travel, know more about pharmaceutical products and control their quality as a result of the publication of the International Pharmacopoeia, know more about dependence-producing drugs, the quality of vaccines, hormones, and other biological substances used in medicine through the WHO biological standardization services, and be better informed of statistics through the publication of the World Health Statistics Annual and other information given worldwide dissemination. The International Statistical Classification of Diseases, Injuries, and Causes of Death offers hope for uniformity in statistics throughout the world.

I could not end my address without extending a welcome to our great neighbour, the People's Republic of China, whose representatives are taking their seats in our Organization for the first time. With its 700 million inhabitants it makes our Region the most populated region of WHO. I also welcome Fiji and Papua New Guinea, which are now Members of the Western Pacific Region. Their entry into our Organization helps considerably to bring us closer to universality, an ideal that is inseparable from the name of the Organization.

I wish to express the deep gratitude of the countries of the Western Pacific Region to the World Health Organization for the generous assistance it has granted us during these last 25 years through its Regional Office, competently headed in the last six years by Dr Dy. At the same time we undertake on this anniversary occasion to cooperate as best we can in the efforts of all countries as part of the joint action taken by WHO to maintain and promote peace and health in all parts of the world.

My final word is for Dr Candau, the Director-General of our Organization, who is about to leave us. We are so much in the habit of equating our Organization with the person of Dr Candau that his departure will leave a great void in our hearts. But we are certain that Dr Candau will always succeed in whatever he undertakes, and we want him to know that our most sincere good wishes go with him in the new life he is about to start.

THE PRESIDENT: Thank you, Dr Abhay. I now give the floor to the delegate of the Philippines.

Dr Sumpalco (Philippines): Madam President, Mr Director-General, fellow delegates, distinguished guests, ladies and gentlemen, it is a great honour and privilege for me to express very briefly on this occasion the sincere greetings and felicitations of the Philippine delegation on behalf of the Western Pacific Region in general and of that of the Republic of the Philippines in particular. Today we pay tribute and homage to the World Health Organization as it celebrates the commemoration of its 25 years of existence - an existence characterized not only by the pains and labours attendant upon its birth and by the innumerable challenges it has had to meet, but also by the honour and glory of achievement in the many activities it has undertaken for the attainment of wellbeing for all the peoples of the earth.

The World Health Organization chose to be born at a time when the whole world was just beginning to pick up and salvage the pieces from the shambles of a global war. It was a difficult time indeed, but it was also a time when nations looked to each other for common sentiments of cooperation and resolve and to associate and band together to work to promote the common goal of providing better health for all. The past 25 years have seen the growth of the Organization from a handful of Members at the beginning to its present status of 137 Member countries. We look forward happily to all the nations of the world joining the ranks of WHO so that it may attain real universality.

Madam President and distinguished delegates, the Philippines and the Member countries of the Western Pacific Region have noted with great appreciation the great efforts of the
World Health Organization exerted towards the prevention, control and eradication of diseases and the ultimate provision of optimum health under the able guidance and leadership of its past and present Directors-General and Regional Directors. We believe that this Organization may be proud of its achievements in the institution and implementation of health programmes and services that have made a tremendous impact on the particular health needs of Member nations, especially the developing ones. We have likewise especially noted the development and institution of basic health services and the training of health manpower - the two basic ingredients of effective national health organizations - in Member countries. In addition to the programmes on communicable diseases, efforts have been extended in the pursuit and promotion of environmental health, nutrition, and family planning in connexion with maternal and child health. Although mortality and morbidity rates have been declining and life expectancy has been increasing in the Philippines, communicable diseases problems still remain the priority concern of our Government. It is with deep gratitude that we acknowledge the numerous forms of assistance extended to our people by WHO with the hope that one day will come when tuberculosis, malaria, cholera and schistosomiasis will no longer be the primary disease problem that they are today.

Madam President and fellow delegates, in closing, the Philippine delegation associates itself with all the other nations of the world in expressing today our sincerest greetings and congratulations to the World Health Organization as it marks its one full quarter of a century of service to humanity. With best wishes for more power and success in the years to come; for this we in the Philippines say "Mabuhay"!

THE PRESIDENT: Thank you, Dr Sumpaico.

Address by the Director-General

THE PRESIDENT: The last speaker this afternoon will be the Director-General of the World Health Organization, to whom I have pleasure in now giving the floor.

THE DIRECTOR-GENERAL: Madam President, honourable delegates, ladies and gentlemen, many kind things have been said here today about the World Health Organization, its staff and its Director-General. I am touched and I am grateful. But is the praise justified? The answer cannot be simple.

The daily doing of any well-run organization should provide a sense of achievement for its servants as they move forward from one point to the next. I think in WHO we are not without some of this sense of achievement, but, if we consider the distant objective of bringing all peoples to the highest possible level of health, it behoves us to be modest. On a more limited scale, there have undoubtedly been successes; there are also problems with which we are only now beginning to grapple.

The twenty-fifth anniversary of the World Health Organization, like other anniversaries, provides an opportunity for looking back over past successes and failures, and for looking forward to probable future developments. It seems to me that all achievements, whether small or far-reaching, operational or scientific, should be evaluated in the first place on the possibilities they open up for the future.

It may be that WHO's greatest achievements have resulted from its readiness to change, to achieve new goals, to seek new approaches and to adapt these approaches to changing social conditions.

The conquest of the future will similarly depend on a better understanding of human needs, and a closer adaptation to human aspirations and capacity in different parts of the world. It will also depend on the full cooperation of all concerned and the recognition that the improvement of health is an inseparable part of the larger process of social and economic development.

Considering the course steered by WHO since its inception 25 years ago, I think we were more subject to the influence of historical forces than we realized as we went along. At the very outset, there was a traditional trend in that WHO continued the work of its predecessors - the Office International d'Hygiène Publique, the Health Organisation of the League of Nations, and the United Nations Relief and Rehabilitation Administration.

Then, the priorities set by the First World Health Assembly reflected the historical situation at that time; on the one hand, there were the discoveries that had been made or had been applied on a mass scale during the war years - I am thinking of insecticides, sulfonamides, antibiotics and many other drugs; on the other hand, there were the problems
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created by the war - widespread destruction and a physical generation gap. The list of priorities read: malaria, tuberculosis, venereal diseases, maternal and child health, nutrition and environmental sanitation.

At the same time, many believed that the kind of mass measures that had been applied for purposes of war should be re-employed for purposes of health. The successes achieved in this way (against yaws, malaria, venereal diseases for example), the gaps in knowledge revealed, and the gradual recognition of the inherent limitations of mass campaigns were all central to the further development of the World Health Organization.

Already in 1951, when the Assembly approved the First General Programme of Work Covering a Specific Period, the leading item was the strengthening of national health administrations. Assistance to governments was summarized in the following way: "To assist each country in taking the next appropriate step towards developing its public health services".

These are interesting words, the most interesting and also the most difficult being no doubt the word "appropriate". It leads us straight to the challenging problems WHO has become concerned with - the planning process within the socioeconomic context, the adaptation of technology and administrative patterns to local conditions, health manpower development, the need for new knowledge and new technical devices, the complexities of evaluation, and the changes of direction its results may call for.

In the following years, amongst other developments, WHO's research programme got under way. Vector control, tuberculosis and nutrition were among the early subjects that stand out. In 1958, the intensified medical research programme was adopted.

From 1960 onwards, the process of decolonization began to be strongly felt in WHO. The many new countries that joined brought not only an increase in the scope of the Organization's work; their presence gradually made it clearer than ever before that, while science and technology have their universal validities, the improvement of health services is closely bound to cultural traditions, social resources and individual needs. Looking at our situation today, my thought is that decolonization has not gone far enough. I use the word "decolonization" in an intellectual, not a political, sense.

Many simple techniques, such as vaccination against smallpox or the single injection of penicillin method used in mass campaigns against yaws, can generally be transferred without too much difficulty from one society to another. It is quite another matter when it comes to the delivery of health services or to developing the manpower to staff those services. Here a much more complex situation has to be faced, calling for imaginative approaches and for continuous adaptation and innovation.

It has very often been said that disease knows no frontiers. Similarly, within our WHO context, we can readily say that health knows no frontiers or, to put it a different way, that health, as a human and not a national condition, is indivisible. But the same is certainly not true of health service patterns.

As a general rule, the patterns of the developed countries will have to be changed, often quite radically, to meet the cultural, social and economic situation prevailing in other countries if they are to serve a useful purpose. Yet great resistance to such adaptation is often encountered. In the highly developed countries, there seems to be a persistent belief that systems which have proved their worth can be used, with only slight modification, in quite different circumstances. And, surprisingly, this belief is to some extent shared by health leaders in the developing countries. On reflection, this is not unnatural since many of these leaders were educated abroad, in the exotic environment of the industrially advanced countries. In any event, many of the leaders are resistant to the often profound changes that are required before imported models can meet the real needs of the population to be served. It undoubtedly takes courage to strike out along new paths in order to discover more effective ways of improving the health of one's people.

The process of constructing typically national solutions and putting them into practice may take a long time unless there is some open pooling of experience. Clearly this is an important challenge for the World Health Organization.

One cannot seriously speak of national solutions without considering professional education and training. Here again there are no universally valid methods. It would be truer to say that, universally, no country has developed a pattern of education for the health professions that is satisfactory from the points of view of quality, quantity and adaptation to the country's needs. The traditional types of medical education were evolved towards the end of the last century before scientific medicine really got into its stride and are certainly not adapted to our great purpose of raising levels of health. Everywhere it is necessary to take a hard look at curricula, teaching methods and educational aims which, rationally, should be decided with reference to long-term health plans and policies.
We talk of developed and developing countries, but of course all countries, for better or for worse, are developing if we take the word in its literal meaning. This is sometimes forgotten.

Cardiovascular diseases, cancer and mental illnesses, instead of being restricted as major problems to one group of countries, are looming increasingly large elsewhere as the shadow of communicable disease recedes and as the number of older people in the population increases. In addition, mental illnesses, as well as some other problems, come to the fore as more people endeavour to live in increasingly complex urban and industrial settings and leave behind their traditional forms of security and social-cultural support.

The spread of venereal diseases and the development of dependence on certain psychoactive drugs, including beverage alcohol, are two old problems that are now being seen in new form in widely different parts of the world. Both are increasingly affecting younger as well as older persons. Neither problem in its distribution reflects the usual distinction between developed and developing countries. Here also a pooling of experience and a search for effective counter-measures adapted to particular circumstances seem to me essential.

I have stressed the importance of new approaches in the delivery of health service but this is not to minimize science and technology. Clearly, new discoveries and methods are needed for family planning and for the control of some parasitic diseases, for example, as well as to deal with the many problems of the human environment.

With increasing recognition of health as part and parcel of economic and social development, great value was placed by society on the health and wellbeing of women and children, which has gradually broadened into a general concern for the quality of life of all members of the family.

Family health care may be incomplete without family planning, which should be regarded as an essential health measure irrespective of population policy. This presents a challenge to WHO's research programme in epidemiology, health behaviour and the delivery of family planning care, as well as in the biomedical aspects of human reproduction.

In this difficult question of family planning, we should not underestimate the role played by the World Health Assembly in smoothing the path of the Organization and enabling it to engage today in a broad spectrum of activities aimed at better family health; for you will remember that this question threatened to cause disturbances in the membership of WHO some twenty years ago. Since then we have come a long way.

I would now like to review the historically so important question of membership in WHO. During the Technical Preparatory Committee's elaboration of the Constitution and its consideration and approval by the International Health Conference in 1946, the prevailing attitude towards the admission of new Members was liberal, crystallized in the conclusion that only a simple majority should be required for admission. As a general rule, the Health Assembly has taken the same liberal attitude in considering and voting on the admission of new Members.

Practically every year since it came into being, the Organization has advanced on the road to universality. When the First World Health Assembly met in July 1948, the Organization had 54 Members. In 1950, the number had increased to 74; in 1959 to 88; in 1960 to 101; in 1962 to 114; in 1965 to 122; while today the total stands at 137 Members.

However, this simple enumeration, pleasing though it is, does not give a true picture of the situation. It should be recalled that early in 1949 and during the next twelve months, nine Members in Eastern Europe notified their intention of withdrawing from participation in the work of the Organization. In 1950, both authorities in China informed WHO that they wished to cease participating in its activities. In 1953, the Republic of China resumed participation. The years 1957 and 1958 saw the return to active participation of seven of the nine Eastern European countries. This event was, I believe, a landmark in the history of international health cooperation as, with the return to full participation in the work of the Organization of these seven Members, the doors were opened to the wealth of knowledge and experience available in those countries. Today, only the Byelorussian SSR and the Ukrainian SSR have not yet decided on the resumption of active participation in our work, and I fervently hope, in the interest of wider cooperation in the field of health, that their decision will not be much longer delayed.

The phase of decolonization gained a marked impetus in the year 1960, with the result that a large number of newly independent countries, facing very important health problems,
This influx of new Members, with their own particular problems, constitutes another and very significant landmark on the Organization's way to universal membership.

Last year, the Twenty-fifth World Health Assembly, in recognizing the Government of the People's Republic of China as the only Government having the right to represent China in WHO, opened to the Organization a new horizon and made available a unique experience in the development of health services.

In the introduction to my last Annual Report, I said "universality... is but an empty phrase if all Members are not active and do not strive in harmony and mutual understanding to attain their common objective". I have already expressed my hope that Byelorussia and Ukraine will find it possible to resume active participation in the work of the Organization. I should now like to express another and equally earnest hope. It is that the World Health Assembly will find its way open to the reconsideration of previous decisions which have made WHO's relations with or services to any of its Members contingent upon certain conditions being met or on changes being effected in their political systems, for experience has shown that such decisions are not necessarily in the best interests of the population of the countries concerned, nor of those of their neighbouring countries.

In making this review, I realize more forcibly than ever how very fortunate WHO is in its hosts in Switzerland. The Organization has every reason to be deeply grateful to the Federal Swiss Authorities, to the authorities of the Canton of Geneva and of the City of Geneva.

In making this review, too, my thoughts kept returning with a sense of deepening gratitude to those pioneers of the Technical Preparatory Committee, of the International Health Conference and of the Interim Commission; to all who have advanced the work of the Organization in 26 World Health Assemblies, 51 session of the Executive Board, and in the many sessions of the Regional Committees; to the members of WHO's expert advisory panels; to those whose privilege it is or has been to serve on the Organization's staff, and, last but by no means least, to the courage, wisdom and farsightedness of its first Director-General - my friend and predecessor, Brock Chisholm. They have made WHO what it is today and have laid the foundations for an even more brilliant future.

In conclusion, Madam President, I wish to express a personal hope. May the World Health Organization continue to go from strength to strength, and may it attain that true universality of membership which will allow it better to serve its Members and to make its full contribution to the happiness, peace and prosperity of all! (Applause)

The President: Dr Candau, I think my thanks are superfluous when we hear the applause which has taken many minutes.

Conclusion of the celebration ceremony

The President: We are now approaching the end of the celebration of the twenty-fifth anniversary and I propose that we express formally the feelings of this Assembly on this occasion. Therefore I would like to submit to your approval a draft resolution, the text of which has been distributed in this Assembly Hall and which I shall now read out to you.

The Twenty-sixth World Health Assembly,

Welcoming the celebration of the twenty-fifth anniversary of the World Health Organization as an opportunity for recalling the progress made in world health during the first quarter of a century of the Organization's life;

Conscious of the contribution being made by the Organization to such progress, in fulfilment of the aims of its Constitution;

Recognizing with concern that, in spite of the progress achieved, many formidable tasks remain to be accomplished by the Organization before the objective of the highest possible level of health is attained by all people,

1. EMPHASIZES that health is the common responsibility of all people and that major world health problems cannot be solved without full international cooperation;

2. APPEALS to Members and Associate Members to endeavour to provide the highest attainable standard of health, which they have recognized as a fundamental right of every human being,
and to continue to give the World Health Organization the moral support and material aid that they have given it in the past;

3. CALLS UPON all countries to maintain or increase their cooperative efforts within the extent of their resources with a view to improving the health and health services of the world;

4. CONSIDERS that the role of the World Health Organization in a world where countries are becoming increasingly interdependent is of crucial importance; and

5. EXPRESSES its gratitude to all those who have contributed to the establishment and development of the World Health Organization as a unique instrument for the cooperation of all peoples in the improvement of health in the world.

If there are no objections to the adoption of this resolution, may I suggest that this resolution be adopted by acclamation. (Applause)

The resolution is adopted. I declare closed the official celebration of the twenty-fifth anniversary of the World Health Organization. The meeting is adjourned.

The meeting rose at 6,5 p.m.

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1 Resolution WHA26.3.
1. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTIETH AND FIFTY-FIRST SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1972 (continued)

Mr LEE (Malaysia): Mr President, the Director-General, distinguished delegates, ladies and gentlemen, it gives me very great pleasure, at this the Twenty-sixth World Health Assembly, to bring to you all warmest greetings from the Government and peoples of Malaysia.

Allow me, first, to congratulate the President, the Vice-Presidents, and the chairmen of the various committees on their election to positions of honour in this august body. I am certain that all of you will serve with distinction during this historic session of the Twenty-sixth World Health Assembly.

The World Health Organization this year celebrates the successful completion of 25 years of global health activities. WHO can doubtlessly look back with much satisfaction on its achievements in the past quarter of a century. These achievements have brought the world so much closer to the objective of attaining the highest possible level of health for all its peoples. I am confident the coming decade will witness even greater contributions by the Organization in improving the quality of life of man.

On behalf of my delegation and myself, I also wish to take this opportunity to pay a particular tribute to the Director-General, Dr Candau, for yet another excellent Annual Report covering the activities of the Organization for the year 1972. Year in and year out these comprehensive reports have borne witness to the great competence of this distinguished gentleman. You will all agree with me that the Organization owes a debt to Dr Candau for his exceptional leadership for the past many years, in the cause of health. His impending retirement from the Organization will be a great loss, not only to WHO, but also to all Member countries and to the world at large. Allow me to add my sentiments to those of my distinguished fellow delegates in wishing Dr Candau a healthy and happy retirement.

With regard to the Annual Report, I shall confine my comments to only those that are of current interest to my country, Malaysia.

In so far as communicable diseases are concerned, my country is vigorously pursuing the national programmes for the control of tuberculosis and leprosy, and the eradication of malaria, with encouraging results. The newly established epidemiological service has been expanded and improved with WHO assistance to cope with other communicable diseases such as filariasis and venereal diseases, and with programmes of disease surveillance.

The twin problems of poor sanitation and malnutrition, which, as rightly emphasized by the Director-General, are closely associated with lower standards of living, have significant application to the rural areas of Malaysia. The re-emergence of cholera in 1972 in my country clearly stresses the need for improved sanitation, particularly in suburban areas, and a programme is being drawn up to provide both rural and suburban areas with potable water supplies and sanitary latrines by 1980. With regard to malnutrition, particularly in the young, and its relevance to the school "drop-out" problem, my Government is formulating a national food and nutrition policy, and has embarked on a national applied nutrition project.

WHO's accent on family health programmes to improve the quality of life, particularly of the vulnerable members of the family unit, has struck a resonant chord in Malaysia. My Government is now deeply involved in the further development and strengthening of family health programmes with substantial aid from WHO, UNFPA, and the World Bank. What is particularly gratifying about this programme is that it is bringing together national development planners, economists, educationists, and other sectoral leaders in a combined programme effort. It is expected that by 1976 this programme will cover 6.5 million people in the rural areas of Malaysia.
In so far as health practice research is concerned, my country undertook a two-year operations research study of the rural health services with WHO assistance. I am pleased to report to this Assembly that the study was successfully completed last year, and it brought out a wealth of information regarding the strength and weaknesses of our rural health services system. The findings and recommendations of this study will result in substantial changes to the existing system which I am convinced will provide a far more effective and efficient health service to the people. One of the most significant changes that will be made will be to retrain over the next eight years over 1000 midwives to become community health nurses to work in the most peripheral units of the rural health service. We, in Malaysia, have found the technique of operations research to be most useful in our planning and administration process and have therefore established a permanent Operations Research Unit in the Division of Planning and Development in the Ministry of Health.

Last year, the Health Ministry in my country completed the design of a model health service delivery system for a new land development scheme covering some 2.5 million acres of land with an estimated immigration of approximately half a million population by the year 1990. This was done with the assistance of the WHO project systems analysis team. The proposal has now been accepted by my Government with slight modification in the implementation schedule in order to suit local conditions. This systems approach to planning has evoked very great interest amongst health planners in my country, and it is my hope that continued work in this field between WHO and my country will result in the further development and refinement of the technology which could eventually prove to be an important health planning tool for all Members of this Organization.

Amongst other health problems mentioned in the Annual Report two are of current interest in my country, namely, environmental pollution and drug abuse. In view of the rapid industrialization taking place in my country, we have recently drafted an Environmental Quality Act to ensure the protection of our environment. In so far as drug abuse is concerned, we have established a narcotics bureau and an interdepartmental committee on narcotics and drug abuse to tackle the problem. We welcome the intention of WHO to use Malaysia as a pilot survey area to work out a methodology for the study of the epidemiology of drug abuse in the Western Pacific Region.

Finally I would like to raise an important issue for the consideration of the Organization. In Malaysia, an ambitious and innovative health delivery system has been rapidly developed, based on the needs of the people and in consonance with the overall socioeconomic development of the country. However, the people's response to the Government's effort has created sudden increases in demands at certain levels of the service that cannot readily be matched by existing health manpower resources. We have taken positive steps to meet this problem by a rearrangement of priorities, by increasing our training capacity in certain critical areas and, as a temporary measure, by recruiting medical and dental officers and specialists from overseas countries. The dimension of the problem, however, merits the serious consideration of the Organization. I am certain that there are many other developing countries facing a similar situation to ours. It is my earnest hope therefore that the Organization will make a particular effort in this area, and come up with realistic short- and long-term solutions, whether they be in the form of regional medical training centres, reservation of training places in universities of developed countries, or substantially increased aid to existing national training centres to enable increased intakes.

Mr President, my Government views with great sympathy and concern the reports being made by some distinguished delegates in this Assembly that there are still large numbers of human beings in the Middle East who are being deprived of their right to basic health services and facilities. My Government is of the view that health should not be a political issue and strongly urges that WHO take note of the situation as explained and take whatever steps are considered appropriate to ensure that these basic rights are restored to these people immediately.

I would like to conclude by again paying a tribute to the Organization for its magnificent contribution to the cause of health over the past 25 years, and to wish it every success in the next quarter of a century.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Lee, Minister of Health of Malaysia.

2. DEPOSIT OF THE INSTRUMENT OF ACCEPTANCE OF THE WHO CONSTITUTION BY THE GERMAN DEMOCRATIC REPUBLIC

The ACTING PRESIDENT (translation from the French): Fellow delegates, before giving the floor to the second speaker I have pleasure in informing you that the United Nations has confirmed the deposit by the German Democratic Republic of the instrument of acceptance of
the Constitution of the World Health Organization, yesterday, 8 May 1973. On that date the German Democratic Republic accordingly became a Member of the Organization, and it is my privilege to welcome its delegation which will be taking its place in the Assembly.

3. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTIETH AND FIFTY-FIRST SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1972 (resumed)

The ACTING PRESIDENT (translation from the French): I now give the floor to the second speaker, the delegate of India.

Mr KHADILKAR (India): Mr Vice-President, distinguished delegates, ladies and gentlemen, I bring the greetings of the Government and the people of India to the nations of the world represented here at the Twenty-sixth World Health Assembly. Let me take this opportunity to extend my felicitations to Madam Sulianti Saroso on her election as President of this Assembly. I offer my felicitations also to the Vice-Presidents and the chairmen of the two main committees. Our compliments are due also to the outgoing President, Dr Layton, for the brilliant manner in which he conducted the business of the Assembly.

The Director-General has, as usual, presented a comprehensive Report. In an imaginative Introduction, he has summed up the Organization's experience over the last 25 years and drawn a number of significant conclusions from this experience. I would like to refer to some of them as they appear to me to be crucial for the developing countries if they are to achieve their goals of giving their people a better standard of health services. On the very relevant question of resources, he has pointed out that the proportion of money in the national budget allotted to health in the developing countries is not very dissimilar to that in the developed world, and to this has to be added the substantial part of their disposable income spent by individuals and families on their own health care. But then, if all this is spent for securing the kind of health care service which the developed countries have, it is unlikely to be enough at any time. He has rightly doubted whether it is the same kind of health services that the developing countries need for reducing their health problems. To his mind, the actual resources gap might not be too wide if the health services were patterned on the real needs of these communities. Again, on the question of health manpower, he has shrewdly observed that "... much of the developing world has had imposed upon it a manpower pattern that is foreign to it and that is unlikely to function properly in the conditions obtaining there."

Coming as they do from the head of the world health body, these sage words should provoke fresh thinking and lead to the evolution of a new approach to the designing of health services in the developing countries. Unfortunately, most of us have been struggling with a system inherited from our colonial past - trying continuously to expand it without altering either its ethos or its structure. The result has been that we have always found our resources much too meagre and our attention has been focused more on how to find more resources rather than on changing the design and character of the health care service itself. It is evident that if we were to reproduce in our countries the system and structure prevalent in the advanced countries of the world we would never have the money for it, whatever the rate of our economic growth and whatever the proportion of national income we are able to divert to health care. The wiser course would be to attempt a change in the pattern and orientation of the service itself, so that even with our limited resources we are able to provide the minimum health care to the maximum number of our people.

The system of training and education of medical manpower that we have also remains patterned mostly on the lines evolved in the developed west. It is no surprise that our medical graduates develop an eagerness to migrate there and are reluctant to face the harsh conditions of life at home, particularly in the villages, where medical care is most needed. This imitative reproduction of the western pattern is not limited to the area of health care organization and training alone. We often see this reflected in the approach to other allied problems also. Take the problem of environmental pollution, for instance. There has, of late, been a new awareness that something decisive must be done to halt the process of pollution brought about by thoughtless application of technology for purposes of production. The concern voiced in the developed countries is often faithfully echoed in the developing areas, though it is quite clear that their problem is very different from the one obtaining in the highly industrialized societies. As the Director-General's Report so rightly puts it, "... the greatest environmental challenge lies in the need to provide basic sanitary services to vast numbers of people in the developing countries. Where those basic services are lacking, biological pollution originating from human wastes affects human health through food, water and the vectors of disease".
We often forget that poverty, ignorance and inertia pollute as much as prosperity sustained by reckless application of technology. Thus, in our approach to provision of health care services, preparation of personnel for manning these services and finding a solution to problems posed by environmental pollution, the developing countries have to evolve a different approach and a different strategy - based directly on the needs and requirements of their own societies. To live on borrowed knowledge and borrowed systems can only lead to unsucces and frustration. I am very glad that the Director-General has raised this fundamental issue in his Report.

We in India took some time in living down the hangover of the past and in discovering our real needs. We now propose to change and recast a good deal. Our health plan has already been a part of the general plan for development but we are now thinking of redesigning it. In spite of all the development that has taken place during the years since independence, India still remains a country of villages where about 80% of the population live. Yet nearly 80% of our modern doctors cater to the needs only of the 20% that live in the urban areas. The principal plank in our programme for the fifth five-year plan, which becomes operative in April next year, will be to correct this imbalance. The main accent will be on making the health care services available to the rural masses. We propose to integrate our health, family planning and nutrition programmes and train up a cadre of multipurpose health workers who will implement the integrated programme through the network of primary health centres which we already have throughout the entire countryside. These centres will serve as the base of operation and one out of every four of them will be upgraded for providing referral services. We are also reviewing the system of our medical education in order to give it a community orientation.

Meanwhile, the health programmes that we have carried out over the years have already yielded results: the normal expectancy of life has gone up to 50 years from 32 in 1941-50. People are becoming less and less disease-prone and the standards of nutrition and environmental hygiene are also improving. Undernourishment, however, still continues, particularly in respect of protective food. Malnutrition is widely prevalent mostly in the economically vulnerable group, especially amongst lactating mothers and children. Nutrition education, applied nutrition programmes and school meal programmes have, therefore, been given priority.

In our fight against communicable diseases, we have been able to achieve a measure of success. There has been a reduction of 99.7% in the morbidity due to malaria. There have been some setbacks in recent years in a few areas. But the programme has been rephased and necessary remedial measures have been taken. Our programme for the eradication of smallpox has also had its impact. Greater emphasis is now being placed on surveillance measures - on early detection, notification and containment - and we are producing freeze-dried smallpox vaccine in the country to meet our requirements. Cholera incidence has also shown considerable decline. Our programmes on control of tuberculosis, trachoma, filariasis, etc. have also been progressing quite satisfactorily. But we are not quite happy with what we have been able to do so far in controlling leprosy. We propose to intensify our efforts in this area.

But the progress we are able to achieve in economic development or in the development of health and nutritional measures gets neutralized by the galloping growth of our population. Family planning has, therefore, assumed special significance for us. It has become the priority national programme not only for controlling and reducing the rate of population growth but also for safeguarding the health of mothers and infants and the happiness of the family. Maternal and child health services have, therefore, been integrated with the family planning programme as a prelude to the total integration of this national programme with the general health services.

Mr Vice-President, I would like to refer to the move to have a Health Charter for Asian Development formulated by the WHO. This is most welcome. The adoption of such a Charter would stimulate awareness of health problems within the countries and promote intercountry cooperation on matters of common interest.

In the execution of our national programmes, we have received technical and financial assistance and cooperation from various governments and international agencies. We feel grateful for all this. We trust that those who have enriched us by their experience and knowledge have also, in their turn, gained something by way of experience for their future work.

May I conclude with the hope that the area of international cooperation in the protection and improvement of human health will continue to expand in the coming years.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Khadilkar, Minister of Health of India. Now I give the floor to the delegate of Syria, Dr El-Khiami.
Dr EL-KHIAMI (Syrian Arab Republic) (interpretation from the Arabic): Mr President, honourable fellow delegates, ladies and gentlemen, I have the great pleasure to represent my Government in transmitting the best congratulations of my country to the World Health Organization on its twenty-fifth anniversary.

It is my great privilege to extend the Syrian delegation's best congratulations to Professor Julie Sulianti Saroso on her election to the presidency of the Assembly at its current twenty-sixth session and also to congratulate the Vice-Presidents and the chairmen of the two principal committees on all the valuable trust awarded them by our Assembly, wishing them all the best success in their work.

May I take the opportunity also to thank the Director-General of the World Health Organization, Dr Candau, for his valuable Annual Report in which he speaks of a number of considerable achievements during the past session and of fruitful cooperation between the Organization and its Member States in the great endeavours towards the ultimate objective of us all - to provide all mankind with all the conditions which are essential to the health and wellbeing of all its members.

Due credit should also be paid to the good efforts of the representatives and members of the Executive Board during the fiftieth and fifty-first sessions and for the many useful remarks and recommendations contained in their integrated report on the 1974 draft budget and programmes.

I wish also to make special mention of the very fruitful cooperation which has continued to mark my Government's relations with the WHO Regional Office for the Eastern Mediterranean and the Regional Director, Dr Taba, and his aides.

I also wish to express my delegation's gratification and heartfelt sentiments at the acceptance of the People's Republic of China into the membership of our Organization as the sole legitimate representative of the great Chinese people. The Syrian delegation is firmly of the opinion that the important services rendered by our Organization should be carried on and extended to reach all the peoples of the world without any discrimination or prejudice, if they are not to remain seriously defective. As a step towards the application of this fundamental principle we have just welcomed the German Democratic Republic and we wish that the Democratic People's Republic of Korea should also be granted the right to join the World Health Organization without further delay.

Mr President, the programmes and endeavours of the World Health Organization for combating and eradicating epidemic diseases in cooperation with its Member States have truly been very effective over the past 25 years since the coming into being of this Organization. However, two epidemic diseases, smallpox and cholera, have during recent years made their ugly appearance again in a number of countries, some of which, like Syria, had almost always been considered free from them. Smallpox infiltrated into three of our villages on the Syrian/Iraqi border early in 1972. The infiltration of cholera into a number of localities in the Syrian Arab Republic happened later in the same year as duly notified to the Organization. All the same, both epidemics were small-scale, and were successfully eradicated in a relatively brief period of time and with the minimum loss in lives, thanks to the effective measures of the Government and the speedy backing of the Organization. It is sincerely hoped that the existence of this menace will serve as an incentive for further research and studies with a view to the adoption of more effective and wider-scale measures for preventing any further spread or infiltration of them in the future.

Mr President, on this happy occasion of the twenty-fifth anniversary of the foundation of our Organization, it is gratifying to note how greatly it has grown and continues to grow and mature. It is perhaps proper in this respect to mention, as an instance of such growing maturity, the principle which has been adopted by the Organization that, given its limited resources, both technically and materially, the Organization would be better advised to concentrate its assistance to Member States, and particularly to developing ones, according to a pre-set plan directed towards basic health services, before undertaking the impossible task of proceeding to projects of a more specialized and sophisticated nature demanded by some particular States.

The last point I wish to make in this address is connected with the hundreds of thousands of our brethren in the territories usurped from them by Israel and in the many refugee camps where they have been rendered homeless and continue to live in deplorable conditions, both physical and psychological, as a result of the Israeli occupation authorities' obdurate and intransigent refusal to comply with any of the resolutions and recommendations passed by the General Assembly in its previous sessions on the subject of the Palestinian refugees. A recent instance of the Israeli authorities' persistence in their complete disregard of the simplest principles of human rights is connected with the persistent attempts to wipe out every vestige of Arab life or culture from the occupied city of Jerusalem, despite all demands to the contrary by the United Nations. As a link in this series of discriminatory measures
against all that is not purely Jewish, the Israeli authorities have recently ordered the officials in charge of all Arab health centres in Jerusalem to move their offices and all their equipment to the town of Ramallah not later than 1 April 1973. In view of all this, I request, on behalf of my Government, that the provisions appropriate in the case of such outrageous violations of the charter of the Organization be enforced and the proper sanctions be imposed upon Israel by our Assembly. It is unbelievable that this international institution should remain paralysed when one of its Member States violates, and persists in violating, one of its basic principles - the safeguard of human health and the assurance of its maintenance.

The ACTING CHAIRMAN (translation from the French): Thank you, Dr El-Khiami, Minister of Health of the Syrian Arab Republic. I now give the floor to the delegate of Uganda.

Dr RWAKHEMBO (Uganda): Mr President, fellow delegates, ladies and gentlemen, I am privileged to bring greetings from my President, General Idi Amin Dada, my Government and the people of the Republic of Uganda, to this Twenty-sixth World Health Assembly. On behalf of my delegation, I wish to congratulate the President, and also yourself and the other Vice-Presidents and the chairmen of the two main committees, on your and their election to office.

I have found the Annual Report of the Director-General for 1972 more than usually thought-provoking, largely because of its note of self-interrogation - a note particularly appropriate on this the twenty-fifth anniversary of the Organization's formal coming into being.

As was indicated last year, health priorities should include not merely specific problems peculiar to the health field, but also those engendered by technological change and the process of national development. It is indeed appropriate, therefore, that natural patterns and staffing of health services should at this stage be subject to critical scrutiny. Since this in turn requires greater precision of problems and available resources, my Ministry continues to make major efforts to promote the development of epidemiological and statistical services. The World Health Organization's further assistance in this connexion has been requested in the form of aid in the development of a veterinary public health unit focusing on the zoonoses, animal laboratory services, and food hygiene.

Surveillance activities in the sphere of communicable diseases have included, importantly, smallpox, yellow fever, onchocerciasis and trypanosomiasis. Research activities referred to last year have continued their search for knowledge essential for the control of diseases. Work at the East African Virus Research Institute particularly has thrown new light on immunological aspects of vaccination against poliomyelitis, which has considerable practical implications for such activities in tropical areas. The Director-General's reference to research work in progress in the field of leprosy, particularly studies on the cultivation and experimental transmission of Mycobacterium leprae and the use of rifampicin in dapsone-resistant cases, was noted with interest as having potential for future developments.

Reference was made last year to my Ministry's interest in the development of drug quality control techniques. The report of a WHO consultant in this respect is now under study and my Ministry is grateful for the assistance afforded in this important sphere.

The concern for the quality of the environment expressed by the Director-General in his Report is fully shared by my Ministry, with particular reference to water supplies, waste disposal and problems of pollution associated with urban and rural development. Priority is being accorded to the promotion of community water supplies in rural areas with assistance from the World Health Organization and the United Nations Children's Fund. The overall impact of environmental factors in Uganda was reviewed in a report presented to the United Nations Conference on the Human Environment, Stockholm, 1972.

In recognition of the importance of health education as a service component of practically all health activities, every effort has been made to strengthen the Health Education Section of my Ministry. It is a pleasure for me to acknowledge the valuable assistance received from WHO in this connexion.

In view of the particular problem besetting my Ministry in manpower development, particular attention is being paid to the revalidation of previous data in this field and to health manpower planning. The necessity for educational planning to be in turn geared to manpower requirements has become apparent.

These then are some reflections designed to place important aspects of the Director-General's Report in the context of work being jointly undertaken in Uganda. It is hoped they may provide some useful illustrations of the application of general policies at the point of delivery.

The ACTING PRESIDENT (translation from the French): Thank you, Minister of Health of Uganda. I now give the floor to the delegate of Poland.

Professor SLIWINSKI (Poland) (translation from the Russian): Mr President, honourable delegates, I should like to begin by congratulating the President and the Vice-Presidents on
their election to their highly responsible offices. At the same time I should like you to
know, Dr Candau, since your term of office as Director-General expires this year, how
appreciative we are of your many years of work for the welfare of our Organization; to thank
you for your close cooperation; and to wish you success in your future professional career.
I also wish to congratulate Dr Mahler, who has been nominated by the Executive Board for
the post of Director-General, and to express the hope that the cooperation between Poland
and the World Health Organization that has hitherto obtained will develop fruitfully in the
future to the satisfaction of both sides.

Reverting to the Director-General's Report, I want to say something about the position
adopted with regard to the principle of the universality of this Organization's membership.
We note with appreciation that at last the German Democratic Republic has, at the present
Assembly, been admitted unanimously to membership of the Organization. We are sure that
this will result in international cooperation within our Organization becoming broader and
richer. We express the hope that the principle of the universality of membership of the
World Health Organization will be implemented with respect to all countries that express the
desire to enter the Organization.

And now I should like to support the application of the Democratic People's Republic of
Korea for admission to membership of our Organization. That country has achieved a great
deal in the health field against considerable odds. Admission of the Democratic People's
Republic of Korea to membership of WHO would be a further step toward putting into effect one
of the Organization's fundamental humanitarian principles, the principle of universality and
of complete international cooperation in the health field.

Mr President, I wish to express my concern about WHO's financial policy. For many
years the Polish delegation has drawn attention to what we consider to be unwarranted growth
of WHO's budget, which has increased beyond many Member States' capacity to pay.
The present disturbed equilibrium of the international currency market should incline us
to plan the budget with particular care and to reduce to a minimum the resources allocated
to the Organization's purely administrative expenses. In addition, an evaluation ought to be
made of the effectiveness of individual WHO programmes. The evaluation should be accompanied
by an analysis of the relation between allocations made and results achieved.
At the present Assembly we all have pleasure in observing a solemn anniversary, the
twenty-fifth anniversary of our Organization. Yesterday we took stock of the Organization's
achievements and of its great contribution to the development of health all over the world.
It so happens that this anniversary celebration falls in a year in which the whole world is
celebrating the five hundredth anniversary of the birth of a great Polish astronomer and
philosopher, who was also an outstanding physician: Nicolas Copernicus.
The history of the development of science and the achievements of ordinary everyday life
show that international cooperation has always been a thing of immense importance.
Allow me at this period of special importance to our Organization to say that I feel
certain that the improving international situation should also affect the work of WHO, as
an Organization which is a member of the United Nations family. In an atmosphere of
relaxation of tension we see the possibility of a favourable solution to a number of health
problems that await solution by our joint efforts. I confine myself to mentioning the
problem of pollution of the biological environment, and that of the increase in cardiovascular
diseases, the mental illnesses, cancer and other diseases.

Poland is always ready to take part in planned international cooperation in the health
field, as the Polish delegation has on numerous occasions in the past declared from this
rostrum.

The ACTING PRESIDENT (translation from the French): Thank you, Professor Sliwinski.
I now give the floor to the delegate of Nigeria.

Mr KANO (Nigeria): Through you, Mr Vice-President, I would ask the President
to accept the warm greetings and hearty congratulations of the delegation of the Federal
Republic of Nigeria on her election to this high office on this momentous occasion in the
life of the World Health Organization. Our congratulations also go to you and to the other
Vice-Presidents, the Chairmen of the main committees and all those who share with you the
burden of this great responsibility for the next 12 months.

The President has assumed office at the time when we are celebrating the twenty-fifth
anniversary of the World Health Organization and has thus become the centre of activities in
which we endeavour not only to assess the achievements of the Organization since its birth
25 years ago but also to lay a solid foundation for its continued activities for the next
25 years. In this assignment we pledge the full support and cooperation of the Nigerian
delegation and we wish you a successful tenure of office. The President has also assumed
office on the occasion of the retirement of our Director-General, Dr Candau, after 20 years
of dedicated and most fruitful service. Dr Candau during his tenure of office projected the
image of the Organization to remarkable heights. This period marked spectacular achieve-
ments by the Organization in various fields such as the development of basic health services,
epidemiological services and control of communicable diseases, health planning and research.
geared towards the needs and aspirations of the world community. If I may quote Dr Candau’s own words in his Introduction to his latest Annual Report: "New developments and profound changes of outlook in matters affecting health, disease, the health services and the aspirations of people and communities have taken place with a rapidity that none of the founders of WHO or those present when it took its first steps 25 years ago could possibly have foreseen".

These tremendous achievements of the Organization cannot be divorced from the achievements of Dr Candau, who has served the Organization with deep knowledge and profound dedication. I wish here to extend to him our hearty congratulations for these notable achievements and our best wishes for a happy retirement. The record of his achievements will go down in history for which he will always be remembered.

My delegation takes this opportunity to extend a warm welcome to the delegations of the People’s Republic of China and of Swaziland. We also extend our hearty congratulations to the German Democratic Republic, whose admission has been earlier approved by this Assembly.

Please allow me, Mr President, to pay tribute to Dr Molapo for so ably presenting to us a vivid account of the work of the Executive Board which has enabled us to appreciate fully the great responsibility which the Executive Board is carrying on behalf of the Assembly.

I would now like to refer to the Director-General’s Report for 1972. He has in his usual forthright manner identified four factors which constitute major obstacles to health services development in many countries. These are lack of resources, lack of technical manpower, lack of health education and lack of adequate planning and management. The World Health Organization must be congratulated on its relentless efforts to remove most of these obstacles, which are gradually being eliminated in the onward march to better living conditions in many countries.

Since my country, Nigeria, became a Member of this Organization she has benefited immensely from WHO activities in various fields. In the field of communicable disease control, it is gratifying to report that the threats from many of these diseases have gradually declined. In the last three years there has been no reported case of smallpox in Nigeria. This happy situation has been reached through the combined efforts of USAID, WHO and the national health administration. Measles is also on the decline, as efforts continue to vaccinate all susceptibles. Other diseases, including cholera, yellow fever, infective hepatitis and malaria are reasonably under control. We acknowledge the assistance of WHO in these endeavours.

Once again, we should like to point out that cerebrospinal meningitis still constitutes a menace to health in many parts of our Region. While acknowledging WHO assistance in supplying drugs for curative and prophylactic use in affected areas, we call for increased activities in research to find an effective preventive measure against the disease. We have followed with keen interest the results so far obtained in the vaccine trials organized by WHO and we hope that efforts will not be relaxed until an effective preventive measure is found.

Another important field of WHO assistance is in the training of medical and paramedical personnel. WHO has continued to award many fellowships to deserving Nigerians for training in various fields of health. The Organization has also helped in recruiting teachers for our medical schools and other training institutions. The WHO training centre for health personnel, in Lagos, is making a significant impact on the upgrading of the skills of various grades of medical and paramedical staff. We are grateful to WHO for all these.

The national health administration is fully alive to its responsibilities in this regard. The next few years will witness a spectacular programme of expansion of our six medical schools, while the training of nurses, midwives and all other grades of health personnel will also be intensified. Postgraduate medical education for doctors and nurses will also be pursued with vigour, and in close cooperation with our English-speaking neighbours - the Gambia, Ghana and Sierra Leone.

My Government will also continue to give high priority not only to the training of health personnel but also to communicable disease control as well as maternal and child care. The role of wholesome water supplies in communicable disease control and therefore in the building of a healthy nation is fully appreciated by the Federal Government of Nigeria, which has recently made a grant of 24 million Naira to all the states for the rapid development of water supply projects.

We also acknowledge WHO assistance in the development of our health education services, basic health services and epidemiological services, in which areas remarkable progress continues to be made. I wish here to pay tribute to the WHO representative in Nigeria, Dr S. Adrien, whose very willing cooperation at all times has made it possible for us to derive maximum benefit from WHO assistance programmes. We are also grateful to the Regional Director, Dr Alfred Quenum, whose unflagging interest continues to inspire our health activities in the whole Region.
We are confident that with increasing cooperation from WHO we shall continue together to make progress in the active promotion of health all over the world. WHO has scored remarkable success in the first 25 years of its existence; the next 25 years will surely witness even greater successes in bringing health and happiness to the human race.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Kano. I now give the floor to the delegate of Mexico.

Dr GUZMÁN (Mexico) (translation from the Spanish): Mr President, I should like to express the pleasure of the Mexican delegation at the appointment of Professor Julie Sulianti as President of this World Health Assembly; these congratulations also extend to the Vice-Presidents. We have no doubt that they will conduct this session in such a way as to ensure its unqualified success.

Mr President, fellow delegates, Director-General of the World Health Organization, the President of the United States of Mexico, through our delegation, wishes to reiterate to the Member countries of this Organization the message of friendship and peace which he personally conveyed to a number of peoples during his recent travels through three continents.

Two years ago, in this hall, the Secretary of Health and Welfare of my country stated that Mexico's legal system provided the backing for a form of nationalism conscious of its international obligations, particularly as regards the protection of health, an incontrovertible right of mankind.

We are convinced that, whatever the path chosen, whatever the ideology adhered to, divergencies disappear when the objective which inspires us is the pursuit of health, that indispensable factor in the constant struggle for the wellbeing and progress of mankind.

This demonstration of human solidarity in face of health problems constitutes an encouraging example of how frontiers, created to separate countries, can serve to unite peoples.

The Report which Dr Marcolino Candau is submitting on the twenty-fifth anniversary of the founding of the World Health Organization reflects in concrete terms the activities which this Organization has so judiciously undertaken in pursuance of its policy of applying technical and material assistance where it is required to raise the productivity of health programmes.

In Mexico, this has meant timely collaboration in the development of our health programmes, particularly now that we are faced with an epidemiological situation in a state of transition where, though definitely on the decline, the age-old communicable disease problems are still with us, while every day sees an increase in the importance of the health problems of large towns, of the older age groups, of environmental contamination, and of the strains of a life lived under the pressure of the technological avalanche characteristic of our age.

The Mexican delegation has listened with great satisfaction to the account of how assiduously this Organization has worked to maintain and extend to larger areas the eradication of diseases such as smallpox, yellow fever, cholera and plague, from which Mexico, fortunately, had already freed itself some decades ago.

Similarly, we applaud the efforts to conquer diseases such as poliomyelitis, measles, tuberculosis, whooping cough, tetanus and diphtheria, among others, in regard to which intensive action is being taken by our Government in nationwide vaccination campaigns in order to enable Mexico to join the group of countries for which these diseases represent a minor public health problem.

With the assistance of the World Health Organization, through its Regional Office for the Americas, Mexico has succeeded in producing poliomyelitis vaccine in quantities which will soon suffice not only to meet our own requirements, but also enable us to share it with other countries that may need it. We hope, with the same aim in view, to expand the production of other vaccines of major importance.

We endorse Dr Candau's views about the importance of, and the emphasis that should be laid on, improving the environment. We must carry on an intensive fight to make unhealthy environmental conditions a thing of the past.

Our present Government has established a specific body, the Under-Secretariat for the Improvement of the Environment, for the purpose of preventing and controlling pollution of the air, water and soil, neglect of which would increase the threat which is hanging over the human ecosystem as a result of the development of large cities and expanding industrial complexes.

The Government of Mexico is aware of the urgent need to extend the coverage of the health services to the rural areas; in this, efforts have been made jointly by the governmental sector, the social security institutions and the community itself, fired by the determination to make the right to health a reality, on a principle of equality that banishes all discrimination. We cannot accept the existence of one health for the poor and another for
the rich. The health of a country is indivisible, and the population is entitled to health care without distinction, and particularly without distinction based on financial means or social status.

In our development plans, health represents a means and at the same time an end, constituting an indispensable infrastructure for any governmental programme. Community development, family planning programmes and the various health promotion activities represent one means among others of assisting the family to find its way towards constant enhancement of its capacities and the achievement of wellbeing, within a framework of full awareness of its responsibilities to society.

The Government of Mexico put into effect, scarcely a month ago, a new system of health legislation whose provisions are aimed at securing coordinated action by the people and Government, with respect for individual rights and for the good of the community. Standards suited to the present level of scientific progress have been included, with the necessary flexibility for them to be adapted to foreseeable changes in the future.

We agree with the emphasis placed on the training and development of health manpower at the professional, technical and auxiliary levels; this is an area to which we are devoting particular attention in order to be able to adapt training to the realities of our present situation, while constantly looking forward to the immediate future; here, in accordance with our Government’s policy, we are extensively and actively sharing our experience with other countries.

Taken as a whole, the activities which make up the programme of this World Health Organization demonstrate the effectiveness of its response to present requirements; we accordingly support the policy of the World Health Organization as expounded in the Report of its Director-General.

Our continent is living through a period of far-reaching changes and major contrasts, in which the accelerated pace of evolutionary processes in the economic and social spheres is having important repercussions upon the health conditions of our peoples, in which routine attitudes are becoming enemies of efficiency, and in which major changes are called for in health policies.

Our desire is for dynamism in programmes and change in guiding principles, so that we may find for all our countries the road to physical, mental and social wellbeing and to the fullest development of our creative capacities.

The ACTING PRESIDENT (translation from the French): Thank you, Dr Guzmán. I now give the floor to the delegate of the United Republic of Tanzania.

Mr MWINYI (United Republic of Tanzania): Mr Vice-President, fellow delegates, the Tanzanian delegation wishes to join the previous speakers in congratulating the President and all the other office-bearers on their being elected to lead the Twenty-sixth World Health Assembly.

I now turn to the item under consideration. Let me start by thanking the Director-General and his Secretariat for yet another comprehensive but very readable Annual Report. The Report has something for everyone, and this could be a cause for confusion. Fortunately, however, the keynote message of the author is also loud and clear. It is a restatement of the Organization’s successes over the past year and the 24 preceding years. And for these achievements it is right and proper that we should today congratulate ourselves in celebrating 25 years of world collaboration in health.

But it is really the other side of the coin which should engage our attention. My delegation wishes to invite this Assembly to review not so much what we gained but rather what was not achieved. What has the collaborative effort of the world failed to accomplish on the health front? And what appropriate lessons can be learned from this sombre experience? Indeed, our hope for further progress in the years that lie ahead can only be strengthened if we build upon the sound foundation of analysing our failures and recognizing our setbacks. If we do this we may agree with the Director-General about the disturbing and as yet unchecked rise in the prevalence of such conditions as drug abuse and venereal disease, especially the latter, which already cuts across the entire world. These are examples of our setbacks. All these, however, fall to nothing when one turns to the main massif of world illness. This is made up of the endemic infections which constantly sap the health and happiness of millions of people in Africa and in other parts of the third world. Malaria continues to put up its “last ditch” resistance in my Region. This is not to say anything about bilharziasis, filariasis, sleeping sickness, and onchocerciasis, which are further examples of very widespread communicable diseases and virtually untouched health problems in Africa. If it can be said in simple terms that the sacred mission of the World Health Organization is to convert world sickness into universal wellbeing, then everyone can see at once that in Africa we are far from penetrating the first obstacles. And that goes for other parts of the world with similar geographical and socioeconomic factors.
So much for the diagnosis. We should now consider what can be done by this Organization and by Member States in order to improve the situation in years to come. I think there are two things to underline in the Director-General’s Report in this respect. First of all, about resources at the international level. It is true that these are always a problem, as they are scarce; but maybe we do not have sufficient will and spirit to profit from our successful experience in smallpox. What stops us from doing it again in measles? A concentrated world attack on bilharzia, for example, is bound to lead to very significant changes for the better and to enable us to gain the upper hand in the control of this age-old disease.

I am aware, of course, that such concerted effort did not score complete success in malaria, even though large sums of money were spent. But even in malaria the Director-General is able to state in his Report that no less than a total of 1352 million people have been freed or protected from danger. If a proportion of the enormous sums of money that are at present used for armaments and space adventures by the big and healthier nations can be diverted to the common fight against disease, there is no reason why we should not begin a new chapter against some of these problems as we enter upon a new phase in the life of this Organization.

When considering resources at the national level, we all tend to put too much stress upon money and manpower; and this is certainly reflected in the Director-General’s Report. My delegation is happy that the People’s Republic of China is occupying its rightful place in this Assembly for the first time. We all stand to gain a great deal from the experience of this mighty nation; and one of the achievements for which China is famous is her success in mobilizing the people to fight against disease carriers or disease itself. There is much room for improving our utilization of the human force, and WHO should in future direct more attention towards development of schemes for community involvement. These may be much more useful to countries with massive endemic infections than the introduction of sophisticated things like system analysis.

Mr Vice-President, these are the two main points I want to make in connexion with the current Annual Report. In developing countries such as mine the road to health is both long and arduous, but at least it is a road. Difficult as our situation is, it could not be compared with the lot of the countries which are still under the yoke of oppressive regimes and colonialism. We rejoice to see the dawn of peace in Asia; but the cancer of racialism in southern Africa is unrelenting. The steps being taken by WHO to give health aid to liberation movements is a ray of hope to the victims of this antihumanism.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Mwinyi. I now give the floor to the delegate of the Khmer Republic.

Professor SO SATTA (Khmer Republic) (translation from the French): Mr President, honourable delegates, ladies and gentlemen, it is a great honour for me to take the floor today in this august Assembly. Allow me in the first place, on behalf of my delegation, to associate myself with the previous speakers in sincerely congratulating Professor Julie Sulianti Saroso on her election as President. I should also like to congratulate the Vice-Presidents and the chairmen of the main committees on their well-deserved election. At the same time I should like to pay tribute to Dr Layton, the outgoing President, thanks to whom the Twenty-fifth World Health Assembly last year was able to do valuable work.

I have listened very closely to the excellent report of the representative of the Executive Board and I should like to thank the Chairman and the members of the Board for the praiseworthy work they have done in carrying out their task.

The Report of the Director-General is, as in previous years, at once full and detailed, thus demonstrating Dr Candau’s great ability and his broad understanding of the Member countries’ health problems. I accordingly take this opportunity sincerely to congratulate Dr Candau and his colleagues and to thank them heartily.

Mr President, honourable delegates, ladies and gentlemen, allow me now to give you a brief account of the health situation in my country.

In the field of preventive medicine, control of communicable diseases is proceeding very actively. Yaws and smallpox have been completely eradicated. There have been no further cases of cholera in the last few years. However, mention should be made of the occurrence of a few cases of plague in the provinces along the Vietnamese border. These have already been reported to the World Health Organization. The outbreak was brought under control by the Epidemiology and Communicable Disease Service with the help of the WHO expert. The two Governments are setting up a joint plan of action with a view to taking appropriate steps to avoid the reappearance of the disease and to control it effectively in the event of an outbreak.

In regard to malaria control, our teams are going steadily on with their work in close cooperation with the World Health Organization. The field of action is, however, somewhat restricted owing to the conditions of insecurity in the country. Provision has nevertheless been made for vigorous work programmes to be put into effect as soon as peace is restored.
In the field of tuberculosis control, case-finding and treatment are proceeding steadily. Those activities are being carried out at the principal centre as well as at other centres. Similarly the programme for direct BCG vaccination of newborns without prior tuberculin testing is being extended to all public and private maternity hospitals, and other programmes are also covering children of pre-school and school age.

During the rainy season last year some thirty cases of syndromes suspected to be haemorrhagic fever were discovered in the city of Phnom-Penh itself. A survey is at present being carried out by the World Health Organization's entomologist.

In the field of venereal disease control our Department has redoubled its efforts to prevent the recrudescence of gonorrhoea and chancres due to the population movements resulting from the war. However, it is interesting to note that syphilis is on the decline.

While speaking of public health activities, I should also mention our Government's concern with the problem of water supply and environmental sanitation. Thus a plan of operation known as the "Master plan for the city of Phnom-Penh" has just been drawn up by agreement between the Government, the World Health Organization and UNDP. Phnom-Penh originally had a population of about 600,000. Hostilities resulted in a big drift from rural areas into the city and the population of Phnom-Penh is now over a million. As a result there has been a marked deterioration in conditions of health and hygiene, because the capital's drinking water supply was not designed to serve such a large population. In addition the system is inadequate, and the refuse problem also urgently requires solution. The draft master plan for Phnom-Penh covers a period of five years, from 1972 to 1976. It covers drinking water supply and sanitation not only for the capital but also for surrounding areas.

The maternal and child health programme is proceeding steadily. The recent inclusion of family planning activities in this project will make protection of maternal and child health more effective still. It is to be hoped that this will bring about a substantial decrease in the infant mortality rate.

With regard to the project for improving the health laboratory service, we have received a promise from the World Health Organization that it will send an expert to help our technicians overcome the difficulties confronting our public health laboratories.

The war that has been ravaging our country for over three years has created a new problem, the problem of the handicapped - the maimed, the blind, the paralysed, etc. - who require rehabilitation. This situation led us to prepare, with the help of WHO and UNDP, a project for the rehabilitation of the physically handicapped; this has already been in operation for some time and solid results have been obtained.

In regard to the control of manufacture of pharmaceutical products, WHO has agreed to our Government's request for technicians to help us to catch up in that field.

In other provinces on the other hand they are going forward with increasing efficacy. However, a programme for reorganizing these basic health services is being drawn up with the help of WHO experts, for implementation as soon as peace returns.

In regard to curative medicine, our hospitals in the capital are literally filled to overflowing as a result of the war. Some establishments are being converted into hospitals; but these are not yet functioning. The number of beds has increased from 2342 before the war to 5304 at present. This state of affairs means that there is a shortage of drugs and medical equipment. As a result the level of care has markedly decreased. As for the provincial hospitals, some have been damaged or destroyed, and it has not been possible up to now to repair or rebuild them, Consequently we appealed to friendly countries and national and international organizations. The valuable assistance we have been given has considerably eased the situation. Many things, however, still remain to be done. The services concerned are working actively with the WHO expert assigned to the medical services administration project to prepare a crash programme made necessary by this state of affairs and also to reorganize all the hospital services.

I should like to express here my deep gratitude to our Regional Director, Dr Dy, who thoroughly understands our difficulties and our problems and who accordingly acceded to our request, made recently at the twenty-third session of the Regional Committee at Guam, for inclusion in the list of additional projects of six consultant months and the sum of US$ 50,000 for the purchase of medical equipment for our hospitals, as additional requirements for the medical services administration project.

Our Department is engaged in preparing, in cooperation with the Ministry of Planning and Development and with the WHO experts, a post-war public health and medical care programme which will make possible, in a first stage to last three years, reconstruction of the health
infrastructure destroyed by the war and, in a second stage to last about eight years, regionalization of the hospitals and the extension of health and medical care services to rural areas.

Mr President, honourable delegates, ladies and gentlemen, over twenty years have elapsed since the Khmer Republic became a Member of the World Health Organization. My country has consistently lent its sincerest and closest cooperation to assist this great Organization and has remained faithful to its lofty aim of raising a people's health to the highest possible level. Throughout all those long years we were building up our people's health brick by brick; and then at the very moment when everything was going well, a cruel war broke out in our country, destroying the larger part of our health infrastructure. The invasion by Viet-Cong and North Vietnamese troops is still going on now, more destructive and deadly than ever. Many of our health establishments have been destroyed. Those which still remain have no certainty that they will not be destroyed one of these days. Just recently we had incontrovertible proof of the barbaric nature of these acts: during the attack on the city of Kompong Luong during the night of 25 April this year, a patient and two nurses were killed in cold blood in the health centre itself by these aggressors. Immediately after their criminal act they blew up an ambulance parked in the health centre. After that, for no valid reason, they opened fire on this health establishment, doing great material damage. In view of this my delegation ventures to appeal to WHO and to the whole Assembly to call for the cessation of these crimes and to rescue what yet remains of the health of the Khmer people.

Before I conclude I should like to say how profoundly grateful I am to the World Health Organization, to all the national and international organizations, and to all the countries which have given valuable assistance to the Khmer people during these unhappy times. I can assure you that my people will never forget them.

The ACTING PRESIDENT (translation from the French): Thank you, Professor So Satta. I now invite the delegate of Singapore to take the floor.

Mr CHUA Sian Chin (Singapore): Mr Vice-President, distinguished delegates, ladies and gentlemen, may I first of all, on behalf of my delegation, congratulate Madam Sulianti Saroso on her election as President of the Twenty-sixth World Health Assembly. May I also congratulate the Vice-Presidents and chairmen of the main committees on their election.

I would also like to take this opportunity to pay tribute to our Director-General, Dr Candau, for his 20 years of devoted service to the World Health Organization in this year of his well-earned retirement.

On the occasion of the twenty-fifth anniversary of WHO I should like to convey my country's felicitations to this Assembly. The primary objective of the World Health Organization is the improvement of the health of the peoples of the world. Over the years this has been achieved with remarkable success. The improvement in preventive medicine and public health has brought about a precipitous decline in mortality. However, the decline in deaths and death rates has created another major public health problem in many developing countries. This is the problem of rapid population growth and overpopulation. The rapid decline in death rates has not been accompanied by a relative decline in the birth rates, resulting in very high rates of population growth. When the World Health Organization was founded some 25 years ago, the world population was less than 2.5 billion. Today the world population stands at about over 3.6 billion. At the present rate of growth this figure will double in 35 years' time. Rapid population growth and overpopulation are now the major threats to health and quality of life of the majority of the people of the developing world. Economic development and the provision of social services such as education, housing and health services are hampered by overpopulation. Further, the effects of overpopulation on the health of the people are now compounded and multiplied many times by the rising costs of medical care, particularly in the curative services, where increasing sophistication in equipment is associated with increasing costs. If the population growth is not checked, most of the major advances in medical science will end up benefiting only the minority in the elite groups and those who can afford to pay for the very expensive services. Population control, with accompanying improvement in the individual’s and the country's economy, will help to bring the technological advances in medical care within the reach of everyone in the population.

Realizing the urgency of the population problem, Singapore embarked on a massive national family planning programme in 1966. The programme has achieved some measure of success in bringing down the crude birth rate from 28.3 per thousand in 1966 to 21.8 per thousand in 1969. However, since then the downward trend has been reversed and the birth rate slightly increased to 23.1 per thousand in 1972, largely as a result of the high birth rates in the immediate post-war years. Thus the first stage of the national family planning programme, with emphasis on provision of clinical services and aimed at narrowing the gap between the desired family size and actual family size, has achieved reasonable success. However, the desired family size in Singapore of 3.6 children per family on the average is
still too large for a small island republic of 226 square miles with a population which has already reached 2.1 million. Moreover, on the average the actual completed family size is 4.3 children per family. This is because of the traditional sex preference, which is still ingrained in the population. For example, if a couple want to have only three children and they have three girls they will try to have a boy, resulting in a larger actual family size than the desired family size. Hence it is necessary for Singapore to incorporate into the second stage of its national family planning programme certain more drastic measures of social disincentives. These are measures which are sometimes termed technically as "beyond family planning". These measures which Singapore has introduced include a graduated scale of accouchement fees, which rise sharply upwards with a higher order of birth. Paid maternity leave has also been reduced to two confinements and income tax relief abolished after the third child. We have also reversed the priority for allocation for subsidized housing, giving top priorities to families with two or less children.

These measures, ladies and gentlemen, are primarily aimed at the "hard-core" groups who have not accepted family planning and who persist in their irresponsible reproductive behaviour. This has been done not only for the good of the whole population but also for the greater good of those who have more children than they can afford to feed and bring up and should not have any more. At the same time, educational measures aimed at changing fertility behaviour, particularly of future generations, are introduced and increasingly intensified. These include population education in schools and the community at large.

Thus, overpopulation is the most urgent problem facing our world today. It must be faced squarely by the World Health Organization. If we fail to bring about effective measures to control this runaway population growth, all the health problems which have been so succinctly and eloquently reported by the Director-General will grow on us and must necessarily become unmanageable.

Mr Vice-President, while we grapple with these new fundamental issues such as overpopulation, the old problems continue to bedevil us. We can of course be proud of our successes in the control of many of the communicable diseases. However, there are others which, far from being completely under control, resist all the advances of medical science; and unknown infections and perhaps more vicious ones will probably replace the traditional killers. El Tor cholera replacing classical cholera is an example. El Tor cholera, which originates in South-East Asia, has now spread to the Middle East, Africa, Europe, and Australia. The wave of influenza epidemics occurring throughout the world from time to time due to mutations of the influenza virus is another. The deadly class of virus infections recently identified, such as Lassa fever, which has appeared in small localized epidemics, might be indicative of the daily challenge to mankind which will test our health services to the limit in the future.

The problem of communicable diseases and their spread has now taken on a new dimension with the rapid development of air transportation. Air travel now moves large numbers of people round the world. In 1951 7 million passengers were transported by air. This was quadrupled by 1961 and in 1970 increased to 350 million. This year it is expected to reach 450 million passengers. We in Singapore, which is a major port of call and centre of communication, are fully aware of this. We are also very conscious of the need for a fundamental change from the traditional approach of containment of communicable diseases by means of the "cordon sanitaire". In fact, we in Singapore have already adopted the new approach of placing the main burden of prevention on a well-organized health service which can detect the disease early and respond effectively in controlling the outbreak if it occurs. We believe that this, together with the maintenance of a high standard of environmental sanitation and vector control, and a population knowledgeable in the basics of personal and food hygiene, can withstand the occasional introduction of a communicable disease and prevent its establishment. To prepare a population for this new approach we have conducted yearly nation-wide mass campaigns known as "Keep Singapore Clean", to educate our whole population in environmental sanitation, which includes the proper disposal of refuse and litter and also the need to maintain a high standard of food and personal hygiene. I am glad to say that we have been able to achieve significant successes in this.

Singapore also recognizes its international obligations in the control of communicable diseases. It is now in the process of revising its own laws controlling communicable diseases, namely the Quarantine and Prevention of Diseases Act. This revision will bring its laws in line with accepted international practices enshrined in the International Health Regulations. Singapore will then join with the other nations of the world in acceding to the International Health Regulations.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Chua Sian Chin. I now give the floor to the delegate of Morocco.

Mr KHATTABI (Morocco) (interpretation from the Arabic): Mr President, allow me, if you please, to deliver this statement for the Minister, Dr Touhami.
Mr President, Mr Director-General, fellow delegates, ladies and gentlemen, on behalf of His Majesty King Hassan II our delegation has pleasure in conveying its most cordial congratulations to the President of the Twenty-sixth World Health Assembly and to all those who have been elected to the offices of vice-president, chairman, vice-chairman and rapporteur. This is no mere act of courtesy on our part; we particularly want to stress the importance we attach to the honour our Assembly has just done the representatives of a number of friendly countries and the confidence it has displayed in them.

Our delegation also has pleasure, on the occasion of the Organization's twenty-fifth anniversary, in letting Dr Candau know how appreciative it is of the decisive role for the health of the world that has been played by the World Health Organization under his direction. While the progress made in the field of health by all countries during the last quarter of a century - progress in which our Organization has played no mean part - is greatly to be welcomed, we feel that the rejoicing at this celebration cannot but be affected by the prospect of the Director-General's departure. We take this opportunity of congratulating him warmly on the brilliant work he has done in the course of some twenty years of unflagging activity - activity invariably marked by courtesy, tact and kindness; and we are grateful to him for his constant endeavour, with his colleagues at headquarters and in the regions, to obtain a better understanding of the world's health problems in their complex variety and to find out about and to make use of the practical experience obtained and the fruitful research carried out in each country. It is essential, we consider, that these practical realities, however diverse they may be, should be taken into account at the same time as general concepts by anyone who wishes to do useful and objective work in an organization such as ours. In this connexion the Director-General's Report is, yet again this year, most instructive. Let me begin, then, with his Report.

In his Introduction the Director-General invites us straight away to look back along the path we have travelled, at the successes and at the failures, at measures that have proved effective and at mistakes that must not be repeated, and thus indicates the attitude that should be adopted. This rational questioning of every action, which is something we are trying to do all the time in Morocco, is a thing that the various public health authorities at all levels ought continually to be reminded of; for in many fields of our activities it is easy enough to have a clear conscience, to be pleased with one's work and even to imagine one is overdriven, if one forgets certain aspects of our efforts - the population to be effectively covered, local or national priorities, the efficiency of certain techniques and the returns from certain experiments made elsewhere. We must, therefore, stress the importance of the clear and unremitting analysis of situations, conduct and decisions, at implementation level, at national level and also within the international organizations themselves.

Among the questions raised by the Director-General our attention has consequently been arrested by the underutilization of health services, and by the four explanations he gives for it.

Lack of adequate resources is often mentioned. But what countries have enough resources to meet all real needs, expressed by the whole population or not? One must of course try to bridge the gulf between the desires and needs of the population and the resources that could be made available to satisfy them. But an eye has also constantly to be kept on costs. And would not immense resources be saved by simplifying the financial routes followed by populations' direct and indirect contributions to their health? For it would seem that, even when they lie in part through bodies of the social security type those routes are extremely expensive.

Shortage of skilled personnel has been the subject of much debate for many years, particularly in connexion with the difficulties encountered by the developing countries. It will continue to be matter for discussion for a long time yet. But we are constantly surprised by the preconceived and inappropriate ideas held by many of those - even highly experienced nationals - who are concerned with personnel training. This is due to insufficient knowledge of the various elements in the case: the background, public health objectives and priorities, human resources, operational constraints. Those things ought always therefore to be borne in mind, and anybody likely to be giving an opinion or taking action in this field should be reminded of them.

Health education too has always been the subject of lengthy discussion. All the techniques now known must be employed to ensure that the community participates more actively in solving the problems that affect it and to stimulate more effective use of the existing health services. But integration of health education into the health services activities is perhaps not being sufficiently insisted on. This is the most important aspect of the question if action is to be taken in depth, with lasting results. In Morocco at any rate it is a constant preoccupation, despite the difficulties some health technicians have in grasping its importance. It is true also that information is not always sufficient to change man's behaviour, as the Director-General points out. The information has got, furthermore, to be presented in the right way. Here a question may be asked: when the Organization sends
documents directly to the various countries' press agencies, does it not occur to it that some of the information may be used out of season or in a way that is at variance with some national realities, even when it does not furnish arguments for refuting the priority nature of certain of the country's options? In other words, even sound information that is supplied with the best of intentions, such as that emanating from the World Health Organization, can fail to have the result intended if it is not related properly to national policy. The point merits attention.

Regarding the inadequacies of planning and management, as Dr Candau very properly points out if these fail to take the consumer's point of view sufficiently into account, it is only to be expected that they should play a decisive part in the underutilization of the health services. We in Morocco welcome the Director-General's conclusion that "a primary national health service module can be made and a workable, manageable, and acceptable series of national health services can evolve", for we had already come to that conclusion ourselves and our development plans are based upon it. Though our resources have not enabled us to set up this basic infrastructure as fast as we would wish, our experience enables us to state nevertheless that what the Director-General has proposed is on the right lines.

The Report also speaks of the persistence of some communicable diseases and the decline of some others.

Malaria eradication has not always given the results expected. Here we should like to pay a tribute to the frankness and objectiveness of the Director-General when he says that some of the reasons for this "may be related to our misplaced expectation that any such endeavour can be successful without a health service organization" already established.

This view has always underlain the policy advocated by Morocco in this field, and it applies to many other programmes. Though a health service organization is necessary in order to provide the requisite coverage for the launching of antimalaria operations, it is not so much to make the attack phase a success as to ensure that the consolidation and maintenance phases, which are extremely difficult to carry through successfully, should have the best possible chance of ensuring that the effects of spraying are durable. The term eradication by stages used in Morocco does not so much reflect a technical option as acceptance of the exigences of rational establishment of the health service organization. We believe that we shall achieve real eradication in this way, even though it may appear a slow process. In any case the risks the country runs or that are run in the country on account of the time limits we have set ourselves are very small. This causes us all the more to regret that the malaria situation in Morocco as indicated in the number of the Weekly Epidemiological Record devoted to the advice to be given for international travel is liable to give rise to unwarranted apprehension. As we have already said, the use some information is put to may exceed what is intended: consider for example the dramatic experience of a woman tourist after a journey in another country, mentioned in the introduction to the document, in the light of the very small real risk of malaria incurred by a person coming to or living in Morocco.

Similarly in the case of other communicable diseases, while one may regret that inadequate notification hampers the organization of effective action, the way in which some countries interpret the declarations made to the Organization makes one wonder if it is really a good thing to go on requiring such declarations. However, the unduly strong reactions these declarations sometimes provoke ought not to make one forget their real usefulness for disease surveillance. Such reactions, moreover, often arise from suspicions as to the declaring country's sincerity or as to the ability of its health services to ascertain the true epidemiological situation.

Lastly, since we have not had sufficient time to study this most interesting Report thoroughly in detail, I shall conclude my remarks on the subject of communicable diseases with tuberculosis. We quite agree with the ideas contained in the Report about prevention, ambulatory treatment and participation by general practitioners and non-specialized paramedical personnel in action against the disease, since for a number of years now those have been the basic principles of our antituberculosis policy, and we may say that the results obtained are very satisfactory and provide an argument for the integration of activities within programmes of the basic health units.

We shall pass over the subject of venereal diseases. All countries are going to have to tackle that problem seriously. The statements made by the Organization concerning treatment have been most valuable.

The ACTING PRESIDENT (translation from the French): Thank you. I now give the floor to the delegate of Cyprus.

Dr VASSILIOPOULOS (Cyprus): Mr Vice-President, honourable delegates, on behalf of the Cyprus delegation I have pleasure in congratulating Professor Julie Sulianti Saroso on her election to the presidency of the Twenty-sixth World Health Assembly. I would also like to congratulate the Vice-Presidents and chairmen of the committees. The President deserves the
honour that this Assembly has bestowed on her, and I am confident that under her guidance the deliberations of the Assembly and of the committees will be successfully conducted.

On behalf of my delegation I would like to congratulate the Government of the German Democratic Republic on its well deserved admission to the World Health Organization. This country's vast experience and knowledge in science will be most fruitful and constructive to the wellbeing of mankind.

It gives me also great pleasure to express my delegation's appreciation to the Director-General, Dr Candau, for his comprehensive Report on the activities of the Organization in 1972, in which he highlights some remarkable successes, and also some shortcomings which tend to keep us far from the Organization's objective, namely, the attainment of the highest possible level of health by all peoples.

The importance of early detection of cancer and other chronic and degenerative diseases has been sufficiently stressed by the Director-General. However, in my humble opinion, such activities can be undertaken only in countries with a well established health service and a sound economy, because mass screening of a whole population, or even of the high-risk groups, would be a tremendously complex and costly operation.

The alarming misuse of dependence-producing drugs reflects, indeed, the social trends in the behaviour of the youth of modern society in some affluent countries and I may speculate that this social scourge will not be eliminated until and unless a change in the social behaviour of contemporary society is made. Punishment of the addicts is certainly not effective, nor is their concentration in the so-called detoxication centres. In this respect it is of interest to note that the Economic and Social Council has recommended that further scientific, medical and social research should be conducted in order to arrive at a better understanding of the etiology of drug abuse. In this respect we in Cyprus are fortunate that this social and health problem has not reached the point of giving us cause for serious anxiety, although we are on the alert for smugglers who try to use Cyprus as a transit area for transshipment of narcotics to other countries.

Equally disquieting is the alarming spread of venereal diseases among the younger age groups of both sexes, which some authorities refer to as an epidemic of venereal diseases. Here again I may be allowed to express the view that the root of the evil lies in the changes in the social behaviour of contemporary society. In Cyprus there has also been an increase of these diseases, but not to the alarming level seen in the affluent countries. The moral and social behaviour of our conservative society holds to the traditional ethics, although not so strictly as in the old days.

The Director-General gives a gloomy picture of malnutrition and of the sewage-borne diseases, which he considers as socioeconomic. They are indeed directly related to the socioeconomic status of a country and I may dare to say that they are not expected to be improved until its socioeconomic standard is sufficiently raised. Even in the universal problem of the degradation of the environment the principle that prevention is better than cure finds its application in full. It is my belief that technology will find the ways and means to remove or to neutralize the noxious gases or substances which pollute the air, water and soil of our environment.

The developments and changes of outlook in matters affecting health and health services have indeed brought about new approaches to the tasks facing the public health authorities in my country. In order to satisfy the expectations of the people of Cyprus for a still higher standard of medical care, we have included in the third health development plan such projects as are considered necessary to strengthen still further our public health services by: increasing the health manpower of all ranks and by arranging for their postbasic training in higher skills (the fellowships awarded by WHO and other agencies enable us to achieve this goal); increasing the hospital accommodation by the construction of new hospitals and the extension of the existing ones, and enriching the medical equipment in all main hospitals and laboratories; and reorganizing the rural health services in accordance with the recommendations of a WHO expert who studied the problem in 1968.

It is encouraging that the Organization will continue to do everything in its power to assist Member States to quicken the pace of their health development. In this respect Cyprus is grateful to the Organization for securing the services of a few experts, such as one who investigated the problem of thalassaemia, another who explored the possibility of introducing a national health service scheme, and another who studied the problem of waste disposal.

Mr Vice-President, I wish to record the gratitude of the people of Cyprus to the Director-General, Dr Candau, and to our Regional Director, Dr Taba, for their untiring efforts to promote the health of the people of Cyprus and of all the peoples throughout the world. My delegation has a special reason for expressing our gratitude to them for their assistance in solving one of our public health problems, which is the genetic disease known as thalassaemia. Fourteen per cent. of the people of Cyprus carry the trait of this dreadfull disease. This in practice means that out of 200 newborn infants one is suffering from Cooley's anaemia. Our Regional Director, Dr Taba, has been good enough to arrange, first,
for the investigation of this condition by a WHO expert and, secondly, to contribute a substantial amount towards the cost of the equipment of a haematological laboratory to be established for the purpose of improving the methodology for diagnosing this disease.

The twenty-fifth anniversary of the World Health Organization was celebrated in Cyprus with talks on the radio and on television, not only on the theme of World Health Day, but generally on the achievements of the Organization and its endeavours to promote the health and welfare of the peoples throughout the world.

Mr Vice-President, may I be allowed to address myself to Dr Candau, whose dynamic leadership of our Organization has earned for him the appreciation and respect of the whole membership. May I tell him that we are grateful for his contribution towards the achievement of the objectives of WHO. I will not elaborate on the outstanding performance in the course of the many years he led mankind in its struggle for better health standards, for it stands high as a mountain, and will provide guidance for us all in the years and decades to come. May I wish him well and tell him that, although absent, he will be present in our hearts and minds.

The ACTING PRESIDENT (translation from the French): Thank you, Dr Vassilopoulos. I now give the floor to the delegate of Mauritania.

Mr ABEIDY (Mauritania) (translation from the French): Mr President, honourable delegates, ladies and gentlemen, the delegation of the Islamic Republic of Mauritania would like to begin by associating itself with the other delegations in cordially congratulating the President, the Vice-Presidents and all the elected Members. We also congratulate the Director-General, Dr Candau, and our Regional Director, Professor Alfred Quenum, whom we thank for the understanding of our health problems he has invariably shown.

Permit us to pay a most heartfelt tribute to Dr Candau who for 20 years has led the Organization with skill and energy. Thanks to the effectiveness of his action, the World Health Organization is now one of the finest achievements of the United Nations. It is with regret that we learn he is about to retire.

Mr President, WHO is celebrating its twenty-fifth anniversary this year. Thus the fundamentals of international cooperation for health have been set forth and the principle of universality has been proclaimed in the WHO Constitution for a quarter of a century. That principle has got to be put into practice in a world in which, thanks to the progress of communications, diseases are moving from continent to continent. On the subject of universality, we have pleasure in welcoming the delegates of the People's Republic of China, which was restored its rights in the World Health Organization at the Twenty-fifth Assembly. Similarly we applaud the admission of the German Democratic Republic, and unreservedly support the request for admission made by the Democratic People's Republic of Korea.

Mr President, our delegation has studied the Director-General's Report. In the field of control of communicable diseases, vaccination programmes - more especially against smallpox, tuberculosis and measles - are proceeding and are now entering the maintenance phases. For smallpox vaccination the coverage rate varies between 80 and 90%. In the case of measles, however, a disquieting recrudescence was observed in 1972, with an increase of about 140% over the 1971 figure. It is to be noted how necessary the maintenance and continuance of USAID assistance is for the control of this disease, which is still one of the principal causes of infant mortality.

Cholera is still a threat to our States, and its reappearance this year in some States in the African Region means that concentrated efforts must be made to ensure that this scourge is banished from our continent.

Tuberculosis still represents a major problem in our country; therefore in 1972 a WHO consultant began a survey to enable us to organize control of the disease effectively.

Mr President, the theme of World Health Day this year is "Health begins at home". Part of the interest of this theme lies in the fact that it emphasizes the importance of nutrition. Malnutrition has, together with the communicable diseases, always been the greatest public health problem in the developing countries. Mauritania, like some other countries in the Sudan-Sahel zone, has for three years been having an exceptional drought. The immediate consequence is a state of famine that is seriously affecting the rural population, among which a number of cases of both protein-calorie and vitamin deficiencies have been reported. The heavy toll that has been and is still being taken of that population, among which smallpox and diarrhoeal and respiratory diseases are still rife, needs no comment; it ought to attract the Organization's attention and elicit more generous action.

Mr President, there are more than 23 million people in the armed forces of the world and it costs 200 thousand million dollars a year to feed and arm them, which is more than the total income of the 1300 million inhabitants of Africa, Southern Asia and the Far East (a third of the population of the world): this means that over 6% of the world's total
production is being allocated to military uses - two-and-a-half times more than all
governments are spending on health, half as much again as they are spending on education, and
about thirty times the total amount of official economic aid to the developing countries.

Military research is eating up 25 thousand million dollars a year, while only four
thousand million dollars are being spent on medical research. It is legitimate to ask that
the well-off countries should make a sustained and serious effort to help the poor countries.
For disease knows no frontiers.

The severe and unending drought in the Sahara countries is causing denutrition and disease.
Our Government has brought to bear every means at its disposal for dealing with the situation,
but in a disaster like this there is nothing for it but to ask for the help of all international
organizations. Faced with a situation of this kind in which the life and health of millions
of people are threatened, the World Health Organization should promote and guide assistance of
international bodies and donor countries.

In conclusion, my delegation thanks the Swiss people and the Swiss authorities for their
hospitality.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Abeidy. I give the
floor to the delegate of Malawi.

Mr MAKHUMULA NKHOMA (Malawi): Mr Vice-President, fellow delegates, ladies and
gentlemen, may I congratulate the President on her election to the high office she now holds.
It is my sincere belief that she will fulfil adequately her duties throughout the present
session of the World Health Assembly. My delegation similarly congratulates her Vice-
Presidents upon their election.

While we observe the coming-of-age of this august body during its twenty-fifth anniversary
celebration, we cannot fail to note that there is still a vast amount of work to be done and
that our efforts must be sustained. My delegation hopes that whoever succeeds the Director-
General, Dr Candau, will not take the job lightly.

To turn now to communicable disease, which is a forefront scourge in developing countries,
I am delighted to note that in the African Region - in order to avoid overloading national
administrations and the regional programme of work, and to make for better coordination with
field activities - a limited list of diseases or groups of symptoms has been established for
priority notification in the regional surveillance programme. Further, I am particularly
pleased to note that the geographical extension of cholera seen in 1971 was not maintained
in 1972. No country notified this disease within its own territory for the first time in the
present pandemic. As for smallpox, I am again glad to report that in my country the
satisfactory trend of no cases of smallpox has continued since 1969. Last year, we called
in this very Assembly for no complacency as a result of the fact that smallpox was on the way
to eradication. The outbreak in a European country, referred to on page 6 of your Report,
is a case in point. Although our period of grace is short, since 1959 we have been actively
engaged in a nationwide smallpox vaccination and surveillance programme in which BCG vaccination
is incorporated.

At this juncture, I find it most appropriate to say a few words on the continuing scourge
due to polio in general and measles in particular. These two diseases are acknowledged causes
of morbidity and mortality in our part of the world. We have vaccines of proven efficacy,
although they are still very expensive. May I implore you, Mr Vice-President, to look into
the procurement problems relating to these vaccines. The Director-General will not hesitate
to give his technical approval to vaccination programmes assisted by agencies such as UNICEF.
Let us fight the battles that we know how to win, at the same time as we engage in expensive
basic research designed to establish a strategy for battles against diseases such as malaria
where, as of now, we really do not know a way of going about it.

It is gratifying to note from the Director-General's Report that, in connexion with
tuberculosis, rifampicin has been found in East Africa not only to be highly effective in
rendering newly detected and previously untreated patients sputum-negative, but that it seems
to give similarly favourable results when applied to patients who have failed to respond to
standard treatment. The treatment period thus reduced is very welcome indeed. It is a
great pity that attempts during the past two decades to develop a killed vaccine by antigen
fractionation, or a BCG vaccine that would provide immunity without concomitantly inducing
tuberculosis sensitivity, have met with little success. In the field it is so painfully
obvious that the results of Koch's phenomenon can be very disturbing to a BCG programme.
The only consolation is the fact that acquired resistance is closely related to delayed
hypersensitivity, and the immune response is much more easily stimulated by living bacilli
than by dead material.

As far as leprosy goes, I would agree that the cost/effectiveness ratio must be carefully
studied; there is little point in maintaining costly institutions that benefit only a very
small proportion of patients. It is precisely for this reason that Malawi wishes to minimize support given to leprosaria institutions in favour of field control work.

I have just said, Mr Vice-President, that control of communicable disease deserves top priority in developing countries; so does the training of manpower and the development of basic health services. This is not to suggest that we close our eyes to those problems which, while not major today, will acquire more and more importance as the years go by. I refer to the problem of cancer, and I am pleased to note that next door to my country - in Zambia to be exact - an intercountry programme is under way for the study of various aspects of cancer, including its epidemiology, and for the preparation of guidelines on its control.

Even mental problems do not fail to escape our notice. In Lagos this year, "The place of mental health in the development of public health services in Africa" will be the theme of the twenty-third session of the Regional Committee for Africa. Soon after that, another conference for African psychiatrists will be held in Accra.

The subject of environmental health is one which is normally paid only lip service in most cases. I know that programmes in this field call for large sums of money, and I am therefore glad to realize that the United Nations Development Programme assists the World Health Organization substantially in this connexion, as is the case in Abidjan and Accra-Tema on the African continent.

As I said before, in my country first priority is accorded to development of basic health services among the first three health activities, control of communicable diseases and development of health manpower being the other two. It is not without cause, therefore, that I am pleased to note in the Director-General's Report that in the African Region in 1972 these projects were allocated more than a quarter of the Region's total budget from all sources for field activities, and occupied more than a third of the staff for all projects.

My delegation hopes that a great deal will be learned in the Technical Discussions, this time on the subject "Organization, structure and functioning of the health services and modern methods of administrative management".

On health manpower development, all I can say is that my country is making increased provision for the training of health manpower at all levels. In this connexion I am pleased to inform you that my delegation is appreciative of the assistance from the very able Regional Director for Africa. Not only has he been able to offer increased WHO staff to assist in this work, but he has also been able to increase substantially the financial allocation for fellowships for health students from Malawi.

With these few remarks, Mr Vice-President, I must draw my address to a logical conclusion. This Assembly is a forum for discussing matters relating to health. It is my delegation's sincere hope therefore that indulgence in matters that have little relevance to the work of the World Health Organization, as envisaged in its Constitution, should be kept to the very minimum and not be allowed to divert the energies of the delegates here. Our business here is to discuss how best to improve the health of our peoples and not to indulge in fruitless and unnecessary quibbling, however attractive, on matters only remotely related to the point of our immediate concern.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Makhumula Nkhoma. I now give the floor to the delegate of the Central African Republic.

Mr PATASSÉ (Central African Republic) (translation from the French): Mr President, distinguished delegates, your Excellencies, Mr Director-General, Mr Deputy Director-General, ladies and gentlemen, this important meeting attended by thousands of delegates from many countries with different sociocultural and economic characteristics, all gathered together in the cause of health, arouses great hopes regarding the future of serious health problems that seem at times insoluble. The Central African delegation has pleasure in presenting its most cordial compliments to the distinguished delegates and wishes them every success in attaining our lofty objective, that of bringing all the peoples of the world to the highest possible level of health.

My delegation requests the President of the present meeting to convey to the President of the Twenty-sixth World Health Assembly and her colleagues our cordial congratulations on their brilliant election to office. We also most sincerely congratulate the outgoing President, Dr Layton, and his colleagues on their skilful direction of the Twenty-fifth Assembly. And I should be failing in a pleasant duty if I omitted to thank the representative of the Executive Board for his brilliant report.

Mr President and honourable delegates, there are two things at this Twenty-sixth Assembly concerning which some remarks are called for. The first is the Director-General's departure from our beloved Organization. Dr Candau, whose modesty has become a byword, never likes to hear himself talked about. On this solemn occasion may I ask him to accept from the Central African Government, whose President is His Excellency General Jean Bedel Bokassa, a tribute of admiration for his 20 years of devotion, skilful work and efficiency...
in the cause of the health of all mankind. Since he must perforce leave us, let us wish him good health in his retirement.

As regards the second thing characteristic of this Twenty-sixth Assembly, the twenty-fifth anniversary of the Organization, it is reflected in the 14 pages of the Introduction to the Director-General's Annual Report. From this Introduction, which deals with all the Organization's programmes, one receives the impression that despite daily difficulties there is no reason to be pessimistic, in view of all the victories that have been won in a large number of fields. In this connexion we should like sincerely to congratulate the Director-General, the Deputy Director-General and their colleagues on their work in 1972 and on the presentation of the Annual Report. As may be seen from document No. 205, there are some fields in which more could be done and more endeavours to cooperate might be made. In the scientific field, in particular, we consider that medical research would benefit from being more closely linked with research in other sciences, such as veterinary or agronomic science, so as to increase its means of investigation and to narrow down the area of the unknown, and we note with appreciation the increasingly active cooperation between WHO and FAO.

The Central African delegation feels sure that active cooperation between WHO and FAO, as indeed between WHO, FAO and WMO, would make it possible speedily to attain certain objectives in the struggle against hunger and disease by pooling certain means of action, in view of the currency depreciation which is already weighing on the budgets of these major specialized agencies, upon which the developing countries rely so enormously for carrying out certain priorities in their national programmes, both in the health field and in the field of animal health and agronomy.

Among our country's health problems, the development of health laboratory services deserves special attention. Accordingly we entirely approve the programme set out in pages 115-117 of the Report and hope that our own national laboratory will be established in the near future.

All our programmes aided by the Organization, by friendly countries and by other bodies are proceeding to our satisfaction. A few examples of achievements or difficulties should be brought to this Assembly's attention.

In 1972, the salient feature of the health situation in Central African Republic was the continuance of the reactivation of trypanosomiasis foci in two regions of our beloved country. This has been one of our priority concerns. We have the following data for the whole of the country over the last 12 years: in 1960 - 538 cases, with 42 new cases; in 1968 - 84 cases (the lowest rate), with 19 new cases; after that the reactivation becomes apparent, the figures rising from 283 cases in 1971 to 320 in 1972, including 112 new cases. Thus, trypanosomiasis has once again become a worrying problem, though fortunately at present confined to one region. It is to be hoped that control measures, which often are not very attractive because of the constraints they impose, associated with destruction of the vectors, will enable us to get the better of this reactivation.

In the case of leprosy, we are proud to say we have got the upper hand.

As to measles; for some time now this disease has been taking its toll again, but USAID's welcome decision to come to our aid shortly has raised our hopes.

Mr President and honourable delegates, from our conversations in the lobbies I have a distinct impression that this meeting would be disappointed if I did not say a word about cholera among the other communicable diseases; it will, however, be just a word, a phrase current in Central African Republic, and I quote: "In the Central African Republic, as regards control of cholera, since 1970 everything has been there except cholera itself". In this field our plans are being regularly carried out.

The zoonoses constitute one of the fields in which different sciences, and in particular veterinary and medical science, ought to join forces for research and action. We are among the countries interested in any strategy against rabies, the main zoonosis in the Central African Republic.

Mr President, at this stage of our health services' action, and since we have had many encouraging results, the Central African delegation has the honour, through you, of conveying from this rostrum its thanks to the World Health Organization, to France, to the Union of Soviet Socialist Republics, to Romania, to the Arab Republic of Egypt, to the Republic of Korea, and to UNICEF, USAID, Misereor and Emmaüs-Suisse for their effective contributions to the development of our health services in the Central African Republic.

If it is true that correct action depends upon correct ideas, correct definition and correct planning, then we owe a great deal to our Director-General, Dr Alfred Quenum, and to his vigorous team which has invariably been able to cope with our problems no matter how specific to our country they are or how intractable.

To conclude, Mr President, honourable delegates, everything comes down in the end to means of action. The Central African delegation consequently ardently hopes that the growing needs of the developing countries will be taken into account and that consideration of the draft programme will lead to a budget worthy of our aspiration to bring all the
peoples of the world, whatever their ideology, to the highest possible level of health. The size of the budget will also have to take into account international monetary fluctuations.

Mr President, the Central African delegation approves the Annual Report of the Director-General contained in document No. 205, and thanks the honourable delegates for their attention.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Patasse. And now I call upon the last speaker for this meeting, the delegate of Bulgaria.

Dr TODOROV (Bulgaria) (translation from the Russian): Mr President, ladies and gentlemen. Permit me on behalf of the Bulgarian delegation to congratulate the President on her election, and also the Vice-Presidents of the Assembly and the chairmen of the main committees.

We note with satisfaction that every year our family is increasing, every year our forces in the fight against human evil are swelling. I welcome with my whole heart the admission of the German Democratic Republic to membership of the World Health Organization, and I wish my German comrades every success both in the further development of their socialist public health services and in international cooperation in the health field. Our humanitarian Organization must unite the forces of all countries towards the noble end of attaining for all peoples the highest possible level of health. We hope that at this session the Democratic People's Republic of Korea too will be admitted to our Organization.

I should like to associate myself with the congratulations that have been addressed to the Director-General, Dr Candau, on his detailed Report on the work of the World Health Organization in 1972. Since he is leaving our Organization I should like to wish him good health and happiness.

The traditions that have been established and the efforts that have been made to improve the organization of work are having good results. But public health and medical science are fields which require a great deal of effort and resources, knowledge, experience and pertinacity.

This year, when our Organization is celebrating its twenty-fifth anniversary, is the first year of implementation of the Fifth General Programme of Work for a specific period (1973-1977). This programme poses big problems concerning both the developed and the developing countries.

The principal tasks of this five-year period will emerge during the detailed working out of the programme items in accordance with the specific conditions in each Region. There are, of course, matters which concern all regions and countries. For example, the fundamental principles upon which public health services must be built, personnel training questions, and so on.

Certain problems, such as, for example control of cardiovascular diseases, cancer control, mental health, and protection of the environment, also apply to all countries and territories.

The endeavours of the World Health Organization to draw the attention of Member States to one particular general question - man and the human environment - are meeting with general approval. A great number of international organizations are dealing with this problem. Expert committees and various other bodies are making recommendations from the point of view of contemporary science. We feel certain however that, without national environmental protection programmes adopted by countries' governments and provided with financial resources, it will be impossible to obtain the desired results. Our Government, in addition to passing laws for the protection of nature, has set up special authorities and adopted a programme for rehabilitating the environment, the implementation of which has reached a certain stage. All departments and organizations and the whole people are taking part in carrying out this programme. The Ministry of Health is participating most actively in its implementation, regarding it as an embodiment of one of the most progressive socialist public health principles, namely, prophylaxis.

The experience and achievements of individual countries and scientists in matters concerning protection of the human environment should be summarized by the World Health Organization and circulated for information to other countries.

A number of States require help in training technical and scientific personnel with special orientation in this field. One of the most important questions that is preoccupying all countries is the training of health personnel. Many different views are held throughout the world in the further development and improvement of medical training to meet the increased requirements of the population for high quality medical service.

Meanwhile an ever-increasing amount of attention is being given to medical science, which in the course of the contemporary general scientific and technological revolution is becoming an important productive force of society. The Assembly of the World Health Organization has adopted special resolutions on this subject, implementation of which is binding both on WHO organs and on Member States' national public health services.
In our country a few months ago integration was effected between the research institutes and the higher medical educational institutions, which have formed a mighty Medical Academy complex.

Thus we have integrated medical science with medical education and with practical public health. The complex has immense possibilities for effective action in four major closely interconnected fields: medical education, medical research, curative and diagnostic care of high quality, and methodical direction of and assistance with public health practice.

A big unit in this integrated complex is the Centre for Hygiene and Epidemiology, set up with the aid of UNDP and WHO. This Centre, which has on its staff scientific workers specialized in health disciplines and in public health administration, is already in a position to undertake important tasks confronting the national public health service in this field, as well as tasks that may be assigned by WHO. Allow me to stress that the development of public health in the world today and increase in the effectiveness of the public health services require that a single clear long-range plan should be worked out. The World Health Organization's activities have in recent years been moving in this direction with increasing success. It would, I think, be useful to mention that the Ministry of Health of the People's Republic of Bulgaria, consistently carrying out the Government's decision to raise the peoples' standard of living, has prepared a number of long-term programmes to solve the most important medical problems, such as: development and improvement of prophylactic measures, development of ambulatory-polyclinic care and hospital care, control of rheumatism and cardiovascular diseases, control of malignant neoplasms, development of scientific and technical progress in public health, elimination of tuberculosis as a mass disease, development of the most important branches of medical research work, etc.

These programmes, over twenty in number, were prepared with the help of a wide circle of scientific and public health workers. Implementation of these long-term programmes by stages is being ensured financially by the State. They represent the detailed working-out of a partial forecast of the development of the public health services up to 1990 that was made by the Ministry of Health. All these activities on the part of the Ministry are fully in accordance with the tasks set out in the Fifth General Programme of Work for a specific period adopted by the Assembly. We would be willing to share this modest experience of ours with other countries.

I must emphasize that the perspective traced for the development of the public health system assumes that there will be a substantial extension of the public health service's material and personnel resources. All the programmes I have enumerated are fully in compliance with the resolutions adopted by the Assembly on the basic principles upon which a national public health service should be built.

This experience of our country, and particularly that of the Soviet Union, which for over fifty years has been thinking out these principles and improving on them in its own country, merits the attention of the World Health Organization, and we strongly support the proposal made at the last Assembly by the head of the Soviet delegation, Academician Petrovskij, on the subject of exchange of experience at a world conference held under WHO auspices.

I should like to say a few words about the proposed budget of the Organization for 1974. The budget figure is over one hundred million US dollars. Even the forecasts made by the Director-General and other Secretariat officials seven to 10 years ago did not envisage that figure's being reached so fast. And the currency crisis in the West means that the amount will be even higher.

WHO's budget has got to be stabilized and the Organization must improve its performance in this field in future. A large proportion of expenditure is on technical assistance. Valuable though technical assistance may be, it ought not to be WHO's primary task. A special body has been set up to deal with it: the United Nations Development Programme, UNDP. In that way the Organization's attention will be directed to scientific advisory assistance to deal with the most important problems of our times, and to its coordinating function and its obligation to be a world health and medical information centre.

Our Organization is holding its anniversary session at a time when all the peoples of the world are having their hopes raised by the improving situation in regard to the triumph of peace throughout the world. The signing of peace in Viet-Nam has been greeted with relief. It is with deep regret however that we have to point out that lasting peace has not yet come to the Indo-Chinese peninsula. The humanitarian aims of our Organization set forth in its Constitution oblige all of its Members to struggle to preserve and strengthen peace.

The ACTING PRESIDENT (translation from the French): Thank you, Dr Todorov.

The meeting is adjourned.

The meeting rose at 12.20 p.m.
1. FIRST REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT: The Assembly is called to order. The first item on our agenda is the consideration of the first report of the Committee on Credentials, which met yesterday under the chairmanship of Mr G. Buick. I invite Mr de Geer, Rapporteur of the Committee, to come to the rostrum and read out the report, which is contained in document A/26/38.

Mr de Geer (Netherlands), Rapporteur of the Committee on Credentials, read out the first report of that Committee (see page 511).

The PRESIDENT: Thank you, Mr de Geer. Are there any comments? I see no objections, so the report is adopted.

I recognize the delegate of China.

Dr CHEN Hai-feng (China) (interpretation from the Chinese): The delegation of the People's Republic of China, after listening to the report of the Committee on Credentials, deems it necessary to point out that the traitorous Lon Nol clique is a puppet regime, consisting of a handful of national scum abandoned by the Cambodian people. It can by no means represent the Cambodian people. The representative of the traitorous Lon Nol clique is utterly unjustified to attend the World Health Assembly.

Under the leadership of Samdech Norodom Sihanouk the Royal Government of National Union of Cambodia, which has now controlled over 90% of the Cambodian territory, is not only warmly supported by the Cambodian people, but also has won wide recognition and the admiration of all peace-loving peoples and justice-upholding countries. The Royal Government of National Union of Cambodia, under the leadership of Samdech Norodom Sihanouk, is the sole legal government representing the Cambodian people.

Here the Chinese delegation wishes to point out further that the Paris Agreements on Viet-Nam have given de facto recognition to the existence of two administrations in South Viet-Nam, namely, the Provisional Revolutionary Government of the Republic of South Viet-Nam and the Saigon authorities. The Provisional Revolutionary Government of the Republic of South Viet-Nam is the genuine representative of the people of South Viet-Nam. Under the present circumstances it is not appropriate for the representative of the Saigon authorities to unilaterally attend the Assembly.

We hold that, under the present circumstances, when the North and South Korean authorities have reached agreement in principle on the independent and peaceful reunification of Korea, it is unjustified to see the representative of South Korea unilaterally attending this Assembly.

The PRESIDENT: Are there any other speakers? May I invite the delegate of Yugoslavia to come to the rostrum.

Dr BOCQA (Albania) (translation from the French): Madam President, the Albanian delegation would like briefly to state its position with regard to the recommendation of the Committee on Credentials, as follows: (1) We do not recognize the credentials of the representatives of the Saigon clique, who do not represent the Vietnamese people. The only authentic representative of South Viet-Nam is the Provisional Revolutionary Government of the Republic of South Viet-Nam. (2) We do not recognize the credentials issued by the puppet Lon Nol regime, set up by the American imperialists to serve their aggression against the people of Cambodia. The only legitimate representative of that people is the Royal Government of National Union of Cambodia. (3) We do not recognize the credentials of the representatives of the South Korean clique, imposed upon the South Korean people by the American occupation forces. The true representative of the Korean people is the Government of the Democratic People's Republic of Korea. We entirely reject therefore the part of the Committee's report on the subject of the credentials issued by the three puppet regimes referred to and regard that part of the report as null and void.

The PRESIDENT: May I invite the delegate of Yugoslavia to come to the rostrum.

Mr BOJADŽIJEVSKI (Yugoslavia): Thank you, Madam President. The Yugoslav delegation supported the adoption of the first report of the Committee on Credentials. However, we would like to reiterate the position which I expressed during the last session of the World
Health Assembly – namely that my Government recognizes the Royal Government of National Union of Cambodia and the Provisional Revolutionary Government of South Viet-Nam. Therefore we have to state our reservations concerning the validity of the credentials of the delegations of Phnom Penh and Saigon.

The PRESIDENT: Are there any other speakers? May I invite the delegate of the Republic of Korea to come to the rostrum.

Dr PARK (Republic of Korea): Madam President, ladies, distinguished fellow humanitarians, contrary to my wish some unfriendly remarks have been made again this year concerning the credentials of the delegation of the Republic of Korea, and I am loath and reluctant to take the floor, as such remarks do not seem to merit any comment.

However, I would like to make just one point at this juncture. Due to the Korean war of 1950 to 1953 and ever since – for more than 20 years – the division of my country has remained a division of dangerous confrontation. It has thus become the most urgent and paramount national goal of the Korean people to reduce tension and alienation through direct talks between the two divided parts, thereby paving the way for a lasting peace and national reconciliation. I wish to state, therefore, solemnly and soberly, that anything that may affect the present relative status of both parts of Korea, at this stage, is likely to upset the delicate dialogue initiated by my Government last year and currently in progress between them.

Although there is so much to be said on this important issue, I wish to resist the temptation of lengthy discussion in this eminently humanitarian forum, and only ask our fellow Member States to maintain an attitude of friendly detachment in order to help facilitate this vital dialogue.

The PRESIDENT: Does any other delegate wish to speak? I recognize the delegate of Viet-Nam.

Dr TRAN MINH TUNG (Viet-Nam) (translation from the French): Madam President, honourable delegates, some delegations have seen fit to repeat as in previous years their objections to the presence of Viet-Nam and other countries which do not have the good fortune to meet with their approval from the political point of view. The delegation of Viet-Nam is accordingly obliged to ask the honourable delegates to bear with it and allow it to say a few words that may cast a more truthful light on the questions raised.

We have no need to dwell upon the subject of the legality of our delegation's formal entitlement to represent Viet-Nam in WHO, of which our Government has been a Member without interruption for 23 years. Nor shall we dwell on the specious nature of the allegations made on behalf of a government other than that of the Republic of Viet-Nam, which alone throughout that time has been fulfilling all international obligations on behalf of Viet-Nam, and which has always exercised full and complete authority over the territory of Viet-Nam. We should simply like to remind the Assembly that agreements were signed a few months ago and an international conference has been sitting in Paris, these being based on the undertaking made by the nations of the world to respect Viet-Nam's sovereignty and not to intervene in Viet-Nam's internal affairs.

At this very moment the Vietnamese are embarking upon an extremely delicate course of negotiations for settling their disputes among themselves, for restoring peace and harmony and for reconstructing their country. We accordingly regard as inopportune, ill-advised and improper any remark or comment designed to prejudge the result of those negotiations, which concern exclusively the people of Viet-Nam itself. Our delegation accordingly voted in favour of the adoption of the first report of the Committee on Credentials; but we categorically reject the remark of the delegation of Cuba.

The PRESIDENT: Are there any more speakers? May I invite the delegate of the Khmer Republic to come to the rostrum.

Dr SUON BOPHÉAK (Khmer Republic) (translation from the French): Madam President, honourable delegates, ladies and gentlemen, I regret taking the floor at this juncture and wasting the valuable time of our Assembly, whose aims are purely technical.

Permit me to fulfil my duty of protesting vigorously against the tendentious allegations made by some speakers with regard to the representation of the Khmer Republic at this Assembly. I should like to draw the attention of those delegates to the fact that my country has been a Member of the United Nations and of the specialized agencies without interruption for over 20 years and that the Khmer Republic, my country, is established on democratic and popular foundations, a fact which is recognized by the United Nations. I also deeply regret that those speakers should be under the mistaken impression that the World Health Assembly is a suitable place for them to debate political questions. My delegation voted in favour of the adoption of the first report of the Committee on Credentials, and categorically rejects the reservations made in paragraph 3, considering them to be null and void. I respectfully request you, Madam President, to have my statement recorded in the records of the meeting.
The PRESIDENT: I now give the floor to the delegate of Guatemala.

Dr UCLÉS (Guatemala) (translation from the Spanish): Madam President, honourable delegates, notwithstanding the opinion of the speakers who have expressed their opposition to the approval of this report, we wish to place it on record that the delegation of Guatemala supports the report in the form in which it was submitted and considers that, despite the reservations which a certain country of the Americas has made about three other honourable delegations with regard to the legitimacy of their representation, no real contribution will be made to the better conduct of this Assembly by indicting at this time the governments representing those countries. We say this because at this very moment one of those governments is having talks with another political group representing the country concerned. These talks are being conducted in order to reconcile or to harmonize opinions and arrive at a better result, which will also benefit health, in that country.

Health and peace are closely interconnected, for we are convinced that health is the manifestation of a body at peace. The best contribution we can make to it is to try, by suitable means, to ensure that that physical peace which we desire for peoples produces the optimum result. That is how an Organization like ours, the World Health Organization, will be able to achieve the greatest benefits for its own peoples.

In short, we endorse the report in the form in which it was presented and oppose any objection that may be raised to it, notwithstanding the private and personal opinions that may be held by each of the delegates who express their views.

The PRESIDENT: Are there any other speakers? May I invite the delegate of Romania to come to the rostrum.

Dr RACOVEANU (Romania) (translation from the French): Madam President, on behalf of the Romanian delegation I should like to remind this Assembly that the following delegations cannot represent the peoples they claim to represent: the Khmer Republic and the Republic of South Viet-Nam. We accordingly make the requisite reservations regarding those countries' representation, indicating that the following governments: the Royal Government of National Union of Cambodia and the Provisional Revolutionary Government of the Republic of South Viet-Nam, are those countries' representatives.

The PRESIDENT: Are there any more speakers? It appears that there is no one else who wishes to speak. The statements that have been made from the rostrum will appear in the verbatim record of this meeting.

2. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTIETH AND FIFTY-FIRST SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1972 (continued)

The PRESIDENT: We shall continue with the general discussion, but first I want to give a reply to the delegate of Mauritius regarding the question he raised yesterday on a point of order.

The present arrangements for the conduct of the general discussion in plenary derive from studies on the possibilities of reducing the length of the World Health Assemblies that were carried out by the Executive Board at its twenty-fifth and twenty-sixth sessions and by the Thirteenth and Fourteenth World Health Assemblies, in 1960 and 1961. These arrangements had as their purpose, bearing in mind the increasing membership of the Organization, the prevention of undue lengthening of the time (and the consequent expense) of sessions of the Assembly.

In the resolution adopted by the Fourteenth World Health Assembly (resolution WHA14.51) the first operative paragraph provided as follows:

DECIDES that at World Health Assemblies one debate only should be devoted to the consideration of the Annual Report of the Director-General (except the annual Financial Report) and that this debate should be in plenary meeting, provided that the physical facilities permit this.

During the discussions on the text of this resolution in the Committee on Administration, Finance and Legal Matters at the Fourteenth World Health Assembly, the representative of the Director-General explained that the phrase "provided that the physical facilities permit this" had been included in the first operative paragraph because the Executive Board, aware of the delay entailed in plenary meetings by the necessity for speakers to go to the rostrum, had asked whether it would be possible for microphones to be made available for delegates to speak from their desks. Until that time, that procedure had not been possible in Geneva, but the modifications made at the Palais des Nations permitted it for future sessions (that is, from the Fifteenth World Health Assembly, in 1962 onwards).
The methods of work relating to the conduct of the general discussion in plenary are consequently based upon a formal and express decision of the World Health Assembly, which has been followed by the Assembly from 1962 to this date.

We shall now continue with our general discussion, and I give the floor to the chief delegate of Indonesia, Professor Siwabessy, Minister of Health.

Professor SIWABESSY (Indonesia): Madam President, Vice-Presidents, Mr Director-General, distinguished delegates, ladies and gentlemen, allow me first of all to congratulate you, Madam President, and the Vice-Presidents, on your unanimous election. May I also take this opportunity on behalf of my Government and my delegation to thank all the distinguished delegates for the confidence shown in a member of my delegation in electing her as President of the Twenty-Sixth World Health Assembly.

We read with great interest the Report of the Director-General for 1972. The Director-General and his staff once again produced an excellent and comprehensive Annual Report. He has reviewed not only the successes achieved by the Organization in the 25 years of its existence, but also posed some very interesting questions - for example, why so many diseases are not yet controlled although we comprehend the process of their causation. He also drew attention to the fact that a large proportion of the world's population, especially in the rural areas, has no access to health services; in other instances, health services were available but not sufficiently utilized by the people. It is true that we should understand the process involved in disease causation, but it is also important that we understand enough about the behaviour patterns of those in need of health care and other factors to be taken into consideration.

In Indonesia the occupancy rate of hospitals outside big cities is fairly low - only around 30 to 40%. Therefore, various activities are now being undertaken in Indonesia to gain more insight into these problems in order to develop a health care delivery system which, while being an expression of national policy, will also be accepted by the people. In my country, an archipelago consisting of thousands of islands and a population with a large diversity in customs, beliefs and local conditions, it is not an easy undertaking. That is why we welcome very much the present and future assistance from WHO in this field. Indonesia is now preparing its second five-year socioeconomic development plan. With the scarce resources, we feel that it is very important to determine the priorities of the health problems to be tackled and to establish appropriate health services.

I should now like to mention briefly the health situation in my country. Communicable diseases and nutritional disorders are still the main health problems. With regard to communicable diseases, malaria and tuberculosis are the most prevalent. Cholera and other gastrointestinal diseases are also widespread. I am happy to report that no smallpox case has been found since the last reported case in January 1972. However, large outbreaks of dengue haemorrhagic fever have occurred this year simultaneously in many cities. Since this is the first time Indonesia has experienced such outbreaks, it may be worth while for WHO to undertake further investigations to get a better understanding of this disease. May I take this opportunity to thank the WHO vector and rodent control research unit for assisting us in taking control measures.

An important nutritional disorder is vitamin A deficiency, one of the main causes of blindness in Indonesia. A pilot project has just been started, distributing a high oral dose of 200 000 international units of vitamin A to children of 1-4 years of age twice a year.

With a population growth of 2.6% per annum, family planning is a national concern. Many agencies, government as well as private, are involved in undertaking the family planning programme. A special coordinating board for family planning was established by the President in January 1970. In the health field, family planning is an integral part of our maternal and child health programme.

In conclusion, I would like to emphasize once again the importance of the Director-General's statement regarding the development of the health services as an expression of the wishes of individuals, families and communities in the villages and cities. I sincerely hope that WHO's assistance will continue in that context and, in doing so, achieve our common goal - that is, the attainment of optimal health for all the people in the world.

The PRESIDENT: Thank you, Professor Siwabessy. Before giving the floor to the next speaker on my list, I wish to announce my intention to close the list of speakers for the general discussion on items 1.11 and 1.12 at the end of this afternoon's meeting. Therefore, all those wishing to take part in the general discussion are requested to announce their intention to do so to Mr Fedele, Assistant to the Secretary of the Assembly, in this Assembly Hall as soon as possible.

The next speaker on my list is the delegate of Cameroon, Mr Fokam Kamga, Minister of Public Health and Welfare.
Mr POKAM KAMGA (Cameroon) (translation from the French): Madam President, your Excellencies, honourable delegates, ladies and gentlemen, a traveller, climbing a hillside, stops from time to time in order to look back to see how far he has come and to see what has still to be done before he reaches the top. What we are doing today is very similar to what that traveller does, for what we are doing in our Organization at this meeting is to stop a moment to assess what we have accomplished together during the last 25 years, and to look into the future to decide what new lines we should work along, or what existing activities we should develop, in order to achieve greater efficiency.

Madam President, by electing you unanimously, and with enthusiasm, as President of our Assembly, by entrusting you with the task of directing our examination of what we have done up to now and of determining how we should proceed in the future, the participants met together here doubtless wish to pay a tribute at once to the prominence of your position in the scientific field and to the spirit of nobility and devotion which you display and your faith in the work of the World Health Organization. By that act they have shown that they are resolved to arrive at realistic and effective conclusions by obtaining from the outset the valuable pledge of your long experience and profound knowledge of health problems. It is with great pleasure therefore that the delegation of the United Republic of Cameroon associates itself with the compliments that have been paid you on this score by previous speakers. It also, through me, addresses to all the other delegates at this meeting, and particularly to the new Members of our Organization, the brotherly greetings and active sympathy of the people of Cameroon. It welcomes the election of the distinguished delegates of Lebanon, Czechoslovakia, Guinea, Philippines and Brazil as officers of the Assembly and cordially congratulates them. Permit me, Madam President, also to mention the splendid work done by Dr Layton, who so brilliantly directed the work of the Twenty-fifth World Health Assembly.

In this transitional period between two complementary eras it is not easy to decide upon the goals toward which further action should be directed. In the last few years the world has seen an unprecedented explosion of outstanding achievements in medical research and practice, and in technology generally. To direct, guide and coordinate the activities of the various parties in the different fields where these discoveries have been made is no easy task. Yet that is the task which has confronted all the successive Presidents of our Assembly since the beginning of the first United Nations Development Decade, as well as the Executive Board and the WHO Secretariat.

The Director-General's Annual Report is, once again, most instructive and full of promise in this connexion. To the Director-General himself, to the abundant harvest of achievements which stand as landmarks throughout his long and unusually full career, we proffer our tribute of admiration and our cordial congratulations. Nor can we fail to offer a similar tribute to all his dynamic team of colleagues, at headquarters, in the regional offices and in the various countries. You will forgive me, I am sure, if among the names on this role of honour I single out particularly, for the African Region, our dynamic Regional Director, Dr A. Quenum, and his colleagues for the decisive work they have undertaken. Setting aside all theories and abstractions originating in other countries or at other periods, that team has succeeded in finding new and practical solutions calculated to help to settle our health problems in an effective and realistic manner. From the fruitful exchange of ideas established between the Regional Office and our health administration our philosophy of dynamic and positive health action is emerging and gradually beginning to be put into effect.

The third five-year social and economic development plan of Cameroon has, in its programme, health priorities corresponding with those indicated as being of the first importance in our Region, namely: development of the health infrastructure, integrating all medical care and preventive medicine into a homogeneous whole; intensification of control of major endemic diseases and communicable diseases in general; improvement of the environment through health and nutrition education of the masses; and training of personnel. In order to provide a solid basis for this work programme, our health policy aims at achieving two prerequisites, which we regard as essential: first, the reorganization of our health services at all levels, central, provincial, departmental, and local; and next, the setting up of an efficient and complete structure for the training of different grades of medical and health personnel.

In regard to the first prerequisite, we have made every effort to give prominence to the need for having an integrated national health service in which are coordinated the various public institutions and the private bodies, which are responsible for some 40% of health protection and promotion work in our country. The basic features of this reform are the setting up of: a special service responsible for public health demonstration areas, with the task of working out the most effective and least costly methods of securing total health coverage of the population - methods which are then to be extended to the whole of the country;
an epidemiological service, replacing the traditional major endemic diseases service, responsible for prevention and for surveys and research to enable an epidemiological map of the major endemic diseases to be drawn up, as well as for epidemiological surveillance of the whole country; an environmental health and sanitation service, the supreme importance of which, at this time when environmental problems are of the utmost concern to mankind, is beyond question; and a health and nutrition service to encourage and stimulate participation by the masses in health promotion work. Thanks to this machinery, which exists at all levels of the pyramid of our public health service, we hope to be able to make control of communicable diseases - of which there are still so many in our country - more effective. At the same time we are trying to establish a network of health units at all levels of technicality, from the simple rural health centre to the national general hospital at the top of the hierarchy of curative and preventive medical care.

In regard to the second prerequisite, the training of health personnel, I need hardly mention here our University Centre for Health Sciences and the high hopes we have of that original and bold experiment; the first results obtained in the field, at the community centres where the Centre's students do the practical part of their training, are proving more than encouraging. The centre for postbasic nursing education, set up as one of the intercountry projects of the African Region, is proving to be an excellent nursery from which the countries of the Region will soon be obtaining valuable personnel required to take the lead in nursing service and administration and in the training of nursing personnel.

I should like to take this opportunity cordially to thank all those who have helped us with those major achievements: WHO, UNICEF, UNDP and, in prospect, the World Food Programme. Special mention among those to whom our gratitude is due should be made of old friends such as France, the United States of America, Canada, Switzerland, the Order of Malta, the United Kingdom and the Federal Republic of Germany - together with many, many others who are helping us in the same field. In view of the numerous priorities that are making their demands upon our very scanty resources, one cannot but praise and hold up as an example the cooperation and assistance which those organizations and friendly countries are giving us, since the future of mankind and its very survival depend upon the way in which links of interdependence and mutual aid are forged between the peoples and men of all continents.

To say this is to make a plea to the conscience of all the rich countries and to urge them to participate increasingly in the task of building up and improving the living conditions of the countries less favoured by history or nature, by translating into reality the numerous resolutions adopted at international meetings, most of which are still no more than pious hopes. The chief thing for the developing countries is to secure international cooperation without forever being dependent upon the rich countries. Just fair remuneration for their basic commodities, their raw materials, by itself would be likely to bring them in substantial funds. Unfortunately, as we said in this hall two years ago, the floodwaters of egotism are still undermining good relations between countries.

The World Health Organization, whose objective is the highest attainable standard of health, that is to say, a state of complete physical, mental and social wellbeing, has an essential, a crucial part to play in this connexion, for all the efforts it makes to hunt down disease will be unavailing so long as man continues to be threatened by poverty, hunger, ignorance, discrimination between races and peoples, and war. For this reason my delegation looks forward with the most fervent hope to a time when mankind will be free from hate and every man is certain to find peaceful and harmonious surroundings conducive to his total development in dignity and justice. It trusts that the Twenty-sixth World Health Assembly will make a significant contribution to the fulfilment of this hope.

The PRESIDENT: Thank you, Mr Fokam Kamga. The next speaker on my list is the delegate of Argentina, Dr González, Under-Secretary for Public Health.

Dr GONZÁLEZ (Argentina) (translation from the Spanish): An analysis of the situation in the health sector in Argentina has enabled eight problem areas to be identified. Two of them constitute the productive elements of our undertaking: medical care and environmental sanitation. The other six constitute the supporting infrastructure. They are: organization and administration; financial resources; human resources; physical resources and production of expendable supplies; legislation, and intersectoral relations.

Noteworthy progress has been made since the last session of this honourable Assembly in: (1) the problem area of medical care. During 1973, the supplementary feeding programme will provide 7.5 million kilos of powdered milk to meet the needs of 417,000 children under five years of age and pregnant women. This will enable the coverage to be increased from 4% of the population eligible for this programme in 1972 to 44.3% in 1973. It is hoped that this
activity, which forms part of a broader one including preventive and curative measures, will result in a reduction in child mortality, which for some years has remained stable at around 60 per thousand live births.

Only four cases of poliomyelitis were recorded in 1972; as has already become usual, no cases of smallpox were notified; and, as regards measles, mass vaccination of the susceptible population has produced a sharp reduction in the seasonal outbreak expected at regular intervals.

Nevertheless, despite its efforts, Argentina is still suffering from the effects of endemic communicable and parasitic diseases such as Chagas' disease, brucellosis, other zoonoses, and hookworm infection.

In this connexion, a possibility that is giving us considerable concern is that of the introduction of parasitic diseases hitherto unknown in the country. In particular, my country endorses the recommendation published this year in World Health Organization Technical Report Series, No. 515. Recommendation No. 6, on page 44 of the report, reads: "National, bilateral, and international agencies concerned with economic development, particularly with respect to water management and irrigation, in many parts of Africa, Asia and South America, should be made aware of the inherent problems of schistosomiasis and WHO should encourage governments to introduce measures that will combat the spread of the disease."

For its part, the final report of the third special meeting of Ministers of Health of the Americas, held in Santiago, Chile, from 2 to 9 October 1972, states (page 9): "The fundamental role of the Ministries of Health is plain to see. Theirs is the responsibility for keeping development from being planned and executed in a dehumanizing way." It goes on to say: "Examples of such participation are to be found in economic infrastructure projects. Projects for the development of river basins - whether covering States or provinces of a single country or two or more countries - are a specific case in point. Projects for the construction of roads, irrigation systems or power plants can likewise create environmental problems, either by destroying the balance between species, or by stimulating the reproduction of vectors, polluting the air, water and soil, or affecting health through any of these mechanisms." Finally, on page 11 the report states: "The community has the right to use the resources of nature for its growth and development. But no-one has the right to use and destroy this heritage, since the right to life and health generates the responsibility to see that water is pure, air clean and land fertile, and to avoid the ecological deterioration which development actually brings about."

The above are verbatim extracts from the report in question, which was approved by all the nations of the American continent through their respective Ministers of Health, and they faithfully reflect the views of the Republic of Argentina in this regard.

(2) In the problem area of environmental sanitation: The national budget for programmes in this field has quadrupled since 1973 as compared with the previous year. This will enable rural populations to be supplied with drinking water at a rate six times higher than in 1972. The programme for the improvement of rural housing will accomplish three times as many operations this year as last. The programme for final disposal of solid wastes is increasing its activities by 33% in 1973 compared to the previous year.

(3) In the problem area of organization and administration: Within the eight problem areas there exist 21 critical programmes, so called on the supposition that the change envisaged will take place when the proposed effective levels of implementation are attained in those programmes. It is on these critical programmes that our technical efforts are being concentrated. So that they can be assured of sectoral and intersectoral consensus, they have been subjected to analysis by two recently created bodies: the Federal Health Council, composed of all the provincial Under-Secretaries of Public Health, and the National Board of Health, to which we will return when we deal with problem area No. 8, that of intersectoral relations.

The critical programmes have been arranged in order of priority, in accordance with the general policy of the national Under-Secretariat of Public Health: "Selectively concentrating federal resources on the population groups most exposed to avoidable risk of sickness and death."

In order to determine the choice of strategies, the National Development Directorate for the Health Sector, which forms part of the national planning system, has classified the provinces according to the degree of exposure to the above mentioned risk, which was quantified by reference to economic, social and also specifically health indicators.

The final concentration of resources was determined after three stages of calculation: the first was that of geographical concentration, in which the 24 administrative divisions of the country were assigned to five strata. The stratum with the highest priority includes provinces in the north-east with an avoidable risk rate of 63.2%, while the metropolitan area, with 9.7% of avoidable risk, falls into the lowest priority stratum.

The second stage is that of demographic concentration: identifying within each stratum the section of the population most at risk. The choice has fallen on pregnant women in the second half of the gestation period and children under five years of age.
The third stage is that of medical concentration: giving priority attention to the avoidable health problems that dominate within the most vulnerable group. In the population most at risk these problems are still the ones caused by communicable diseases or nutritional deficiency states.

Note that this type of channelling applies to supplementary federal resources and in no way affects the total coverage which is usual for the rest of the population of the country.

Another major substantive decision in 1973 was the operational decentralization put into effect in the national hospitals. Since March, their directors have been responsible to the Under-Secretariat of Public Health only in regard to general regulations, being vested with absolute autonomy as regards the administration of the whole of their resources and empowered to conclude on their own account agreements for the provision of services with welfare agencies or private groups.

These constitute some of the preliminary steps towards the establishment of machinery for coordinated action of the public, social-welfare and private sectors, in order to attain the optimum cost benefit ratio from the resources at our disposal.

(4) In the problem area of financial resources: We are still in the initial phase of market prospection to determine the feasibility of a system of financing that would guarantee equal opportunities for all in the utilization of the available resources.

Since the National Government realizes that it would be prudent to allow considerable time for the completion of the analysis, I have pleasure in informing this honourable Assembly that, through its Ministry of Social Welfare, the Government decided in 1973 to increase the budget of the Under-Secretariat of Public Health to twice the level for the previous year, in order to finance the above mentioned priority critical programmes in the problem areas to which we are referring.

(5) In the problem area of human resources: For 1973, the target for nurse training financed from federal resources is 1080 professionals, 2150 auxiliaries, and 280 taking specialized postgraduate courses, which represents an increase of 380% over the average for the past seven years. There is also provision for increases in medical internships and in other programmes assigned high priority.

A draft has been prepared, and is at present under study by the bodies concerned, of health personnel regulations covering professionals, technicians, and auxiliaries and dealing with: firstly, post classification; secondly, organizational structure; thirdly, definition of functions; and fourthly, health service career, stipulating conditions of entry, advancement and termination of personnel.

As from the present month, some 23,000 staff attached to our Under-Secretariat will be incorporated into nine structural units, which means that they will be assigned to posts on a functional basis by programmes and that improvements in their entitlements will be made.

(6) In the problem area of physical resources and production of expendable supplies: Four critical programmes are being established, dealing with: firstly, replacement; secondly, restructuring; thirdly, equipment; and fourthly, maintenance. This year the sum of 95,007,967 pesos (approximately $9,500,000) has been earmarked for this purpose.

In addition, the technical parts of the law on medicines and drugs have been revised.

(7) In the problem area of legislation: A health legislation commission has been set up. It is tackling its assignments in four stages: compilation, arrangement, updating and codification. Its objective is to lay the groundwork for the Argentine Health Code.

Attention should also be drawn to two draft laws submitted this year: one restoring to the present Under-Secretariat of State for Public Health its rank of ministry, and the other setting up a permanent special fund for maternal and child welfare.

(8) In the problem area of intersectoral relations: A body now functioning is the recently established National Board of Health, consisting of representatives of the General Confederation of Labour, the General Confederation of Economics, the Argentine Industrial Union, the Medical, Dental and Biochemical Confederations, the Confederation of Heads of Private Clinics and Sanatoria, the National Institute of Social Work, and the Under-Secretariat of Social Security of the nation; it is planned that the Under-Secretariat of Housing and the national Ministries of Education and Labour should also join.

The health sector is to propose that the population most exposed to the crucial risk of sickness and death, and the six problem areas of the infrastructure, should be operational concepts common to all the sectors, with a view to promoting coordination and better utilization of the resources, which it will then be possible to plan jointly.

Analysis of the problems at the intersectoral level is, in our view, indispensable for tackling on a rational basis the establishment of the broad lines of a national health plan, since our sector is the recipient of effects whose causes arise from other economic and social sectors.

Madam President, Mr Director-General, fellow delegates, in conclusion, my country would like to offer its congratulations to the authorities appointed by this Assembly to conduct
certainly so if we wish to achieve the objectives of the World Health Organization - the
we should take every possible measure to prevent any unnecessary addition of man-
Organization, it may continue its historic work for the people's wellbeing.

Sir William REFSHAUGE (Australia): Madam President, I wish to convey to you, on behalf of
the Australian delegation, the warmest and sincerest congratulations on your unanimous election
to the Presidency of the Twenty-sixth World Health Assembly. I personally am delighted to
see you occupying the highest office the Assembly can bestow upon one of its delegates. I
would also like to place on record the appreciation of my delegation for the leadership
provided by Dr Layton to the Twenty-fifth World Health Assembly.

Madam President, the Annual Report of the Director-General for 1972 maintains the high
standard we have all come to expect. Much has been achieved by the Organization of which
he is the chief executive officer, and although we may accept such high standards and achieve-
ments with pride and satisfaction, there are still matters which give rise to concern -
indeed some of them grave concern - in my country. This concern, I am sure, is shared by
many Member States. The success of the smallpox eradication campaign is a source of
considerable satisfaction, but this must not lead us to a sense of complacency towards the
communicable diseases, which can still strike without warning if we relax our precautions.
In November last year, 41 cases of cholera occurred amongst the passengers who arrived in
Australia by an international flight, due to contamination of food taken on at a transit
stop. Whilst no secondary cases occurred, the incident showed health risks which are still
present, and the need for constant vigilance. The problem of human carriers of disease and
of animal carriers associated with the spread of zoonoses, such as rabies, in the animal
population of many countries still remains a challenge.

The problems of the human environment in its widest sense are given a high priority in
the Director-General's Report, and the Australian delegation considers this emphasis to be
justified. Problems of man's social environment, such as the abuse of drugs of dependence,
including alcohol, are of increasing concern throughout the world and no doubt will receive
much consideration during this Assembly.

The Director-General points out in the Introduction to his Report that the quality of
the environment has always been a subject of prime importance to the Organization. Australia
is greatly concerned for the quality of life of its inhabitants and, indeed, of that of its
neighbours, and - even beyond that - of the world as a whole. The control of water, land and
air pollution is a major problem facing many Member States. Australia has now established
an Environmental Council to coordinate the activities of its constituent states and has already
laid down standards for water supply to its cities.

Madam President, air pollution is an area of considerable concern to us. In Australia
arrangements are under way to control emissions from motor vehicles and we are working towards
control of industrial air pollution. A further source of air pollution - and one of major
concern to us - is that from ionizing radiation. The World Health Organization has on
several occasions expressed its interest and concern with the effect of ionizing radiation on
health. Many countries have taken steps to control the medical use of such radiation.
Whilst it is true that it is not possible to avoid all naturally occurring ionizing radiation, we
should take every possible measure to prevent any unnecessary addition of man-created
ionizing radiation to our Earth's atmosphere. Every addition, no matter how small, to the
background radiation in our environment increases the short and long-term deleterious effects
on health. In this respect my Government deplores the fact that atmospheric testing of
nuclear weapons has continued, leading to a further increase in the ionizing radiation in
this environment and thus to damage to the health of the present and especially of future
generations of the world's inhabitants. The Australian Government's opposition to continued
nuclear testing in the atmosphere is shared by an overwhelming majority of nations, as shown
in the support for the United Nations General Assembly resolution 2934 XXVII.

Such nuclear tests may add only small amounts of ionizing radiation to the atmosphere,
but, as I have said before, it is our contention, supported by and in accordance with the
views expressed by such bodies as the United Nations Scientific Committee on the Effects of
Atomic Radiation and the International Commission on Radiological Protection, that any
unnecessary increase in atmospheric ionizing radiation is completely unjustifiable. It is
certainly so if we wish to achieve the objectives of the World Health Organization - the
attainment by all peoples of the highest standard of health. The World Health Organization
expressed its concern on this subject in resolution WHA19.39, in which the Nineteenth World
Health Assembly recognized "the mounting concern of world opinion at the harmful effects to
The Director-General, in the Introduction to his Report, stated that the Organization has been asking three questions: firstly, whether we comprehend the nature of health and disease; secondly, whether we can develop adequate tools to interrupt or prevent these disease processes; and, thirdly, whether we can apply these tools in an effective, economic and acceptable manner. As applied to man-created ionizing radiation in the atmosphere we can answer these questions affirmatively, in that its effects on man have received much study and are generally known, and that it is possible to interrupt and prevent any increase in such radiation should we so desire. The Director-General further mentioned in his Report that "concern with the quality of the environment that man, through his ignorance, negligence and misuse, is now creating for himself was crystallized during the year by the United Nations Conference on the Human Environment". That Conference was held in Stockholm in June last year. Its underlying theme was the protection and improvement of the human environment as it affects the wellbeing of peoples, and economic development throughout the world. The Conference stressed that this was the urgent desire of all peoples of the world and the duty of all governments, and this concern has been reflected throughout the whole United Nations system. This same theme runs through the 26 principles adopted by the Conference which directly or indirectly relate to the protection and improvement of the environment and the need to guard against its unnecessary and unwarranted pollution. This was clearly stated in principle 6 adopted by that Conference, which states that "the discharge of toxic substances or of other substances and the release of heat, in such quantities or concentrations as to exceed the capacity of the environment to render them harmless, must be halted in order to ensure that serious or irreversible damage is not inflicted upon ecosystems. The just struggle of the peoples of all countries against pollution should be supported".

Other principles and recommendations were enunciated throughout the Conference on this topic and one of the four resolutions adopted concerned nuclear weapons testing and stated, inter alia, "that all exposures of mankind to radiation should be kept to the minimum possible and should be justified by benefits that would otherwise not be obtained", and also called upon "those States intending to carry out nuclear weapons tests to abandon their plans to carry out such tests since they may lead to further contamination of the environment".

Madam President, in view of the importance of maintaining an environment of such a nature as to allow mankind to develop the ideals of health expressed by WHO, the Australian delegation will pursue this matter further during the discussion of agenda item 2.7: Problems of the Human Environment.

Mr SINGHA SUWAL (Nepal): Madam President, fellow delegates, ladies and gentlemen.
First, of all, on behalf of my delegation I would like to congratulate you, Madam President, on your being elected to the high office of this august body. I also congratulate the Vice-Presidents and the chairmen of the committees.
I would like to take this opportunity to congratulate the People's Republic of China for getting her rightful place in this Assembly. I also congratulate the delegates of the German Democratic Republic on her admission to the World Health Organization as a Member.
I express deep appreciation and sincere thanks to the Director-General for outlining the achievements, hurdles and problems faced during the span of 25 years of this Organization, and also for presenting a very comprehensive Report.
It is a matter of gratification to note that remarkable progress has been made in the control of communicable diseases, like malaria, smallpox, etc. Even though the initial concept of malaria eradication has been changed, the achievement in the field of malaria eradication has given a boost to the national economy due to increased productivity, which is particularly true in the case of Nepal. In Nepal we launched the malaria control programme in 1954 in Rapti Valley, which has now become a granary of Nepal, buzzing with life. Out of 6.2 million population at risk of malaria, 83.21% has gone into the consolidation phase.
Though this success has been spectacular, His Majesty's Government is facing some financial and technical problems. The United States Agency for International Development, which has been aiding this project, will withdraw its support as from next year. His Majesty's Government will continue to perform the necessary activities to maintain the gains so far achieved. With the help of the World Health Organization, we hope to continue the successful implementation of this project and surmount the financial and technical difficulties.
We have expanded the smallpox eradication programme throughout the country, and satisfactory progress has been made. We are looking forward to eradication of this disease by 1975, though the tentative date for its eradication is 1977.

As regards other communicable diseases the picture is not very satisfactory, as the progress has been comparatively slow. We hope to expand the tuberculosis and the leprosy control programme in the near future.

It is important to mention that His Majesty's Government has started pilot projects for integration of different vertical programmes in two topographically different areas. On the basis of the results of these two pilot studies the necessary basic infrastructure will be developed. With the assistance of WHO Nepal is aiming at developing a health system which will be in a position to maintain the gains of communicable disease control programmes and to deliver the optimal feasible medical care to the maximum population. From other countries' experience we have learned a hard lesson: that specialized mass campaigns are not the total answer to the health problems. As stated in a WHO paper, mobile mass campaigns can sow the seeds for better health, but to reap the fruit permanent health services have to be developed and environmental conditions improved.

It is a disturbing fact that protein malnutrition still poses a grave problem in the developing countries. Increased production of protein well within the means of the masses, and an improved distribution system, are essential.

In Nepal goitre has been a serious problem, especially in the hilly areas, due to lack of iodine. It gives me satisfaction to mention that iodized salt is being distributed with the collaboration of the Indian Cooperation Mission.

Nepal has an estimated population growth of 1.8% per year. This might seem quite a moderate figure compared to the natural increase in some other countries. However, Nepal is mostly living on agriculture and, with our high mountains and hills and large forest areas, only 13% of the land is arable. Therefore the present population growth rate would nullify all our efforts at socioeconomic development. At the same time, infant mortality is estimated at 22 per thousand. We are therefore developing a maternal and child health and family planning programme which will be a part of our health services. We are proposing to our population quality rather than quantity.

In Nepal the number of doctors and registered nurses is very small. As a result we have to depend mostly on the middle-level workers for the delivery of health care. In accordance with new educational policy Tribhuvan University has established an Institute of Medicine which has taken up the training of middle-level health manpower, and where job-oriented training will be imparted, and not only the quantitative but qualitative standards of health care also will be considered.

Madam President, this is the twenty-fifth anniversary of this Organization. For "enjoyment of the highest attainable standard of health" we must take stock of the formative 25 years of the Organization. There have been stumbling-blocks, pitfalls and retardation at times, but the record on the whole has been more than encouraging and full of hope for the future. I hope WHO will continue its relentless fight with increasing vigour against the diseases which cripple mankind, and will consequently be able to provide happiness to the inhabitants of this earth.

Before I conclude, let me thank WHO for the noble contribution it has made for the promotion of health in the world, and in Nepal in particular.

I am convinced, Madam President, that under your able leadership the deliberations of this Assembly will come to a fruitful conclusion.

The PRESIDENT: Thank you, Mr Singha Suwal. I now wish to give the floor to the delegate of Somalia, Mr Hassan, Director-General, Ministry of Health.

Mr HASSAN (Somalia): Thank you, Madam President. We extend to you our congratulations, and to the Vice-Presidents and the chairmen of the main committees.

I wish to welcome the representatives of the People's Republic of China and Swaziland, who are taking part in our deliberations for the first time. We extend a particular welcome to the representatives of the German Democratic Republic, which has joined the Organization. Universality of the Organization, which is the main aim, cannot be achieved until all States are Members of it, and as such we hope that the application of the Democratic People's Republic of Korea will meet with general approval.

Madam President, in this twenty-fifth anniversary year the Director-General has posed three questions in order to assess the progress so far made and to indicate the course of action for the next 20 years. These questions should stimulate us to review our endeavours in the field of public health. We feel that the third question - "Can we show that these tools can be applied to the appropriate populations in a manner at once effective, economic and acceptable?" - takes precedence over the first two questions. The sophisticated procedures so far developed need to be simplified without losing their effectiveness.
Programme implementation, to be meaningful, must be oriented to meet the needs of developing Member States. While there is need for urgency, yet the pace to be set should be such that even the least developed among the developing countries should be able to maintain it without the risk of overburdening their slowly developing economies. These are some of the conflicting demands that the Organization must face during the next two decades.

In Somalia we had a programme in operation for a number of years which has been labelled as a malaria pre-eradication programme. While on paper its achievements appear to be considerable, yet it seems to have made very little impact on the overall health situation in Somalia. How does our programme fit into the development of a basic health service, and how long will it take us before the programme can be fully integrated into our general health services? These are some of the questions which we frequently ask ourselves, but without ever arriving at a satisfactory and conclusive solution. While we believe that each Member State has to develop its own programme and strategies, the Organization should provide guidance in the form of its own global strategy.

The tuberculosis control programme is another major activity where we feel that the available knowledge has not been vigorously applied to solve the special problems as related to the many varied prevailing conditions. Over the past years we have been carefully following the results of a number of countries. We were particularly interested in the results of the intermittent chemotherapy regime being investigated at the Tuberculosis Chemotherapy Centre in Madras, India, and the curative effects of single-dose therapy against Plasmodium falciparum infection, which forms part of the research project in northern Nigeria. Our interest in these projects and other similar ones rests on the possibility of extending these investigations to nomadic population groups, and we would be interested if, through planned extension of these activities under an intercountry programme, part of the investigations could be carried out in a nomadic population.

In 1972 we had five imported cases of smallpox. Since we had organized our surveillance activity in the affected area we were able to detect these cases immediately, and although the containment measures placed a great strain on our resources we achieved results which were gratifying to all concerned. We are happy to state that no secondary cases were detected. Having organized a successful programme against smallpox, we intend to use our experience and trained manpower from this activity in a wider field of prophylactic immunization programmes against tuberculosis, measles, poliomyelitis, diphtheria, tetanus etc., in addition to smallpox vaccination.

In Africa and parts of the Middle East a sizable population leads a nomadic life. As stressed by us on several occasions, providing health coverage for the nomads poses a special problem. While we await with considerable interest the recommendations of the seminar which has recently been held in the Eastern Mediterranean Region to consider health problems of nomads, we would like to restate that the problem deserves more attention than it has received so far, and that urgent attention should be given by the Organization to developing a coordinated programme to study the various facets of this challenging health problem. The ultimate success of some of the global eradication programmes, we believe, hinges on the solution to the problems posed by nomads.

It is gratifying to note that cholera did not invade any new country during 1972, but we feel that it is still a threat to non-endemic countries. Since most of the Member States that face the risk of importation do not have highly developed basic services, we suggest that the present surveillance in endemic areas should be continued.

Quality control of drugs has always presented complex problems. Lack of adequately trained pharmaceutical analysts, variations in international standards, and the development of acceptable minimum requirements for quality, safety and efficacy of drugs are some of the issues that deserve the attention of the Organization. These are indeed formidable tasks that need immediate attention, and the Organization should stimulate Member States into adopting a more aggressive attitude in tackling these problems.

Environment pollution is a man-created problem of our times; in recent years it has assumed the proportions of a universal menace. Air, a heritage of mankind, and water, a precious commodity - these we all know are indispensable and essential for the sustenance of all forms of life on this planet. Yet how little we seem to have achieved so far in protecting their purity. Although environmental pollution at present mainly affects the highly industrialized countries, we do not need special intuition to realize that this menace will also assume greater importance in the developing countries as they embark on their industrialization programmes. We are also seized with the problem of ever-increasing solid and liquid industrial wastes, and have to struggle hard to prevent the pollution of water, which is already scarce in a number of countries. We hopefully anticipate greater international cooperation in these fields, which received due attention during 1972 when the United Nations Conference on the Human Environment was convened in Stockholm. We hope that greater efforts will be made to develop realistic procedures easily adaptable to all circumstances in order to reduce,
if not to eliminate in the foreseeable future all sources that contaminate the air we breathe and the water we consume.

The PRESIDENT: Thank you, Mr Hassan. I give now the floor to the delegate of Upper Volta, Dr Sawadogo, Director-General of Health.

Dr SAWADOGO (Upper Volta) (translation from the French): Madam President, Mr Director-General, honourable delegates, I have the great honour, Madam President, on behalf of the delegation of Upper Volta and on my own behalf, most cordially and warmly to congratulate you on your election at the Twenty-sixth World Health Assembly. I also congratulate the Vice-Presidents of the Assembly and the chairmen of the main committees. Allow me at the same time to congratulate Dr Layton on the distinguished manner in which he presided over the work of the last Assembly. And I should like to say thank you to the authorities of this country and of this great cosmopolitan city of peace, Geneva - thank you for our welcome, and thank you for all that has been done to make our stay here a pleasant one, so that we can bring our labours to a satisfactory conclusion, during these three weeks, in a tranquil frame of mind.

Mr Director-General, we are very sorry indeed to hear that this will be the last Assembly that you will be attending as Director-General of WHO. Allow me to tell you, Dr Candau, how much the people of Upper Volta and its Government value what you have done, your advice and the outstanding way in which you have guided the Organization for so many years. My delegation would like, Mr Director-General, on behalf of the people and Government of Upper Volta, to convey to you its cordial regard and its gratitude for the effective, realistic and praiseworthy work you have done, in close collaboration with the Governments of Member States, to bring all the people of the world to the highest possible level of health.

Permit me also to say once again how grateful the people and Government of Upper Volta are to our dynamic Regional Director, Professor Alfred Quenum, and all his team at the African Office, for the sustained assistance they have given to our various public health projects.

The Director-General has, as in previous years, presented an excellent Report, the clarity and high technical standard of which testify to a profound knowledge and understanding of our problems.

Upper Volta, a landlocked country with six States on its frontiers - States themselves facing the same serious health problems - has, Madam President and honourable delegates, both to undertake activities for the prevention and control of communicable diseases, and to secure the development of its basic health services. Those are complex problems to which my Government is resolutely endeavouring to apply the most desirable solutions for an improved medical and health policy for our peoples.

Let me give you just a few details about this policy of ours, taken from our 1972-1976 five-year development plan.

First, control of communicable diseases: these diseases are still a cause of concern to my Government, which is according them priority since it regards their control as a primary factor in social and economic development. Among the endemo-epidemic diseases, the most important are malaria, onchocerciasis, measles, cerebrospinal meningitis, trypanosomiasis, tuberculosis and trachoma; the high prevalence and epidemic outbreaks of these diseases are still bringing despair to our peoples, not only because death rates are high, but also because of their effects on the development of the national economy.

Since their epidemiological aspects were thoroughly dealt with in our previous statements I shall speak here only of measles and onchocerciasis - measles because of its dramatic epidemic incidence not only among small children but also in the 10-20 age-group, and onchocerciasis because of the importance my Government attaches to its control.

Upper Volta is at present experiencing one of the most violent and lethal epidemic outbreaks of measles that has ever been known. A statistical report for the first quarter of this year gives 30,678 cases with 1695 deaths, whereas in the corresponding period of last year there were only 1060 cases with 59 deaths. Alarmed by the violence of the epidemic, my Government was obliged to make an extra effort to get curative and preventive action under way, action which proved effective thanks to the cooperation and assistance of a number of friendly countries that provided us with measles vaccine, antibiotics and solutions.

We should like to thank here, in this connexion, the Governments of France and the German Democratic Republic, USAID, and the Red Cross Societies of the United Kingdom, Canada, France, the Netherlands, Sweden and Switzerland, as well as the Governments of the People's Republic of China and of the Federal Republic of Germany, whose speedy and generous action shows what great importance they all attach to safeguarding the nations' health.

In view of the large number of deaths from endemo-epidemic measles a joint smallpox eradication and measles control campaign had been launched back in 1967, in the African Region,
involving 20 States. Impressed by the effectiveness of this first campaign, which finished at the end of 1971, the countries concerned then requested USAID and WHO to continue the programmes in order to consolidate the results achieved. The joint USAID/WHO conference held in Brazzaville last February, which was attended by the States of the Region, gave an affirmative reply to the request and agreed to a second measles control campaign being undertaken.

In regard to onchocerciasis, Madam President, Mr Director-General and honourable delegates, I should just like you to know what great importance my Government and the people of Upper Volta attach to the onchocerciasis control project. In addition to Upper Volta, six other sister countries - including Ivory Coast, Dahomey, Ghana, Niger and Togo - are covered by the project, which has an operational area of 600 000 km².

Stressing again how important we consider the success of this project to be, we should once again here like to thank WHO and all the international bodies concerned with the project - such as UNDP, FAO, IBRD and EDF - and all those friendly countries whose help will enable us to develop the Volta valleys, which as far as Upper Volta is concerned have good prospects of economic development and repopulation.

Development of the basic health services, and more particularly of the maternal and child health services, is a matter of urgency and is receiving our attention.

Training of medical and paramedical personnel and further training of paramedical personnel, chiefly in the fields of public health and of control of endemo-epidemic diseases, are also major concerns for us. The most active methods are being sought for embarking upon, and successfully putting through in the course of the decade, the integration of major endemic disease control with general health activities.

In the field of environmental health WHO is supporting a water supply and sewerage project. The detachment of a sanitary engineer to the Ministry of Health has been greatly appreciated.

Before concluding, Madam President and honourable delegates, my delegation, on behalf of the Government and people of Upper Volta, once again warmly thanks friendly countries and all the paragovernmental organizations for their invaluable contribution to my country's medical and health policy for securing the best possible level of health for our peoples. We also thank all those who have given us help and support in our struggle against hunger and thirst, the consequence of several years of drought.

In conclusion, we thank our most honourable and highly distinguished Director-General, Dr Candau, whose technical skill and shrewd sense have enabled him, in close cooperation with the whole of his team, to make WHO renowned and effective throughout the world.

The PRESIDENT: Thank you, Dr Sawadogo. I now give the floor to the delegate of Yugoslavia, Mr Dragašević, Federal Secretary for Labour and Social Policy.

Mr DRAGASEVIC (Yugoslavia) (translation from the French): Madam President, I should like, on behalf of the Yugoslav delegation, sincerely to congratulate you on your election as President of the Twenty-sixth World Health Assembly. I also present our cordial congratulations to the Vice-Presidents and to the other officers of this Assembly.

It gives me particular pleasure to welcome among us the delegation of the People's Republic of China, which is attending this Assembly for the first time, as well as the delegation of the young State of Bangladesh, that became a Member of the World Health Organization last year. I have also pleasure in welcoming the delegation of the German Democratic Republic, whose admission to WHO at the beginning of this Assembly clearly shows that our Organization is steadily nearing universality.

Madam President, we are celebrating this year the jubilee of the World Health Organization in an improved international climate of relaxed tension and of negotiation. I am quite certain that all delegations greeted the cease-fire in Viet-Nam with pleasure and relief. However, the fact that peace has not yet been restored in one part of Indo-China remains a serious cause for concern. Bitter fighting is continuing in Cambodia. Many more efforts are required to secure for the peoples of Viet-Nam, Cambodia and Laos the right to develop in freedom and independence.

The situation in the Near East is no less disturbing. Everyone realizes that no solution can be viable in that part of the world unless it is based on the total elimination of the results of aggression. But unfortunately we are obliged once again to point out that Security Council resolution 242 is not being respected. Year after year destruction has gone on being perpetrated in different parts of the world. I am certain that our solidarity will not fail us, that assistance will be given to those peoples who need it so badly, and that the World Health Organization will not fail to do what it can to ensure that they receive it.
Madam President, taking stock of the activities of the World Health Organization during these 25 years we may note with satisfaction that it has fully justified its existence. During that quarter of a century it has big achievements to its credit, in encouraging and helping the Member countries to solve their numerous health problems. Yugoslavia was among the first countries to join WHO. I need hardly remind you that the first President of the World Health Assembly was Dr Andrija Štampar, the Yugoslav physician and scientist whose name is closely linked with the setting up of our Organization and with its work.

Madam President, the Yugoslav delegation has closely studied the Director-General's Report on the work of WHO in the past year, together with the other relevant documents, and it approves them. But the financial problems the Organization has had to cope with in the last few years require that fresh efforts should be made to effect the indispensable economies — without however losing sight of the urgent needs of the developing countries, or of the objectives we have set ourselves in the field of protection of the environment. The Director-General's Report shows that health problems in the world differ, as do the means available to solve them. Yet common to them all is the fact that needs in the matter of health protection have substantially increased and that nobody has unlimited resources. It is most understandable that attempts should be made to solve those problems by rationalizing health services and improving education and postgraduate studies. We accordingly support all that the World Health Organization is doing to give those projects priority in future. I am pleased to be able to say that a study undertaken in our country, in cooperation with the Organization, on the regionalization of health services is on the point of being completed.

I should, I feel, draw attention to the fact that special attention is being paid in Yugoslavia to the role of the recipient of health protection. Following the constitutional reforms recently made in Yugoslavia the position of the worker has been fundamentally changed: he is no longer just the recipient of health services, he is also a very active agent in the planning and application of health protection and in deciding what resources are required for running the health services. Workers' control, which is the basis of the Yugoslav social and political system, is designed to enable the workers, millions of citizens, to take part in working out development policy. Our experience shows that, in view of the part he plays, the recipient of health services makes an important contribution to general progress and to the improvement of health protection.

I avail myself of this opportunity to announce that a law prohibiting all advertisements of tobacco and alcoholic drinks has been adopted by our Federal Assembly with the support of the economic chamber, that is to say, the Chamber of Producers' Representatives. Yugoslavia has thus joined the ranks of the countries which are applying the recommendation of the World Health Organization in this matter.

Madam President, I should like in conclusion to draw your attention to two problems which are of great importance for our Organization's future activities. Last year a particularly significant international meeting, which was held at Stockholm, was devoted to the problems of protection of the environment. A number of parts of the programme of activities recommended by this conference and approved by the twenty-seventh session of the United Nations General Assembly are also an integral part of our Organization's activities. We shall no doubt be considering those problems closely, in committee, in view of the real dangers that threaten our civilization. But concern to preserve the environment ought to cause us to spare no pains to develop the economic resources needed to achieve social goals, for any lagging behind economically is a source of danger and of contradictions in the present-day world. We believe that the developing countries ought, without on that account checking their economic development, to take steps to preserve the environment. The contribution of the developed countries should, in our opinion, be commensurate with their economic potential and with the magnitude of the environmental problems involved.

Since the international strategy of the Second Development Decade is to be evaluated this year, it is incumbent upon us to make greater efforts to carry out the projects and the tasks we unanimously agreed upon at our previous Assemblies. In order to do this we must strengthen our collaboration both in the field of health and in the economic, scientific and social fields so as to secure for all countries a more peaceful and happy future. Yugoslavia believes that the efforts we are making to establish peace and security in the world should also be directed toward speeding up the economic development of the developing countries and toward improving the health and social situation.

I shall now give the floor to the delegate of Afghanistan.
with the shortage of nursing staff, the Government has taken up two types of projects: with eight nursing and midwifery schools and other paramedical courses, establish the founda-
work in a rural set -up.
health services requires, most of all, nurses and midwives who would be willing to
hospitals and the hospitals in the capital. The two medical schools in the country, together
health services at the district level and to establishing a two -way referral system between
health activities with the local municipal authorities on the one hand, and to integrate
measures against its spread. In the tuberculosis programme the trend in Afghanistan is
out with the assistance of the World Health Organization.
Afghanistan thanks to a well -designed and well- implemented programme in this field, carried
actual conduct of the operation was carried out by the Ministry of Public Health and the
agencies and friendly countries rendered useful assistance inthis operation, while the
appreciation of the work of WHO for all humanity and its programmes in Afghanistan, hop-
ing that these measures would help the country to build her economy and strengthen her
manpower.
Madam President, The Work of WHO, 1972 is in itself the best résumé possible of the
health situation in the world and the best manifestation of man's endeavours for combating
disease. May these efforts be crowned with success! The Annual Report of the Director-
General is an example of sincere efforts of a world body to eradicate disease wherever it
may be; because disease, the common enemy of all mankind, is one of the elements for the
combatt of which international and bilateral cooperation can usefully be implemented. Cooperation in this regard not only means financial and technical assistance, but also common efforts of the countries in the regions for the abolishment of many communicable
diseases, thus helping in their uprooting, which may otherwise lead to their reintroduc-
in areas where they are already eradicated. We give well-earned credit to the
Director-General of this world body for illuminating the salient points of programmes in the
health field and thank him for his objectivity in the expression of health problems.
The Director-General's Annual Report has realistically touched on many of the diffi-
culties faced and successes achieved by my country in the implementation of certain health
programmes. Malaria, for instance, is one of the biggest health problems in Afghanistan.
Financial and technical difficulties have indeed hampered the programme in Afghanistan
and that has led us to seek the help of international and bilateral agencies. I would
once again reiterate the need for assistance in this field with a view to inviting assis-
tance for our malaria control programme. Smallpox transmission has been interrupted in
Afghanistan thanks to a well-designed and well-implemented programme in this field, carried
out with the assistance of the World Health Organization. It is hoped that in the near future,
with similar programmes in the Region, the importation of cases will also stop. Cholera,
luckily a non-endemic disease for Afghanistan, can become a threat, in which case we will
be ready to provide any cooperation needed for its control and contribute to international
measures against its spread. In the tuberculosis programme the trend in Afghanistan is
ours towards its integration into the basic health services.
In the field of environmental health, it is our objective to enhance environmental
health activities with the local municipal authorities on the one hand, and to integrate
these services into the work of the basic health services on the other. Strengthening of
health services has been the main undertaking of Afghanistan with a view to expanding basic
health services at the district level and to establishing a two-way referral system between
the periphery and the centre, through basic health centres, provincial hospitals, regional
hospitals and the hospitals in the capital. The two medical schools in the country, together
with eight nursing and midwifery schools and other paramedical courses, establish the founda-
tion for the training of medical and paramedical personnel in the country. To cope especially
with the shortage of nursing staff, the Government has taken up two types of projects:
for training local recruits in their own provinces, and also for the training of girls from
the provinces in the capital, with the provision of dormitory facilities for them. This is
an area in which WHO can, as it has done, provide useful cooperation, because manning of our
basic health services requires, most of all, nurses and midwives who would be willing to
work in a rural set-up. We have benefited to a great extent from the WHO fellowships
programme and hope to see its further expansion and effects in the quality and quantity of
health services in the country.
Madam President, as you are aware, the two consecutive droughts in the country caused
a lot of difficulties for the Government of Afghanistan, leading to the direction of atten-
tion to relief programmes. The World Food Programme and a number of other international
agencies and friendly countries rendered useful assistance in this operation, while the
actual conduct of the operation was carried out by the Ministry of Public Health and the
army. The Afghan Government has established a permanent Relief Operation Department which is entrusted with the task of prevention and relief operations while these are needed.

Madam President, let me conclude my statement by mentioning the great need for the strengthening of drug quality control measures in my country as a developing country where the pharmaceutical industry has yet to prosper, but the nucleus of which has been established. The majority of drug items are being imported and the Government is busy in the formulation and passing of laws governing the importation of pharmaceuticals and their distribution as well as their production. This, Madam President, is of great significance to the health and economy of the country.

Madam President, may this Assembly, as is expected, be successful in remedying many of our health problems all over the world by passing useful resolutions and taking decisions which will help in providing man with better prospects of life and brighter horizons for operation in bringing peace and prosperity to mankind.

The PRESIDENT: Thank you, Sir. I now give the floor to the delegate of Austria, Dr Daimer, Director, Federal Ministry for Health and Environmental Protection.

Dr DAIMER (Austria): Madam President, Mr Director-General, ladies and gentlemen, it is indeed a pleasure to congratulate you, Madam President, on behalf of the Austrian Government and also personally on your election to this outstanding responsibility. It is also a pleasure to congratulate the Vice-Presidents and the chairmen of the various committees on their election.

The Austrian delegation has studied the Report of the Director-General with much interest and appreciation. I feel we have to express our sincere thanks to the Director-General and his staff for this striking and clear exposition of another year's work carried out by WHO. Considering the fact that this is the last Report presented by the outgoing Director-General, Dr Candau, during his active service, I believe this is the opportunity to express our heartfelt gratitude and appreciation of his so many years of devoted endeavour and successful activities as Director-General of WHO. The Report permits a deep insight into the widely ramified work of WHO and moreover gives us a survey of what problems remain yet to be solved. Some of these problems will be the subject of the work of the various committees.

The Stockholm United Nations Conference on the Human Environment in June 1972 pointed out a number of elements of the human environment that previously have not been adequately taken into consideration and the Conference in its recommendations designated WHO as a special organization to bear the main responsibility in many respects or at least common responsibility in others. Citing but a few instances, there are the problems of water supply and the maintenance of good quality of water, air, soil and food.

This year Austria and in particular Vienna will have the honour to act as host for the forthcoming session of the WHO Regional Committee for Europe. Austria trusts that this choice will contribute to the further promotion and intensification of cooperation between neighbouring countries, in particular in the Danube region, in the field of health services. Austria has already recalled the twenty-fifth anniversary of WHO in a separate message; WHO is looking back on a quarter of a century of successful activity. All of us do hope the future of WHO will be as successful as its past so that the Organization may continue to solve health problems throughout the world.

The PRESIDENT: Thank you, Dr Daimer. I now give the floor to the delegate of Mauritius, Sir Harold Walter, Minister of Health and Population Control.

Sir Harold WALTER (Mauritius): Madam President, Mr Director-General, my colleagues, I would like in the first place to thank you, Madam President, for having taken the trouble and having gone at length and with clarity to try to explain something which is indefensible, but I bow down to your ruling. By stretching words in the legal phraseology we can even make the moon look like the sun, but yet we accept your ruling, Madam President. I would like in the same breath to congratulate you on having been elected to this high office. We feel proud that in this modern age where the equality of sexes is making progress that WHO is in the vanguard in having a lady as its President for this year. Congratulations, Madam President; but I can assure you you can mix them with some sympathy because the task ahead is not an easy one. Yet with our support and our loyalty you can rest assured we will try to make the path easy for you.

Dr Candau, you are leaving us. I should now address you in French, in particular.

(The speaker continued in French) You are leaving us, but foundations and a framework remain which will enable those who carry on your mission to improve the structure and to consolidate what you built and are now leaving. As the poet said: "What does departure matter, so the work still stands?" - and in your case the work does indeed endure. As there are eras in the life of a nation, so a man's life has its stages. You have seen fit to end
this stage of your life at the present point. We can only wish you a well-deserved retire-
ment. However, knowing you and realizing the many years of hard work you have put in at the
head of this great Organization, we are aware that it is no vacation you will be taking, but
simply a busman's holiday.

(The speaker resumed in English) I would now at this juncture get back to the English
language because I feel more serious about it. I would like to welcome the new Members to
the Assembly and specially Red China, the People's Republic of China. Because it proves to us
that in spite of all the claims that we seem to state - that our civilization must be
accepted, copied and followed - yet it has taken twenty-one years for the world to accept the
rightful position of the People's Republic of China. Well, let us not go into the past but
hope for the future. There is no doubt that with the admission of China in the United Nations
and in WHO more concerted action towards the aim of WHO will be seen, will be felt and will be
understood.

For this twenty-fifth anniversary of WHO, Mr Director-General, I bring to you the
congratulations and the good wishes of my Prime Minister, the Government of Mauritius and its
people. I do not say it in words only, because we did act on it and we had one of the most
successful exhibitions of the work of the World Health Organization during the past 25 years,
especially in Mauritius. Where you in your Report have laid down the four factors which
affect the perfection of the delivery of health services, you have asked for a clear
establishment of priorities and you have said that the developing countries complain about
four things: lack of manpower, scarcity of resources, lack of coordination, and lack of
establishment of priorities.

I am glad to report, Dr Candau, a thing which is already within your knowledge and
which need not be proved - that Mauritius has managed with WHO guidance to eradicate malaria;
and if we have eradicated malaria it is the objective of my Ministry to show that tuberculosis
is a thing of the past. I did tell the specialists in tuberculosis, "You had better hurry
up and work yourselves out of a job", and in this context to help them get on with their new
job we are establishing a cardiovascular unit in connexion with pulmonary cardiovascular
diseases. This idea seems to have met with a good response from every quarter where it
has been discussed.

We had last year the privilege and pleasure of welcoming your Regional Director,
Professor Quenum. We felt honoured by his presence. He reviewed the work being done by
WHO and we analysed the progress which has been achieved. It is the first time that we have
had the privilege and pleasure of a Regional Director's visit; but we hope that this is only
a beginning, that Mauritius will be able to welcome the Director-General, be he past or
future. We have had the pleasure of welcoming the Deputy Director-General, Dr Dorolle, but
unfortunately those rare and precious individuals find very little time to stay with us.
They should make it a point to stay longer when they visit countries where WHO activities are
beaming so much. We have, as you know, Mr Director-General, been lucky in not having been
visited by communicable and transmissible diseases in that smallpox, malaria, cholera, and
such diseases are just subjects for us to maintain vigilance towards, but we have been
extremely lucky that for years we have not seen any of them. The last time I think we had
ease of smallpox dates from 1908, though air communications have developed from one plane
a week in 1948 to 16 planes a week in 1973.

In 1965, Madam President, when I raised the question of family planning at this Assembly
I was taken to task not by words but by eyes when I walked down the corridor. But it is
pleasant to note that truth which is rarely said is finally accepted. Today, in 1973, WHO
is taking an active part in this new field, which has been given a new term, but denoting the
same substance, "family happiness". In that field you will be pleased to know,
Madam President, that Mauritius with its family planning integrated services has managed to
reduce the reproduction rate from 4.7 to 1.3. I do not think I should cover other activities
of Mauritius, but we are doing out utmost in the field of training manpower. Our motto is
to make sure that there is participation at the grassroots level in that we accept and
recognize the doctors' associations, the nurses' associations, the paramedical associations.
The economists are blended with us and every one takes his due share and responsibility in
the formulation of policy; and if anyone hesitates this is what we tell them: "If you are
not part of the solution, you are part of the problem".

The PRESIDENT: Thank you very much, Sir Harold, that you accepted my ruling. This
indeed makes the discharge of my duties much easier. I now give the floor to the delegate
of Tunisia, Mr Mzali, Minister of Public Health.

Mr MZALI (Tunisia) (interpretation from the Arabic): Madam President, Mr Director-General,
ladies and gentlemen, it is a great honour for me to be representing my country, Tunisia, and
to be taking part for the first time in the work of this wonderful international Organization
which for a quarter of a century has been working for the physical and moral wellbeing of
mankind.
Permit me, Madam President, sincerely to congratulate you on your election as President of this Assembly and to present you with every good wish for the complete success of the Twenty-sixth World Health Assembly. I should also like to congratulate the Vice-Presidents on their unanimous election, and the chairmen of the main committees. I am certain, Madam President, that under your skilful direction and with the benefit of your wide experience in public health the proceedings of this conference and the decisions taken at it will be instrumental in advancing our knowledge of current problems in health matters and help us to find the most satisfactory solutions to them.

For 25 years this august Assembly has been working to secure better physical and mental health for all the peoples of the earth, without distinction of race or religion. Every year new strategies and structures are advocated for stamping out disease. Thanks to this common endeavour we are coming nearer to attaining the ideal our Organization has set itself. Marked progress has been made in all public health fields during the quarter century that has just ended. This has led to a decline of disease and a substantial drop in mortality. Much however remains to be done to protect humanity from the tribulations it is still exposed to, especially in the countries of the third world.

Our programmes for the control of communicable, deficiency and cardiovascular diseases should continue to be carried out with the same vigour and enthusiasm as shown by the World Health Organization up to now. The outgoing President made, at the Twenty-fifth Assembly, a moving appeal for cooperation. We hope that cooperation will be forthcoming in fuller measure, especially between the nations that are faced with the serious problem of cholera, which has now a tendency to spread to regions hitherto cholera-free. This disease, the existence of which we are all alive to and against which we are adequately armed, is showing signs of assuming an endemic character, which means that more work has to be done in the field of research and sanitation to provide better health protection for the peoples of underprivileged areas.

I should like now to say a word about the difficulties experienced by several countries similar to my own which, for several more years yet, are going to find it hard to put into effect an efficient national health plan in which the curative and preventive aspects of health are kept in balance and intensified, since each of those aspects is of major importance for our peoples' social and economic advancement. The curative aspect makes very great demands, since it is necessary to provide medical services of a variety entailing increasingly refined techniques, together with frequently costly equipment.

Control of communicable diseases is nevertheless an imperative to which my country is giving increasingly high priority, since we realize how effective and worthwhile this important health sector is. Thus, in addition to individual campaigns for the control of bilharziasis, rabies, waterborne and foodborne diseases, and tuberculosis, we have an important malaria eradication campaign, which is continuing to receive the same level of financial support as now for the last seven years. Today our country is almost completely free from this scourge: 19 cases of malaria were found in 1972 and only two cases in the first quarter of this year, whereas, in 1966, 4810 cases were reported.

The tuberculosis control programme is to be revived in 1974. Funds are to be made available to the Ministry of Public Health for case-finding and BCG vaccination on a large scale; BCG vaccination has been compulsory since 20 February 1959, but has not in fact been covering all the 0-20 years age-groups. Indiscriminate BCG vaccination has been selected by the Ministry of Public Health, and we believe that the coverage rate will be as high as 80% next year. We should like WHO to associate itself with the national effort by helping us to implement the programme drawn up to put an end to this serious problem, which is of the utmost concern to the Government of President Bourguiba.

Apart from all these public health questions, which are for the most part being financed from the national budget, the Ministry of Public Health is taking steps to improve the technical installations of university hospitals, so that our medical students may be provided with everything needed for a sound medical training. The training of medical and paramedical personnel remains one of our major objectives.

I avail myself of this opportunity to express our gratitude to WHO for its contribution to the improvement of our citizens' health and to the training of our young cadres, at the same time hoping that it will see its way to increasing its assistance in sectors of concern to us, such as tuberculosis control and the central public health laboratory. The development of peripheral laboratories, of which there are now six, is making big demands in respect of specialized personnel for chemical and bacteriological control of water and foodstuffs, the pollution of which is an increasing danger and a permanent threat to health.

One thing is of crucial importance for our Government's policy: namely, the establishment of a population policy based, on the one hand, on the adjustment in the birth rate that is essential for the general balance of our economy and, on the other, on care for the wellbeing and health of the reasonably-sized family. Our ten-year forecasts, as well as our forthcoming plan, give due priority to these considerations. A variety of activities are envisaged for
putting our policy in this field into effect: restructuring of our family planning services, intensification of participation in health education, creation of suitable legal inducements - together with anything else likely to help attain the objectives of our population policy.

I should like the Director-General and his colleagues to know how grateful my delegation is for the excellent Report he has presented, and I take this opportunity to convey to Dr Candau - who deserves our gratitude and our esteem for the intelligent, generous and effective work he has done for 20 years at the head of our Organization - our sincere good wishes for his health and happiness.

In conclusion, Madam President, allow me to inform you of the concern we continue to feel for our Palestinian Arab brothers, the victims of Zionist aggression, and for the tens of thousands of women, old people and children who are experiencing the dire sufferings through hunger and disease. Solidarity with our fellows in their physical and moral distress requires that we should come to the assistance of peoples threatened with extinction. By ensuring that these people enjoy the requisite level of physical and moral health, the World Health Organization will be making a substantial contribution to stability and peace in the world.

The President: Thank you, Mr Mzali. I now give the floor to the delegate of Belgium, Professor Halter, Secretary-General, Ministry of Public Health and Family Welfare.

Professor Halter (Belgium): Madam President, I observed yesterday in this Assembly what a bright lustre your charm and abilities shed upon the twenty-fifth anniversary. Allow me to add today that the choice of the Assembly officers under you augurs well for the quality of the discussions at this Twenty-sixth Assembly. We hope the session will take place in a calm, technical atmosphere and, as far as possible, avoid controversy.

We are, I believe, at this moment discussing items 1.11 and 1.12: the reports of the Executive Board and the Director-General's Report. Those documents are of outstanding quality, which improves year by year, and it would be true to say that they now constitute - the Director-General's Report in particular - an excellent opening to a treatise on hygiene and public health that many teachers of social medicine or hygiene might take to heart with advantage. I could therefore, as other colleagues have done, embark upon a discussion of all the problems before us; but with your permission, Madam President, I should prefer to confine myself to two or three points about which I have something particular to say and which have a direct bearing on the activities of this Assembly and of our Organization.

I believe our colleagues have been aware for some years now that the Belgian delegation is particularly interested in environmental problems and the attitude our Organization should adopt towards them. Nobody will therefore be surprised if I once again take up the cudgels on behalf of the Organization's action with respect to the many aspects of health policy in regard to the environment. There is I believe one thing we should all be agreed upon from the outset: namely, that it would be a pity to go on waiting until the harmful effects of pollution of the environment upon human health have done their worst and we have once again to evoke the dead or the sick as a reason for taking action, which is what kept happening in the nineteenth century and at the beginning of the twentieth in many circumstances, though fortunately in those cases only small-scale problems were in question. It is obvious that in the proportions they are now assuming environmental problems have such immense repercussions upon all mankind that we cannot possibly continue to put off getting to grips with them - not just to study them, but to decide how to solve them.

I should like therefore to remind you that any action concerning the environment has to be carried out in a series of phases, and we are particularly grateful to the Director-General for having agreed a few years back to muster all the Organization's forces to defend its position at the Stockholm Conference. This had a number of very happy consequences, among which was the important work now being done on the preparation of criteria, norms and standards. This work, together with monitoring work that may also be developed, will undoubtedly enable us to arrive at a better understanding of the problems. But it is also necessary to keep on carrying out research on pollutants - chemical, physical or biological - and their possible effects upon man, inasmuch as our primary object is to safeguard the physical and mental integrity of our fellow men. Research must also be undertaken on the means of control that might be used both in order to prevent pollution occurring and in order to prevent it from affecting the individual. These are, then, new programme lines which the Organization would, I am sure, do well to take up. I have studied with great interest and appreciation the proposals appearing in the documents before us at this Assembly prepared by the Director-General and his services for future programmes. I believe, though, that it would be advisable to speed up certain investigations even more, and boldly to tackle some new problems.

I am of course well aware - and this is one of the other points I had in mind to speak about - of the financial difficulties our Organization is experiencing. But it would not be impossible for these new efforts which we hope to make to be financed by voluntary contributions.
by the Member countries interested in the question. I may say right away that my country is prepared to support the Organization in this manner in order to permit the development of research and above all to make possible training and continuous training of the personnel required for the pollution control work we shall have to do. I should like to point out to our colleagues, who very often imagine that pollution control can be embarked upon with slender forces, with a handful of personnel, that the programme we are considering in my country at present involves training, in a few years, over 300 engineers specialized in managing water purification stations. That is a great deal to be obliged to do, but it is something it is impossible to avoid doing if the operation of investing in the setting up of water purification stations is to be successful and above all if the stations are to function. The same thing applies in other environment sectors; I should like therefore to put in my plea - and we shall be presenting a draft resolution, for discussion at this Assembly, on the special problems of training personnel in environment techniques. I am grateful to the Organization for what it has already done, but I believe that further action, perhaps more precisely directed, ought to be undertaken.

This brings me to our countries' health policy. All our colleagues talk about health policies; unfortunately however methodologies and means for applying them have hardly been developed at all. I should be glad therefore if this matter could be brought up for discussion.

Lastly, there is the everlasting financial problem. I should like to remind the Assembly, Madam President, that last year my country was one of those which, when the reference currency was devalued, took the step of making good by a voluntary contribution the difference between the value of the devalued currency and that of the budget appropriations. We shall be trying to do the same this year, and we hope that currency stability will be restored. But meanwhile we should like to give the Director-General every encouragement to defend his programmes energetically and we should like him to ask (and receive our consent) that these programmes should be financed in the normal way.

In conclusion, Madam President, allow me to say that I have had the great pleasure of presenting heads of delegation with the commemorative stamp my country has issued on the occasion of our Organization's twenty-fifth anniversary, and that it gave me special satisfaction to make this gesture, at once to our Organization and to our colleagues, on behalf of my Government.

The PRESIDENT: Thank you, Professor Halter. I now give the floor to the delegate of Swaziland, Mr Dhladhla, Minister of Health and Education.

Mr DHLADHLA (Swaziland): Madam President, Director-General, distinguished delegates and colleagues; allow me to offer the congratulations of Swaziland on your appointment to this very demanding office, Madam President. May I extend the same congratulatory message to your Vice-Presidents and office-bearers.

Swaziland speaks for the first time as a full Member of this Organization, an Organization whose activities we have followed and participated in and whose guidance we have respected through the years. I wish here to record the appreciation of my country for the assistance and cooperation we have received through the Regional Office for Africa. Many of you may not know where Swaziland is. It is a small country in the southern part of Africa, often referred to as the Switzerland of Africa. Mini-State though it may be, I find as I listen to the various distinguished delegates' remarks that we have much in common in the health sphere, differing only in our emphasis in approach because of our geographical situation, which therefore shows differences in disease patterns and incidences. But nevertheless we attack our problems with equal vigour along similar lines, geared to utilizing our limited resources to the utmost by placing the major emphasis on integration of our health delivery, particularly aimed at penetrating the rural areas. Thus maternal and child health services - especially of the vulnerable group - health education, nutrition, family planning, tuberculosis, early detection of cervical cancer, etc., are all part and parcel of the activities spread into most of our rural clinics or health centres. Perhaps we are fortunate in this respect, in that all our rural clinics are staffed by doubly qualified nurses whose orientation enables them to cope with these facets of health care. We are currently looking into the possibility of including mental health integration. We are fortunate to have a WHO consultant at this very moment looking into our psychiatric needs and mental rehabilitation.

Madam President, the outlined situation has by no means reached the ideal, being hampered by the perpetual limited manpower and financial resources, but with intensification of training programmes and with the pending establishment of training institutions and, in particular, a paramedical school and centre for nurses' postgraduate training in public health, we hope to be able to produce personnel equipped adequately for rural work.
Madam President, as I listened to the reports of both the Director-General and the Chairman of the Executive Board on the review of the year's work, I appreciated anew, with humility, respect, and admiration, the vast volume of work that is needed in the machinery of WHO to achieve the targets this Organization has set for itself.

The problem of schistosomiasis is one that is of great concern to my country. Mollusciciding and new therapeutic drugs are being used in regions where the incidence of this disease is perpetuated by the projects aimed at self-sufficiency in agriculture. More and more acreage is covered in this manner, and although we have reason to be optimistic, it is still too early to assess the impact with certainty.

The programmes against communicable diseases continue. Smallpox is eradicated. Malaria is at the surveillance stage, and mass BCG vaccination programmes against tuberculosis have also been completed and have entered the maintenance phase.

As we gather momentum in our joint struggle against the threats to health, nevertheless we continue to encounter adversaries sometimes created through the self-same advances in medical science and technology that are directed towards the benefit of mankind. We take comfort in the knowledge that we have this international Organization to guide us, under the able leadership of our Director-General and Regional Director for Africa. We feel great satisfaction in having joined this family unit.

Finally, Madam President, I bring with me a message of congratulations from his Majesty, King Sobhuza II, my Prime Minister and fellow countryman, on this twenty-fifth birthday of the World Health Organization - a message of thanks and encouragement and the hope that this Organization will continue to be untiring in its striving towards better health for the people of the world.

To the retiring Director-General, I add the voice of Swaziland and associate myself with Member States who have expressed their appreciation of the unfailing service that you have given in the past 20 years. You leave at a time when almost every nation has become aware of the responsibilities of the Organization - a realization which should be of great comfort and satisfaction in your retirement.

Last but not least, I take this opportunity of congratulating the People's Republic of China and the German Democratic Republic on their admission to WHO.

The President: Thank you, Mr. Dhladhla. I now give the floor to Mr. Chikwanda, Minister of Health of Zambia.

Mr. Chikwanda (Zambia): Madam President, Director-General, Dr. Candau, distinguished delegates, ladies and gentlemen; allow me, Madam President to convey my heartiest congratulations to you and your Vice-Presidents on your election to the high offices of this august Assembly.

Madam President, I wish to join other distinguished delegations in welcoming the delegation of the People's Republic of China, whose presence amongst us brings us nearly within reach of the title of the Organization. Madam President, my delegation is happy and wishes to congratulate the German Democratic Republic on the admission to membership in this important Organization. The German Democratic Republic, in spite of its citizens contribution to medical science, not to mention many other fields of human endeavour, has been unfairly kept out of this Organization for some reasons incapable of logical analysis and which indeed, as in the case of the People's Republic of China, are a sad commentary on the morality of international relations.

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Madam President, the liberation movements based in my country have applied to the Regional Director for assistance in the supply of drugs, medical equipment and fellowships. It is again my earnest hope that the assistance will be generous and that Member countries will follow the good example of the Scandinavian countries, particularly Sweden, which have accorded the liberation movements very generous humanitarian assistance. In the liberated areas of Mozambique and Angola, this assistance is of vital importance in the control of communicable diseases. We share borders with these liberated areas and our anxieties regarding the health situation in these areas are legitimate. Very often our health services have been overstrained when we have had to deal with unexpected influxes of people across the borders fleeing from the terror of the Portuguese fascists and their racist allies in southern Africa.

Once more, I wish to congratulate the Executive Board, the Director-General and his staff, for the good reports presented to the Assembly. My only concern is in connexion with the high running costs of the Organization. The high salaries paid by the Organization are becoming a factor in the "brain drain" from young developing countries to the Organization. I do hope that some rationale will be reached to control the salary levels. We cannot afford
blind acceptance of some of the capitalist theories, like inflated salaries as incentives. I would be Madam President, the last to advocate that those who work for important organizations such as WHO should be inadequately remunerated, but at least we should try whatever we can to stop short of creating rackets.

Finally, I wish to thank the Organization for all it is doing for my country in the field of basic health services, the smallpox maintenance phase, the malaria control programme and training. With the recent closure of our border, my Government has had to divert its trade routes from the south, due to the unreliability of Ian Smith’s regime. This decision has highlighted the need to set up an intravenous fluid manufacturing unit in my country so as to avoid the extra transport costs involved in bringing such items into the country. I will therefore be grateful if the report of the short-term consultant who visited my country in December last year to look into these needs could be expedited.

Madam President, ladies and gentlemen, in my closing remarks I wish to thank the outgoing President and his Vice-Presidents for the efficient manner in which they managed the affairs of the Organization.

The PRESIDENT: Thank you, Mr Chikwanda. I now give the floor to the delegate of Nicaragua, Dr Valle López, Minister of Public Health.

Dr VALLE LÓPEZ (Nicaragua) (translation from the Spanish): Madam President, fellow delegates, the delegation of Nicaragua would like to congratulate Professor Julie Sulianti Saroso on her election to the high office of President of the Twenty-sixth World Health Assembly; these congratulations also extend to all the Vice-Presidents of this great Assembly.

Our delegation has listened to the magnificent report submitted to the Assembly by the Director-General of the World Health Organization, Dr Marcolino Candau, who has described with great lucidity the programmes which WHO has conducted in all the regions of the world and indicated what has been accomplished for the improvement of health. Thanks to his great experience of health problems and his administrative skill, Dr Candau has obtained eminently satisfactory results.

As Minister of Public Health of Nicaragua I have pleasure in congratulating Dr Candau on this Report of his and on his long and successful tenure of the post of Director-General of the World Health Organization.

I should like to take this opportunity of thanking Dr Layton for the words he spoke in his address at the inauguration of this Assembly, when he referred with genuine feeling to the earthquake which destroyed the capital of Nicaragua, among other disasters which afflicted sister countries during the year 1972.

The delegation of Nicaragua, on behalf of its people and Government, and on my behalf as Minister of Public Health, wishes to express its deep gratitude to all those countries in the world which, directly or indirectly, have contributed to the preservation of the health of the population of my country, and are continuing to give us their generous and brotherly assistance.

I should also like to express our gratitude to the members of the Executive Board who, on learning of the damage caused to persons, health centres and hospitals, adopted a resolution recommending to the World Health Organization that it give every assistance towards the reconstruction of the health services of the capital of Nicaragua, which were totally destroyed.

My thanks go to Dr Molapo, who referred at length to this resolution, and equally to Dr Miró Quesada, Minister of Health of Peru, who also spoke of my country in connexion with the disaster.

I am going to take the liberty of describing to you briefly the administrative structure of the health sector prior to the earthquake, and telling you how the new health system works. While it is true that a health sector as such has not been delimited in Nicaragua, it can be stated that it is made up of a number of public and private institutions, as follows:

The Ministry of Public Health, which develops, in the main, activities for the promotion and protection of health, with limited activities for its restoration through 116 health centres and health posts, which theoretically provide coverage for 100% of the population of the country.

The National Welfare and Social Services Board and local welfare boards, responsible mainly for the care of the sick, through 23 hospitals, which provide 100% coverage for the population of the country.

The National Institute of Social Security, whose functions are to provide care for those insured with it when sick and to develop activities to promote the health of pregnant women and their children under two years of age. For these purposes it has five hospitals and a system of polyclinics, and it covers 8% of the population of the country.
The Medical Department of the National Guard, which provides medical care for its members and their families and, through programmes of civic action, cooperates in general health campaigns in the rural areas.

Private subsector: 27 hospitals with a total of 475 beds, some intended for the section of the population in a position to pay fees and some belonging to charitable institutions.

All the institutions in the public subsector have their own legislation and regulations and come under different authorities, and the programmes they implement are not mutually coordinated. Although a health plan was drawn up in 1964, it did not achieve an orderly utilization of the resources available for health. Nevertheless, in recent years, as a result of progress in ideas, of international experience in public health, and of the need felt in the country for extension of the medical care coverage of the population without there being any proportional increase in the available resources, those in charge of the various institutions have endeavoured to promote coordination and integration of services. Action on such lines was given new impetus in the joint recommendations of the First National Health Congress (in 1972).

Plans exist for the integration or coordination of institutions to ensure a more adequate and efficient utilization of the health resources, and for this purpose it is considered desirable to set up a National Health Council, with sufficient powers to enlist institutions in the implementation of supplementary activities provided for in a national health plan. The various institutions would be incorporated into a national health system.

As a result of the recent earthquake, we have realized the urgent need to establish such a health system and the importance of planning, in a sectoral context, investments, financing, health programmes and activities. This health system will centralize in two institutions, the Ministry of Public Health and the National Welfare and Social Services Board, the responsibility for caring for the health of the population of Nicaragua. Studies are already going ahead to determine the structure and establish the bases for the functioning of the new system, and agreement exists in the decision-making bodies to develop a model for its organization in the department of Managua (population 500 000) since it is the political and administrative capital of the country and because, as a result of the earthquake of 23 December 1972, the entire health organization there has to be reconstructed.

In this way, Nicaragua has taken an effective step towards integration of resources, combining those of the National Institute of Social Security with those of the National Welfare and Social Services Board, providing medical care in joint establishments to insured and uninsured persons, and integrating, at the peripheral level in the first instance, activities for the promotion, protection and restoration of health. In parallel with this, studies are beginning on the legal aspects, on financing, on regulations and on administration to pave the way for a policy of integration within the sector, in accordance with the principles adopted by the Government.

The most pressing administrative problems are related to the actual needs for reconstruction of the health sector and include, inter alia, the following:

- Analysis of the various institutions making up the sector for the purpose of determining the characteristics in respect of legislation, financing, organization, resources, production and feasibility of an effective system of intersectoral coordination.

- The establishment of a planning unit for the health sector, adequately staffed and equipped to serve both institutions.

- The organization of a staffing scheme in order to achieve uniformity between institutions and ensure conformity with the staffing scheme of the public administration and with the functional requirements of the health sector.

- Refinement of the programme budgeting system.

- Establishment of a system of continuous training of staff at various levels to tackle the problems of administration of the health services.

- The administrative problems of the health sector are, in their broad lines, quite similar to those of other sectors, with the exception of some procedures which have to be more specific owing to the very nature of the activity, the medium in which they are conducted, and the characteristics of the health-sickness state and the economic, social, emotional and other factors connected with it.

Nevertheless, as the Government is setting in motion a process of restructuring and modernization of the public administration, many of the measures taken will be applicable to the health sector.

It is a fact known to all the countries in the world that 95% of our installed capacity and resources for health care were destroyed by the earthquake. Nicaragua is requesting the maximum assistance from international agencies, and hopes to obtain it.

Knowing the wonderful spirit of cooperation towards our country, the decision of the World Health Organization that preventive and medical care establishments should be constructed
in Managua increases our responsibility to perfect our health administration procedures. We have no doubt that Nicaragua's internal efforts to achieve this will at all times meet with the necessary sustained cooperation.

Madam President, every kind of aid or resource for the improvement of the health of the population has been and will be welcomed by the people and Government of Nicaragua, afflicted first by a drought that greatly affected agriculture and then by the terrible earthquake that struck Managua on 23 December 1972.

We put our trust in God, in the governments of the world, and in the World Health Organization for the reconstruction of our country. We trust in our Government, and in our Ministry of Health, which in such difficult circumstances has been able to maintain the people's health at an acceptable level and which has so far managed to prevent any epidemic from developing.

We trust in our people; they have suffered so much, but, although they are still living in camps and temporary huts, they have kept their fighting spirit and an admirable morale.

The PRESIDENT: Thank you, Dr Valle López. As announced at the beginning of this afternoon's meeting, I intend to close now the list of speakers for the general discussion on items 1.11 and 1.12, in accordance with Rule 58 of the Rules of Procedure. Dr Dorolle will read out to you the names of the delegations which are still on my list.

The DEPUTY DIRECTOR-GENERAL: Madam President, you have still 58 names on your list: Republic of Korea, Union of Soviet Socialist Republics, Spain, Brazil, Canada, Cuba, China, Lebanon, Sri Lanka, Rwanda, Netherlands, Pakistan, Albania, France, Senegal, United Kingdom of Great Britain and Northern Ireland, Iran, Ethiopia, Bangladesh, Greece, Hungary, Jordan, Gabon, Kenya, Chile, Trinidad and Tobago, Dahomey, Romania, Papua New Guinea, Mongolia, Ecuador, Burundi, Switzerland, Togo, Qatar, Liberia, Algeria, Czechoslovakia, Finland, Madagascar, Sudan, German Democratic Republic, Egypt, Portugal, Philippines, Democratic Yemen, Gabon, Libyan Arab Republic, Yemen, Congo, Chad, Guinea, Niger, Bolivia, Kuwait, Bahrain, and the Observer of the Holy See are the 58 names you have on your list, Madam President.

The PRESIDENT: With the agreement of the Assembly I shall now declare closed the list of speakers. Are there any observations? The list of speakers is now closed.

The meeting is now adjourned.

The meeting rose at 5.35 p.m.
1. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTIETH AND FIFTY-FIRST SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1972 (continued)

The ACTING PRESIDENT (translation from the Russian): The Assembly is called to order.

Today we continue the general discussion on items 1.11 and 1.12. I give the floor to the first speaker on my list, the delegate of the Republic of Korea, Mr Lee, Minister of Health and Social Affairs.

Mr K. H. LEE (Republic of Korea): Mr President, distinguished delegates, Mr Director-General, Regional Directors, ladies and gentlemen, on behalf of the delegation of the Republic of Korea I wish to join the preceding speakers in congratulating the President on her election to this high and responsible office of the Assembly. Our congratulations are also extended to the Vice-Presidents of the Assembly and the chairmen of the main committees.

My delegation further wishes to express its appreciation to the Director-General and his staff for preparing the comprehensive Annual Report on the work of WHO in 1972. We also express our profound gratitude and respect to Dr Dy, the Regional Director for the Western Pacific, for his devoted efforts for the successful implementation of the Organization's programme in the Region.

Mr Lee continued his speech, expressing the government's appreciation to WHO for its assistance in promoting health programs in Korea. He also discussed the economic growth of Korea, the Saemaul Movement, and the government's efforts to improve rural health care and provide clean drinking water. Mr Lee also touched on the issue of environmental pollution and the government's efforts to curb it. Finally, he concluded by emphasizing the role of WHO in promoting health worldwide.
Korea has achieved in a single decade a remarkable success in reducing the population growth rate from 2.8% in 1961 to 1.9% in 1971. It is our target to lower it further to 1.5% by 1975. However, due to the sudden increase in the birth rate in the early 1950s, in the aftermath of the Korean war, the generative age group is expected to grow rapidly during the next several years and this will create additional difficulties in achieving the said target. For this reason, comprehensive assistance has been requested from the United Nations Fund for Population Activities, for which WHO is the executing agency. Efforts are also being made to coordinate the family planning activities in all sectors. Family planning is considered an integral part of the family health programme and an integrated approach to maternal and child health is being emphasized in its implementation.

In cooperation with WHO, the Korean Government has been able to cut down the incidence of communicable diseases of various kinds, as well as the prevalence of tuberculosis and other chronic and parasitic diseases. This has undoubtedly helped to promote health in general and to strengthen labour forces in particular, thus contributing to the national economic growth. However, we feel that eradication of some communicable diseases remains a serious problem and much has to be done further to promote health, especially for mothers and children. We consider that sound development of the general health services is the key to the solution of the problems under reference. In this connexion, Mr President, I am glad to say that a project for the development of general health services has been set up jointly with WHO and UNICEF and a pilot study area has been designated where an integrated delivery of basic components of health services will be experimented with in order to bring about maximum benefit at a minimum cost, with a view to making possible a general application of this system throughout the country in the near future.

Thanks to significant advances in our technology and industry in recent years, our pharmaceutical production is now sufficient to meet the domestic demands both in quality and in quantity, and pharmaceutical export is increasing with each passing year. My Government has recently introduced new regulations for better quality control of the products and WHO's assistance in this respect will prove most useful.

In concluding, Mr President, I would like to express the earnest hope of my delegation that the discussions and deliberations of this Twenty-sixth World Health Assembly will be fruitful and successful.

The ACTING PRESIDENT (translation from the Russian): Thank you, Mr Lee. I give the floor to the delegate of the Union of Soviet Socialist Republics.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) (translation from the Russian): Mr President, Mr Director-General, fellow delegates, permit me on behalf of the Soviet delegation to congratulate the President, and all the Vice-Presidents of the Assembly, as well as the chairmen and vice-chairmen of the main committees, on their election to their high office. We also congratulate the Chairman of the Executive Board, Dr Molapo, on the exhaustive report on the fiftieth and fifty-first sessions of the Executive Board, and the Director-General, Dr Candau, on his Report on the work of WHO in 1972. Lastly, we cannot omit to mention the brilliant statements made at the meeting celebrating the twenty-fifth anniversary of the World Health Organization, and the speeches of the many delegates who spoke yesterday and the day before, which have conclusively allayed the fears sometimes expressed that the general discussion was not sufficiently interesting and that the subjects dealt with were of too broad a nature.

On the contrary, many of the statements confirm the fact that our discussions are one of the most important events at the Assembly: they not only give, as it were, a photograph of public health throughout the world, but also provide the precious element of "feedback" that is required for the efficient management of our Organization.

These statements are evidence that in 1973 WHO's pulse is beating particularly strongly, and in important respects the present Assembly is different from our previous meetings and, perhaps, also from those we shall be holding in the future.

The Twenty-sixth Assembly is remarkable for its composition. At it we are welcoming the first delegation of the German Democratic Republic as a full Member of WHO, also an observer delegation from the Democratic People's Republic of Korea, which has applied for membership.

For the first time a delegation of the People's Republic of China is attending the Assembly, and it is a profound satisfaction to us to see thus crowned with success the long struggle which many States, the Soviet Union among them, have been carrying on to restore to China its lawful rights in our Organization.

We hope that, taking into account the Organization's past experience and the lines along which it is developing, the Assembly will admit the Democratic People's Republic of Korea to WHO and thereby take one of the last decisive steps towards making WHO completely universal.
This is our jubilee session. WHO has come of age, and although it has been pointed out here that the road it has travelled has not always been an even one and that it has met not only with successes but also with failures, we consider it to be a major achievement that WHO should have proved itself necessary to the development of national and international public health, and also that health should now really have come to be recognized in many countries of the world as an inalienable right of the individual, and that governments should be realizing to an increasing extent their direct responsibility not only for proclaiming that right but also for effectively guaranteeing it.

This Assembly marks a turning point. The Director-General, Dr Marcolino Candau, has been at the head of the Organization for 20 years; his services to the Organization's development and to international public health are beyond question and are universally recognized. We are most appreciative of the part that he personally, and the Secretariat, have played in the development of international health programmes. If you will permit me to make the comparison, Dr Candau is now leaving his post as an unvanquished world champion leaves the ring: the champion, in his case, of international public health.

But life moves on; new biological, ecological and social problems make their appearance and their complexity and acuteness increase. Practical, even if long-term, ways of solving those problems have got to be found, and in order to find them not only past experience is required but also, combined with it, a bold scanning of the future, and we are sure the present Assembly's decisions will contribute to that.

Lastly, the Twenty-sixth Health Assembly has met in extremely propitious circumstances. During the past year the nations of the world have succeeded in putting an end to the war in Viet-Nam, lines have been laid down for establishing collective security in Europe and other parts of the world, major agreements have been signed between States situated at opposite social and economic poles, and there has been a marked relaxation of international tension. We ascribe this to a number of factors, one of which is the successful putting into effect of the Programme of Peace advanced by the Twenty-fourth Congress of the Communist Party of the Soviet Union. The world is moving from confrontation and armed struggle to mutual recognition, respect and cooperation. And though dangerous hotbeds of military conflict still remain in the Near East and other areas, there is no doubt but that the general trends of international development are favourable.

However, the nations still have to learn true and effective cooperation, and to work out and perfect a methodology for such cooperation between countries having different socioeconomic and political systems. And one of the fields in which, preeminently, this methodology can be worked out is public health. Accordingly, in regard to the future of the World Health Organization the Soviet delegation would like to draw the Assembly's attention to the following important points.

WHO is carrying out a number of long-term international health programmes; but, despite the great efforts and energy put into them, it frequently happens that these programmes do not produce the results expected, and one hears that the gulf between the health situations of different countries is continuing to widen. We consider that the time has long been ripe for a basic long-term WHO strategy, directed towards bridging and eliminating that gulf, to be clearly formulated for the years ahead, in the light of existing scientific, technological and social forecasts, the order of priority among major national and international problems, and the present and expected future availability of manpower and material resources.

It must be remembered that today many health problems have become international and even global. They cannot successfully be solved without coordinated international effort, or at least they cannot be properly understood unless the whole of international knowledge is correlated. These problems include the following:

- International coordination and stimulation of medical research and utilization of its achievements in public health practice in all countries;
- Control of dangerous epidemic diseases (smallpox, cholera, plague, etc.) in the conditions created by contemporary means of communication and transport;
- The working out of efficient control methods for diseases of widespread occurrence (cardiovascular diseases, cancerous tumours, virus diseases, etc.);
- The medical aspects of protection of the environment;
- The training of national health personnel, particularly for the developing countries, in the light of the resolution of our Twenty-fourth Assembly;
- Effective control over the quality, safety, effectiveness and side-effects of drugs, and prevention of drug abuse;
- Study of social and demographic processes in different countries of the world with a view to preparing a new health strategy. Closely linked with this is the problem of adequate and rational nutrition and control of diseases due to malnutrition and starvation, also the general question of population dynamics in the light of the repercussions, both positive and negative, of scientific and technological progress upon the health of mankind.

We deliberately started this list with research, since development and coordination of research are in the interest of all countries.
At this session the Soviet delegation, together with the delegations of a number of other countries, is proposing that we discuss the forms and methods of international cooperation on the problem of cancer, which is of importance to all, and think out ways of studying it and eventually solving it. Subsequently, long-term programmes should be drawn up for dealing with other problems. In making this proposal we are aware that if these resolutions and programmes just remain a dead letter, if we do not regularly look into them and see they are implemented, both international public health and our concept of cooperation will suffer.

The Soviet delegation notes the extreme acuteness of the problem of WHO’s budget. The excessive rates of increase of WHO’s regular budget, based on a single currency (United States dollars) that has substantially depreciated, does not promise the Organization a stable financial position in the future. Our Assembly can make an important step by taking a decision to utilize more widely, for the maintenance of WHO’s activities, other national currencies and all other material, technological and manpower resources of Member States. We believe that there would be a real chance of improving WHO’s work if its programmes were to be based upon more flexible forms of technical assistance to the developing countries, involving not only the traditional advice from experts and consultants, but also the use of national efforts and resources, together with existing bilateral and multilateral channels of mutual aid.

The Soviet delegation also considers it advisable that there should be study and discussion of the problem of further increasing the effectiveness of the work of the WHO Executive Board and Assembly, of making more active use of the collective wisdom of those supreme WHO organs and of strengthening their supervisory role over the implementation of international programmes. It would also be advisable to consider again the question of the structure of WHO headquarters and the regional offices and of more exactly defining their relationship with one another and their responsibility, of making wider use of international nongovernmental organizations in the health field, and of methods of planning and evaluating the effectiveness of international health programmes.

To sum up, the Soviet delegation considers that WHO must constantly review and develop the methodology of international cooperation in the health field. A new contemporary public health theory is required, based on an analysis of the experience of different countries and systems, and we specially emphasize here the importance of the public health experience of the socialist countries. It is not a question of blindly copying the experience and systems of individual highly developed countries, of which there has been talk here, but of ascertaining the basic patterns of public health development in human society, ignorance of which would be unpardonable when we are confronted with such serious national and international health problems. It is also necessary to employ and develop contemporary methods of managing social and biosocial systems; this is needed in order that we may know how best to protect people’s health, not only now, but also in the future.

That is the Soviet Union’s long-term position of principle. We have explained it before from the rostrum of the Assembly and at other WHO meetings, and are glad that many other delegates are now arriving at similar conclusions and ideas. Consequently, we contemplate the future of international health and of our Organization with optimism and confidence, as well as with gravity and a sense of responsibility.

The ACTING PRESIDENT (translation from the Russian): I thank Dr Venediktov, and request the delegate of Spain to proceed with our discussion.

Dr BRAVO MORATE (Spain) (translation from the Spanish): Mr President, delegates, ladies and gentlemen, it is a great honour for me to address the World Health Assembly as Director-General of Health for Spain. I am here as replacement for my illustrious predecessor, Professor García Orcoyen, who has reached retirement age. It is my desire to carry out this assignment with the maximum efficiency.

First I should like to congratulate the President and Vice-Presidents of this Assembly on their well-deserved election. Thanks to their recognized competence we can all count upon the ablest possible conduct of our deliberations.

We have studied rather than merely read the very comprehensive and well-documented Report of the Director-General on the work of WHO in 1972 and, since it deals with a problem of what we might term “hot epidemiology” which we had to tackle in 1971, our attention was particularly drawn to the section devoted to cholera, beginning with paragraph 1.159, in the chapter on communicable diseases, which are the only ones we intend to comment on.

In 1972 the situation in Spain as regards the spread of cholera was fortunately not what, in Dr Candau’s words, “might have been expected on epidemiological grounds”. I must stress that this was not due to chance, but to the substantial and coordinated effort which the Government of my country exerted during the second half of 1971 and the whole of 1972. The map on page 27 of the Report clearly shows the limits which cholera attained in its spread.
from the African continent across Spain towards Western Europe, and those limits, ladies and gentlemen, did not go beyond the borders of my own country.

We sincerely believe that it was only the arduous, costly and effective action undertaken at all levels, and already started as a preventive measure in 1969 with what was designated "Operation El Tor", which enabled us to turn our country into a veritable sanitary cordon and thus prevent the spread of the pandemic to other horizons.

Under a general coordinated plan, implemented mainly by the Directorates General of Health and of Waterworks, with pecuniary assistance from the Ministry of Finance, we succeeded in immediately establishing chlorination facilities for all drinking-water supply systems where they were lacking, including those of the smallest and remotest populated areas, a total of 4512 new plants being installed. In all the peripheral health services, specialized centres to do bacteriological screening for the disease and permanent mobile water inspection teams were organized. Routine follow-up of carriers was instituted, and surveillance and sanitary treatment of fruit and vegetables, as well as of waste water, were intensified. Special training courses for technical and auxiliary personnel were established. Some 45 000 chlorometers were distributed throughout the country. Adequate means for care and treatment were stocked as potential reserves. Over 2 million health education leaflets were published and 15 million doses of vaccine produced, among a variety of other measures adopted.

Nevertheless, and recalling the old saying that "it's an ill wind that blows nobody any good", we believe that the most important thing as regards the future is the fact that the small outbreak of cholera we suffered from in 1971 has provided us with a powerful stimulus to the proper development of our health infrastructure, so that we can now look forward as a secondary effect to an appreciable reduction in morbidity due to other intestinal infections which have hitherto been endemic.

We consider that the time has come when we can comment on the appreciation which was expressed at the end of 1971, at the meeting specially convened by WHO in Copenhagen, of the honourable and altruistic behaviour of Spain in immediately notifying, at the height of the tourist season, the existence of the cholera outbreak, whose repercussions, if it had not been quickly suppressed, might have had very severe consequences for our national economy; we believe that this should be a stimulus and an example to those placed in similar situations.

The measures initially adopted were extended in 1972 and have been strengthened during the present year, and as a result, on the basis of over 5000 analyses of waste water performed in the localities that were affected, we have repeatedly been able to confirm the absence of pathogenic vibrios.

It is only right that I should mention, and thank WHO for, the continuous support we have had with regard to this problem, and particularly the help we have had from its advisers and experts.

In 1972 our country was also affected by a type of influenza with the same characteristics as are described in paragraph 1.23 of the Director-General's Report. The national influenza centres in Barcelona and Madrid kept in constant touch with the World Centre in London and, in addition to isolating many A2 England/42/72 strains, tested more than 10 000 human sera for influenza antibodies by the immunoprecipitation reaction. Meanwhile, the study on antibodies in various animal species was concluded.

With regard to poliomyelitis, in Spain 95% of the viruses isolated in 1972 belonged to type 1. Morbidity is lower than in the period prior to the health campaigns undertaken from the year 1964 onwards, and is encountered only in children under five years of age who have not been vaccinated or have been inadequately vaccinated.

We have now changed our vaccination schedule: we conduct a "comb-out" of all the child population under five years of age, using only type 1 monovalent vaccine, and then administer trivalent vaccine for the second dose. Similarly, instead of conducting campaigns only in a horizontal direction, i.e., at a given time and for the entire country, we are also developing them in a longitudinal direction, i.e., by individual check-up and starting from birth. This, combined with more intensive health education, will, we hope, enable us to achieve final success.

We, who previously had a serious malaria problem and from whose territory the disease has been officially eradicated since 1964, have read with great interest the information given in paragraph 2.6 on the situation in Algeria, which fortunately is continuing to improve. I was recently invited to that country by the Ministry of Health of the Democratic and Popular Republic of Algeria and was able to see for myself the great progress which has been achieved in dealing with the problem at present facing that country, and which deserves our closest attention and support.

As regards tuberculosis, we should like to draw attention to the effort we have made and the outstanding results we have obtained in the implementation of our eradication plan, which started in 1965 and continued in 1972. In all, 11 760 000 X-ray photographs have been taken,
During these years of efficient stewardship and which deserve special mention at this moment is the Organization.

Malaga, as the meeting place for an important study group on health problems connected with tourism which is to be convened next July.

We fully agree with what the Director-General says about environmental health and the need to develop the basic sanitation services, particularly as regards drinking-water supplies and waste disposal. In Spain this activity has received and is receiving very special attention from the Government, which is accordingly taking it into account in its development plans. This will benefit not only our indigenous population, but also the great mass of tourists that visits us and which we must consider not as a contingent social phenomenon but as something lasting which will require constant change and improvement in our entire health infrastructure. The Ministry of Public Works in its latest plan has allocated 21 000 million pesetas for such purposes, and this will mean a better standard of hygiene for some 14 million persons. Aware of the effort we are making, WHO has done us the honour, for which we are profoundly grateful, of choosing our country, and, more specifically the beautiful city of Malaga, as the meeting place for an important study group on health problems connected with tourism which is to be convened next July.

Pressure of time precludes us from commenting on other subjects of major interest. To sum up, Mr President, we have pleasure in expressing the Spanish delegation's approval of the Report of the Director-General, we wish every success to the Assembly, and we extend our congratulations to the new Member States.

In conclusion, Mr President, I should like to pay sincere tribute to the man who has been our Director-General until now, Dr Marcolino Gomes Candau. For many years he has stood at the helm of this great ship of international health and promoted the harmonious growth of our Organization. In Dr Candau's person are combined, alongside his attainments in the scientific and health fields, diplomatic abilities and human qualities which have been clearly in evidence during these years of efficient stewardship and which deserve special mention at this moment of leave-taking.

The Spanish delegation would like to place on record its gratitude to Dr Candau and wishes him every success in the new life on which he is about to launch. We are sure that, whether close to or more remote from WHO, he will always be the wisest of its counsellors.

The ACTING PRESIDENT (translation from the Russian): Thank you, Dr Bravo Morate. I give the floor to the delegate of Brazil.

Dr MACHADO DE LEMOS (Brazil) (translation from the Spanish): Mr President, Director-General and colleagues, first I should like to congratulate the President, Vice-Presidents and officers of this Assembly, and at the same time greet all the colleagues who have helped, with their timely contributions to our discussions, to enrich the technical content of this international meeting.

In view of the necessarily very limited time allowed for this speech, I shall try only to put our health problems into focus, outlining the major advances achieved with the valuable assistance of WHO through its Regional Office for the Americas, and defining the doctrinal position of health, as the Brazilian Government understands it, in the context of the overall process of social and economic development of my country, whose population now exceeds 100 million.

The process of social and economic development, as the Brazilian Government sees it, possesses the following basic characteristics:

Firstly, it is accelerated, accelerated development being understood to mean a growth rate of over 6% per annum in the gross national product. The growth rate in 1961 attained 11.3%, and was thus one of the highest in the world. Agriculture contributed to it with an increase of 11.4%, industry with one of 11.2%, and the services sector with one of 11.3%.

Secondly, it must be not only accelerated but also self-sustaining, so that the assigned goals can be attained within a trajectory of dynamic equilibrium, in the long term.

Thirdly, it must be at the service of man as an instrument of social progress, social progress being understood to mean a fair distribution of income and the creation of an institutional framework which will ensure absence of privilege and democratization of opportunities, reflected in facility of access to sources of education, health and employment.

Fourthly and lastly, the social and economic development of a country is, at root, a problem exclusive to its people, and its solution cannot depend on the problematical generosity of third parties.

This is exactly the philosophy of the Government of President Emilio Garrastazu Medici, which is supervising the construction of a Brazil designed not for some but for all Brazilians. There is no doubt as to what this involves: a technical problem, a political commitment and a collective responsibility.
Within this doctrinal framework, what is the proper place of health and how are we to proceed in our specific area so that economic growth can develop in accordance with the characteristics I have specified, i.e., at the accelerated and self-sustaining rate which is a necessary prerequisite for the expansion of employment opportunities and for the attainment of the fundamental aims of social progress?

Meanwhile, among other essential measures, we have to diversify the springs of economic dynamism, of which health is one, in a small number of basic directions so as to prevent dispersal of the available resources and to do so in a way compatible with the principal features of the diagnosis, within the context of the appropriate strategy of national development that is being applied by the Brazilian Government.

Firstly, reorganization, consolidation and balanced expansion of the industrial sector, at a rate of over 10% per annum.

Secondly, an increase in agricultural production and productivity and modernization of the supply system. The annual rates of growth of the agricultural sector are running at between 8 and 10%.

Thirdly, strengthening of the infrastructure of energy, transport and communications; and

Fourthly and lastly, strengthening of the social infrastructure, particularly with regard to education, health, sanitation and housing.

It should be emphasized that none of these sources of dynamism, operating in isolation, can ensure that the development process is self-sustaining. Only coordinated action in these four dynamic areas, developing interdependently and operating on a system of continuous feedback, each of them being given appropriate emphasis, can enable demand and supply to be raised to levels capable of maintaining the high tempo of accelerated and self-sustaining economic growth, with the characteristics to which I have referred. Meanwhile, for the health sector to be able to take decisive action in this intersectoral context, it is essential that, in the first place, it be suitably organized for that purpose and adapted to the process of economic and social development, of which it is a basic component. To this end, the Ministry of Health has established a national health policy, determining in each area the diagnosis - the base-line situation - the objectives, the duly quantified targets, the activities needed in order to attain them, the resources available and those required, together with the indicators of periodic variations in results.

Particular mention might be made of the following priorities established by the Ministry of Health of Brazil:

Firstly, control of those infectious and parasitic diseases which still present a public health problem, especially the major endemic diseases, on account of their high incidence and prevalence and of the mortality and temporary or permanent disability which they cause. During the two-year period 1973-74 the Brazilian Government will be devoting considerable health resources, amounting to over 90 million dollars, to campaigns for the eradication and control of mass diseases. Especially noteworthy, among the successful results obtained, is the eradication of smallpox, reflected in the absence of any cases since 1971, following the vaccination of over 90 million people throughout the national territory.

Secondly, the stepping-up of activities to promote a healthier physical environment, outstanding among which is the national environmental health plan, financed by the National Housing Bank, which will make it possible, with the technical assistance of the Ministry of Health and of PAHO, to construct public water supply systems in order to meet, during the present decade, the needs of more than 80% of the urban population of the country. The system of capitalization of national and international resources will enable the equivalent of 1.5 thousand million dollars to be applied to this programme during the present decade.

Thirdly, improvement of the productivity of the system for protection and restoration of health, which the Government is endeavouring to expand on a rational basis in order to meet satisfactorily the growing demand for medical and health care, which must be integrated and comprehensive, available to all without distinction, timely, effective and sufficient in the context of a programme of progressive coordination of the various state, parastate and private agencies which make up the health sector and whose budgetary resources amount to over a thousand million dollars. Special emphasis is being laid on maternal and child care, to which priority is given in any health programme and particularly in our country, with its high rate of population growth and distinctive age structure, nearly 50% of its inhabitants falling into the under-25-year age group. An activity directed to the same end which is being implemented with excellent results is a state programme for production of essential drugs, operating largely through the drug supply centre which is already catering for the needs of the large population sector that has no access to the consumer market owing to its low purchasing power. The Government is at the same time giving incentives to the pharmaceutical research and to the basic chemical industries, so as to harmonize this project with the interests of the private pharmaceutical industry, with due regard at all times to overriding social considerations.
The Government is also according maximum priority to establishing a national food and nutrition policy, which is being developed as an integral part of the national social and economic development plans. To this end we are already putting into effect, as a first stage, a major programme of applied nutrition at the national level for the most vulnerable population groups, namely lactating women, pre-school children, pregnant women and school-children. This programme is to be implemented through the National Institute of Food and Nutrition and its cost for the current year will be approximately 80 million dollars.

It will be clear from what I have said that health, in its capacity as a basic component, is brought into the global process of economic and social development of my country through integrated programmes possessing the characteristics of proportionality, progressiveness and contemporaneity. Believing that the basic prerequisite for the development of these health programmes is trained manpower, the Brazilian Government is giving priority to education and training of personnel of all categories and at all levels, professional, intermediate and auxiliary, through effective cooperation between the Ministries of Health, Education and Planning, at the federal and state levels, with the participation of schools of public health, faculties of medicine and nursing, and other specialized institutions, as also of professional associations, and with the valuable technical advice of the World Health Organization and the Pan American Health Organization.

Finally, the Government of my country, through the Ministry of Planning and the National Research Council, is intensifying research and other activities in all fields, in accordance with a basic plan and through a national system of science and technology, to promote better utilization of institutional, material, technical, administrative and financial resources. Approximately 300 million dollars have been earmarked for this activity over the period 1972-1974 in all sectors. The Ministry, with the technical and financial support of the agencies to which I have referred, has already prepared the basic plan for the Health Centre, which is to be implemented through a sectoral system of science and technology, directing and intensifying research activities.

The Brazilian Government would like to take this opportunity of conveying to Dr Candau its approval of and hearty congratulations on the content of his valuable Report; and to WHO and its Regional Office for the Americas, namely PASB, its gratitude for the timely, well-planned and profitable assistance they have been according us in this gigantic task of attaining levels of health compatible with the requirements of social and economic development.

To Dr Candau, finally, go our congratulations on the inspiring example he has given us of technical and administrative ability, unusual political flair, creativity and executive competence, a combination of qualities difficult to find in a single man, to whom we are indebted for an impressive body of achievements in the public health field throughout the world.

The ACTING PRESIDENT (translation from the Russian): I thank the delegate of Brazil, and request the delegate of Canada to proceed with our discussion.

Dr CHAPMAN (Canada): Mr President, Mr Director-General, distinguished delegates, may I first congratulate our President, Professor Julie Sulianti Saroso, on her election as President of the Twenty-sixth World Health Assembly. Professor Sulianti brings to this high office demonstrated competence and a wide knowledge of the health field. These characteristics, I am sure, will make her tenure of office most outstanding.

Congratulations are also offered to the Vice-Presidents and the officers of the Committees on their election.

The Canadian delegation would also wish to express to you, Dr Candau, on the eve of your departure from WHO, our sincere gratitude for the extremely valuable contribution which you have made to the work of this Organization.

When speaking to this same agenda item at the Twenty-fifth World Health Assembly, Dr Maurice Leclair, Deputy Minister of National Health, referred to the rapidly escalating cost of health care in Canada. He pointed out that in the past two decades the most striking development in health care has been the progressive involvement of government, both federal and provincial, in the financing of major segments of personal health care services. But during this same period costs of health services have risen at an alarming rate. The average rate of increase in recent years has been between 12 and 13% per annum—a figure which is significantly in excess of the growth rate of the gross national product. Although such an escalation is not confined to Canada, and much of the increase can be justified, obviously the rate of escalation must be slowed down.

In an attempt to find a solution to this problem, the Long-range Planning Branch of the Department of National Health and Welfare has been questioning the basic, even sacred, structure of the health care field. They have found that the absence of an adequate framework of subdividing the field into its principal elements was a major problem in the analysis
Everyone wants good health, but the willingness to pay for it in terms of personal and social discipline and sacrifice depends on social and individual values. In devising the proposed classification, a serious attempt has been made to balance the importance of prevention with cure. The challenge in the health field in Canada is to maintain the present high levels of health care and medical research while bringing our efforts up to a similar level in the areas of lifestyle and environment. This proposed concept is being used only on an experimental basis in Canada at the present time. However, we have found this exploratory use most helpful and it was this initial reaction to the concept which has
prompted me to share some of our ideas with you today. If this approach takes anyone even one step further along the path of a balanced view of the health field, it will have served its purpose.

The ACTING PRESIDENT (translation from the Russian): I thank the delegate of Canada, and request the delegate of Cuba to begin his statement.

Dr PEREDA (Cuba) (translation from the Spanish): Mr President, fellow delegates, I should like on behalf of the Cuban delegation to offer my congratulations to the President and other officers of this Twenty-sixth World Health Assembly on their election and wish them every success in discharging the important duties which will devolve on them during the session.

As in previous years, our delegation has examined the Report of the Director-General and wish to pay tribute to its high standard and meticulously clear presentation. We should like to mention some of the aspects dealt with in the Report and to describe the experience we have had in our own public health system.

The contribution of our communicable disease control programme to diminishing the threat which these diseases represent for all countries can be expressed in very concrete terms by detailing the achievements of that programme: eradication of poliomyelitis, disappearance of infantile tuberculosis, elimination of tetanus neonatorum, diphtheria (not a single case of which has been recorded in the past three years), and gastroenteritis (the mortality from which has fallen from over 50 per 100,000 population in 1962 to less than 15 in 1972), and eradication of malaria (at a meeting of experts due to be held in November of this year Cuba is to be issued with the certificate of eradication of malaria from its territory).

The implementation of the programme for reducing infant mortality by 50% during the present decade is continuing. At the beginning of 1960 we were recording infant mortality figures of over 50 per 1000 live births. The rate was brought down to 37.6 per 1000 in 1970, the year in which we launched this programme, whose success can be judged from the figure of 27.4 per 1000 live births recorded at the end of 1972.

We consider that a vital factor in enabling us to obtain these results was the efforts made in prior years towards the creation and strengthening of a national health system based on socialist principles of organization and operation of services, whereby the health of the population is the responsibility of the State; the services are accessible to the entire population, including those living in the rural areas; there is active participation by communities in the health programmes, and the services are of a comprehensive preventive and curative nature.

The resources of our health system can be expressed in the following figures: a coverage of one doctor per 1100 population, 4.8 beds per 1000 population, four consultations per person per year, and 12.9 hospital discharges to every 100 population. The coverage for deliveries in institutions attained the figure of 94.1% of all births throughout the territory in 1972.

Our structure has made it possible to bring the health services ever closer to the masses, establishing direct contact with the family nucleus, with the individual, with places of work and with the school, through the comprehensive polyclinics with their field personnel, home-visiting physicians, field nurses and other health workers.

A point referred to in the Director-General's Report which we would like to emphasize because of its importance and topicality is the vital need to intensify research in order to acquire the knowledge indispensible for disease control. The health sector in our country is proposing, in its plans for the present decade, to develop extensive activities in the medical research field, in order to provide a firm basis for its preventive, care and teaching activities. I will mention only the research on the growth and development of the child population in Cuba, on perinatal mortality and morbidity (a worldwide programme) on chronic diseases (cancer and cardiovascular disorders, the two main causes of death in Cuba), on diabetes, traffic accidents, etc.

As the Director-General points out in his Report, all these achievements are due in part to the development of the health services and to the application of advances in science and technology, but we cannot refrain from pointing out the influence which has been exerted in this respect by the social and economic changes and the physical improvements which have occurred simultaneously in the country over the past 14 years, and which have made possible the enjoyment of all the wealth of the nation by all its citizens. An important role has also been played in this development by international cooperation, through friendly countries and with the agencies of the United Nations - a cooperation which, on a reciprocal basis and according to the principle of international solidarity, we have offered to other peoples that have requested it or needed it in emergency situations.

The principle of universality, which has been so thoroughly discussed in these Assemblies and to which our delegation has always enthusiastically subscribed, has lately shown signs of making real progress in our Organization. The admission of the People's Republic of China in 1972 and that of the German Democratic Republic in this year of 1973, so amply deserved
by their successes and experience in the field of public health, will be of great benefit to the other Member States. The incontrovertible right of the Democratic People's Republic of Korea to immediate admission gives us reason to hope that the delegations represented here will accord all the countries in the world the enjoyment of their unquestionable right and duty to exchange their needs and experiences in the health field with all other peoples. Not to do so would be to repudiate the basic principles of our Organization and the responsibility that we all have, as doctors and as human beings, in the arduous task of striving for better health.

I should not like to close without expressing our gratitude to Dr Candau, in this final year of his stewardship, for the brilliant services he has rendered to mankind during a considerable part of the life of our Organization, which in its twenty-fifth anniversary year has been able to display an excellent credit balance of achievements and successes with which the Director-General is intimately linked.

The ACTING PRESIDENT (translation from the Russian): I thank the delegate of the Republic of Cuba, and give the floor to the delegate of the People's Republic of China.

Dr HUANG Shu-tsê (China) (interpretation from the Chinese): Mr Vice-President, Mr Director-General, fellow delegates, first of all allow me, in the name of the delegation of the People's Republic of China, to thank the ex-President Dr Layton, Madam President, Mr Director-General and the delegates and friendly personages from many countries for the welcome they have accorded us, as well as the staff of the Assembly for their hard work and efficient service. At the same time, we would like to pay respect to the Swiss Government and people. We wish to congratulate Madam President on her election to office. We also wish to congratulate the German Democratic Republic on its admission to the World Health Organization.

After the twenty-sixth session of the General Assembly adopted the resolution restoring to the People's Republic of China its legitimate rights in the United Nations, the World Health Organization adopted, at the Twenty-fifth World Health Assembly, the resolution on recognizing the representative of the People's Republic of China as the only legitimate representative of China in this Organization. Upholding principle and justice, many friendly countries and persons made positive efforts for the restoration to China of her legitimate rights. Today, I wish to take this opportunity to express to them our sincere thanks on behalf of the Chinese Government and people.

Now, we would like to state some of our views on the development of national public health services and the improvement of the health conditions of the people, which are of common interest to us.

To develop national public health services and improve the people's health conditions is an important question bearing on the national prosperity and economic development of each country, and an urgent desire of the people of all countries, especially the developing countries. The most essential conditions for the realization of this desire are to shake off aggression and oppression by imperialism, colonialism and neo-colonialism, combat big-power hegemonism and power politics, win and safeguard national independence and develop the national economy independently by relying on the broad masses of the people. The peoples of Asia, Africa and Latin America have waged long and heroic struggles in order to win these conditions for the realization of their legitimate and urgent desire. Many countries have, since independence, been energetically developing their own national economies and cultural, educational and public health work, and have made gratifying achievements. However, the peoples of Asia, Africa and Latin America are still confronted with various obstacles and difficulties on their road of advance, to overcome which it is necessary for them to persevere in struggle, strengthen their unity and make common efforts. Countries want independence, nations want liberation, and the people want revolution - this has now become the irresistible trend of history. We are confident that the common desire of the peoples of Asia, Africa and Latin America, as well as the whole world, to develop public health services and improve the people's health conditions will be accomplished in a more satisfactory way.

China is a developing country. Sharing a common lot with the peoples of the majority of Asian, African and Latin American countries, the Chinese people in the past suffered greatly from imperialist aggression and oppression and lived in extreme poverty; and China's public health services used to be very backward. Under the leadership of the Chinese Communist Party headed by Chairman Mao Tse-tung, the Chinese people waged protracted and valiant struggles, overthrew the reactionary rule of imperialism and its running dogs, and became masters of their own country. Since the founding of the People's Republic of China, the Chinese people have eliminated imperialist forces and influence, broken through blockades, withstood immense pressures from outside, and developed the national economy and cultural, educational and public health undertakings by maintaining independence and relying on their own efforts. Guided by the principles of "serving the workers, peasants and soldiers",...
While doing a good job of medical and health work at industrial and mining centres and in the health conditions of the people are, in turn, conducive to the development of national health services.

Economic independence can broaden prospects for the development of national public struggles, the Chinese people have come to realize that only with complete political and economic independence can broad prospects be opened for the development of national public health services. The Chinese people have constantly improved. Diseases in the past that caused great harm to the people, such as smallpox, plague, cholera, kala-azar and venereal diseases, have been eradicated. The incidence and mortality of other infectious, parasitic, endemic and occupational diseases have been markedly reduced, and some of them have already been brought under strict control. The total number of hospital beds in China has increased by 19 times as compared with that before liberation. The total number of college-graduated medical and health workers trained since the founding of the People's Republic of China is 27 times that trained in the 20 years before liberation. China's contingent of medical science and public health workers has been steadily growing. Medical science and technology have constantly developed and improved, and China is now basically self-sufficient in drugs, medical instruments and biological products. The extremely backward sanitary conditions of old China have undergone a great change.

To serve the worker-peasant masses - the majority of the people - is the fundamental orientation for public health in China. The fundamental question is for whom the medical and public health work should serve. This is a question of principle. In the semi-feudal and semi-colonial old China, most of the medical institutions were concentrated in a few big cities and served only a small number of people. Since the founding of new China, our Government has gradually changed this irrational situation by mobilizing all medical and public health workers to reform the medical system and improve their style of work, and has thus enabled medical and public health work to serve the broad masses of working people. While doing a good job of medical and health work at industrial and mining centres and in cities, we put the stress on the rural areas, employing large amounts of manpower, material and funds to step up the construction of grassroots health units in the countryside. In China, peasants constitute more than 80% of the population. Hence, to serve the majority of the people is but empty talk if the peasants are left out. Since the Great Proletarian Cultural Revolution in China, large numbers of medical workers have moved from cities to rural areas to settle down there or have joined mobile medical teams touring the countryside, and large numbers of graduates from medical and pharmaceutical colleges have been assigned work in medical institutions of rural people's communes. In China, the setting-up of cooperative medical service in the rural areas is, at the present stage, an effective way to prevent and treat diseases and overcome the shortage of medical workers and drugs there. A million "barefoot doctors" are growing up sturdily in the vast rural areas in China. They form a new force in the medical contingent, who, while taking part in collective productive labour, prevent and treat diseases for the peasants. A network of medical care at the grassroots level has been initially established in the rural areas of China.

The integration of health work with mass movements is a basic principle guiding our public health work. The masses of the people have inexhaustible creativeness and an eager desire to change all backward conditions. Therefore, we not only bring into full play the role of the medical personnel but, what is more important, we mobilize the broad masses themselves to combat diseases and unhygienic habits. For many years, we have adopted the method of the 'three-in-one' combination consisting of leading cadres, medical workers and the broad masses in carrying out regular patriotic sanitary campaigns throughout the country centred on the extermination of the four pests (flies, mosquitoes, rats and bed-bugs) and the eradication of major diseases. These campaigns have achieved remarkable success in reducing vectors of disease, lowering the incidence of disease, improving environmental sanitation, strengthening the people's health and thus safeguarding the development of production and construction.

Through the joint research by doctors of traditional and Western medicine, Chinese traditional medicine has been enriched and developed. Our work in the prevention and treatment of diseases and medical research is advancing with big strides along the road of combining traditional and Western medicine.

We have achieved some successes in medical work. But they are still far from meeting the demands of the broad masses. Our experience is by no means adequate. We believe that all countries, big or small, have their own experience in their protracted combat against diseases. We must learn modestly from the advanced experience of the people of all other countries.

Mr President and fellow delegates, through the practice of protracted revolutionary struggles, the Chinese people have come to realize that only with complete political and economic independence can broad prospects be opened for the development of national public health services. The development of national public health services and the improvement of the health conditions of the people are, in turn, conducive to the development of national
economy and the consolidation of national independence. The experience of many developing countries has shown that it is possible to bring about a fairly rapid development in their public health work despite a comparatively weak basis, provided that they rely on the strength and wisdom of their own people, give full play to their initiative and creativeness and, in accordance with the actual conditions in their own countries, independently work out policies and programmes for developing their public health work, train their own medical and public health contingents, develop the pharmaceutical industry by making full use of their own resources, and on this basis obtain necessary foreign aid on equal terms and learn from the advanced achievements and experience of other countries in medical science. Of course, any aid must be based on strict respect for the sovereignty of the recipient country, with no conditions or demand for privileges attached. Its aim should be to help the recipient country develop its national economy and culture independently and on the basis of self-reliance, and not to reduce it to dependence and subordination.

We stand for the normal development of medical exchanges and cooperation between countries. This is conducive not only to the further development of the medical and public health services of all countries and the common improvement of the people's health conditions, but also to the promotion of mutual understanding and friendship between peoples.

Mr President, we deem it necessary to reiterate here that the traitorous Lon Nol clique is a handful of national scum of Cambodia who are totally disqualified to attend this session as the representative of the Cambodian people. The Royal Government of National Union of Cambodia under the leadership of Samdech Norodom Sihanouk is the sole legal representative of the Cambodian people. The Paris Agreements on Viet-Nam have given de facto recognition to the existence of two administrations in South Viet-Nam, and the Provisional Revolutionary Government of the Republic of South Viet-Nam is the genuine representative of the South Vietnamese people. In the present circumstances, the unilateral representation of the Saigon authorities at this session is inappropriate. It is unjustified for the South Korean authorities unilaterally to be represented at this session in the circumstances in which North and South Korea have already reached agreement in principle on the independent and peaceful reunification of the country. We resolutely support the legitimate application of the Democratic People's Republic of Korea for membership in the World Health Organization. The Democratic People's Republic of Korea has the full right to participate in the World Health Organization. We are convinced that its participation will make positive contributions to this Organization, and will also create favourable conditions for promoting the independent and peaceful reunification of Korea. The current Assembly should admit the Democratic People's Republic of Korea into the World Health Organization without delay. We believe that the application for membership by the Democratic People's Republic of Korea will certainly receive the support of all countries and people who uphold justice.

At present, the world situation is developing in a direction favourable to the people of the world. We hope that the World Health Organization will conform to the trend of the world, give expression to the urgent desire and demands of the peoples of all countries, especially the developing countries, and make due contributions to the development of public health services of all countries, especially the developing countries and the improvement of the health conditions of the people. The delegation of the People's Republic of China is attending the Assembly for the first time. We are ready to work together with you all and make positive efforts through consultations on an equal footing and mutual discussions for the fulfilment of the tasks and the settlement of the problems confronting the World Health Organization, as well as the success of the current session.

The ACTING PRESIDENT (translation from the Russian): I thank the delegate of the People's Republic of China and request the delegate of Lebanon to proceed with our discussion.

Dr ANOUTI (Lebanon) (interpretation from the Arabic): Mr President, ladies and gentlemen, nowhere on the face of the earth has nature created a living creature more complex, physically and psychologically, than man. And man himself has made no artefact more complex than the mechanisms of the human body. Keeping those mechanisms in good repair and as far as possible in working order is therefore one of the most delicate of problems and one which requires extensive knowledge.

There are no doubt a number of factors of different kinds which keep a people in good health: the country's geographical position, its weather, its situation in regard to drinking water supplies, the degree of fertility of its soil, and the importance the State attaches to public health - all these, and many other factors, contribute toward giving a country its individual health personality.

But of all the factors that help a country to create this personality, to develop it and to shape its typical features, culture heads the list. While nature provides man with rude
health, the raw material of health, it is for civilized man to process that material by means of science - to foster it, protect it and prolong its existence.

Whether health arises from culture or culture from health, it is the task of civilization to give public health every possible attention and emphasis, since health is one of the main bases upon which civilization is built and one of the main reasons why civilization is valued. And the cultural evolution of the developed countries is accentuating the gap that exists between those countries and the developing countries, with the result that international cooperation has now become one of the chief requisites for improving health in the latter countries.

This cooperation is demanded by the human brotherhood between nations, and also by the interests of the developed nations themselves: as long as endemic foci of epidemic and communicable disease still remain in many developing countries and as long as relations between nations increase and enlarge in scope, it is impossible for any country whatever to consider itself safe from contamination.

This international cooperation, from 1948 onwards, found its embodiment in the World Health Organization and, now that 25 years have elapsed since the birth of our Organization, every Member State ought to ask itself: What have I done, by way of international assistance, for public health?

It is not only important that a Member State should receive; it is more important still that it should know how to turn to good account what it has been given.

But more important still is, on both sides, that nothing should be done to harm health.

It is most regrettable therefore that it should be necessary for me to draw attention to the fact that a Member State of our Organization is perpetrating insolent aggression against my country and other neighbouring countries and is persisting in harming the health of other peoples, in defiance of the rights, and the health and human principles, set out in our Organization's Constitution. During the last 10 months various parts of my country have sustained a series of attacks from that State, resulting in many casualties among children, women and old folk and in many people being permanently physically disabled.

It is a shameful thing that the most recent act of aggression against my country should have taken place at the very moment when Member States were celebrating World Health Day and the Organization's silver jubilee.

Mr President, ladies and gentlemen, if our Organization wishes that the pages of its history should remain unblotted for the eyes of future generations, that the path which lies ahead of it should not be beset with obstacles and that factors should not intervene to destroy its work, our Organization must not hesitate to apply the most stringent sanctions to that Member State which is harming public health.

Lebanon, which deplores anything prejudicial to WHO's message, would like on this occasion to salute the States that have remained faithful to WHO's message and sincere in their support of it, and also to commend and commemorate with appreciation and respect the work of every WHO official, of whatever grade and whatever country, those who have passed on and those who are still working among us.

If I confine myself to mentioning here Dr Candau, Dr Dorolle and Dr Taba, that is because they are cited as examples, among many others who have a place in this Organization's annals and have become a symbol of loftiness of soul, fruitful endeavour and responsibility at the highest moral and humanitarian level.

The ACTING PRESIDENT (translation from the Russian): Thank you. I ask the delegate of Sri Lanka to proceed with our discussion.

Mr ARIVADASA (Sri Lanka): Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, on behalf of the delegation representing Sri Lanka at this Twenty-sixth World Health Assembly, may I associate myself with the sentiments already expressed by other delegates in warmly congratulating Professor Sulianti on her election as President of this August Assembly and also in offering my felicitations to the Vice-Presidents and Chairmen of the two committees on their election at this Assembly.

May I also take the opportunity of congratulating the Director-General on the Annual Report for 1972, which so comprehensively presents the multiplicity of activities promoted by the World Health Organization and focuses attention on many problems pertinent to my own country.

We in Sri Lanka, through sustained efforts and heavy inputs, have achieved satisfying success in several aspects of health. My country, though in close proximity to endemic foci of cholera and smallpox, has remained free of these quarantinable diseases by exercising close surveillance of all new arrivals at ports of entry, and a regular vaccination programme of
infants and preschool children is being maintained. The incidence of diseases such as
tuberculosis has shown an encouraging decrease. The integrated tuberculosis
control programme covers the entire country and BCG vaccination of the newborn is now a
routine activity in the majority of hospitals.

Immunization programmes against poliomyelitis, diphtheria, tetanus and whooping cough have
been stepped up in medical institutions and health centres, resulting in a lowered incidence
of these diseases. Intensified case finding through regular contact investigation and school
surveys has been rewarding in the early detection of cases of leprosy, which, with an inci-
dence of 1 per 1000 population, does not constitute a major public health problem. The rising
trend in the incidence of venereal diseases characteristic of many parts of the world in
recent years has not been evidenced in my country. In fact, during the past few years, there
has been a decline, particularly of early syphilis.

However, several health problems still give cause for serious concern. Malaria continues
in our midst and constitutes a major drain on limited financial resources and a barrier to
economic development. After our recent setback with resurgence of the disease, the progress
towards eradication has not been as spectacular as anticipated because of increasing tolerance
of the vector to DDT and operational and ecological problems. Nevertheless, we are hopeful
that a more vigorously applied programme on the basis of the recommendations of the recent
WHO assessment team will take us further along the road to malaria eradication.

With increase in life expectancy ischaemic heart disease, which occupied a relegated
position in our mortality table, has now emerged as one of our principal causes of death.
Cancer has also moved up the mortality scale, against which strengthening of existing services
has become an urgent necessity; and provision has been made in the five-year development plan
for establishing additional cancer therapy units.

Poor environmental sanitation, particularly in the disposal of liquid wastes and the non-
availability of safe water supplies to the large rural population, contributes in large measure
to the morbidity burden. It is alarming to note that nearly 35% of all patients presenting
themselves for medical attention do so for infections and infestations stemming directly or
indirectly from causes associated with unsatisfactory sanitation. It is, indeed, a matter
for regret that though amazing advances in medical research have been made in many fields,
elementary sanitary conditions conducive to healthy living, appreciated nearly a century ago,
are still denied to vast populations in many developing countries, including my own. The
provision of piped water supplies in rural areas, where in fact 80% of the population dwells,
is progressing far too slowly for any complacency. The limiting factor is of course the high
capital cost of such schemes.

Urbanization and industrialization, which are rapidly gaining ground in my country, have
created new environmental health problems and caused a further strain on our overburdened
health administration. The increasing and widespread use in recent years of pesticides,
weed-killers and insecticides in agricultural practice for increasing agricultural production
has produced new health hazards necessitating the early introduction of legislation for control
of indiscriminate and careless handling of these dangerous agrochemicals.

Undernutrition, largely of a protein-calorie nature, is similarly a continuing problem,
affecting particularly the high-risk child groups. Assistance from many sources has provided
some alleviation of this problem. We are now endeavouring to develop a satisfactory
indigenously grown protein-calorie mix to meet this demand, with the assistance of CARE and
other international agencies. Measures have been taken to reduce the incidence of nutritional
anaemias, particularly in the vulnerable group of expectant mothers.

The high rate of population growth in a situation of lesser economic development has
engaged the most urgent attention of my Government. The limitation of population growth
through a maternity-centred family planning programme is considered imperative if health
standards are to be raised or at least maintained. My country is committed to a high-
priority nationwide family health programme which is being generously supported by UNFPA and
other United Nations agencies.

We are presently passing through a lean economic period, and in such a situation national
economists have perforce to place a lesser degree of priority on health. In such a context
we have critically examined our system of health care so as to secure the fullest and best
utilization of existing services. The expansion of preventive services in preference to the
development of expensive curative services, integration of curative and preventive services
and later of mass campaigns into the general health services, emphasis on health education
and in-service training, improvement of facilities and extension of specialized services to
the peripheral institutions for greater accessibility and coverage of the population, development
of an efficient referral system, and the attainment of health through active community
participation are some of the measures directed to this end.
A comprehensive national health manpower study with WHO assistance is nearing completion and it is hoped will provide the relevant information for the mobilization of limited resources and their deployment for maximal use.

May I also draw attention to the reference of the Director-General in his Report to the problem of international migration of highly trained health personnel, the so-called "brain drain". It is perhaps paradoxical that developing countries such as my own, which are so much in need of their limited highly trained health personnel, are losing such personnel to more affluent societies. It is heartening to note that WHO has taken special cognizance of this situation, which further detracts from the ability of developing countries to provide the essential health cover that their peoples so urgently need.

During the past 25 years WHO has made a significant contribution to the improvement of the health of the peoples the world over and, on its Fifth Programme of Work, there is little doubt that it will move closer to its objective of attainment of the highest level of health to all peoples.

The ACTING PRESIDENT (translation from the Russian): I thank the delegate of Sri Lanka for his speech, and request the delegate of Rwanda to begin his statement.

Dr SINDIKUBWABO (Rwanda) (translation from the French): Mr President, Mr Director-General, honourable delegates, in the first place, permit me like previous speakers cordially to congratulate, on behalf of the delegation of which I am the head, the President of this august Assembly, Madam Julie Sulianti, on her election to her high office, an election which shows the complete confidence all the delegations present here have in our lady President. Her experience entitles us to hope that she will carry out successfully the onerous and delicate task with which this Assembly has entrusted her. Our delegation accordingly warmly wishes her all success. We likewise extend our congratulations and good wishes to her colleagues.

We also take this pleasant opportunity to congratulate and thank the Director-General and his team on the indefatigable efforts they have been making to improve the health situation of the world and that of our developing countries in particular. The delegation of the Rwandese Republic associates itself with all the delegations at the Twenty-sixth World Health Assembly in cordially wishing our lady President, and the whole Organization, the best of success.

Now it is the agreeable task of our delegation, Mr President, Mr Director-General and honourable delegates, to inform you of the health situation in the Rwandese Republic.

The Republic is 26,000 km² in area, and now has a population of over 3,800,000, or about 140 per km². Since we realize that a population's efficiency and the intensity of its economic activities depend upon its state of health, we have concentrated particularly on the integration of medicine. We are most highly appreciative of the valuable help WHO and UNICEF have given us in this work, and we should like to thank them here most sincerely.

In our country, which depends very much on WHO and UNICEF aid and on bilateral cooperation, with the assistance of approved institutions, there has been a decline in diseases such as yaws, leprosy and trypanosomiasis. There has however at the same time been a recrudescence of other diseases, including syphilis, gonorrhoea and louseborne typhus, not to mention an increasingly high incidence of deficiency diseases such as anaemia of various kinds and kwashiorkor.

The 1972 hospital statistics show that the mean annual death rate, estimated at 2.2% of the total population, is partly due to the ravages of measles (246 cases), enteritis and diarrhoeal diseases (212 cases), prematurity (219 cases), pneumonia (176 cases), avitaminosis and other deficiency conditions (166 cases) and tuberculosis (81 cases). The categories of people most affected are young children, pregnant women, and persons living under bad hygienic conditions or whose diet is inadequate. It is clear from the 1972 morbidity statistics that the prevalence of helminthiasis (271,746 cases), enteritis and diarrhoeal diseases (133,928 cases), malaria (67,667 cases) and measles (49,393 cases) is still very high.

We believe that control of the exogenous factors - malnutrition, bad environmental sanitation, poor quality water - and the development of preventive medicine can markedly reduce these very high mortality and morbidity rates.

Here, Mr President, it gives me great pleasure to inform you that in compliance with the requirements of the international development strategy for the Second United Nations Development Decade, adopted by the United Nations General Assembly at its twenty-fifth session in November 1971, the Rwandese Republic is uninterruptedly pressing on with the work that has been undertaken to adapt and develop its health infrastructure. At present the infrastructure consists of the following: 11 government hospitals, 12 approved hospitals, 44 maternity hospitals (22 of them approved), two polyclinics, 106 government dispensaries, 47 approved dispensaries, a national public health institute, a national epidemiological services centre,
a maternal and child health pilot health centre, 14 prefecture and intercommunal health centres in operation, about 50 nutrition centres, a sanatorium, a psychiatric centre, and a centre for rehabilitation of the physically handicapped. In all, this infrastructure comprises 5180 beds. The medical and paramedical personnel are 72 physicians, 28 of them nationals, and 973 medical auxiliaries.

For disease control the Government of Rwanda has, with the assistance of WHO, UNICEF and UNDP, started two nationwide projects. First there is the project for the development of basic health services, which aims at the progressive integration of curative and preventive medicine and measures for health promotion; this project chiefly involves setting up health centres on a basis of the existing dispensaries, which are being converted into health centres by effecting changes in their functions rather than by making physical alterations. The following WHO staff members are assigned to this project: a maternal and child health medical officer, a health inspector, a nurse educator and a public health nurse are already at work, and we are expecting a public health medical officer and a laboratory technician. Secondly there is the epidemiological services project, which is mainly for the control of communicable diseases; it is already dealing with the control of smallpox and tuberculosis. It is manned by an epidemiologist and a technical officer (field operations). We are eagerly awaiting the arrival of a statistician.

For education and training we have, as regards WHO personnel, a microbiologist, and an amount of $14,000 for fellowships and study visits, and a professor of public health and a paediatrician have been asked for. As we said last year, that amount is by no means sufficient to meet our personnel requirements, although we have a faculty of medicine, a post-basic nursing school, two schools for medical assistants, two schools for hospital nurses and midwives, and three schools for nursing auxiliaries, and we should like the amount to be increased.

Lastly, the project for pilot studies on water supplies for Kigali and Butaré, in cooperation with UNDP, ought by now to be operational. UNICEF assistance chiefly consists of support for the projects through provision of equipment and drugs, and payment of the costs of retraining paramedical personnel and of support for schools.

Mr President, Mr Director-General and honourable delegates, our country has just adopted its second (1972-1976) five-year plan, and the targets set are high. As in the case of all developing countries, it has not been an easy matter for us to decide on our priorities: sometimes all sectors seem of first priority. Realizing however that health is an asset that pays dividends, we have decided to do everything we can to improve our peoples' health, while integrating our work in that field into an overall plan for all sectors of the country's socioeconomic activities. Thus, in that sector of development, the Government of Rwanda will concentrate on improving and modernizing hospitals, in particular the Kigali, Butaré and Ruhengeri hospitals. For integrated medicine, in the next five years, five prefectural health centres and 30 intercommunal health centres will be opening. Static epidemiology services centres will be set up in the country's 10 prefectures, 45 to a prefecture, and will work in close cooperation with the existing health centres. We shall go on fitting out the Gatagara and Ndera centres for the handicapped and increasing their personnel. This most important undertaking requires substantial funds and experienced technical staff that we do not as yet possess. We are consequently having to rely on international, bilateral and even private assistance.

Regarding bilateral assistance, Belgium is making itself responsible in part for the Butaré faculty of medicine and the Kigali hospital, and is supplying other of the countries' medical units with drugs through FOMETRO. France is taking over the management of the Ruhengeri hospital and the medical sector, while the Grand Duchy of Luxembourg is helping us to improve the Rwamagana hospital. We sincerely thank those countries.

The assistance our country is asking from WHO consists of continuation and strengthening of the projects already in operation. For the development of basic health services, we are asking that a public health medical officer and a laboratory technician be sent out to us without delay, and that UNICEF increase the sum for supplies and equipment. In the university education sector we are asking for the immediate assignment of a professor of public health and a paediatrician. For the epidemiology service, we are awaiting the arrival of a statistician. For the education and training project, an increase in the amount for fellowships is essential. Lastly, steps have to be taken to ensure that the water supply project for Kigali and Butaré becomes operational as soon as possible.

As to new projects, as we stated last year there is a typhus control project, in addition to our requests for a public health medical officer, a specialist in occupational health and a health legislation consultant. On the subject of typhus control, a detailed file has already been handed in at the headquarters of the Regional Office for Africa. Lastly, in regard to measles control, we feel that, despite the expensiveness of vaccine, WHO's assistance
is highly desirable on account of the increasingly high infant mortality rate from that disease (the principal cause of infant mortality in Rwanda).

Regarding the valuable help of UNICEF, we hope that UNICEF will strengthen and increase its contribution to our current projects, which up to now are proceeding satisfactorily.

Mr President, Mr Director-General and honourable delegates, our delegation would like to say, on behalf of our Government, how very grateful we are to Professor Quenum, WHO's Regional Director for Africa, for his understanding of our problems and his anxiety to help us to solve them. The appointment of a WHO representative for Rwanda is an assurance that matters will proceed satisfactorily and we very sincerely thank WHO in advance for it. We convey our thanks and gratitude to the WHO representative for Rwanda and Burundi. We also thank the friendly countries, Members of WHO, that are giving us such valuable help in the health field. And we particularly thank WHO and UNICEF for the substantial and effective assistance they are continuing to lavish upon us.

We would venture however to draw their kind attention to the existence of numerous local difficulties which might make it difficult to carry the projects out satisfactorily (bad roads, high cost of vehicle maintenance, badly or little trained personnel, etc.).

Before concluding this statement, which we hope has given the Assembly an idea of the difficulties still to be overcome, my Government's delegation wishes the lady President of this august Assembly and all her team, and especially the Director-General of the Organization, good fortune and every success. My Government will spare no pains to contribute to the smooth running of the World Health Organization, and our health services will do everything they can to ensure that our peoples derive the maximum benefit from the Organization's advice and from all its assistance. We are sure that the President and the Director-General will do their best to enable the developing countries speedily to solve their health problems and thereby to attain the objective we have set for ourselves, namely that of securing for our peoples a state of complete physical, mental and social wellbeing.

The ACTING PRESIDENT (translation from the Russian): I thank the delegate of Rwanda, and give the floor to the delegate of the Netherlands.

Dr STUYT (Netherlands) (translation from the French): Mr President, allow me to present my most cordial compliments to Madam Sulianti Saroso on her appointment as President of this World Assembly, an appointment which in many ways constitutes a milestone in the life of the World Health Organization. It is most appropriate that Madam Sulianti Saroso, with her exceptional qualifications both in the public health and in the health organization field, should have been singled out to fill this important post. I should also like to congratulate the Vice-Presidents on their election.

From various sides emphasis has been placed on the importance of the Organization's work during the last 25 years. We all know that the health situation in the world has substantially improved during this past quarter of a century. I should like to congratulate WHO on the outstanding role that, in close cooperation with the Member States, it has played in that development. In regard to the Netherlands, I am happy to be able to say that not only did we actively contribute to the Organization's foundation at the outset, but we have been able to contribute consistently to its work since then. Thanks to the Organization's great flexibility and to optimum utilization of the limited funds at its disposal, WHO has succeeded in playing an increasingly significant part in the march towards a state of complete physical, mental and social wellbeing for the peoples of our world. I believe I can go as far as to say that WHO may serve as a model to other organizations concerned with international cooperation. Much has already been done, but much remains to be done still; in view of the aims our Organization has set for itself in order to bring all peoples to the highest possible level of health. We have hard work ahead of us, but I am sure those aims will be achieved, even if step by step. High aims warrant an idealistic approach and dynamic action.

WHO would not be in the position it is today had it not been directed by personalities like Dr Chisholm and Dr Candau. The name of Dr Candau is inseparably linked with that of WHO after the 20 wonderful years during which he has been Director-General. It is hard to imagine, Dr Candau, what WHO will be without you. In you we found the rare combination of an idealist, a negotiator of great tactical skill and an admirable administrator; the combination was needed to obtain the results you and your team achieved during those 20 years. I need hardly say that we wholeheartedly approve the detailed and inspiring Report, a Report of great scientific value, that you have presented to the Assembly.

Allow me now, Mr President, to draw attention to three aspects of WHO's present activities. It is not my intention, of course, to make an exhaustive survey, but I should like to refer to a few subjects that I consider to be of special importance at present among the Organization's activities.
In the first place I consider it important that WHO should play a major part in the World Population Congress that the United Nations will be holding in 1974. WHO is closely concerned with this Conference for two reasons. First, it is thanks to WHO's work in disease control that the rapid world population increase with which we are now faced has taken place. I refer here particularly to the elimination of malaria, which in many countries has resulted in a hitherto unheard of decline in mortality. We can only hope that that state of affairs will persist. We should not, however, blind ourselves to the problems created by a population increase of such magnitude. It has to be accepted as virtually certain that the world population will again double in the next 30 years. We know from experience in the Netherlands that such a development brings with it problems difficult to solve. In the last 100 years our population density, which was 100 per km², has increased to 400, which gives the Netherlands the highest population density in the world. It seems that this phenomenon is on the decline in our country, and that it is falling off because the drop in the death rate was followed, albeit after a interval, by an almost universal acceptance of voluntary limitation of the size of the family.

This brings me to the second aspect of WHO's involvement in the problem. The Eighteenth World Health Assembly recognized, in 1965, the existence of the population problem and decided to adopt a programme on the health aspects of the world demographic situation. In view of the forthcoming World Population Congress, I particularly wish to underline once again the work WHO has done in this field and at the same time to emphasize the principle accepted in 1965, the principle that "the size of the family should be the free choice of each individual family". The great value the Netherlands attaches to that principle is demonstrated again by the principle, taken over from WHO at the suggestion of the Netherland's Government, in the Proclamation of the Teheran International Conference on Human Rights in 1968, namely that "parents have a basic human right to determine freely and responsibly the number and the spacing of their children".

The second subject that I regard as being of extremely great importance concerns WHO's work to make it possible to give the population of this world, on the spot, the necessary medical aid. This is an immense problem the solution of which entails both the organization of health services, and the education and training of medical personnel. It is a problem that occurs alike in the technologically highly developed countries and in the developing ones. People realize now that to solve it - to obtain a satisfactory relation of medical services to the population - the best course is not to train more and more doctors. "The greatest returns will come from increased investment in middle-level health workers": this is a quotation from an article in the April number of World Health, "Health Professions Tomorrow". In that article strong arguments are advanced for the use of auxiliaries in the health services, which would reduce the need for expensively trained physicians. I quite agree with that view, which has been expressed frequently in numerous recent publications. It is to be emphasized that the education of both physicians and medical assistants ought to be directed toward health work for the community, and that it ought for the most part to be given inside the health system that exists in the countries concerned. In addition, the stress should be on preventive medicine and social medicine. This increasing use of middle-level health workers is also to be met with in the countries that have a reasonable doctor/population ratio. It would also appear that the role of the general practitioner or family doctor will be increasing in importance. In future he will no longer be working as an individual practitioner but as a member of a group or a health centre. It will thus be possible to have a team comprising, among others, nurses, welfare workers, physical therapists, laboratory technicians, and so on. These centres would thus provide more integrated medical care, with special stress on preventive medicine and diagnosis and early treatment. The education of the new style general practitioner and of auxiliary personnel ought to be conceived in relation to the actual state of affairs. Students, during their medical training - which, as the Director-General very rightly said, has got to break away from out-of-date systems - will have to spend less time in hospital and more in the community's health services, where the emphasis is on preventive and social medicine. For the reasons I have outlined I would express the view that, in an efficiently organized health service system, the best way to meet the increased demand for medical care will be to make greater use of trained auxiliary personnel.

Lastly, Mr President, I must not omit to mention the problem of the environment. But I shall not say much about this: the statements of the Netherlands delegation in previous years will have shown how strongly we believe that WHO has a role to play in this field. I think that role has become so integral a part of our Organization's work that in future it will have to figure increasingly in our budget. There is however another reason why the problem of the environment must receive special attention at the Twenty-sixth World Health Assembly. The first session of the Governing Council of the United Nations Environment
Programme is to be held shortly. WHO will have to play an important part in the policy to be initiated at that session. It is important therefore that we should indicate, during our Assembly, what the fields are in which WHO will particularly be able to make a contribution. I have in mind such fields for example as the programme of guidelines and criteria, community water supply, and treatment of persistent industrial wastes.

I conclude this statement, Mr President, by expressing the hope that the excellent relations which exist between the Kingdom of the Netherlands and the Organization will continue in the future to be as they have been in the past.

The ACTING PRESIDENT (translation from the Russian): I thank the delegate of the Netherlands, and request the delegate of Pakistan to begin his statement.

Mr QAYYUM (Pakistan): Mr President, Mr Director-General and distinguished fellow delegates, first of all I extend, Mr President, through you to Madam President, the warmest congratulations of my delegation on her unanimous and well-deserved election to the highest office of this august body. I am confident that, under her able and graceful guidance, the Assembly will complete its business successfully, making decisions of far-reaching effect on the future of humanity through its health and wellbeing. I also congratulate you, Mr President, and the other four Vice-Presidents and the chairmen of the main committees on their election to their respective posts. I must also pay tribute to the outgoing President for the services rendered by him to the Assembly, and would like our appreciation of his services to be placed on record.

May I say, Mr President, how happy we are to see that the delegation of the People's Republic of China has assumed its rightful place in this world body. I also welcome the admission this year of the German Democratic Republic.

Coming to the Report of the Director-General, I would like first to commend the Director-General and his staff for producing a document which, besides being comprehensive in its description of the technical involvement of WHO in various activities, presents a brilliant analysis of successes achieved and of the inadequacies and limitations which have existed during the year under review. The Introduction needs special mention, as it is a masterpiece depicting the whole panorama of world health and is a great tribute to the personal vision and stature of the Director-General. The insight displayed in this Introduction should remain in the archives of WHO as a source of inspiration for all of us who seek to improve health and health services anywhere in the world. It will indeed be a constant reminder to the Member nations of the long and devoted services rendered by Dr Candau.

The Director-General has referred to the "political will to act" as a sine qua non of planning and implementation of health measures in a country. We ourselves in Pakistan have had a practical demonstration of such a will during this very last year. Not only has a Constitution for the country been forged by the chosen representatives of the people - an achievement awaited by the nation for a quarter of a century and a matter which affects all walks of national life in deciding their basic pattern - but there have been introduced a number of revolutionary reforms in most sectors of national life. In the field of health, a very comprehensive people's health scheme, covering a period of seven years, from 1973 to 1980 has been evolved at a total additional expenditure of over 4000 million rupees. In a separate plan for population control, the present level of expenditure of Rs 30 million per year has been raised to Rs 125 million per year. Further, with a view to bringing down the cost of medicines within the easy reach of the common man, the manufacture and sale of medicines under generic names - and under generic names only - has been made obligatory by law. This by itself has been a measure of very far-reaching nature. The first phase of the people's health scheme has been in operation since July of last year and many good effects have already become apparent. A scheme for enforcement of generic names for drugs was conceived earlier also, but it remained an idea only, on paper, because previously there was no "political will to act". Now, within a few months, it has become a reality and has been an unqualified success.

The Director-General has spoken of "profound changes of outlook in matters affecting health" and "a number of fundamentally new approaches" in the world context. In Pakistan also, the people's health scheme has done just this. The health units of the future as conceived in the scheme - to give only three of their basic characteristics - will be, firstly comprehensive. By this we mean that, for the first time in Pakistan, it will be
the duty of the medical men in charge to go out to take actively preventive steps in addition to being available in clinics waiting for the patients. These steps will include not only immunization programmes, but such matters as health education, nutrition education, environmental sanitation, hygienic water supply, school health programmes, etc. Secondly, the health units of the future will be interrelated. By this we mean that previously the smaller and the bigger health units worked in isolation. The entire hierarchy from village level to district level will now be part of a well-knit organization linking all tiers in it, and making critical and important services in the higher tiers mobile and accessible to lower tiers. Thirdly, the health units of the future will be integrated. By this we mean that the health units will give cover for all diseases and the people resorting to them will not be required to go to separate specialized institutions for special diseases such as malaria, smallpox, tuberculosis, etc. In short, the Government of Pakistan, under the dynamic leadership of President Zulfikar Ali Bhutto, has tried - to use again the words of the Director-General - to find a solution to the health problems of Pakistan, which is "at once effective, economic and acceptable" and which, as the distinguished leader of the Chinese delegation said in his speech today, depends on the support of the broad masses. The Director-General in his Report has rightly observed that "It is impossible to conceive of a health service without trained manpower". The people's health scheme has a practical plan for augmenting the number of doctors in the public sector from about 2000 at present to about 9000. During the last year, already in the first phase of the scheme, the number of seats in medical colleges has been raised from 900 to 1350 by opening new medical colleges and increasing the seats in the existing colleges to the extent feasible. The total number of seats by 1980 will be 1800. The output of paramedical staff similarly, in the public sector alone, will be raised from the present 7000 or so to over 50 000.

One important revelation made by the Director-General is about the protein gap due to expanding world population. The Report shows that in fact the world protein supply, at per capita level, exceeds today's total needs by 70%. Yet vast multitudes of vulnerable groups continue to suffer from malnutrition. This calls for some heart-searching among the nations with a surplus and active thinking for a programme of some sort of redistribution, so that the principle of the universal brotherhood of man is upheld in word and in deed.

About communicable diseases, my delegation notes with satisfaction the success achieved in smallpox eradication and containment measures in countries where a few imported cases occurred. We are particularly happy that Afghanistan and Indonesia have been successful in eradicating the disease. I take this opportunity of congratulating fellow delegates of these countries present here; their achievement is a source of inspiration to us. We in Pakistan have also taken big strides with the assistance of WHO and hope to be eliminated from the list of the "seven culprits" in the world still harbouring the disease, in the near future. In this context, I would be failing in my duty if I do not express our sincere thanks to the Regional Director for the Eastern Mediterranean for the special attention he is paying to this programme in Pakistan.

A brief special reference seems necessary to the malaria eradication programme which is facing difficulties in Pakistan also, as in some other countries. Our main difficulty is the shortage of resources for securing insecticides. We would appreciate if WHO were to keep reserves to meet adverse situations like the one existing in my country, so that its own supported programme does not fail.

Another matter which we feel is very important is that enough reserves for emergencies are also necessary to meet situations like the one my country faced as an aftermath of the last war in 1971. Over 1.2 million people got displaced from their hearths and homes; they need rehabilitation. Although the Director-General is authorized to spend on emergencies, there are hardly enough funds to cater for all emergency situations. The catastrophes which have their origin in international political conflicts also entail consequences for health and physical wellbeing of large segments of population. An inbuilt system of assistance in coping with such emergencies is therefore clearly indicated.

Before concluding, I must thank Dr J. L. Molapo, the Chairman of the Executive Board, for his excellent presentation of the reports. My delegation is pleased to learn of the useful deliberations which took place in the fiftieth and fifty-first sessions and endorses the recommendations in general. In particular our sincere thanks are due to the members of the Board for sympathetically considering our request for reduction of our contribution to WHO for the years 1972 and 1973.
The ACTING PRESIDENT (translation from the Russian): I thank the delegate of Pakistan. The next speaker is the delegate of the People's Republic of Albania.

Dr WHO (Albania) (translation from the Russian): Mr President, the World Health Assembly is holding its jubilee session, celebrating the twenty-fifth anniversary of its existence, to survey the path that has been traversed and to decide what its future tasks should be, so that it may serve as well as possible the basic aims of the Constitution. The Albanian delegation wishes to note that during the last 20 years WHO has made great efforts in the cause of health; it is obliged to point out however that, despite the results achieved and the endeavours of the peace-loving States, the Organization's work and effectiveness have been adversely affected over a long period by the pernicious activities of the United States of America and its accomplices. Last year an important step was taken toward making the Organization universal, by the establishment of the lawful rights of the People’s Republic of China. To the representatives of that great socialist State we convey our best revolutionary congratulations. Despite this step, though, we cannot say that the principle of universality has been implemented. The Albanian delegation considers that the Democratic People's Republic of Korea should be immediately admitted to WHO, and that the Royal Government of National Union of Cambodia should have restored to it its lawful place, which was usurped by the corrupt Lon Nol clique. A great deal has been done in many countries of the world to provide the people with the best possible health service and to cooperate effectively against the spread of epidemic diseases, as well as in regard to exchange of medical experience with a view to obtaining optimum results in reducing morbidity throughout the world. But the present international situation, the policy of aggression and repression on the part of American imperialism and of Soviet social imperialism aiming at world hegemony, the barbaric acts of American aircraft in Viet-Nam, Cambodia and Laos, the continuation of Zionist aggression against the Arab States, and brutal colonial oppression - all these things show that, until military aggression has been brought to an end, it is not possible to achieve real progress and improvement in public health in the world. The Albanian people, under the leadership of the Party and the Government, relying on its own resources, has been developing its socialist economy at a great pace. It has made radical changes in the health field and set up a progressive and mass system for the provision of medical aid that is free of charge to all nationals. Last year endeavours were made in our country to develop the health service further. Particular attention is being paid at this stage to its development in depth by the creation of new specialized facilities in such fields as heart surgery, neurosurgery, thoracic surgery, endocrinology, virology, etc. Preparations are being made for setting up an Institute of Physical and Occupational Rehabilitation, a casualty and resuscitation complex and a Paediatric Research Institute, and endeavours are being made to extend and strengthen medical attention in industrial undertakings, bringing medical care as much as possible to the workers. The medical personnel working in these undertakings are paying special attention to preventive measures, and medical teams are doing research on occupational pathology. In the agricultural cooperatives the work of setting up medical posts manned by a general physician and possessing dental and pharmaceutical facilities is continuing. This will come to a conclusion in 1975; the provision of a midwifery service run by a midwife in each village - in the villages there is one midwife per 160 females - ended in 1972 throughout the country. During that year a large number of medical institutions were set up throughout the country in pursuance of the principle of providing medical services in the most remote areas. Lastly, parallel with measures to expand and extend medical services, medical personnel have been trained in pathology, stomatology, pharmacuetics, etc. At present our country has one doctor per 1100 population, as compared with one per 8527 in 1938; given the rapid rate of training of medical personnel, we expect to reach a ratio of one doctor per 750 population by 1975. In this field we have also been concentrating on the further specialization of medical personnel with a view to attaining more acceptable and suitable health organization and administration; work on this has been done at seminars, courses, symposia and scientific meetings. In socialist Albania, thanks to the constant raising of the people's economic and cultural level, to expansion of the health services and to the improvement of measures of prophylaxis and hygiene, a number of epidemic diseases have been eliminated and excellent results have been obtained in reducing morbidity from communicable diseases like tuberculosis, dysentery, diphtheria, etc., while venereal diseases, trachoma and malaria have been completely eradicated. As a result of the good epidemic control system in our country the influenza epidemic that occurred in November and December last year was successfully dealt with. All these things reduced the general death rate and increased the average lifespan from 38.3 years in 1938 to 68 years in 1972. In our country the people's health is not simply a medical problem, it has also assumed a broadly social character and become a matter for the working masses. Concern for the people's health and for prolonging their life has been and remains an inseparable part of our Government's policy for improving the nation's wellbeing.
The Albanian delegation would like to say that it will do everything it can, along with the delegations of the other peace-loving countries, to ensure that the work of this session of the Assembly achieves the best possible results.

The ACTING CHAIRMAN (translation from the Russian): I thank the delegate of the People's Republic of Albania. I give the floor to the delegate of France, Professor Aujaleu.

Professor AUJALEU (France) (translation from the French): Mr President, for the last 10 years or so the French delegation has refrained from taking the floor in the discussion on the Director-General's Report. It refrained not as a display of indifference nor out of any lack of interest but in order to save the Assembly's time, and perhaps too from a feeling that what we had to say would be more effective if we said it in the committees. We are departing from our custom because this is the last Report Dr Candau is presenting to us and the occasion gives us an opportunity to say once and for all what has long been in our minds about the Annual Reports on the work of the Organization, about the man responsible for them and about the people who draft them.

These Reports are documents of great value: unique, irreplaceable. In them the ground-work is done for whoever writes one day the history of health and medicine in the world during this extraordinary period of the second half of the twentieth century, in which there has been such a wealth of scientific achievement and also so much social change. Year by year they describe the dominant pathology and what is going to become the dominant pathology if we are not careful - but who ever heeded Cassandra? - the advances made, the failures met with and their causes, and the hopes of success. The new paths to be followed are clearly pointed out, paths which show no mercy, either to routine or - and this is a braver thing to do because it is one over which no mistakes must be made - to medical traditions which, though perfectly respectable, are by now out of date. If these Reports reflect not only the application of advances in medical science but also, perhaps without really meaning to do so but out of a kind of internal necessity, retrace the history of the development of ideas in fields which greatly influence medicine. I shall just give two examples out of many others. First, the space devoted in these Reports to medical training problems has steadily increased, while at the same time the need to break the single pattern of education and to adjust it to the diversity of situations and circumstances has been brought out and asserted more and more strongly; secondly, family planning, introduced surreptitiously and under euphemisms, has gradually become, as a true mirror of changing opinion in all circles, the cornerstone of family health protection. And since any work of man is imperfect, the Reports also contain a few mistakes - but mistakes one hardly dares to criticize because they are invariably due to an overabundance of that virtue, hope, which the laity call optimism. Excessive optimism in the past over venereal diseases; over malaria; and perhaps today over smallpox. But WHO deliberately ranged itself on the side of optimism when it set itself, at its inception, that admirable objective which, like the castle in the fairy tale when we were children, eludes us as soon as we think it is within our grasp, being kept ever at a distance from us by men's mistakes, by their thoughtlessness or maybe by their inability, due to their genetic heritage, to attain that complete state of wellbeing, which is incompatible with the command to evolve that is laid upon every living being.

But at the dawn of the twenty-first century physicians are obliged to deal with all kinds of artificial nuisances - are overwhelmed by the mental pathology of their fellow countrymen who are unable to adapt themselves to what it will certainly no longer be possible to refer to as technical progress, but may perhaps be called technical necessities - are confronted with terrible ethical problems due to an increasing number of genetic disorders, with an abundance of children and a preponderance of old people, and if they then want to know how all that came to pass, it is in the series of WHO Annual Reports, those we have already read and those that are to come, that they will see most clearly how man conquered the hostility of nature and then, despite all the warnings he was given, substituted for it the hostility of the human environment.

Mr President, I owe it to your indulgence that you have not by now drawn my attention to the item of the agenda we are discussing, which is the Director-General's Report for 1972, not the Director-General's Annual Reports. To justify my statement and as an excuse for what I have been saying up to now, I should like - without repeating what has already been excellently said by speakers before me and without wanting to spoil what speakers after me will be saying - just to confine myself to mentioning a single observation in this Report, since it touches upon an idea that is very dear to me. It is what the Director-General says about the general practitioner and the treatment of mental illness. Here we have a development that has already taken place in other fields, venereal diseases and tuberculosis, and which is already appearing in connexion with cardiovascular diseases. Research will always remain the privilege of the specialist, and perhaps for sometime yet (possibly not very long)
the specialist will have a monopoly of exact diagnosis; but at all events treatment is going
again to become more and more the job of the general practitioner, and patients, perhaps the
public purse too, will unquestionably benefit a great deal as a result.

On this comforting note, Mr President, I shall conclude my statement, which is not one
of unalloyed optimism, but which I meant to be sincerely complimentary to the Director-General
and to his colleagues. May I ask you in conclusion, Mr President, to be so kind as to convey
to our lady President the congratulations of the French delegation on her election and also to
accept, together with your fellow Vice-Presidents, our compliments on your election to office.

The ACTING PRESIDENT (translation from the Russian): Thank you, Professor Aujaleu. The
next speaker is the delegate of Senegal.

Mr DIOP (Senegal) (translation from the French): Mr President, Mr Director-General,
ladies and gentlemen, permit me in the first place to add my voice to the chorus of those who
have spoken before me, a chorus in which no jarring note was to be heard, and convey to our lady
President the satisfaction and congratulations of the delegation of Senegal. From the
contribution she made at previous Assemblies we know that the Twenty-sixth Health Assembly
has in her an efficient and amiable President of high standing. I should also like to
congratulate the newly elected Vice-Presidents and the chairmen of the main committees, their
vice-chairmen and their rapporteurs, who together are responsible with and around the President
for ensuring that our proceedings run smoothly and efficiently. I should be failing in my
duty if I did not publicly convey my delegation's thanks and gratitude to Dr Layton, our
distinguished outgoing President, whose wisdom, energy and masterly direction of the work
of the last session was appreciated by all.

Mr Director-General, this moment when you are about to leave us after 20 years of service
at the head of the Organization is, for us, a most affecting one. In 1953 you had placed in
your charge a child that was still weak and immature, and with a sure and felicitous hand you
have guided its steps past innumerable obstacles, enabling it to grow in an orderly manner
without becoming deformed, and have seen to it that its operational value was increased and
constantly adjusted to circumstances. Now that you are leaving this newly grown up child of
yours, Senegal - and all the other Members with it, I am sure - thanks you wholeheartedly
and assures you of its friendly and lasting gratitude.

Allow me also to welcome our new Members, the People's Republic of China, the German
Democratic Republic and Swaziland, whose admission has now filled up big anachronistic gaps
that long disfigured our Assembly.

Lastly I should like, as every year, to pay a tribute to our agreeable and dynamic
Regional Director, Dr Alfred Quenum, for the sustained stimulus he has given to WHO's activities
in Africa.

Mr President and honourable delegates, the Director-General's Report, which year by year
has become better and more comprehensive, this time nearing perfection. There are only two
points, which directly concern my country, that I should like to say something about. The
first is the appearance and regradescences of cholera in Africa south of the Sahara. Since
its sudden eruption in our countries in 1970, this pestilential disease unfortunately seems
to have taken root there, and is only allowing us intermissions of increasingly short duration.
Here the apparently reasonable optimism of the Director-General's Report has unfortunately not
been proved entirely justified by events since it was written, in particular in the part of
black Africa in which my country is situated. Just a little time ago, in March and April
1973, Senegal had several cases of cholera, with a high case fatality rate. It is true that,
compared with the tremendous slaughter inflicted by plague and yellow fever pandemics in the
past, the problem may appear a minor one, but we are nonetheless concerned by the persistence
of this danger, which is all the more alarming because it chiefly affects the rural areas,
thus constituting an appreciable brake on the economy.

Though our experience has convinced us of the efficacy and safety of the Pasteur
Institute vaccine, we are still worried by the short duration of the protection it confers,
which obliges us to go on weaving an endless web of Penelope to prevent or to contain cholera
outbreaks. We cannot therefore urge strongly enough that work to improve the quality of the
vaccine, and in particular - let me stress this - to extend its period of activity, should
continue and be speeded up. The rehydration fluid supplied by WHO in abundance has proved
almost magically effective, enabling all those it has been possible to treat by perfusion to
escape from the shadows into the light of day, literally from certain death into life.

The second aspect of the Report I should like to say a word about is the development of
basic health services (project Senegal 4001). As this project develops and takes shape in
the Fatick pilot area we are becoming convinced that it is, indeed, the most suitable approach
to the basic health services (project Senegal 4001). As this project develops and takes shape in
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and that will lay the basis of a balanced nutrition which is understandable to our people and within their reach. Consequently we should like this programme to be continued and extended in a larger measure perhaps than is suggested by the small increase of US$ 5700 provided for in the 1974 budget.

Mr President and honourable delegates, many more complementary remarks and expressions of sincere approval could be made on the subject of the excellent Report on the work of WHO by our eminent Director-General. Anxious at once to spare his modesty and to save our time, however, I shall confine myself to the few points I have mentioned. Before I conclude, I should like to convey to the people of the city and canton of Geneva, to the entire Swiss people and to the Swiss authorities, the brotherly greeting of the people and the Government of Senegal, and to thank them for the delightful hospitality we enjoy every year on the calm and peaceful shores of Lake Leman.

The ACTING PRESIDENT (translation from the Russian): I thank the delegate of Senegal. The delegate of the United Kingdom of Great Britain and Northern Ireland has the floor.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland): Mr Vice-President, it gives my delegation great satisfaction that Professor Sullianti Saroso has accepted the presidency at this Twenty-fifth anniversary of the establishment of the World Health Organization. My delegation also warmly congratulates you and the other Vice-Presidents on your election to officiate at this notable occasion.

I want to congratulate Dr Candau and his staff on the very high quality of the reports on the work of WHO, which is fully maintained in this, Dr Candau's last report. Each year when I read the Annual Report I realize that there is no other publication which gives in such compact form so comprehensive a picture of the problems which affect the health of the world and of the efforts being made to combat them. I fear that national medical journals, in their natural obsession with the problems of the countries in which they are published, pay too little attention to the need for a worldwide approach to the promotion of the health of the world. No country can now think only in terms of the health of its own people. It is the distinctive feature of these annual reports of the World Health Organization that they never lose sight of that fact. They deserve all that Professor Aujaleu has just said about them, for the rest of us, with our constant preoccupation with our own affairs at home, I wonder how many of us pay more than lip-service to the universality of health problems.

Having said that, I must now say that reading this Annual Report and some of the papers we have for consideration at this Assembly has made me wonder whether we really have our priorities right. This is a question I ask myself at home in regard to our own health services, and very often I have to admit that pressures for this or that group have in some sense obscured the priorities for what would be the greatest gain to the health of the population as a whole. We are long past the point where everything that is technically possible in the field of health can be done for everyone who might possibly benefit from it. We do what we can, but in a country such as my own, with the task of generalization to the whole population of the best that can be done for any one member of it, I am only too conscious that it is not possible to achieve everything for everyone all the time. To do that we would need more members of the health professions than non-members in the population. As a result, we have to do what any well-organized family does and try to provide the best overall outcome for the whole of the family.

In countries with organized health services of long standing, we have much in the framework of our society which is taken for granted. Our forbears gave us a sanitary environment that makes us seldom the victims of enteric infections and virtually secure from outbreaks of cholera. They also gave us the factory mass-produced cigarette as the most lethal instrument man has invented for peaceful use. The historical development of our health professions has brought medical care within the physical reach of the whole population, and the only problem that population faces is that of paying the cost of care. So we in our national health services seek ways of ensuring that this cost is not an obstacle to obtaining necessary care. But with the bulk of the world's population, and especially those with which WHO has most to do, the problem is far otherwise. There is a sentence at the beginning of paragraph 1.7 of the Annual Report that reads:

In the long term the abatement of those diseases for which specific measures are not available depends on the improvement of the environment, provision of adequate food and shelter, personal hygiene and health education.

I would add that that is also part of the formula for the promotion of health, quite aside from the prevention of specific diseases.

There is a lot in this Report about highly scientific development in all fields of health, and it is necessary that it should be so. The coordinating activities of WHO are essential to that kind of progress, but we must not let that need disguise from us the primary need of a greater investment by the world - not through the WHO budget - in the
TWENTY-SIXTH WORLD HEALTH ASSEMBLY, PART II

physical environment in which most of the world’s population now lives. A recent visit to
China - and how glad we all are to see the representatives of the People's Republic here -
has led me to wonder again whether perhaps, as Mr Mwinyi of Tanzania also said, the People's
Republic has shown us a better selection of priorities than we have achieved ourselves in
putting prevention and the provision of simple immediate primary treatment, above all with
the involvement of all the people, in the forefront of their programme. Dr Edwards of the
United States of America was, in effect, asking the same question, and so was Dr Candau in
his address on Tuesday afternoon.

After this generalization I want to mention only three short points. The Report
contains much information about the surveillance of influenza and our efforts to produce
specific prophylaxis against it. I believe we could greatly improve our communications
about the prevalence of influenza in the world to the benefit of national health administra-
tions and of the public, perhaps on the lines now being developed in the USSR. But until
we have a really effective vaccine and the capability for varying it quickly to meet changes
in the nature of the virus, perhaps on lines recently developed in Paris, or alternatively an
effective antiviral drug, we shall have little effect upon the worst of the truly pandemic
infections which beset us every year or two. I know well that there are greater causes of
morbidity and mortality which affect the population of the Third World far more severely, but
they too suffer from influenza. I do not think we can yet congratulate ourselves upon any
material achievement in the field of control of influenza.

Secondly, I want to congratulate the Organization on the success so far achieved in the
eradication of smallpox. That now places an extremely heavy burden of responsibility upon
the health authorities in Bangladesh, Ethiopia, India, Pakistan and the Sudan, in which they
have every justification for expecting our help. Their effort is not just for their own
safety; it underwrites the security of the rest of us also. Twice in the last eight weeks
in my country we have had to deal with the introduction of human infection with smallpox,
once from without and once from within. Great effort is required and much alarm is caused
and that will continue until eradication is finally complete. It will be for this
Organization to consider whether we must then seek not merely the removal of smallpox as a
disease, but the destruction of all remaining variola virus wherever it may be stored.

Finally, I would like to make a point which occurs to me on reading the report: that
we are apt to state our objectives too much in terms of preventing or postponing death from
this or that cause. Next to primary prevention of communicable disease in the young, our
major concern should be with health during life, as Dr Machado de Lemos said on Tuesday. We
are not going to prevent the occurrence of atherosclerosis. We might postpone it. We
might be able to prevent much of the malignant disease from which the world’s population now
suffers if we were more certain of the nature of the external causes. The greatest effort
required of us at this time is still the prevention of much acute infectious illness or
parasitic infestation which kills or grossly handicaps great numbers of those living in some
parts of the world today: we shall not succeed in that unless the people feel themselves
involved in the services we seek to deliver. As that is achieved, and where it has already
been largely achieved, we are left with chronic illness and handicap, the onset of which could
at least be postponed and the disability from which could be much more fully relieved than it
now is.

Mr Vice-President, the Secretary-General in his message on 8 May spoke of Dr Candau as
serving WHO and humanity with such distinction for 20 years. All of us must agree with that,
but I would add that Marcolino Candau and Pierre Dorolle, who both leave us so soon, have each
personally won the respect and affection of every one of us who have represented our countries
at any of these last 20 Assemblies.1

The ACTING PRESIDENT (translation from the Russian): Thank you, Sir George, for your
statement.

2. ANNOUNCEMENT

The ACTING PRESIDENT (translation from the Russian): I have now to make an important
announcement about the annual elections of Members to be entitled to designate a person to
serve on the Executive Board.

I request Dr Dorolle to read out Rule 99 of the Rules of Procedure.

The DEPUTY DIRECTOR-GENERAL (translation from the French): Mr President, Rule 99 of the
Rules of Procedure of the Health Assembly, which is to be found on pages 120 and 121 of
Basic Documents (23rd edition) reads as follows:

1 The above is the full text of the speech delivered by Sir George Godber in shortened
form.
"At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than forty-eight hours after the President has made the announcement in accordance with this Rule."

That, Mr President, is the text of Rule 99 of the Rules of Procedure.

The ACTING PRESIDENT (translation from the Russian): Thank you, Dr Dorolle, I accordingly invite the delegates who wish to make proposals on the subject of these elections to do so not later than 10 a.m. on Monday, 14 May, so that the General Committee can meet at noon that day to prepare its recommendations to the Assembly on the subject of the elections.

The meeting rose at 12.25 p.m.
EIGHTH PLENARY MEETING

Thursday, 10 May 1973, at 2.30 p.m.

Acting President: Dr K. CAMARA (Guinea)

1. SECOND REPORT OF THE COMMITTEE ON CREDENTIALS

The ACTING PRESIDENT (translation from the French): The meeting is called to order. Our President has asked me to take her place this afternoon, and I should like to take this opportunity to say how appreciative I am of the honour you have done not so much myself as my country, the Republic of Guinea, and its people by electing me a Vice-President of this Assembly. Allow me to thank you most cordially on behalf of my country and of the delegation of Guinea at the Twenty-sixth World Health Assembly.

We now come to the first item on our agenda, approval of the second report of the Committee on Credentials, which met this morning with Mr Buick in the chair. The report is contained in document A26/43, which has been distributed. I now invite Mr de Geer, Rapporteur of the Committee, to come to the rostrum and read out the report to you.

Mr de Geer (Netherlands), Rapporteur of the Committee on Credentials, read out the second report of that Committee (see page 512).

The ACTING PRESIDENT (translation from the French): Thank you, Mr de Geer. Are there any comments? There being no comments the report, for which I thank the Committee's Rapporteur, is adopted.

2. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTIETH AND FIFTY-FIRST SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1972 (continued)

The ACTING PRESIDENT (translation from the French): We shall now continue the general discussion on items 1.11 and 1.12. Before we do so, allow me to remind you of the need to respect the 10 minute time limit for each statement. We thank in advance distinguished speakers who say the most with the greatest brevity. Since the honourable delegate of Iran, Dr Shahgholi, has foregone taking part in the general discussion, I give the floor to the first speaker on my list, the delegate of Ethiopia, Mr Sifaf.

Mr SIFAF (Ethiopia): Mr Vice-President, allow me, through you, to congratulate the President on her election to the important office of the presidency of the Twenty-sixth World Health Assembly. I would also like to congratulate the Vice-Presidents, and the chairmen of the two main committees, and I wish you all success.

I commend the Director-General for the excellent Report before us, which not only presents graphically the activities of WHO in 1972 but also sketches the progress of the Organization in the past 25 years towards the fulfilment of its lofty goals. It is particularly gratifying to note that WHO continues to focus attention on decreasing the threats due to communicable diseases and on increasing its financial allocations to field activities, notably the strengthening of health services, the control of communicable diseases, the development of health manpower and environmental health.

With regard to the control of communicable diseases, we are pleased to note the dramatic reduction of smallpox throughout the world and the envisaged complete eradication of this disease within the next few years. In Ethiopia we are happy with the progress of the smallpox eradication campaign, and my Government will continue to give every support to this programme until this disease is eradicated within the coming few years.

I would like to take the opportunity of the twenty-fifth anniversary of the World Health Organization to convey to the Organization and its Members my Government's warmest congratulations and to express its deep appreciation for the close collaboration and cordial relationship we have had with the Organization since its inception. The achievements of WHO during the past quarter of a century have indeed been tremendous and therefore satisfying. However, the past accomplishments should not lead us to complacency and a relaxation of our vigilance. The present world health situation in general is such that we have yet a long way to go in the realization of the Organization's goal which, as embodied in its Constitution, is the attainment by all peoples of the highest possible level of health. Consequently, more than ever before we should rededicate ourselves to the goals, ideals and humanitarian aspirations of the Organization which is worthy of our full support. It gives me great pleasure to convey to you the assurance of my Government's continued full support to WHO.

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At this juncture it is with great pleasure that I express appreciation of the dedicated, able and dynamic leadership that Dr Candau has provided this Organization, and humanity, during his 20 years of service. It has always been easy and pleasant to cooperate with him and his staff, and I wish him every happiness in his retirement.

Finally, the Ethiopian delegation welcomes and congratulates the German Democratic Republic on its admission to membership of the Organization.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Sifaf. I now give the floor to the delegate of Bangladesh, Mr Abdul Mannan.

Mr MANNAN (Bangladesh): Mr President, Director-General, distinguished fellow delegates, ladies and gentlemen, it is a great honour and privilege for me to have this opportunity of addressing the World Health Assembly as the Chief Delegate of Bangladesh. We have been greatly honoured and our sufferings have been deeply appreciated by this Assembly. The great leader of my country, the father of the nation, Bangabandhu Sheikh Mujibur Rahman, the Prime Minister of the People's Republic of Bangladesh, has conveyed his sincerest thanks on behalf of the people, the Government, and on his behalf, through me, to you all, for the generous assistance rendered to our country.

Mr President, may I at the outset express my heartiest congratulations to Dr Sulianti Saroso on her election as President of the Twenty-sixth World Health Assembly. I would also like to express my felicitations to the Vice-Presidents and the chairmen of the committees.

Mr President, may I extend our heartiest greetings to the German Democratic Republic, which has just been admitted as a member of the World Health Assembly. The admission of the German Democratic Republic amply indicates the concept of the universality of world fora like the present one, and that no nation should be debarred from world organizations through artificial contrivances. We are also glad to see the People's Republic of China take her seat for the first time as a Member of this Organization.

Mr President, my statement will not be complete if I do not record the sense of appreciation of my Government and myself of the brilliant services rendered by Dr Candau, the Director-General of the World Health Organization, who is going to retire some time this year. I express our sincerest congratulations to him for his excellent Report, which has so exhaustively covered the world health problems.

Mr President, it would be quite relevant if you would kindly permit me to draw your kind attention to the state of our economy. During the 25 years before receiving independence on 26 March 1971 the story of my country has been an uninterrupted saga of neglect, deprivation and exploitation. But whatever little we had achieved, Mr President, was completely destroyed during the events of 1971. Medical services, you can well imagine, could not but be the first casualty of the destructive policy of the past regimes. I am, however, glad to inform you that through the unique act of courage and determination of 75 million people of Bangladesh, under the inspiring leadership of our Prime Minister, we are putting the pieces together and charting out future long-term projects with a view to launching a frontal attack on the multifarious problems confronting the country, health service being one of the top priorities.

In this regard, the galloping population increase in our country is posing the gravest threat to us, as the present population will double in 20 years if the measures already adopted by us to check it are disturbed for want of adequate international assistance. Immediately after independence my Government set out to formulate a plan to control the population growth through a well-thought-out policy by integrating health and family planning from the grassroots level. As a preliminary step, we have launched a mass health education programme at the individual home level to give credence to the theme that health and family planning begin at home.

A few salient features of our programme may be mentioned here. (1) The mass education programme is designed to stimulate the socioeconomic consciousness in the people that will ultimately turn the population towards welfare-orientated families. (2) The project also lays down the creation of "polypurpose field workers" who will regularly visit every home state in order to oversee family planning and preventive health services and supervise, among others, the cognate programmes for nutrition, pure water supply and environmental hygiene. (3) We have already started establishing rural health units, which have formed the nucleus for the integrated scheme for population control, maternity and child welfare, and curative and preventive health services, as an integrated and cohesive programme.

The incidence of smallpox and malaria had been on the increase during and after the war of liberation owing to the massive movement of population and other hindrances. We have already brought these under control, and we are confident that we shall successfully drive out these diseases in the near future with the active assistance and cooperation of the World Health Organization. As regards cholera, I am glad to inform you that we have been able to keep it under control. Tuberculosis is still posing a threat to my country, my Government has taken measures to control it but a lot more needs to be done. Besides, we are also suffering from some avoidable diseases such as blindness due to malnutrition,
and venereal diseases, which have come to the fore as a direct consequence of the war of 1971.

Mr President, to make a start Bangladesh had nothing but the destruction of war. Apart from other fields of rehabilitation and reconstruction, in the health sector we started with the opening of health centres, increasing the number of beds, procurement of medical stores, crash programmes for producing medical and paramedical staff, starting a course for the diploma of public health, organizing seminars, lectures and practical demonstrations on health service and family planning. These will go to consolidate our integrated programmes on different aspects of health and family planning.

I will fail in my duty if I do not mention the most generous response of those countries which have so kindly extended their help to treat our war cripples. Mr President, our heart bleeds when we find ourselves handicapped in our efforts to provide the many crippled boys who fought for their motherland with the latest medical facilities leading to their rehabilitation in society.

Before I conclude, Mr President, may I offer my most sincere congratulations to the World Health Organization on its twenty-fifth anniversary. It is a well-known fact that the World Health Organization's quarter century of dedicated service has immeasurably bettered the lives of millions, and it is my fervent belief that, in keeping with the high tradition of the past, the Organization will respond to the new challenges of the changing world. I assure you all of the cooperation of my Government and people.

The distinguished delegate of Greece, Dr Meropi Violakis-Paraskevas, now has the floor.

Dr VIOLAKIS-PARASKEVAS (Greece): Thank you, Mr President. I cannot forego the opportunity to express the pleasure that the Greek delegation has in the election to the presidency of Professor Sulianti Saroso, and also the five Vice-Presidents. Personally, Mr President, I would like to say, through you, to the President that I cannot hide my satisfaction and pleasure at the election of a lady - and so distinguished a one - to the presidency of this Assembly.

The Director-General and his staff once more deserve the congratulations of all of us, not merely for the work that they have done but also for the admirable way in which it is presented in The Work of WHO, 1972. This document provides clear evidence that the Organization is making exceptional progress in the conduct of its programmes and in the search for solutions to the complex health problems of a rapidly changing world. Also the Report carries a unique collection of information about the major health problems of the world. We all know that there has been progress which could not have been achieved without this Organization.

WHO, entering the twenty-sixth year of its existence, is certainly confronted with new challenges. Nobody would deny that important achievements have been scored in many areas of public health basic to the health and the future of mankind. One of the main goals of our Organization certainly should remain to assist, where possible, those countries which are in need of such assistance in solving their most urgent problems.

At the same time, however, society is faced with increasing demand to pay attention to a new challenge: the environmental problem. The work in environmental health described in the Annual Report of the Director-General is impressive and represents a comprehensive and well planned programme. It is commensurate with the important and growing needs that are experienced in the field of environmental health, and the Director-General and his staff deserve the warmest congratulations. However, such problems and programmes need a continuous dynamic approach, and complacency should have no place in it. With this in mind, the Greek delegation would like to stress still further the need for the development by WHO as soon as possible of criteria and guides regarding various pollutants of the environment. These guides and criteria, based on present knowledge and experience, are urgently needed, especially by countries which, like Greece, are in the process of rapid and heavy industrialization and urbanization and cannot wait for research and studies to provide the full answer to those response relationships of various pollutions and of their combinations. Such criteria and guides will help the country concerned to establish national or regional standards according to local conditions and needs and thus to avoid deterioration of the environment to the detriment of the health and wellbeing of man. In this respect we fully endorse the work undertaken in the European Region and were pleased to note that accelerated action has been possible in the long-term programme on environmental pollution control.

We would like to take this opportunity to thank the WHO European Regional Office, under Dr Kaprio, for its assistance as executing agency in UNDP preproject activities for a programme on environmental pollution control in the metropolitan area of Athens. The Greek Government, in giving high priority to this programme, has great expectations with regard to its results and especially to its timely implementation. As mentioned already regarding the criteria and guides for pollution, the time element is very important and crucial for Greece, which is now in the process of extensive and rapid industrial development. We should act now if we want to
attain the expected results. The objectives of this programme are not only to develop a comprehensive programme for environmental pollution control in the metropolitan area of Athens, but to act also as a pilot project which will help in meeting similar problems which are experienced in other areas of Greece. It may be interesting to mention here that the Greek Government is contributing for this programme an amount estimated at about four million dollars, and UNDP assistance is a little over a million dollars. The Greek Government will be very happy if joint activities between this country programme and the intercountry programme on environmental pollution control of the European Region can be developed to their mutual benefit.

During the coming years the Greek Government, with its definite and integrated programme of social welfare policy, has as its main object to promote public health work. The budget allocation for health expenditures made during the last years has been increased. There is a definite increase of per capita national income and of economic development.

Permit me, Mr President, to refer briefly to some of our recent achievements. By an intensive immunization programme diphtheria, poliomyelitis and other communicable diseases have been eradicated. By applying the International Health Regulations and by strengthening epidemiological surveillance, no quarantinable diseases have occurred. By renewing the pattern of health services, new programmes have been started for cardiovascular diseases and degenerative ones, and for environmental health. On the medical care aspects, in order to improve health facilities at the regional level, the funds and the plans for construction of six modern medical units with 600 beds are ready. In the meantime, apart from Athens and Salonika where two medical schools exist, four university clinics will be functioning by the end of this year in the existing four regional state hospitals. A real achievement is the functioning of the new ophthalmological centre, with 220 bed capacity and modern equipment and staffed with high-quality scientific and nursing personnel. This centre will serve also for research work, and we hope that its standard is going to be similar to the other recognized international scientific centres. A new hospital for emergency cases has been successfully functioning on a 24-hour basis in the area of Athens since February. By amending the law, more attention is given to the improvement of salaries of medical personnel and nurses, and also for the first time salaries are given to the physicians for their training to be specialists.

Mr President, WHO's voice should be raised to remind everyone that man is the object and measure of real progress. WHO is there to accomplish its fundamental task, which is the protection of human life in all its forms.

Finally, Mr President, we join with others in wishing this Assembly success in its task ahead, and permit me to express our thanks to the Director-General for all the most valuable work he has done for WHO; we wish him the health and happiness that he so rightly deserves after so many years, during which he very ably rendered his service to our Organization with his diplomatic, technical and administrative ability. I am quite sure that he still has the potentiality to make further valuable contributions to the welfare of mankind in general.

The ACTING PRESIDENT (translation from the French): Thank you, Dr Violakis-Paraskevas. I now give the floor to the distinguished delegate of Hungary.

Professor FARADI (Hungary) (translation from the French): Mr President, ladies and gentlemen, allow me first, on behalf of the Hungarian delegation, to congratulate our lady President and yourself on your election; and to congratulate the other officers of the Assembly. I have also the honour to greet Dr Candau, the Director-General, and his colleagues, all those present in this hall, and the new Members of our Organization - in particular the delegation of the German Democratic Republic. We note with pleasure that the representatives of the People's Republic of China are present, and we hope that the Democratic People's Republic of Korea will become a Member of WHO during this Assembly. May the work of our session be crowned with success.

Our Organization is celebrating its twenty-fifth anniversary. In its Constitution, drawn up in 1946, the principal objective of the World Health Organization was formulated thus: "the attainment by all peoples of the highest possible level of health." Upon what, at present, does the development of a country's health depend? Upon that country's political, economic, social and cultural level. The same applies to world health. These last 25 years have seen many changes in the world: most of the colonies, which accounted for about half of mankind, have been liberated; the developing countries have been established, and the building of socialism is under way in a third of the world. World health too, has progressed far during those years, and in that development the World Health Organization has played a major part. We are certain that in so far as the World Health Organization can comply with the principle of universality it will attain its noble objectives. Further development of international health and solution of the world's health problems will no doubt be facilitated by the relative relaxation of international tensions. Political, economic, cultural and health relations between countries and peoples living
under different social systems are increasing, and that too is conducive to international cooperation in health and medical matters.

We consider the Report of the Director-General on the work of WHO in 1972 and on WHO's future objectives to be an excellent and very interesting one. In the last few years millions of thoughtful and responsible men have realized that the scientific and technological revolution can do much to promote the progress of mankind; but this revolution represents an interference with the complicated system of balance established on our earth, and as a result the flora and fauna of dry land and of the waters, together with man, may be in danger. The social and governmental organs of the whole world have decided that conservation and restoration of the balance of the human environment is a primary objective.

Will the human nervous system be able to adapt itself to environmental conditions that are steadily departing from natural conditions, with all that such a departure entails? This problem is of constant concern to us. Clearly, urbanization, the hectic life we lead, with all its agitation, and the break-up of the old large family into smaller units, have harmful nervous and mental effects. But it would appear from our new scientific knowledge of the laws of human society's development, from the development of neurobiology, psychology and sociology - assuming healthy social development - that man can put up with much more radical changes in his environment than those which have occurred so far.

The dangers of pollution of the soil, water and air are well enough known. At the same time, thorough analysis has shown that none of the dangers to the biosphere that we now know of, including the mounting quantities of wastes, are unavoidable.

This plight of the human environment is a problem common to all mankind, even though it can vary locally. The problems created by destruction of the balance between man and his environment cannot be solved by medical science alone. According to Dr Candau, solution of these disorders of socioeconomic origin requires close cooperation between health workers and economists.

According to WHO's investigations, the factors impeding solution of the problems of the environment are: insufficient internal financing, lack of skilled personnel, bad administration, insufficient external financing, incorrect financial organization, slow production of equipment on the spot, and out-of-date legal machinery. WHO takes responsibility only for coordinating tasks, collecting and transmitting international information, and setting up a scheme for control of harmful pollutants. Mr President, we consider that the coordination of research in the fields of public health and medical science, also, is one of WHO's primary objectives. We must consider whether the present body dealing with research is a suitable one, and whether the principles governing the research directed by the Organization are satisfactory, for example in regard to the importance to be accorded to various research tasks, the choice of priorities, etc. More work also needs to be done on programme evaluation methodology.

Regarding WHO's budget, the Hungarian delegation considers that the annual increase ought not to exceed 5%. In our opinion, administrative costs are out of proportion to the costs of implementing the programme. I believe that is one of the main reasons for the increase of the budget. A review of WHO's administrative organization has, we understand, been under way for several years. We should like some information on that subject. We repeat once again, that it is possible to find out very little about implementation of some of the programmes taken on one after another, by the World Health Organization and how effective that implementation is.

We would stress that for the Hungarian delegation the World Health Organization is, in view of its objective, the most humanitarian international organization. Consequently we wish to support what it is doing so far as it is morally, vocationally and economically possible for us to do so. Our objective is support of the World Health Organization and steady improvement of world health. It is that objective we have had in mind in making our criticisms.

The ACTING PRESIDENT (translation from the French): Thank you Professor Farádi. The distinguished delegate of Jordan now has the floor.

Dr AKASHEH (Jordan): Thank you, Mr President. Mr Vice-President, Mr Director-General, distinguished delegates, ladies and gentlemen, it gives me pleasure to greet you on behalf of His Majesty King Hussein and to offer his congratulations to the World Health Organization on its twenty-fifth anniversary. I wish to extend to our new President, our newly elected Vice-Presidents and other officials my sincere congratulations. Here I would like to thank the Director-General, Dr Candau, for his services during the past years.

Mr President, 25 years have passed since the establishment of the World Health Organization, and 25 years have passed since a human tragedy occurred. It is still going on. I am referring to the people of Palestine, driven out of their lands in 1948, living in bitterness and misery while their homes and lands are occupied by strangers collected from all parts of the world. I am also referring to a more recent tragedy, after the 1967 Israeli aggression on the West Bank
of Jordan. Thousands were driven across the River Jordan and are now living under inhuman conditions. Mr President, we are doctors. Our job is to heal the sick, fight diseases and ease human suffering. We give medicine to kill a virus or a germ and cure ailments, but there is a disease for which no medication has been found, that of a person who has lost his self-respect, his land, a person who has been humiliated and has been evacuated from his own country. Such a person does not need drugs, food, clothing or even promises, but his land that has been usurped. The World Health Organization is a humanitarian organization, and I call on you to lend a hand to such a person, to find a cure for this suffering of the Palestine people.

The Israeli authorities are practising physical and mental torture to force Arabs in the occupied territories to leave their lands. They plan to utilize Arab cities and in particular Jerusalem, the city of peace, the holy city to all believers in God. Using their power as conquerors, they have started a process of buying Arab land by all means and replacing Arab services, among them the medical services, as a step towards annexing Arab Jerusalem to the Jewish part, ignoring and defying United Nations resolution 242 and the many Security Council resolutions. My delegation will discuss these points in the appropriate committee.

Mr President, Jordan has enjoyed a satisfactory degree of economic development and social progress as a result of organized and well-established socioeconomic plans. Unfortunately, as a result of the 1967 aggression, Jordan’s development and progress came more or less to a standstill. The West Bank was lost; many agricultural and industrial projects had to be terminated. Jordan had to face the problem of providing shelter and food for a new influx of 400,000 displaced. Mr President, as doctors we know that if a body is cut in two halves, it will not survive. In spite of this and of such a disheartening situation my country survived the tremendous shock, dealt as required with the emergency situation and started again the development process with a clear and absolute determination to cure the paralysed body. Government and private sectors were side by side under the guidance and wise leadership of His Majesty King Hussein. The outcome was our newborn baby, the three-year development plan, which was started this year. The health sector of this plan forms an integral part of the overall development plan.

Our health policy aims mainly at, first, the provision of the highest possible quality of medical and health services to the public with the least cost and best methods; second, improvement of services through the provision of capable administration by various means of training and education, and adoption of up-to-date principles of management; third, coordination of the work of different health bodies (Ministry of Health, municipalities, private sector, and others) in order to prevent duplication, improve the health services and achieve better coverage of urban, rural and nomadic areas; fourth, improvement of technical standards by various methods of training, making full use of the World Health Organization fellowship programme; fifth, establishing a network of maternal and child health and medical centres throughout the country; sixth, the antituberculosis campaign by mass vaccination is continued and a new survey is started among the Bedouins; seventh, continuing the antimalaria campaign.

Mr President, before concluding may I pay tribute to this Organization for its efficiency, the continuous efforts of its Director-General and his dedicated staff; also a special tribute to our Regional Director, Dr Taba, and his staff.

I hope this Organization will continue its work in the coming decade in the same spirit and help to ease the mishaps of the human race so that it may enjoy better health and living conditions.

The ACTING PRESIDENT (translation from the French): Thank you, Dr Akasheh. The distinguished delegate of Gabon now has the floor.

Mr ESSIMENGANE (Gabon) (translation from the French): Mr President, Mr Director-General and fellow delegates, as those speaking before me have done, I should like, on behalf of my Government and of the delegation of which I am the head, to convey to our lady President our congratulations on her brilliant election to the presidency of the Twenty-sixth World Health Assembly. I also congratulate the Vice-Presidents, who have the heavy responsibility of helping her carry out her duties.

After reading the Annual Report of the Director-General of the World Health Organization I have some reflections I should like to put to you for your consideration. Indeed, it seemed to me that it would be appropriate to draw attention to certain aspects of health in Africa and in Gabon in particular.

It is not very long since we were the horror-stricken witnesses of deaths for which we knew no explanation; people spoke then about the spirit of evil, evil spells, the vengeance of supposed enemies, and so on and so forth. That attitude was a reflection of our ignorance and of our inability to make an exact diagnosis. Immense advances have of course been made since that time; in particular, there are now many more physicians. But it is obvious that, in our countries, as regards hospitals, even medium-sized ones, we are still far from the position of the industrialized countries. In addition, the small number of medical personnel we have, since they were trained in countries with needs and institutions different from ours,
have not been altogether prepared for the daily tasks they are required to perform. It is important to ensure, therefore, that the training of our personnel is more in line with our particular health situation. Hence the need to set up local training schools, as Dr Candau pointed out with some force two days ago when we were celebrating our Organization's twenty-fifth anniversary. To meet this need the Government of Gabon has undertaken the setting up, at Libreville, of a regional faculty of medicine, in whose institutional framework and curricula WHO's recommendations are taken very thoroughly into account. Allow me to express the wish here, on behalf of my Government, that the substantial aid WHO has already given Gabon in respect of the training of medical and health personnel should be not only continued but increased, so as to enable us to carry through this huge project.

A further problem, over and above that of our serious shortage of medical personnel of the necessary quality, is our grievous lack of equipment for making diagnoses. "What is properly diagnosed can be effectively treated" has been an adage of our time during the past several decades. We have at last come to see how difficult it is to master this business of diagnosis; and when that is so treatment is generally exceedingly tentative, because very incomplete - since for this too financial resources are required for the purchase of a whole battery of therapeutic weapons. One result of this state of affairs, and not the least important, is that we are still all too often obliged to let a patient go, upon which he seeks help from the empirical ministrations of indigenous therapy. At this time when our peoples are having to make a very great effort to rid themselves of those beliefs, beliefs that from some points of view by no means conduct to the ennoblement of the human person, the physicians practising in our countries are in the tragic position of having frankly to admit themselves powerless.

While it is recognized in our countries that prevention has to be given priority in health matters, it must nevertheless be realized that the development of preventive medicine and of health education will only be possible upon a basis of action in the sphere of curative medicine, which caters for the only needs that are felt and expressed by the population.

As regards medical care, the population is at present divided into three sections. The first section, a highly privileged one, lives in towns and their immediate environs: it has fairly well equipped hospitals under one or more physicians. The second section is less highly privileged and lives in villages and their immediate environs; these people have a dispensary, run by a health worker and more or less supervised by a physician. The third section lives far away from towns and dispensaries; it is served by mobile teams. The ultimate objective to aim at is thus clear enough: we must increase the number in the privileged groups until they represent the whole population. But while this objective may be clear, it is not easy to attain. There is no doubt but that the success of preventive action depends upon the effectiveness of curative medicine.

The attitude of the population, which judges the effectiveness of health services by their curative activities, is of course yet a further obstacle to be reckoned with. Mass medicine is a good deal a matter of attitudes. First, on account of the physician's contribution: it is as a result of what he does, of his confidence, that we shall get solid results in this field of public health. And secondly the individual person, sick or otherwise, has to accept discipline in health matters, and he must take care not to look for spectacular and quick results.

There has been a good deal of talk lately about the brain drain and the shortage of medical and health personnel. The problem of physicians and other highly trained workers is a complex one, and I shall not go into it. But in the case of this personnel, as in that of nursing personnel, we shall have to recognize that it is, perhaps, of even greater importance than getting people with the right technical qualifications that we should recruit, by a rigorous process of selection, exclusively people with a vocation.

Health education ought not, to be just the sort of thing that people like ourselves who are in charge of countries' health affairs would like to see. No, let us give ourselves the trouble of going down to the level of the village people, which is what they look for from us. In other words, planning, here as in many other fields, has got to begin at the bottom. Abrupt changes among our peoples, with all their rituals and customs, will do more harm than good.

I cannot conclude this brief statement, Mr President, without mentioning two other kinds of difficulties experienced by the department I am responsible for. The first concerns the planning of our health action programmes. This planning, though it is quite indispensable, is difficult to carry out because of our lack of suitably trained personnel, and also by the need to solve certain urgent and unforeseen problems that keep upsetting our forecasts. The second difficulty has to do with the development of basic health centres, the importance of which we now all realize. In a country like Gabon where the population is very scattered and there are very few roads, these health centres prove costly to set up, and difficult to run because the people trained to run them find it difficult to resist the attractions of city life.

The Government has undertaken a large-scale regrouping of the population into viable village units. I would say frankly, however, that this operation will only have a chance of
succeeding from a health point of view if it is carried out within a general context of rural and community development.

Lastly, I take this opportunity to say how greatly we in Gabon appreciate the help the World Health Organization is giving us. The Organization's experience and the wide range of fields dealt with make success a certainty, even if it is long in coming. Several projects are under way in Gabon: training of medical and health personnel, basic health services with emphasis on maternal and child health, a comprehensive environmental health programme, etc.

Africa has, there is no denying it, the doubtful honour of having to deal both with its traditional diseases - leprosy, trypanosomiasis and so on - and with what are known as the diseases of civilization: cancer, mental illnesses, alcoholism ... All that represents more than, with the means available to them, our States can cope with. We shall, therefore, go on calling for international aid. In this anniversary year it is appropriate to remember that the international aid given is humanitarian: it serves to succour man as a human being; and over and above that it helps to safeguard the health of the world. In these days of supersonic aircraft and group travel, who can maintain that he who gives is not repaid for it three times over?

I shall complete this short statement by thanking the Director-General of the World Health Organization and his team for having produced for us this concise and comprehensive Report, which reflects the day-to-day concerns of the health authorities in all our countries.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Essimengane.

Dr Onyonka, the Minister of Health of Kenya, has the floor.

Dr ONYONKA (Kenya): Mr President, I wish, through you and on behalf of my delegation, to associate myself with the words of the leaders of the other delegations who have spoken, in congratulating Professor Sulianti Saroso on being elected President of this Twenty-sixth World Health Assembly. This we recognize is a considerable responsibility she has accepted to shoulder, but we are confident that, with her long experience and wisdom, our deliberations will achieve the noble objectives of this Assembly, of promoting the better health and well-being of mankind. May I take this opportunity, also, of congratulating the Vice-Presidents and the chairmen of the various committees, whose work will be invaluable in the proceedings of the Assembly.

As Minister for Health and leader of the delegation from the Republic of Kenya, I wish to express once again my delegation's great appreciation of the continuing beneficial cooperation between the World Health Organization and our country. I wish to associate my delegation with the expressions of others present in paying tribute to the Director-General of the World Health Organization, Dr Candau, whose vision, devotion and tireless effort has contributed so much to the universal understanding and betterment of the health of the peoples of the world. I wish to pay tribute also to the devoted World Health Organization staff who work tirelessly among us, ready to assist in towns and in rural areas whenever called upon by the health authorities in our country. For the considerable help we receive from the World Health Organization Office in Brazzaville I would like to add a special tribute and encouragement to the Regional Director for Africa and his worthy staff.

Mr President, Kenya has continued to devote added effort and resources towards the improvement of basic health services, particularly in the rural areas. These efforts have been assisted by provision of funds, supplies and technical personnel made available to us by WHO in cooperation with UNDP and UNICEF.

Project assistance has been and continues to be in the field of control of communicable diseases, training of health manpower, and development of basic health services. The smallpox eradication campaign is now in the maintenance phase. No case of smallpox has been reported during the last two years. The antituberculosis campaign is proceeding well, with more children of vulnerable age being immunized.

Fellowships that have been given in various fields of medicine have been found very useful to the medical services in our country. In addition to this, the assistance we get in training nurse tutors, nurse administrators, public health engineers and medical assistants has been and continues to be greatly appreciated by the Government of Kenya. It would be incomplete not to mention the assistance we have received from WHO in training our doctors in community medicine.

Development of basic health services continues to be assisted by WHO, UNICEF and UNDP. This covers a wide field of services including control of communicable diseases, control of deficiency diseases, improvement of maternal and child health and improvement of environmental sanitation. Included is also the development of a network of well distributed service points which we refer to as health centres.

In a country such as ours, where between 80% and 90% of the population lives in rural areas, it is vitally important that a significant share of the health expenditure be expended in these areas. Toward this end, Kenya in the past few years has developed a network of rural health centres and dispensaries. Currently, we are engaged in the construction of a
dozen or so rural training centres whose graduates are expected to play a vital role in
strengthening the staffing of Kenya's rural health centres and dispensaries. In this connection,
we are highly appreciative of all the assistance that we have received from WHO and the other
United Nations agencies like UNICEF and UNDP.

Since 1970, the Republic of Kenya has accorded a high priority to the field of environ-
mental sanitation. At this juncture, Mr President, I should like to take this opportunity on
behalf of the Government and the people of Kenya to express our gratitude to most of the
countries represented in this Twenty-sixth WHO Assembly, whose United Nations representatives
wholeheartedly supported the choice of Nairobi as the headquarters for the newly established
Environmental Secretariat of the United Nations. We consider it a great honour bestowed on
the Government and people of our Republic. I want to assure this Assembly that my Government
will do everything possible to facilitate and enable this worthy institution to settle down
quickly and to embark on the very important task it has been assigned.

Finally, Mr President, it is our hope that the newly established Environmental Secretariat
will work hand in hand with WHO, for the tasks these two institutions have been assigned have
one principal objective: to control both the environment and disease for the benefit of all mankind.

The ACTING PRESIDENT: (translation from the French) Thank you, Dr Onyonka. I give the
floor now to Dr Jiron Vargas, Minister of Public Health of Chile.

Dr JIRON VARGAS (Chile) (translation from the Spanish): Mr Vice-President, first of all
we should like to greet the People’s Republic of China, which is entering the Organization
after long years of delay. There can be no doubt that its contribution will be of great
value.

We should also like to greet the German Democratic Republic, whose admission was desired
and sponsored by our Government.

We feel that, in view of the universal nature of this Organization and its technical and
humanitarian character, it should incorporate the legitimate representatives of all the peoples
of the world. That is why we have supported and are sponsoring the admission of the
Democratic People’s Republic of Korea.

Mr Vice-President, in his Report to the Assembly, the Director-General has stressed the
close relationship between the health situation and the socioeconomic conditions prevailing
in the various countries. We fully agree with the Director-General, since we regard health as
a dialectic, biological and social process, the product of an interaction between the
individual and the environment, influenced by the political, economic, social and cultural
changes in society.

Health forms a whole, attainable only in a planned society. Within this general frame-
work our country, Chile, presents the social and economic characteristics peculiar to the
countries of the third world. It has the problems of an underdeveloped country and
consequently, when considering our health status we must also tackle and analyse those social,
economic, cultural and political factors that largely govern it.

Since November 1970 the Government of Chile has been engaged in a revolutionary process
of economic, social and political change, making structural transformations that constitute the
essential foundation for bringing economic dependence to an end in all aspects, naturally
including the health aspect.

During its economic development the Republic of Chile has suffered experiences similar to
those of many countries of the so-called third world. Foreign concerns took possession of our
basic riches, and the soil, banks, commerce and industry were monopolized by the few. In the
course of its historical development, Chile transferred to foreign capitalists its copper,
salt peter and other essential resources. In a couple of decades these concerns withdrew from
the country more than 4000 million dollars in profits and shipments. Ownership of industry
gradually became concentrated to such an extent that at the end of the 1960s, the concentration
reached was strangling industrial development. It need only be mentioned that, in 1966, 10
main shareholder possessed more than 90% of the capital of the 70 most important industrial
concerns of the country.

Land tenure has been terribly unjust since the foundation of the Republic. At the end of
the 1960s, 1.3% of owners were the masters of 66.5% of the agricultural land. The traditional
large landowners drew off the surplus value from agriculture and invested it in speculative
deals in the urban sectors. The historical result was malnutrition of the people, a high
infant mortality rate and increasing importation of foodstuffs.

The unjust and inefficient economic system was propped up by extensive technical and
financial aid from outside. In that way a total foreign debt of more than 4000 million
dollars was accumulated, the servicing of which was a heavy burden on our people. We cannot
forget the figures given by international organizations which indicate that most Latin-American
peoples spend 35% of their revenue in hard currency in meeting interest changes and paying off
foreign debts. Furthermore, because of the unequal distribution of income our society was a
democracy merely in name. In 1968, 2% of Chilean families appropriated 46% of the national
income, whereas 60% of families had access to only some 17%.

We have outlined some of the main factors which, until 1970, governed the health
situation of our country. Aware that there is no right to health, or to education, or in fact any genuine right without economic development, without popular participation and without real national independence, our Government, and our people, have started on a profound process of revolutionary change, destined to introduce fundamental corrections and open the way towards a socialist society.

In two and a half years the Government of Popular Unity has achieved great successes along this path:

(1) Recovery of our basic riches, chiefly by nationalization of copper, saltpetre and iron.
(2) Elimination of industrial monopoly by the establishment of a social property sector.
(3) State control of finance, by the nationalization of the national and foreign commercial banks and state control of foreign trade.
(4) Elimination of the large-estate system by application of the agrarian reform law.
(5) Redistribution of income. The workers now have some 65% of the national revenue as against 51% - the average during the period 1965-1970.
(6) Exercise of full sovereignty in international relations. As a result we are extending our diplomatic, economic and cultural relations, based on respect of the principles of self-determination of the peoples and non-intervention.

Thanks to these changes made by our Government we can say that Chile is less dependent than previously, and now we can proudly proclaim that we are nobody's underling. We are expanding our financial, commercial, technological and cultural relations.

As concerns specifically activities in the health sector, certain achievements in the period 1971-1972 should be stressed:

Firstly, the health services have increased their medical consultations by some 23% as compared with the period 1969-1970, the annual number of consultations having risen from 12 to 15 million.

Secondly, considerable impetus has been given to work aiming at decreasing morbidity and mortality from the communicable diseases, particularly measles, poliomyelitis, acute respiratory diseases and infantile diarrhoea.

Thirdly, as from 1971 some 47 million kg of milk have been distributed free of charge every year to children and mothers, as part of the "Pint of milk" programme. We should like publically to express our gratitude to the international institutions, such as the International Red Cross, which have given very valuable assistance in this great effort by the Chilean people, involving an expenditure of some 50 million dollars annually.

Fourthly, in the same period the people's participation in health has been gradually increased by the formation of councils which operate at the basic level of our health organization.

Fifthly, as a consequence of all the foregoing there was a significant reduction in infant mortality during the two-year period 1971-1972 as compared with 1969-1970, with rates which fell from 79 per 1000 live births to 70 per 1000 in 1972.

The results obtained are meagre in comparison with our future task, which is hampered by the many obstacles in the way of the revolutionary changes the country needs and is calling for. Now that the traditional power is being replaced by the power of the workers, conservative forces are shifting their ground and trying to build up new forms of power, organizing simultaneous attack from within and without the country. From abroad, and under the leadership of multinational concerns, a coldly planned aggression is being organized to put embargoes on the export of copper and various Chilean products; credits are being reduced; foreign trade is being stifled and influence brought to bear on the directors of the international financing bodies to deny Chile credits. The international agencies should ponder the deep significance of the refusal during the last two years of financial resources for Chile, now when our country is fully complying with the international development strategy sponsored by the United Nations, when the price of copper has been the lowest reached in recent times, and when the cost of food is shooting up. Without considering the general repercussions which these restrictions have on our economic development, we should like to point out that they are causing very acute problems in regard to imports essential for carrying on our health programmes, such as raw materials for drugs, medical equipment, means of transport, and foodstuff for our child population, among others.

Mr Vice-President, fellow delegates, I have made a summary presentation of our present problems from this rostrum; we are conscious of our responsibility as a Government and as a people, but we are also confident that the future belongs to us.

The ACTING PRESIDENT (translation from the French): Thank you, Dr Jirón Vargas. I give the floor now to Mr Taitt, of Trinidad and Tobago.

Mr TAITT (Trinidad and Tobago): Mr Vice-President, on behalf of the delegation of Trinidad and Tobago, I wish to extend our sincere congratulations on your election to office and, through you, to our distinguished President and the other Vice-Presidents.
In his most comprehensive and stimulating Report, the Director-General has drawn our attention to many of WHO’s achievements as well as to the difficulties and obstacles encountered in the struggle against disease. For example, he has referred specifically to WHO’s success against smallpox, contrasting this with problems encountered in the fight against malaria and yellow fever; he has stressed the importance of establishing a surveillance system, and has noted the almost universally increasing incidence of an old scourge – venereal disease – side by side with the emergence of a new threat, drug abuse. He has stressed the need for adequate programmes for noncommunicable diseases like psychiatric disorders, cancer, and hypertension; the need for health manpower planning; the need for more research into the delivery of health care and for greater community involvement so that health services do not appear as something imposed by an alien authority.

The fact that a small country like ours, with a population of just around 1 000 000 people, can find in the Report so much with which we can identify serves to strengthen the concept of the universality of health.

With regard to communicable diseases, for example, following our unfortunate experience in 1972 when we had an outbreak of poliomyelitis, we have had to revise our immunization programme with special reference to poliomyelitis. It is truly remarkable how, once the threat of an outbreak recedes, the clamour for action by the public diminishes – to such an extent that the numbers of our under-5 population who have completed the full immunization schedule still leave room for improvement. We are therefore tackling this problem in two ways: (a) we now give each mother, whether delivered in hospital or at home, a document congratulating her on the birth of her baby and reminding her of the dates on which she should have her child immunized; (b) we have made evidence of immunization (against poliomyelitis and smallpox) a condition of entry into a nursery or primary school.

We appreciate the truly remarkable progress made throughout the world in eliminating smallpox, but think the present moment premature for countries like ours to forego the protection given by smallpox vaccination.

The Director-General mentioned the fact that tuberculosis is still the second priority in four regions of the world, but that programmes were suffering from lack of application of existing technology. Trinidad and Tobago was one of the countries privileged to participate in a PAHO/WHO tuberculosis seminar in Bogotá in 1972, and as a result of this we are now rewriting our tuberculosis programme, giving appropriate emphasis to the prevention of tuberculosis by earlier BCG vaccination, and to its early diagnosis, and also to making treatment more acceptable to the patient by instituting ambulatory treatment where possible and integrating treatment services into the general health service.

Two important recent developments to assist in the fight against the spread of communicable disease in the community should be placed on record – one is the establishment of a public health laboratory to which medical officers of health will have ready access for investigation and follow-up of suspected or confirmed cases, the other is the establishment of an epidemiological surveillance system in which medical officers of health and officers in "sentinel" hospitals provide weekly information on the prevalence of communicable disease in their area or institution; this information is collated centrally, and the total picture for the country is given to each participant in the surveillance system, and will shortly be sent to each medical practitioner in the country. The efficient operation of such a health information system is very dependent on the recording, collation and dissemination of accurate statistics. To this end a local training course for intermediate level personnel was held in 1972 with the cooperation of PAHO/WHO.

In common with many other countries we are experiencing an upsurge in the incidence of venereal diseases, a notable feature being the increase among youths. We have therefore taken steps to revitalize this programme, to increase the number of contact tracers, to improve health education of the public, to improve laboratory and treatment facilities, including the establishment of youth clinics, and also to enlist the participation of the private physician.

Drug dependence is another modern psychosocial phenomenon whose incidence is increasing, especially among teenagers. Much thought is being given to methods of dealing with the problem, for a misguided approach may easily precipitate disaster. At the moment, the thrust of our campaign is mainly educational, and seminars have been held for health personnel, teachers and community leaders to assist in formulating a common approach to the problem and to enable these personnel to communicate more effectively with and develop right attitudes in youth.

Our chronic disease programme embraces mainly psychiatric illness, cancer, diabetes mellitus and hypertension. An overcrowded psychiatric hospital adds to the administrative difficulties of managing a larger institution but a policy of decongestion is being actively pursued while the psychiatric units at general hospitals are playing a very useful role in decreasing the number of admissions to the main psychiatric hospital. Attempts are being made to develop a community psychiatric programme so that services will be provided in the community for patients who do not require admission to an institution; this service should also help to reduce the number of re-admissions.
Our cancer programme is now functioning smoothly; within the next few weeks, thanks to a soft loan from CIDA, a cobalt therapy unit will be installed, thus making a most modern form of therapy available to our patients. In this connexion, a PAHO/WHO cytology training programme in which students from neighbouring Caribbean countries participate is coming to the end of its second year.

The incidence of diabetes mellitus is rather high in our community (1.9%), and a new effort is being made to relieve the specialist physician from the burden of having personally to administer large diabetic clinics by involving other personnel like the general practitioners, nurses, dietitians and even the patient in the management of diabetes mellitus in the community.

Suboptimal physical plant, inadequacy of supplies and lack of human resources are some of the factors responsible for dissatisfaction and low productivity in the health sector and contributing to the vicious circle of migration of health personnel, leading to lack of human resources. Active steps are being taken to improve physical plant and eliminate the shortage of supplies, but the development of human resources in some areas in particular is not keeping pace with the needs of the community. A shortage of full-time medical administrators for our large hospitals persists, and there is an acute shortage of medical officers of health. It appears that the time has come for us to review the traditional training and role given to these officers to give less emphasis to such aspects of environmental health as may be readily assigned to the modern public health inspector and to concentrate on such topics as epidemiology, vital statistics, medical care administration, demography, health planning and sociology. In view of the continuing acute shortage of medical officers of health in my country, consideration is being given to approaching UNDP to assist in introducing such a course. Meanwhile, we continue to pursue a policy of integration of services in the delivery of health care, and especially in our maternal and child health and family planning programme.

Just as the Director-General, in the Introduction of his Report, considered the present a convenient time to pause and reflect on 25 years of activity, so we too in the Region of the Americas, in Santiago, Chile, in 1972 reflected on our experience of the past and set goals and devised strategies for the next decade. On this, the twenty-fifth anniversary of WHO, Trinidad and Tobago looks forward to many years of continued fruitful cooperation with the Organization, and we wish to express our grateful thanks to Dr Candau for the efficient and faithful service he has rendered to this World Health Organization.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Taitt. Mr Djibril Moriba, Minister of Public Health and Social Affairs of Dahomey, has the floor.

Mr DJIBRIL MORIBA (Dahomey) (translation from the French): Mr Acting President, permit me to say how proud I am to see you in the Chair. I heartily congratulate you, also the other Vice-Presidents, on your election. Madam President of the Twenty-sixth Assembly, you have already received congratulations, from speakers better entitled to offer them than I am, on your election as President of this Assembly. I should like nevertheless to add my voice to theirs and to say, on behalf of the delegation of Dahomey, how much we admire the skill and authority with which you are presiding over our discussions. Allow me also to assure you of our full and sincere cooperation in making the work of this the Twenty-sixth Assembly a success, and to wish you every success in your delicate task.

It is a signal honour for me, and a great pleasure, to take the floor today and convey to you, Mr Director-General of the World Health Organization, on behalf of the Revolutionary Military Government and the people of Dahomey, our gratitude for the invitation you kindly sent us on the occasion of the meeting of the Twenty-sixth World Health Assembly. Allow us also, Dr Candau, to congratulate you on everything you have done during your period of service, and in particular on all the activities undertaken by the World Health Organization in this last year to improve the health of mankind, thus contributing to the preservation of peace in the world and the security of mankind.

In Dahomey in particular the World Health Organization, thanks to your colleagues - of whom Professor Alfred Quenum is the distinguished official responsible for our African Region - gave its assistance in the following fields: (1) control of communicable diseases (smallpox, project 1801; schistosomiasis, project 3001; malaria, intercountry project AFRO 2003; onchocerciasis, intercountry project AFRO 2201); (2) improvement of environmental health by the provision of drinking water supplies in certain areas (project 3002); (3) development of basic health services and of health laboratory services (project 4001); and (4) training of health sciences personnel (projects 4401 and 6201). These projects concern just my country, which is also receiving assistance under other intercountry projects.

Mr Director-General, after 20 years of work - four-fifths of the time our Organization has been in existence - after 20 years of hard work and devotion to make our Organization what it has become today, you are retiring. We hope that your very well deserved retirement will be a happy one. Mr Director of the Regional Office for Africa, we cordially thank you for everything you are doing for Dahomey.
Madam President, Mr Director-General of the World Health Organization and honourable
delegates, on 26 October 1972 a new era dawned in Dahomey. On the new path upon which the
people of Dahomey has set out in order to assert its individual identity, Lieutenant-Colonel
Mathieu Kerekou, President of the Republic and Head of the Revolutionary Military Government,
whom I have the honour to represent here, has defined our health policy as follows: "The
Government's new policy in the health field must basically be directed toward the masses." We
have therefore, as a matter of urgency, to give preventive medicine priority over curative
medicine, to associate modern and traditional medicine with one another in the interests of
our masses' wellbeing, and to set up a national health council, based on the masses in our
cities and rural areas, responsible for instigating and guiding the State's public health
policy. That, Mr Director-General and honourable delegates, is what we have decided to do. It
is summed up thus: "to enable our peoples to attain an improved state of wellbeing within a
reasonable time through preventive medicine, and to put the advances made in health within
the reach of all."

But, as you know, Mr Director-General, our means are limited; consequently we are making
an urgent appeal to your successor for the World Health Organization's assistance to Dahomey
to be increased and to be extended to other projects such as: exact evaluation of our
demographic data; the setting up of a health education service, of a sanitary engineering
service and of the whole infrastructure required to make education in that science, which is
still a closed book in our part of the world, possible for us; and training of higher and
medium-grade health sciences personnel.

The ACTING PRESIDENT (translation from the French): Thank you, Mr Djibril Moriba, of
Dahomey. The distinguished delegate of Romania, Dr Dona, has the floor.

Dr DONA (Romania) (translation from the French): Mr Vice-President, honourable delegates,
ladies and gentlemen, I am in honour bound to convey to our lady President and to the Vice-
 Presidents of this jubilee Assembly, on behalf of the Romanian delegation, our very sincere
congratulations on being entrusted with their highly responsible task, and to wish them with
all my heart success in their direction of the work of the Twenty-sixth World Health Assembly.

At this juncture, when we are taking stock of our fruitful work in the sphere of promotion
of health in the world, I venture to begin by conveying to the Director-General, Dr Candau, and
to his eminent colleagues at headquarters and at the Regional Office for Europe and
particularly to Dr Leo Kaprio - our profound appreciation and our sincere congratulations on
the great ability, the perseverance and tenacity they have displayed in putting the decisions
of the previous Health Assemblies into effect.

I should like on this occasion to stress the great esteem in which the World Health
Organization is held in Romania. This is shown by the following message from the President
of the Council of State of Romania, Nicolae Ceauşescu: "Romania is taking an active part in
the work of the World Health Organization and of the other organizations in the United Nations
system. It is doing this out of a conviction that those organizations provide a framework
likely to stimulate cooperation and to strengthen mutual trust for the benefit of States, while
at the same time helping to establish between them relations of a new type."

We are very glad to welcome among us the delegation of the People's Republic of China; by
that delegation's presence the principle of universality laid down 25 years ago in our
Organization's Constitution is strengthened and given deeper significance. We are also pleased
to observe the warm welcome that was given the German Democratic Republic in our Assembly at
the plenary meeting of 8 May; and we very much hope we shall be able to make a similar remark
shortly when the request for admission to our Organization made by the Democratic People's
Republic of Korea is being considered.

A glance back over the health situation in the world during the last 25 years shows that
during that period in every country profound changes occurred in the socioeconomic situation,
in health protection structures, in the tactics and strategy for health programmes and, lastly,
in the general morbidity picture.

The vigorous attack upon certain communicable diseases that have serious social and
economic consequences has done a great deal to bring about a marked decrease in their incidence,
and in many parts of the world has even led to their eradication. Consequently we feel that
our Organization should continue its contribution by concentrating all efforts and resources on
consolidating the results obtained in the control of malaria, tuberculosis and smallpox, and
on eradicating those diseases. The success of those programmes would, by lightening the burden
on national budgets, help to enable new aspects of morbidity from communicable diseases to be
tackled. We consider that our Organization should include among its activities, study of
conditions and methods of work for those new programmes, so that it may be in a position to
give Member States effective help when general conditions permit to the operational phase to be
begun. We are thinking, in this connexion, of the widespread parasitic diseases: schisto-
somiasis, filariasis, trypanosomiasis and above all, onchocerciasis.

The great changes that have occurred in the way people live and work, the technological
explosion and the consequent fundamental changes in production processes, industrial concen-
tration, urban development, change in traditional food habits, the increased speed of traffic,
and the like, are just a few aspects of present-day civilization which appreciably ease
communities' life, but at the same time create new problems of health protection. Intensive
industrialization, automation, the introduction of chemical processes in agriculture, and the
exploitation of submarine resources, while they bring social and economic benefits, entail and
produce profound disturbances of biological balance, which are directly reflected in the
structure of the state of health. The mounting burden of mental illnesses, of metabolic
diseases, of collagenoses, and of hypertension, and perhaps even the cancer explosion, are
illustrations of what I mean.

Consequently, as we said in our statement during discussion of the Director-General's
Report at the Twenty-fifth Assembly, we consider that, in order to prevent a deterioration
which may be still worse for the health of the nations, we must give special attention to
research on the part that the new environmental factors - physical, chemical, biological,
psychological and social - play in the human ecological system. Many countries, Romania
among them, in which industrialization and urbanization are proceeding at a great rate,
already have a large store of experience which could, with the help of WHO and through its
programmes, be used for constructing models of investigation and action which would make it
possible for us to intervene at the earliest possible moment and prevent harmful developments
liable to affect human ecology.

In view of the importance and topicality of the influence of the new environmental factors
upon health, and particularly in view of the role forecast for it in connexion with the state
of health in the world, it might perhaps be useful to devote a future organizational study to
this problem.

We particularly appreciate, this year once again, the realism and soundness of the general
lines of the Director-General's Report and its choice of matter. We should like however to
lay special stress on the Organization's function of helping Member States to analyse public
health problems, to decide which ones to tackle and arrange them in order of priority, and to
decide upon the best solutions to adopt on a long-term basis from the cost/benefit and cost/
efficiency points of view.

In all countries there is a steady increase in demand and consequently in the cost of
health protection programmes; and it is hardly possible for these to be paid for out of the
budgetary allocations States are able to make for health. Consequently it is necessary to
select - in the light of the experience gained over the years, of the progress achieved and
the mistakes made - the most suitable courses to adopt, and to present them to Member States
as models, to be adjusted as national circumstances require. What we have in mind is a
contribution by WHO - with Member States' support - in respect of such matters as the country
organization of health services at their various functional levels, the types and structures
of health institutions, the documentation upon which health constructions rest, the guiding
principles for health facilities, economic norms in regard to personnel, guidelines for the
structure of personnel, the structure and running of integrated medical services, models for
evaluating the effectiveness of the various programmes, and globally comparable consolidated
indices for evaluating the state of health. We feel sure that such a contribution would be
of real usefulness to all Member States and give our Organization's work an orientation
corresponding with its function as a world forum.

In conclusion, Mr President, allow me to say in this Assembly, on behalf of the Romanian
workers in the health field, how greatly we appreciate the work that has been done by the
World Health Organization since its inception. The numerous celebrations that were held to
commemorate the anniversary on 7 April in all of our forty districts (departments and city of
Bucharest) in all the health institutions and in the medical teaching and research institutes
of our country, together with the numerous articles that appeared in the central and local
press and the radio and television programmes that went out, bore striking witness to WHO's
tireless activity and to the many successes it has had to its credit in the course of the last
quarter of a century.

The ACTING PRESIDENT (translation from the French): Thank you, Dr Dona. I now invite
the representative of Papua New Guinea, Dr Taureka, to take the floor.
Dr TAUREKA (Papua New Guinea): Mr Vice-President, distinguished guests, before making my brief address to this Assembly, may I add my congratulations to those of other distinguished delegates to Professor Julie Sulianti Saroso on her election to the most important office of President of this Twenty-sixth World Health Assembly. I offer my congratulations also to the Vice-Presidents and to the chairmen of the committees.

Mr Vice-President, I congratulate the Director-General on the very comprehensive Report which we are now discussing. Many areas of achievement are outlined in the Report, and this is certainly very impressive. However, there are also areas outlined in the Report that need a more concerted effort by Member countries in their fight to reduce human suffering from diseases and ill health.

Malaria, leprosy and venereal diseases are important health problems in Papua New Guinea and, although the country is free from smallpox, surveillance measures and vaccination programmes are being carried out along our common border with Indonesia. Our achievements in the field of national health planning and basic health services so far have been very encouraging. A lot of our efforts are being devoted to the training of national health personnel as part of the preparation of the country for self-government and independence.

As almost 90% of our population live in rural areas, my Government's policies on development basically emphasize the development of rural areas. Our Department of Public Health therefore devotes a lot of its attention to the improvement of health services for the rural population.

WHO's assistance to Papua New Guinea includes fellowships for health workers to study and gain experience abroad; the assignment of consultants and advisers to provide the necessary expertise for the efficient and effective development of the health services; help for selected research projects; financial assistance for health workers to attend seminars and conferences overseas; many technical publications and an advisory service.

The Organization's assistance has been applied mainly to the professional development of national health workers. Therefore WHO is helping Papua New Guinea move towards self-government and independence by preparing national health workers for positions of responsibility in all areas of the medical care and health services. Shortly after my return home a national doctor will be appointed to head the Department of Public Health. I do not know his name yet, but I do know that WHO will have played an important role in his professional development.

Mr Vice-President, I am proud to announce in this Assembly that my country will become fully self-governing in December of this year. Papua New Guinea is, as you are aware, an Associate Member of the World Health Organization, and with independence will come, I hope, full membership. My country will need assistance from WHO in the foreseeable future.

Please be assured that Papua New Guinea will meet fully and constructively all obligations to the Organization. We accept health as a positive concept, embracing physical, mental and social health. In our health services we give priority to the prevention of disease, health promotion, the training of health workers, and research directed to overcoming health problems. We want to integrate completely health planning with the national development plan for Papua New Guinea, and to use our limited resources for health action to the best advantage for the most people. We hope to prevent some of the health problems now faced by developed countries, such as pollution of the environment, and the problems of overpopulation now being tackled vigorously by many developing countries. From these comments, it is obvious that Papua New Guinea and the World Health Organization walk the same road leading to better health for individuals, families and nations. Without WHO's assistance, Papua New Guinea might have taken another road, or would not have advanced so far along the road to positive health for everyone.

I have already indicated my country's debt to the World Health Organization, with there being no likelihood of this debt ever being discharged completely. However, Papua New Guinea welcomes visiting WHO fellows for study and professional experience, and I believe health workers from developed countries can learn from the health services of emerging nations, many of whom practise community medicine and follow health delivery systems only talked about in many of the developed countries.

Before closing, I would like to express the appreciation of my Government of the great assistance in the field of health in Papua New Guinea which has been given by the Regional Director for the Western Pacific, Dr Dy.

My delegation would also like to pay tribute to the retiring Director-General, Dr Candau, I am sure we are unanimous in our respect for the great achievements which WHO has made under his leadership. We wish him a happy and long retirement.

Mr Vice-President, I am honoured to represent Papua New Guinea for the first time in participating as an Associate Member at this the Twenty-sixth World Health Assembly. I have come to join with you to strengthen the World Health Organization and to improve the health of all nations.
The ACTING PRESIDENT (translation from the French): Thank you, Dr Taureka. The honourable delegate of Mongolia now has the floor.

Dr SHAADAI (Mongolia) (translation from the Russian): Mr President, allow me to congratulate you on your election to your high office at the Twenty-sixth World Health Assembly. I should also like to congratulate Professor Sulianti Saroso, our President, and the other Vice-Presidents of the Assembly.

Mr President, the present session is different from previous sessions in several respects. The first is that at this session we have been observing WHO's twenty-fifth anniversary, have witnessed the joyful celebrations and have listened to the cordial words of appreciation addressed to WHO, its founders and those who are directing it.

The second is that this session is taking place on the eve of the replacement of the Organization's chief executive, the Director-General - when a vigorous young successor receives the baton from the hand of the honoured and experienced leader.

The third is that this session has once more confirmed the principle of universality, the universal nature of WHO: I refer to the fact that at this session we have accepted among us the German Democratic Republic, after long years of unjust postponement of decision in that matter. At this session we shall also be discussing the admission of the Democratic People's Republic of Korea to membership of WHO. We hope that a favourable decision will be taken on that question at the present session of the Assembly and that there will be no repetition of the history of unwarranted delay in admitting an independent State to membership of WHO, a State which in this case has a population of many millions and a developed public health system.

Mr President, passing on to consideration of the Director-General's Report, I should like to congratulate Dr Candau on the comprehensive and interesting Report presented. In a relatively comprehensive Introduction the Director-General not only gives an account of practical aspects of WHO's work, but also advances certain philosophical views on such matters as health and disease, prophylaxis and therapy, medicine and social changes, unevenness of utilization of the achievements of medicine by different nations, the principles and structure of health services, and so on.

On each of those questions a lengthy debate could be held, and we could set out our own views. But since that is of course not feasible I shall confine myself to saying that social transformations are more important for the development of a national health service and for provision of the people with the requisite medical care than what is known as pure medicine. If radical changes in the whole organization of the State cannot be made, a change must be effected in the public health field on a basis of progressive principles of the development of public health, namely: State organization of health, free medical care, stress on prevention, and so on. Here I am not just airing my own views; I am saying what I do in the light of our own experience of the rapid development of our country and of its health service from a state of extreme backwardness.

I would particularly emphasize here that it is only upon a basis of setting up and developing the requisite public health structure in each country that it is possible to solve a people's public health problems successfully and to make good use of external aid, whether bilateral or multilateral.

WHO's aid is of course of real importance in individual sectors of a national health service. But one must not rely wholly and exclusively upon this Organization's help and try to increase the size of its budget beyond reasonable measure in order to receive more from the Organization. We consider the present rate of increase of WHO's budget to be too fast.

Mr President, now I want to say something about a few matters mentioned in the chapters of the Director-General's Report. A large part of the Report is, as in previous years, devoted to the results of work in connexion with control of communicable diseases. That by itself shows the extent to which this problem is absorbing WHO's activities. It is gratifying however to see that the Director-General is every year giving an increasing amount of attention to research in various fields, and that he has even assigned two separate chapters to vector biology and immunology. While noting this admirable trend I would yet ask the Director-General to devote still more effort to research of this kind, which is of truly paramount and worldwide importance. Among the fields I have in mind are biomedical research, and in particular research on cancer control.

A substantial part of the Director-General's Report is devoted to the programme operations under way in the individual countries of WHO's various Regions. After studying this part of the Report, I want to stress once again the great importance of the attention that is being paid by WHO's Member States, and of the efforts they are making, to ensure the successful implementation of the projects that are being carried out in fruitful cooperation with WHO. In our country 16 different projects are successfully under way. We have made marked progress
both thanks to WHO, and also because the projects formed part of a plan of work in the public health field which, in its turn, is an integral part of the state development plan.

In conclusion I should like to say that the present improvement in the international situation gives us public health workers an opportunity to develop cooperation over medical science, medical training etc. still more intensively, and that wider opportunities for developing and coordinating that cooperation are now open to WHO.

The ACTING PRESIDENT (translation from the French): I thank the distinguished delegate of Mongolia. Dr Carvajal of Ecuador, now has the floor.

Dr CARVAJAL (Ecuador) (translation from the Spanish): First of all, Mr Vice-President, may I congratulate you and, through you, Dr Julie Sulianti Saroso on her well-merited election as President of this World Health Assembly. I should also like to present our most sincere congratulations to the People's Republic of China and the German Democratic Republic on their entry to this Organization.

Very important steps have been taken in Ecuador in connexion with administrative progress in the field of public health. Thus, on 14 April 1972 the health structure of the country was reorganized on the basis of administrative centralization and executive decentralization, centralization and decentralization being considered from two viewpoints: structural, which concerns the distribution of resources between the centre and the periphery, and administrative, which involves the adoption of decisions.

Through administrative centralization we have ensured that a single directing body will govern almost all the health activities of the country; through executive decentralization we have improved the attention given to the intermediate sector, which in our particular case is the province, regarded by us as a health area.

Historically, in our country health systems have always been very centralized and delegation of authority has been scanty; consequently, at the end of this new year of activity we were pleased to see that our investment in the field of administrative management was a good one and has given positive results, thanks to the optimal use made of manpower and other resources in each area of activity.

One of our main concerns has been to decrease maternal and child morbidity and mortality and to do this all programmes at the national level were intensified, achieving a coverage of 40.2% throughout the country, and at the same time follow-up during the puerperium and detection of cervical cancer.

As regards epidemiological programmes, it is worthy of note that vaccination against poliomyelitis was carried out at the national level, with a coverage of 95%, as well as smallpox and DPT vaccinations, which attained 100% of the target figure.

As regards leprosy, we discovered 52 new cases, representing 86% of the total. We also found six cases of plague, which were duly investigated and treated. As regards encephalomyelitis, yellow fever and Chagas' disease, epidemiological surveillance is being maintained.

The latter disease represents a threat to Guayas Province due to its increased incidence, so I should like to ask the World Health Organization for the necessary technical and - if possible - economic assistance to combat this disease.

Rabies is a very special problem, since of 72 brains of dogs examined in the Guayas Province in July 1972, 37 were positive, giving a positivity rate of 51.4%, while of 66 brains of dogs examined in the same month and year in the city of Guayaquil, 35 were positive, giving 53% positivity. This obliged us to undertake a large-scale rabies vaccination campaign in Guayaquil, involving the vaccination of 80 000 dogs in order to attain the target set. In the campaign we had strong support from the Pan American Sanitary Bureau, as concerns both technical assistance and supplies.

With respect to nursing, apart from the normal work, guidance was given to students in the practice of rural medicine. In the dentistry programmes, particular stress was laid on attention to the rural and school population. Also in the dentistry programmes, priority was given to schoolchildren in the early school years, with an expanded dental care programme.

The equipment of dental clinics in the health centres was extended; epidemiological investigation of oral health problems was commenced, and completed in many cases, in coordination with the dental faculty of the university. The dental card was standardized as well as the registration systems in all the dental services of the provinces of Ecuador. As regards dental health education, all our efforts were concentrated on the junior classes, so as to inculcate correct habits of oral hygiene, and for the prevention of dental caries we have initiated the self-application of fluoride at different ages, particularly the early ages.

Care was given to the rural population of all the provinces of the country in the rural dentistry programmes; similarly, with regard to medical care, the rural medical programme was extended by the creation of 12 new subcentres.

The services have been increased in the León Becerra del Milagro Hospital by the construction of a hospitalization wing for paediatrics and obstetrics with a capacity of 30 beds,
while the San Francisco de Tenguel Hospital has been strengthened and restructured. The number of beds in the isolation hospital has been reduced to 80, in accordance with the observed occupation rate; operating rooms have been installed in suburban maternity hospitals; midwives throughout the provinces have participated in the public health orientation course; the outpatient departments of the dermatological and isolation hospitals have been reorganized and, in order to cover the rural areas as regards medical care and health programmes, a law has been passed providing that all recent medical graduates must work for some time in rural medicine before they receive state authorization to practise. This has helped us to cover the most remote parts of the country.

In the eastern region, following the discovery and exploitation of mineral oil on a large scale, there has been a migration of thousands of Ecuadorians to the areas concerned, creating public health problems which we now have to face. I should therefore again like to ask for the help of the World Health Organization in the carrying on of health programmes in that region.

Radioactivity is beginning to make an appearance, for the relevant tests have been definitely positive; this is due solely and exclusively to the atomic explosions that are taking place in the Pacific, contamination from which is carried by the prevailing winds towards the coast of South America in particular. May I ask this Assembly to make a recommendation against such explosions, which will affect the health of the American peoples.

In conclusion, I should like to congratulate Dr Candau on his 20 years of fruitful work on behalf of world health; he is retiring with the satisfaction of duty well done, leaving us an example which will serve as a guide in our daily tasks in the arduous field of public health.

Similarly I should like to express our gratitude to Dr Abraham Horwitz for his firm support of our programmes whenever we have requested it, and the concern he has always shown regarding the programmes being carried out in this country.

On behalf of the Government of Ecuador I should like to extend fraternal greetings to all the countries of the world and hope that, united in a single spiritual community, we shall build a healthy world for the generations to come.

The ACTING PRESIDENT (translation from the French): Thank you, Dr Carvajal. The delegate of Burundi has the floor.

Dr BITARIHO (Burundi) (translation from the French): Mr President, Mr Director-General, honourable delegates, on behalf of the delegation of Burundi which I have the privilege to lead at this Twenty-sixth Assembly that coincides with the twenty-fifth anniversary of the Organization, I have the honour of extending our congratulations to the President and to yourself, Mr Vice-President, as well as to the other Vice-Presidents of the Assembly.

I am also pleased, in the name of the Government of Burundi and of my delegation, to pay tribute to the Director-General, not only for the remarkable Report he has presented but also, and above all, for his unremitting efforts over the course of the past 20 years; no one can be unaware of the efficiency reached by our Organization thanks to those efforts. May our good wishes long accompany Dr Candau and encourage him in all his future undertakings on behalf of the health of humanity. We must also congratulate our Regional Director, Dr Alfred Quenum, on the many tasks carried out so vigilantly in the African Region.

The delegation of Burundi warmly greets the delegation of the People's Republic of China, which is occupying a place in this universal Assembly after so many years of absence. We hope that the representatives of that great country will be able to participate actively, without any further delay, in all the activities of the Organization. We also welcome the representatives of other new Members, like the German Democratic Republic and Swaziland, and we should be even more pleased if we could greet all the representatives of the peoples not yet admitted to this great health family, such as the delegates of the Democratic People's Republic of Korea.

Mr President, my delegation will associate its efforts with those of the other delegations to ensure that the effectiveness of this Assembly will be in no way less than that of preceding ones; on the contrary, we hope that it may serve as a standard for the Assemblies to come.

The World Health Organization has just completed a very difficult stage, that of growth; it is gradually reaching a mature age when it will no longer be subject to the caprices of youth and will be able to take still more effective and very fruitful decisions. If this maturity has become evident in the developed countries, the same does not hold true of our regions, where it is delayed by shortage of qualified and experienced health personnel and by extreme lack of resources, factors which handicap many countries. Although we are aware of the efforts made by our Organization, we are also aware that the Organization could do more for the less developed countries, recognized as such by the UNDP Governing Council when it established a new programming system in 1972. It is mentioned that 16 out of 25 of these handicapped countries are in
Africa, and I believe I am correct in saying that their health services are also the most underprivileged. So that the health level of the world can be raised and reach its full development, we ask for much understanding followed by many realizations, especially in regard to subregional, regional and interregional projects.

Our Organization, which is essentially a technical and apolitical one - as the honourable and very respected delegate of Norway, Dr. Evang, remarked last year - has already done much and can do still more to promote relationships between neighbouring countries while retaining its political neutrality, and at the same time urge these countries not to slow down health progress as a result of misunderstandings of all kinds.

We take this opportunity of addressing special thanks to our Organization, in the person of its senior officials and representatives, for the considerable aid given our country during the unhappy events which cast their shadow over us last year at this time, and especially for its understanding during the moments of confusion caused by the forces of evil.

We must also thank other international organizations and friendly countries which hastened to our aid in order to restore the health status of the regions that suffered from this disaster. Nevertheless, we should also like to see the operational team whose financing had been promised us by the United Nations Development Programme and whose recruitment had even been commenced by WHO, join the one already covering in part the training of health personnel. This would rapidly produce appreciable results, which would not be the case if we were to rely solely on the training of our national staff, which would not suffice to restore the situation completely in less than two or three years.

Turning to the health situation in general, I shall restrict myself to stressing the training of health personnel, the basic health services and control of the communicable diseases, which are the priority areas of our five-year health development plan for 1973-1977. In the field of health personnel training our country has been engaged for several months in a reform of education in general, and medical education in particular, which, in the field of the health sciences, will make it possible to set up a complete medical faculty, as well as to improve and develop new orientations in the training of paramedical staff. We count and will continue to count on the aid of WHO by the award of university and postgraduate fellowships, thanks to which we should be able to train more health staff in order to bring about more rapid improvement in the health status of our people. Conscious that the basic health services constitute, next to the training of health personnel, the key to the solution of the problems of the human environment, the health planning commission of my country has not failed to lay special emphasis on that important project which, despite our efforts, is developing only slowly and is encountering setbacks in some respects. This is what impels us to call for an evaluation of the project so that it can be continued in a more suitable manner.

As regards the control of communicable disease, we are happy to state that smallpox has been halted: in fact there has not been a single case of smallpox for two and a half years, whereas since 1965 Burundi had annually notified scores or hundreds of smallpox cases. The mass vaccination campaign commenced at the end of 1968 and ended in April 1971; it achieved a coverage of nearly 87% of the population and a few months ago it entered the maintenance phase. These activities are now integrated into those of health services, dispensaries and hospitals.

In regard to the control of typhus we should like the World Health Organization to give its technical support to the five-year eradication project for which Burundi has signed an agreement with UNICEF.

Turning to other communicable diseases for whose control WHO gives little if any assistance, we should like the Organization to complete the activities already underway, for we find that when there is no coordinated action in intercountry or subregional projects, the efforts made do not succeed in achieving the eradication or even the regression of diseases such as malaria, tuberculosis, trypanosomiasis, schistosomiasis and other parasitoses which contribute to malnutrition affecting young children in particular.

Mr President, I should like to end my statement by repeating, in the name of my delegation, our wishes for the complete success of the Twenty-Sixth World Health Assembly and by giving an assurance of our wholehearted participation in its discussions.

The ACTING PRESIDENT (translation from the French): Thank you, Dr Bitariho. I now give the floor to the distinguished delegate of Switzerland, Dr Sauter.

Dr SAUTER (Switzerland) (translation from the French): Mr Vice-President, the Swiss delegation extends to Madam President as well as to yourself, your fellow Vice-Presidents and the other officers of the Assembly, its hearty congratulations and wishes for success in your responsible duties. We know that these duties have been entrusted to persons of outstanding competence.

On reading the Report on the work of WHO in 1972, no allusion can be found to the fact that it is the last of a long series of Reports presented by the Director-General, Dr Candau.
Although these Reports give an account of the work of many specialists and teams either belonging to WHO or convened by the Organization, as well as of work done in the Regions of WHO, they all bear the mark of the Director-General. This applies in particular to the Introduction, which always gives a remarkable synthesis and review of the situation.

Thanks to his lofty views and his objectivity the Director-General has always pointed out, without trying to minimize them, on the one hand, the obstacles that have had to be overcome and, on the other, the problems still remaining to be solved and the difficulties still to be vanquished.

The chapter on the communicable diseases is the one where the most spectacular advances can be found, where the results are most evident and where the application of a programme can, within a relatively short time, lead to successes that are occasionally impressive and very beneficial from the economic viewpoint.

Many of us know from their own experience the difficulties of obtaining the necessary resources for activities whose prime objective is prevention, for, if the cost of prevention is always evident, its benefits are rarely so, or become visible only after a fairly long time.

While in the case of tuberculosis that time is still far distant in many countries, results are commencing to be obtained in many others, where they will rapidly make themselves felt.

As regards other diseases, such as the cardiovascular diseases and cancer, it is hoped that the extensive research underway will lead to practical applications. It is one of the many merits of WHO to have extended research along new lines, outside the hospital and the laboratory, by developing epidemiological investigation in situ, at the actual place where it is able to provide tangible results, whether such research involves the study of Burkitt's tumours in Africa or of myocardial infarction in northern Karelia. The same applies to the investigations concerning nutrition and tuberculosis.

In our opinion, however, care must be taken not to generalize the results given by this type of research too rapidly, despite their value. For example, while the home treatment of tuberculosis patients has definite advantages in many countries, especially by making possible the preventive administration of drugs to members of the patient's family and to those around him, nevertheless in other countries treatment in specialized hospital establishments is still indicated. These results should therefore be evaluated in a critical spirit and attention paid to the special character of each region or even each country.

In our field of activity we are able to appreciate every day the beneficial results of the activities of WHO as concerns its publications, especially the technical reports, in regard to standardization, establishment of norms, and the establishment of permissible levels for pesticide residues. The same will apply in the future to the utilization of the three original Sabin vaccine strains against poliomyelitis.

When it is a matter of protecting man against the effect of very small doses of toxic substances in his environment to which he may be exposed throughout his life, it would be unthinkable to hope to set up realistic norms without international cooperation. Here the bitter experiences of one country should be made widely known and serve to put others on their guard, as was the case for example in the pollution of certain waters by mercury. Too much stress cannot be laid on the importance for Member States of the activities WHO will carry on in the future in the field of toxicology as applied to the human environment.

In conclusion, we should like to thank very sincerely all those delegations who during this discussion have said kind things about Switzerland and the Canton and City of Geneva. We can assure them that we shall continue as in the past to give the utmost possible support to the efforts of WHO.

The ACTING PRESIDENT (translation from the French): Thank you, Dr. Sauter. Dr. Mikem of Togo now has the floor.

Dr. MIKEM (Togo) (translation from the French): Mr. President, officers of the Twenty-sixth World Health Assembly, Mr. Director-General, your excellencies, honourable delegates, the delegation of Togo is happy to extend, on behalf of its Government, its warmest congratulations to Professor Julie Sulianti Saroso on her brilliant election to the post of President of the Twenty-sixth World Health Assembly. My delegation is sure that under her enlightened guidance the discussions of the present session will be marked by wisdom and an earnest striving for effectiveness.

The delegation of Togo also congratulates the Vice-Presidents and all the elected officers of this Assembly. It hopes that, thanks to the extensive experience they all have of world health problems and the resources at present available for overcoming them, our discussions will bring fruitful results and be full of promise for the future of humanity.

Our delegation joins previous speakers, moreover, in welcoming the new Members of our Organization: I refer to the People's Republic of China, Swaziland and the German Democratic Republic, which are taking part for the first time in our Assembly.
We have examined with keen interest the Annual Report of the Director-General, which is at present under discussion. The delegation of Togo greatly appreciates the spirit of rigour and clarity in which, as in the past, it has been prepared.

It is extremely encouraging to note, on reading that document, the continually increasing efforts made by the World Health Organization to achieve the main objective it has set itself, namely the attainment by all peoples of the highest possible level of health. The positive results obtained so far seem to justify hope for the years to come, and this is of great significance for us in this twenty-fifth anniversary of the Organization. Of course, as has been pointed out, the fact cannot be overlooked that progress has not been made everywhere and that there is even stagnation in certain fields where the results that could have reasonably been counted upon have not been attained, either because of unexpected slowness in the advance of scientific knowledge and techniques, or because of lack of understanding or indifference shown towards public health. But it must be agreed that the activities of WHO during its first 25 years show that the founders of the Organization were very happily inspired. They prove, moreover, how much, in a field like that of health, the pooling of individual resources and international cooperation can do to overcome the scourges of humanity represented by diseases of all kinds.

Personnel training and the mental attitude of personnel to public health programmes occupy a prominent place among the factors governing the success of health programmes. It is the earnest desire of the delegation of Togo that in this field WHO will continue to give high priority to that system of medical education which aims at stressing the concepts of preventive and community medicine in the curricula of the medical faculties.

In Togo several public health projects assisted by WHO are continuing satisfactorily. The help that such aid gives towards the success of our health programmes induces us to stress here the need to continue it for some time to come, so that from the outset, now when our independence is still young, our health infrastructure can be built on solid foundations. This is a matter of capital importance for a developing country such as our own.

We are sure that such a desire will always meet with the greatest understanding on the part of WHO and the delegation of Togo takes once more this opportunity of expressing to that specialized agency of the United Nations its deep gratitude for the assistance it is giving unceasingly. Our delegation would also like to pay a heartfelt tribute to the Director-General, Dr Candau, who has given of his best in order that our Organization could achieve so much success. At a time when he will soon be leaving us permanently, our best wishes accompany him in his well-merited rest. We can assure him that for us he will remain one of the greatest figures of the World Health Organization, and also of humanity.

In conclusion, the delegation of Togo also addresses its sincere congratulations and thanks to the different WHO teams which are working throughout the world to ensure that the action undertaken for the wellbeing of man on this planet will become a living reality. All our feelings of gratitude go out to Dr Alfred Quenum, Regional Director for Africa, as well as to his co-workers and project chiefs. Their devotion to their work can not be passed over here in silence. The African Region in general, and the Togolese Republic in particular, highly appreciate everything they are doing to promote a harmonious development of public health in the Member States. That is why our delegation renews the assurance that Togo will spare no effort to make its modest contribution to the common task whose aim is to improve the lot of the peoples of the world.

Long live the 25 years of existence of the World Health Organization! Long live the World Health Organization!

The ACTING PRESIDENT (translation from the French): Thank you, Dr Mikem. I give the floor now to Mr Khalid Al-Mana, Minister of Public Health of Qatar.

Mr AL-MANA (Qatar) (interpretation from the Arabic): Mr President, Director-General, honourable delegates, ladies and gentlemen, it gives me great pleasure to congratulate our President on her election. I am sure that with the worldwide experience she has in health affairs, she will guide our deliberations to a fruitful conclusion. May I also extend our congratulations to the Vice-Presidents and the chairmen of both committees.

Mr President, we have studied with interest the Director-General's Report and we have noticed that it highlights the true picture of the world health situation. He and his able staff truly deserve our thanks and congratulations for such a comprehensive Report. We all appreciate very much the work of Dr Candau during the last 20 years of service as a Director-General of the World Health Organization, and we wish him the best health and success in his future life.
Mr President, glancing over the past 25 years, no one can overlook the tireless work for
the promotion of health carried out by the World Health Organization. It was established as,
and remains an expression of, the efforts of the Member States to secure for the population of
the world the best possible level of health. In the celebration of the twenty-fifth anniversary
of our esteemed Organization my delegation wishes that the immense progress achieved in science
and technology may be equalled in the sphere of the struggle against disease. We wish also
that all nations will unite to face with courage and determination the worldwide health
problems that lie in store for humanity. We hope with all our hearts that this great
humanitarian organization will continue to expand so that its activities will cover all parts
of the earth suffering from the ravages of war and disease.

Mr President, it is a pleasure to mention that the State of Qatar is providing free
treatment to all the inhabitants of Qatar, Qataris and non-Qataris. The Government is also
sending abroad those cases which cannot be treated in Qatar. The Ministry of Health, in
liaison with a British firm of consultants appointed by the Government, have prepared a new
health plan for a complete reorganization and extension of the State's hospital and medical
services. In this new plan, emphasis has been given to the promotion of maternity and child
health services, health education and care for the aged. Old age is a question that concerns
us all; most of today's young will be the aged of tomorrow. Our Government has recognized
the problem and we have designed a programme for social welfare, security, health and recreation
for the old-age population. These programmes and policies are not meant for the exclusive use
of older people; they are also at the disposal of our other groups in our society. In this
field of social welfare our Government adopts measures to protect the family against disintegrating
factors and ensures assistance in all cases of disability. It provides popular housing
for low-income families and requires that only 70% of the overall cost need be repaid at low,
interest-free instalments over a period of about 20-25 years. Government-built houses are
also made available to invalids and elderly people against payment of nominal rent. The
Government automatically relinquishes its rights in the event of the death of the beneficiary.
Regular monthly cash assistance scaled to individual needs is made to orphans, widows and
others in need.

In the field of the control of communicable diseases, there is a law for compulsory
vaccination against smallpox, poliomyelitis and diphtheria. A new programme is under consider-
eration for BCG vaccination of infants within the first week of delivery in maternity
hospitals. Other vaccinations, like those against mumps, German measles and measles, are
given free for the public.

Mr President, our manpower resources in the field of health are still below our require-
ments. Thanks to the health training institute - co-sponsored by the World Health
Organization - which is preparing its crop for the second graduation in July 1973, the first
Qatari female nurse graduates have proved capable and promising. The same with the public
health inspectors. A new building for this institute will be constructed within the next
year which will include new sections for training nationals as laboratory technicians.

The building of the new Central Laboratory is now complete. Provision of the equipment
and other materials is going on now. It will include biochemistry, bacteriology, parasitology,
toxicology and food analysis departments.

Mr President, honourable delegates, despite our continuous efforts for the promotion of
our health services, we still aim to reach a better standard in the fields of food control,
environmental health, industrial health services, biostatistics and malaria control activities.
These services are under consideration in the implementation of the new health plan.

Mr President, on several occasions the World Health Organization has raised the issue of
the health problems of refugees and displaced persons in the occupied areas of the Arab world.
Many resolutions have been passed by the Organization in this respect, but the forces of
aggression remain deaf to these appeals. The World Health Assembly in its twenty-fifth
anniversary is called upon to take a decisive position against the policy of aggression, which
is in violation of the principle enshrined in its Constitution. The world must clear its
conscience towards these Palestinian refugees by restoring to them their right to live in their
homeland which has now been usurped for nearly a quarter of a century.

Mr President, before I conclude, I would like to express our deep appreciation and
gratitude to our Regional Director for the Eastern Mediterranean Region, Dr Taba, for his
invaluable aid, and to Dr Ahmed El Gaddal, the WHO senior adviser, for the efficient
services and expert advice he is rendering in different fields of public health and for the
overall success of the health training institute.
The ACTING PRESIDENT (translation from the French): We thank the distinguished delegate of Qatar. The distinguished delegate of Algeria now has the floor.

Dr BENADOUA (Algeria) (translation from the French): Mr President, Mr Director-General, fellow delegates, allow me in the first place to congratulate our lady President, also the Vice-Presidents, on their election at the Twenty-sixth Health Assembly. The Algerian delegation is glad to see the delegation of the People's Republic of China among us. The Chinese people and Government have succeeded in solving many health problems that they were confronted with. Their achievements show what can be done by the integration of health with social and economic development. We are also glad that the German Democratic Republic has been admitted and welcome that country's delegation, also the delegation of Swaziland. We hope that during this session, which coincides with our Organization's twenty-fifth anniversary, the Democratic People's Republic of Korea will be admitted to WHO in accordance with the Constitution and in response to the general wish.

In his Report the Director-General points out to us the problems we still have to solve together. Many of these concern the developing countries. Those countries are still obliged to be selective in their activities and to deal only with first priorities, owing to the inadequacy of their structures and of their human and financial resources.

While it is true that successes have been achieved in the control of smallpox, tuberculosis, malaria and other communicable diseases, these have frequently been the result of mass campaigns or specialized action. In order to consolidate the successes it will be necessary therefore to establish a strategy, which in our opinion must be based on an adjusted and planned personnel training policy. By this means we shall be able speedily to satisfy the frequently expressed desire that the basic health services shall be developed and that the existing means of prevention and care shall be put within the reach of our peoples.

In Algeria the aim of health policy is to make the means of prevention and care available to the individual and to the community. Prevention is our major concern. The health situation is such, however, that curative medicine is absorbing a large part of the budget and entailing large-scale consumption of drugs, with its attendant disadvantages, in particular the existence of pathogenic agents resistant to antibiotics and the problem of adverse drug reactions.

Thus in our countries, while there is constant improvement in the health situation, problems apparently peculiar to the developed countries are gradually making their appearance and adding to our troubles: I refer to cancer, mental illnesses, cardiovascular diseases, degenerative diseases and health problems to do with the environment.

Epidemiology teaches us that disease develops everywhere in the same way by adapting itself, and that there is no such thing as underdeveloped methods for prevention, care and training. The thorny problem is the organization of planning and evaluation, and on that subject I agree with the statement of Dr Venediktov, the delegate of the USSR.

I am glad that Professor Aujaleu emphasized the importance of the role of the general practitioner in health work and particularly in the treatment of mental illnesses. The conviction that a specialist is always needed to treat a general problem simply holds up a great deal of health work.

Mr Director-General, permit me to say how sorry we are that you are leaving the Organization. We shall never forget your ability and your concern. Dr Dorolle will be, for us, a model of responsibility within the Organization and in our work, combined with a spirit of humanism and of respect for others.

The ACTING PRESIDENT (translation from the French): Thank you, Dr Benadouda. We now give the floor to the distinguished delegate of Czechoslovakia, Professor Prokopec, Minister of Health of the Czech Socialist Republic.

Professor PROKOPEC (Czechoslovakia) (translation from the Russian): Mr President, ladies and gentlemen, allow me on behalf of the Czechoslovak delegation to congratulate you, Madam President, on your election to your lofty and responsible position as President of the Twenty-sixth session of the World Health Assembly. I also congratulate the Vice-Presidents of our Assembly on their election, and the chairmen of the main committees.

Our delegation welcomes with pleasure and satisfaction the admission of the German Democratic Republic to full membership of the World Health Organization. We are profoundly convinced that the active participation of the German Democratic Republic in carrying out the tasks of our Organization will enrich our Organization's activities. We also greet the delegation of the People's Republic of China, which for the first time is actively participating in a World Health Assembly. Our delegation hopes that the Democratic People's Republic of Korea will also be admitted to our Organization as a full Member during this session.
The past year has been marked by a great victory for the entire world, the conclusion of an agreement on peace in Viet-Nam. We hope that the further combined efforts of the peace-loving powers will prevent the agreements that have been concluded from being broken. We assume that nothing will stand in the way of international cooperation by the Democratic Republic of Viet-Nam within the World Health Organization.

Mr President, the World Health Organization has just celebrated its twenty-fifth anniversary. On the occasion of the anniversary, WHO itself has been taking stock of the results of the work done so far and has been comparing present realities with the noble objectives that the Organization itself wrote into its Constitution.

At the same time the Member States of WHO have been taking stock too. The Czechoslovak Socialist Republic is one of the small number of Member States in which the principles of the World Health Organization have been fully put into practice. In our country we have created a public health system comprising hospital, outpatient, and first aid services, together with hygiene and epidemic control services. All these varieties of public health service are for all nationals of our State "without distinction of race, religion, political belief, economic or social condition", as the Constitution of the World Health Organization puts it, free of charge and fully available, and are provided at an up-to-date scientific and professional level.

Our socialist State is not only actively cooperating, it is also creating all the conditions for improving the people's state of health. We have made significant progress in the last 25 years in extending the average lifespan, reducing infant mortality and severely lowering morbidity from communicable diseases, and, in the last few years, in reducing incapacity for work due to illness.

This testifies to the ability of socialist society to solve the problems of the people's basic needs, its economic, cultural and living conditions, and its state of health.

During the period that has just ended the World Health Organization has made progress on a large number of fronts. Foremost among its successes is the adoption and implementation of the smallpox eradication programme. Our specialists are participating in the carrying out of this programme, and we are sure that the next few years will see the complete disappearance of that treacherous disease.

Despite the hoped-for achievements in malaria control, control of malaria now requires a particularly active approach on the part of the national public health services. Scientifically and methodologically, the problem has been solved. But successful solution of the problem cannot be achieved through the resources of the World Health Organization alone.

The Organization's activity is decided upon or ought to be decided upon by the will of the delegates to the World Health Assembly. And resolutions adopted on a wide range of problems give directives for those problems' solution. We have in mind in particular the 1970 resolution on the development of national health services, the resolution on the education of health personnel, and the resolution on the role of WHO in the development and coordination of biomedical research. We feel that the WHO administration ought to pay more attention to those resolutions, and to others too, and to direct the Organization's activities in accordance with them. We have the impression that headquarters might take greater advantage, in its work, of the 1971 resolution on WHO's five-year programme.

We feel that it would be beneficial to WHO's work if a system of long-term programmes were put into effect. There are fields in which that system of operation is what is called for: cardiovascular diseases, the environment, mental illnesses, cancerous diseases, etc. We can only point out that a similar approach was adopted to solving problems in the European Region, and proved justified.

The system of long-term planning of programmes will result in a more fitting expenditure of resources. It should be remembered here that the budget of the World Health Organization, particularly in the last few years, has been increasing disproportionately. It is increasing faster than the Member States' national income and than their budgets and public health estimates. The proposed budget of the World Health Organization for 1974 reaches a figure of 100 million dollars. Things cannot go on like that. Effective steps must be taken now to stabilize the budget. The administration of the World Health Organization must concern itself with ensuring that the funds contributed by Member States are, in their turn, used for the general benefit, for example in the form of up-to-date information on research in other States and of coordination of research data, if only in basic sectors, WHO should, for example, become a coordinating centre and unite the forces of all organizations dealing with the problems of the study of cancerous diseases.

Allow me to wish the World Health Organization and all of us every success in the coming years in our common work to improve the health of the Member States' peoples and hence that of the whole world.
We are sure that in the next 25 years of single-minded and coordinated work WHO's achievements and those of the individual Member States will multiply. Permit me to say that I am confident that the right to medical care of every citizen without distinction of race, religion and political belief will be implemented in all the countries that belong to our Organization.

The ACTING PRESIDENT (translation from the French): Thank you, Professor Prokopec.

3. ANNOUNCEMENT

The ACTING PRESIDENT (translation from the French): Before I close the meeting the General Committee has a communication to make. But first allow me to say that we have put in a heavy afternoon's work; all the credit for that, however, is yours.

Since there will be no plenary meetings on Friday and Saturday, which are to be devoted exclusively to the Technical Discussions, I would inform you now that the General Committee has decided that the Assembly will meet in private on Monday, 14 May to consider item 1.15 - Director-General, that is to say 1.15.1 - Appointment, and 1.15.2 - Approval of contract.

The General Committee has decided that the participants allowed in to the private meeting, under Rule 20 of the Rules of Procedure, will be the delegates of Member States, their alternates and advisers, the representatives of the Associate Member (there being only one Associate Member at the moment), the representatives of the Executive Board, the representative of the United Nations, and the requisite staff, who will be designated by the Director-General.

Immediately after the private meeting the Assembly will hold a short public meeting to announce the decisions taken. The meeting is adjourned.

The meeting rose at 5.35 p.m.
1. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTIETH AND FIFTY-FIRST SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1972 (continued)

The ACTING PRESIDENT (translation from the Spanish): The meeting is called to order. The President of the Assembly has asked me to replace her this evening. I take this opportunity of thanking all those present for the honour they have paid my country in electing me as one of the Vice-Presidents of this Assembly. Many thanks to you all, on behalf of my country and on behalf of the Delegation of Brazil at the Twenty-sixth World Health Assembly.

The general discussion on agenda items 1.11 and 1.12 will now continue.

The delegate of Liberia, Dr H. N. Cooper, Chief Medical Officer of the J. F. Kennedy Medical Centre - the first speaker on the list - has the floor.

Dr COOPER (Liberia): Mr President, distinguished delegates, ladies and gentlemen, permit me on behalf of the Liberian delegation to congratulate you on your election to the esteemed position of one of the Vice-Presidents of this august body during its Twenty-sixth Assembly. We extend our congratulations to Madam President on her election at this time and wish you would convey to the other Vice-Presidents and chairmen of the various committees our congratulations upon their preferment. We feel confident that with the President's experience in the field of international health and the dedication with which she has served this Organization our deliberations will be crowned with outstanding success.

This session, as we all know, marks the twenty-fifth anniversary of the founding of the World Health Organization. It is an occasion for all Member States, old and new, to take a retrospective view of what our achievements and failures have been since the birth of WHO. We can take pride that, although we have not accomplished all our endeavours, our Organization has done much towards the improvement of international health without regard to race, creed or geographical location. The technological advances that have occurred in communications and travel have rendered all of us neighbours in the truest sense of the word.

Our congratulations go to the President and officers of the Twenty-fifth World Health Assembly. On behalf of the Liberian delegation, I wish to felicitate the Director-General and his corps of officers for the very informative and comprehensive Report which he has submitted on the activities of the Organization since its last meeting, in 1972. We wish to register our appreciation for the services of the Director-General as he retires, and express the hope that the Organization will continue to have the benefit of his valuable experience in the years ahead.

At the beginning of 1972 the Government of Liberia undertook several profound measures of reorganization. The Ministry of Health and Social Welfare was formed and for the first time headed by a non-physician. We regret the absence of our Minister, Mrs Padmore, due to ill-health. At the same time, our Government has undertaken a serious evaluation of its health care delivery systems with a view to maximizing its benefits and extending them to the entire population. In the business of development planning, especially in the framework of limited financial and personnel resources, we recognize the necessity for integration of all sectors. It is needless to remark here upon the futility of any health care programme that is not supported by improvement in nutritional standards. That, in turn, presupposes improved agricultural production, which ultimately must depend upon the infrastructure of roads and reliable communications networks.

While the constraints of our limited resources are recognized, and indeed painfully felt, we are committed to the integrated approach to development. We believe that whatever gains are thus made will be more lasting and will ultimately have a greater effect upon our rate of development. It is in this context that the Government of Liberia has attached the highest priority to its programme of health care delivery wherein the national medical centre will constitute the apex of an "out-reach" programme of comprehensive health care, coordinated with our overall development scheme.

We have been gratified by the sympathetic understanding of this body, through the Regional Office for Africa, as well as for the pledge of support from our friends for our efforts within the framework of regional cooperation. On behalf of the Government of Liberia my delegation registers its thanks and appreciation for the assistance received over the years from WHO in proposing and executing many programmes and projects. We are unequivocally committed to the support of this Organization as we are convinced that its activities
are in our own best interests as well as those of the health, in its broadest definition, of all mankind.

The ACTING PRESIDENT (translation from the Spanish): Many thanks, Dr Cooper. The delegate of Finland, Mrs S. Karkinen, Minister of Social Affairs and Health, has the floor.

Mrs KARKINEN (Finland): Mr President, may I join personally and on behalf of the Finnish delegation in the congratulations addressed here to the President of our Assembly and to the Vice-Presidents upon their election as officers of the Assembly on this festival year. I wish also to congratulate on behalf of the Finnish delegation our celebrating Organization, which during the past 25 years has in many ways justified its existence as an organ developed to promoting the health of the world's peoples. The speediness and determination shown in tackling problems, many of which often at first seemed to be hopeless, proves that today WHO is a very important institution without which the world health situation might all too easily get out of hand.

Today we have before us Dr Marcelino Candau's Report on the activities of WHO in 1972. It is his last Report since he is, after long service, now leaving his duties to other hands. We have all reason to be deeply grateful for the great ability, vigilance and resoluteness which Dr Candau has shown in leading our Organization.

The maintenance of health is generally acknowledged to be one of the basic human rights. The Finnish Constitution does not in itself contain any specific provisions about the production of health services by society. However, on the basis of the measures taken in Finland during the past decades, health services will be financed mainly by public funds. Their quality and quantity should be the same for all citizens irrespective of where they live. Under the new Public Health Act all basic services relating to public health care will be provided practically free of charge. We consider it essential that health services shall be available for all citizens irrespective of their economic resources.

The Public Health Act has brought along new features in the Finnish health care administration. The Act imposes an obligation of planification on both the State and the local administrative units. Today health services are developed according to five-year plans which are drawn up yearly. A corresponding planning system was later introduced in the development of hospital services. The Council of State approves the national health care plans and the respective local plans are then drawn up on that basis. Although according to the principles of local administration the local population should have the possibility to influence its own health services, the central government authorities will, however, retain power to unify and coordinate the local plans and activities.

In this connexion I should like to mention that an extensive programme for the prevention of heart diseases is being carried out in a Finnish province in cooperation with WHO in accordance with the abovementioned plans and as an integral part of them. The research work relating to this study, called the North Karelia Project, is being performed by Finnish researchers together with the specialists of WHO. By further developing and strengthening the scientific basis of this and similar projects, they will certainly, in due course, supply valuable knowledge on the extent to which heart diseases can be combated through extensive preventive action.

In a certain sense the activities of WHO in combating cardiovascular diseases are a new and important milestone in the work of this Organization. In this way WHO is facing the changes which are taking place in the world panorama of diseases. Naturally, one of the central tasks of WHO will remain to combat epidemic diseases and to improve health conditions in the developing countries.

During these 25 years the field of action of the World Health Organization has enlarged immensely. The world population has continued to grow and has made the nutrition problem still more difficult to solve in many areas. Technological development, which in many countries has led to an unexpected rise in levels of living, has on the other hand endangered the human environment with the increasing pollution of air, water and soil. New agents of disease and new kinds of diseases have appeared, and many diseases have spread, as a result of the greater mobility of people today, to areas where they were unknown earlier. Traffic accidents, diseases caused by stress including mental disorders, just to mention some examples, have all contributed to widen the field of work of WHO.

Problems of health are universal and can be best solved by international cooperation. My Government thus welcomes the trend towards universality also in this Organization.

The ACTING PRESIDENT (translation from the Spanish): Many thanks, Mrs Karkinen. We shall now hear the delegate of Madagascar, Mr Randrianasolo Ravony, Secretary-General of the Ministry for Social Affairs.
Mr RANDRIANASOLO RAVONY (Madagascar) (translation of the French interpretation from the Malagasy): Mr President, Vice-Presidents, Mr Director-General, honourable delegates, I am addressing you in my mother tongue because I feel that is much more sincere and genuine at a time when we are celebrating the twenty-fifth anniversary of the World Health Organization than to speak in a borrowed language. The Malagasy language is the only intrinsically Malagasy possession that was not impaired by the 65 years of colonization.

Mr President, the Government of Major-General Gabriel Ramanantsoa, which I represent as head of the delegation of Madagascar, has the pleasure of offering the Twenty-sixth World Health Assembly its best wishes for success on the occasion of the twenty-fifth anniversary of the Organization and offers its sincere congratulations to the President and the other officers on their election.

Madagascar sincerely regrets the departure of Dr Candau, Director-General of the World Health Organization, who has always looked after the interests of the developing countries and in particular of the African Region, of which our country is a part. But since he needs a well-deserved rest after years devoted to promoting health in the world, we wish him a long life in an enjoyable retirement.

The Malagasy delegation is happy to greet the People's Republic of China and Swaziland and warmly congratulates the German Democratic Republic on its admittance to the Organization. It hopes that North Korea will soon join the great family of health.

Since the revolution of 13 May 1972, health activities have developed in Madagascar towards a search for town/country equilibrium in accordance with the directives given by the head of the Government in his programme statement on 27 July 1972. Efforts are now being made to achieve this aim and the two ministries chiefly concerned, the Ministry of Social Affairs and the Ministry of National Development are working together to divide up the country for health purposes; the former is concerned with the setting-up and improvement of health structures, the latter with the road infrastructure. This planning, which is the fruit of several months of strenuous work led by the Minister of Social Affairs in person, is now complete. Still in the field of planning - and this links up with the problems I mentioned at Conakry during the twenty-second session of the WHO Regional Committee for Africa in September 1972 - manpower training in general and the training of medical and paramedical personnel in particular are among the chief concerns of the Ministry of Social Affairs. The decentralization of teaching referred to in the programme statement by the head of the Government that I mentioned earlier has been very closely followed. Thus, three schools of midwifery have opened this year, in the provinces of Diégo-Suarez, Tamatave and Fianarantsoa.

The visit to Madagascar of Dr Alfred Quenum, WHO Regional Director for Africa, from 6 to 11 March 1973 gave a new impetus to the Malagasy health services which, strengthened by the advice liberally given by the Regional Director, are resolutely moving forward towards a better future. As regards national health planning, we need WHO to assist us by sending us a planner in addition to the public health administrator. Negotiations are under way for the appointment of this specialist. In agreement with the WHO representative in the Indian Ocean, as soon as I return to Madagascar I shall call together a number of responsible officers at the central and peripheral levels for a rapid course in national health planning, a subject that I teach in the health section of the National School of Administration in Madagascar. This training is necessary if the planner sent by WHO is to find local staff with whom he can communicate properly.

Staff training also requires a choice to be made by the Government with regard to the subjects taught and the places where teaching is given. Madagascar has chosen on-the-spot training for the following two reasons: (1) to obtain teaching that is properly adapted to the realities and needs of the country and the Malagasy people; (2) as far as possible to reduce the brain drain, a phenomenon that was discussed and explained at length during the session in Conakry (page 185 of the Director-General's Report, paragraph 16.27). The Regional Director was specifically requested during his visit to Madagascar to convert the fellowships usually granted by WHO for studies abroad into fellowships for study within the country. The details will be discussed with the Regional Director during our stay in Geneva.

Now I shall speak briefly of health problems. Madagascar has resolutely decided in favour of integrated medicine, that is total medicine. Nevertheless, for reasons of practical convenience, for organizational purposes medicine has been divided into three parts, each forming a clearly defined administrative service: curative medicine, the Medical Care Service; preventive medicine, the Communicable Disease Control Service; educational and social medicine, the Health Education and Social Medicine Service.

1 In accordance with Rule 87 of the Rules of Procedure.
(1) Curative medicine. The opening of the Joseph Ravoahangy-Andrianavalona Hospital and the establishment of what we call the Tananarive health ring are at present occupying the attention of the ministerial authorities, although the peripheral units are not being neglected, particularly as regards supplies of drugs. The European Development Fund, which sponsored the Joseph Ravoahangy-Andrianavalona complex, has been requested to assist in the operation of this great project.

(2) Preventive medicine. The 1973 financial year, like earlier years, is dominated by malaria control. Coverage of the country is clearly progressing, which is truly encouraging (page 183 of the Director-General's Report, paragraph 16.6). The development of the basic health services will certainly strengthen preventive resources, for example by speeding up the examinations and analyses required by the mobile teams.

(3) Educational and social medicine. Health education, environmental hygiene, sanitation and nutrition education, among other items, are keeping the responsible service fully occupied. WHO has made available to the Malagasy Government a biochemical engineer (with a national counterpart specializing in nutrition) who is responsible for research in applied nutrition; at present this research is directed towards nutrition during the weaning period. Four young Malagasy midwives are at present taking a six-month practical course in applied nutrition at Haifa in Israel. UNICEF has always assisted Madagascar in maternal and child health, either by supplying equipment or by supplying DPT vaccine. Its assistance has just been requested for the supply of the equipment needed for setting up a nutrition laboratory.

The improvement of the sanitation of the city of Tananarive, the capital of the country, undertaken by UNDP with the technical assistance of WHO, is continuing, and we hope that this highly beneficial activity will not be limited to the city of Tananarive alone but will be extended at least to the main towns of Madagascar.

Population growth brings with it a certain number of problems. To deal with them, a demography service has been set up within the Population Directorate. Draft texts on family planning are at present being reviewed prior to promulgation.

Before concluding I can humbly say that on the theoretical level all conditions are met for the health development of Madagascar, but that on the practical level of implementation the budgetary resources of the Malagasy State alone will not suffice to carry out the programme. The assistance of WHO is more useful to us than ever.

Finally, I cannot end without expressing the wish that, with the increase in the number of Member States of the Organization, health will regain its rightful place and every inhabitant of our planet will genuinely be able to aspire to good health, regardless of frontiers and differences in political ideology, through international cooperation in the health field.

The ACTING PRESIDENT (translation from the Spanish): Thank you, Mr. Ravony. The delegate of Sudan, Mr. A. G. M. Ibrahim, Minister of Health, has the floor.

Mr IBRAHIM (Sudan) (interpretation from the Arabic): Mr President, may I please take this opportunity, on behalf of the delegation of the Democratic Republic of the Sudan, to congratulate the World Health Organization on its gracious twenty-fifth anniversary, the Silver Jubilee of its long life during which it has offered to all humanity great health services and shouldered the grave humanitarian responsibility to which it was dedicated, honestly and precisely, the effects of which are clearly noticed in the improvement of mankind.

I also wish to extend my deepest gratitude to my predecessor, whom we have known last year as an able and serious leader in the meetings. The Director-General, Dr. Marcolino Candau, deserves all thanks and congratulations on his comprehensive Annual Report and I would like to take this opportunity to communicate to him, in the name of my country, our deep debt of gratitude for his great services and for his far-reaching wisdom with which he was able to lead our Organization throughout these years and bring it up as one of the best and most effective organizations in the United Nations. I sincerely wish him all prosperity in his future life and wish his successor great success in his big task.

Mr President, allow me on behalf of the delegation of the Democratic Republic of the Sudan to express our profound and sincere congratulations to the distinguished delegation from the People's Republic of China on their presence and participation in this august Assembly. The event carries within itself the enrichment of the Organization with the magnificent experience of eight hundred million people who have achieved, through determination and serious attempts, considerable technological and scientific progress that will undoubtedly enable them to participate fully and effectively in the positive role for the service of mankind.
It is also with great happiness that the Sudan delegation extends its hearty congratulations and welcomes the presence and participation of the German Democratic Republic to this Organization as an assurance of its whole purpose in the service of health, peace, and humanity.

During the last few years, my country witnessed a noticeable shift of emphasis in the concept of health and social services with growing realization of wider scope and bigger opportunities, through revolutionary planning, for concentration on preventive and social medicine, particularly in relation to the rural areas, which contain the vast majority of the population. Following this concept that man is the best capital in the fields of development and progress and that the health services have become part and parcel of the economic, agricultural and industrial development programmes, my Minister managed to increase his share from the government budgetary allowances.

In my speech last year I made reference to the agreement concerning the peaceful solution of the problem of the Southern Sudan; the inauguration of the first anniversary of signing it took place some weeks ago. It gives me pleasure in this context to inform you that, under the shadow of this agreement, the health services have found a strong push forward, and that the contribution of the international organizations in the resettlement of the refugees has played a very big part in the provision of health services for them. We thank all governments and organizations which have offered and offer help to us in this respect. Our special thanks and gratitude are offered to the Office of the High Commissioner for Refugees and particularly to His Highness, Prince Sadr El Din, for the unrelenting efforts in this connexion.

The Palestinian people who are displaced in the Middle East and those in the occupied territory live under very bad health conditions. This question should have our particular attention and I request that WHO come forward and provide health services for them.

The health projects assisted by the World Health Organization materially and technically in my country are making progress with a high degree of competence due to the valuable help extended to us by the Regional Office for the Eastern Mediterranean and its able Director, Dr Taba and his representative in Sudan Dr Kahn, who played a big part in the success of many of those projects. I am pleased at this juncture to mention that the Sudan has been able to reach a stage of freedom of the entire country from cases of smallpox, marking the great efforts exerted by the working staff in the smallpox section and valued assistance by the Organization. We look forward to declaring the country completely free from the disease in line with the criteria and standards set by the Organization. This is really a bright and gratifying feature when compared with the situation last year.

The efforts of our social revolution have succeeded in bringing about social stabilization in my country. All missions and organizations have collaborated towards economic development and political stability. These joint efforts have resulted in the approval by the People's Council of the permanent statute for the Sudan, for the first time since it gained its independence about 15 years ago. Thus the country has entered a new phase which provides for all guarantees as well as ways and means for stability and wide openings for work and production.

Our Organization, which gives assistance to all countries without preference, should be able to accept as Members all nations and governments which are capable of collaborating for the good and happiness of humanity. Pursuant to this principle my country requests that the Democratic People's Republic of Korea be given the opportunity of joining the World Health Organization to contribute to the development of health services in all parts of the world. There can be no doubt that collaboration and cooperation between all the benevolent nations will lead our Organization towards success and advancement.

In conclusion I would like to reiterate my congratulations to the President and to our Organization my wish for success. My wish is that the Assembly conclude its sessions by resolutions and recommendations for the good of the whole of humanity.

The ACTING PRESIDENT (translation from the Spanish): Many thanks, Mr Ibrahim. I now give the floor to the delegate of the German Democratic Republic, Professor L. Mecklinger, Minister of Health.

Professor MECKLINGER (German Democratic Republic) (translation from the French): Mr President, ladies and gentlemen, honourable delegates, the delegation of the German Democratic Republic, which for the first time is participating in a World Health Assembly as a full Member, has studied the Report of Dr Candau, Director-General of WHO, with great interest. We appreciate the fact that for the first time a member of the Government of the German Democratic Republic has an opportunity of taking part in the general discussion at this World Health Assembly, which is of such importance for the health of nations. On the basis of its often-stated willingness to take an active part in the work of WHO, the German Democratic Republic finds itself in a position to support the world-wide objectives of the Organization.
Ladies and gentlemen, I should like now, with reference to the Director-General's Report, to put forward some basic considerations concerning the future participation of my country in the work of this world-wide humanitarian Organization. Consistent with the indivisible relationship between peace and health as a basic principle of the happiness of peoples, which is taken into account in the WHO Constitution, the German Democratic Republic will do everything in its power to ensure that the noble cause of protecting the health of mankind is not seriously threatened or destroyed by wars or aggression, by colonial oppression, or by discrimination against certain peoples or population groups. We share the opinion of all the representatives of other countries that the results of the World Health Organization's work at world-wide level will depend very much on the extent to which it contributes simultaneously to ensuring peace for all.

However, if WHO is to work effectively in the interest of mankind there must be a thoroughly understood adherence to the principle of universality. With regard to the envisaged discussion on the request for membership by the Democratic People's Republic of Korea, we should like now to make an urgent appeal to all Member States to be guided in their decision by the basic obligations arising out of the principle of universality and to decide at this World Health Assembly in favour of admitting the Democratic People's Republic of Korea to membership of WHO.

The experience of a large number of countries, including the German Democratic Republic, proves that medicine and the application of medical knowledge alone are not sufficient to bring about a decisive change in the state of health and health protection of peoples. Optimum socioeconomic conditions constitute a prerequisite for the development of medicine and for the recovery, maintenance and promotion of health. The German Democratic Republic supports the main concern of WHO to act as a genuine centre of coordination as regards health protection. In the struggle against disease no organization or institution is in a better position than the World Health Organization to act as an international centre for coordination and information, and none is endowed with such high moral authority.

The experience of many countries, and in particular my own, teaches us that the solving of health problems is of the greatest benefit to the population if, in the scientific design and objectives of programmes, an effort is made right from the start to concentrate on priorities and to achieve them consistently. The delegation of the German Democratic Republic holds the view that the Fifth Programme of Work of WHO traces the correct course to be followed. The German Democratic Republic will do its best to ensure that the Fifth Programme of Work becomes a reality in international life.

The German Democratic Republic finds itself able to support international medical programmes in the following fields:
- continuation of research on and control of cardiovascular diseases and cancer; the delegation of the German Democratic Republic therefore welcomes the inclusion in the agenda of item 2.8: "Programme of international cooperation in cancer research";
- continuation of research on and control of infectious and parasitic diseases; the German Democratic Republic would be prepared to place reference centres in a selected field at the disposal of WHO;
- medico-sanitary and epidemiological research in order to ensure an environment favourable to health;
- medical research on the influence on mankind of population growth, of the control of infant mortality, in order to protect the health of mothers, children and adolescents;
- the support of projects for the training and preparation of scientists to engage in medical research and practice and projects for cooperation in building up an effective scientific and health information system.

Ladies and gentlemen, my country and its citizens hope that participation in the scientific life of WHO will enrich the knowledge of their scientists and physicians so as to permit a continuous improvement in health protection.

It is with great satisfaction that we see the strengthening throughout the world of efforts to ban war as a means of resolving international disputes and to turn increasingly towards joint and coordinated measures to defeat another of the chief enemies of mankind, disease. In this the World Health Organization bears a great responsibility.

The ACTING PRESIDENT (translation from the Spanish): Many thanks, Professor Mecklinger. We welcome the delegation of the German Democratic Republic to this Assembly, and I should like to extend my personal congratulations, Professor M. M. Mahfouz, Minister of Health of Egypt, has the floor.

Professor MAHFOUZ (Egypt) (translation from the Arabic): Mr Vice-President, on behalf of the Egyptian delegation I congratulate you on your election to the post of Vice-President of this honourable Assembly. I also congratulate Madam President and the
other Vice-Presidents who will help her in conducting the work of this session. I wish you all success in order that the twenty-sixth session of the World Health Assembly may reach humanitarian decisions and recommendations on the road to justice and for the achievement of the honourable aspirations of mankind.

The Director-General's Report has surveyed a variety of activities of great interest to all people. Among these activities are health services and health planning on socioeconomic principles as well as extensive studies of manpower development.

This raises two important questions: first, the problem of the "brain drain" from developing to developed countries; second, the need for a role of the World Health Organization to reinforce the capacity of the developing countries in the field of health planning as a prerequisite for community development.

The Director-General's Report discussed not only the achievements of last year but also those of the entire era. This invites us to address ourselves to the policy of the Organization and future plans.

The Report mentions many fields where the World Health Organization was successful in controlling disease. On the other hand, the Report exposes other fields where diseases still defy efforts for their control in many countries. It is to be noted that the enormous progress in worldwide travel and communication have rendered difficult the control of infectious diseases, as long as there are countries where these diseases still exist in epidemic or endemic forms. Thus, it is imperative that the World Health Organization should not hesitate to support the developing countries in sanitation programmes and programmes for infectious and endemic disease control, bearing in mind the important role of the environment in the health problems of the developed as well as the developing countries. In this respect, we all know that environmental sanitation and control of infectious disease do not require much spending on sending of experts, inasmuch as they require reinforcing the capability of the developing countries in executing environmental projects. This would be done best through providing equipment and development of primary resources. It is important to note that Official Records No. 204 stated that only 15% of the total funds allocated to WHO projects were allocated to equipment and fellowships, while the rest of the funds were consumed by salaries of experts, travel, and administrative expenses. We are also worried to observe that there is a trend to increase the budget of headquarters in Geneva instead of giving priority to more support of regional and field budgets. From these observations it is obvious that there is a felt need for a new policy in allocation of funds in order to fulfil the goals of the Organization without going into pitfalls of overgrowth of administrative bodies.

In the field of scientific research, it would be more advisable to concentrate on the problems which are of priority in developing countries, rather than on problems of chronic disease. In a world where in most countries the average life expectancy is what it is, these diseases do not emerge as a serious public health problem. If chronic diseases constitute a serious problem in the developed countries, these countries are certainly able to search for solutions without having to depend heavily on the World Health Organization.

The Director-General's Report mentioned also many achievements of world scientists which have led to an accepted philosophy and established principles for implementation of health services. One of these is early case detection. This receives general acceptance, but the application of this important principle meets various obstacles of a financial and executive nature. These obstacles require from the World Health Organization intensive efforts of material and technological support.

The Executive Board's reports referred to the relation between correct human behaviour and health standards which constitutes an important factor in solving health problems. On the other hand, aberrant human behaviour derives from inhuman concepts that are contradictory to the main principles of the World Health Organization charter, which aims at providing health as we understand it, as a fundamental and human right for mankind. Whenever man is exposed to physical and mental damage due to aggression, humanity rises to defend the values and dignity of mankind. In the Middle East, hundreds of thousands of people were compelled to suffer from acts of coercion and atrocities as a result of the aggression which deprived them of the right to live in their homes and countries and imposed upon them a state of refuge and exile, consequently transforming them from citizens in a community to refugees living in camps. Other sectors of the people of this area have to live under intolerable military occupation where their basic, fundamental human rights are continuously violated. As a result of the policy of aggression prevailing in the Middle East, a great number of inhabitants were forced to migrate from their towns and villages that had been exposed to repeated and severe bombardment to other areas within the country which the competent authorities transferred them to. The World Health Organization has to face these problems from both its humanitarian and psychological aspects and should declare its opinion and take effective measures in support of the right of man to live in his own environment and lead a normal and secure life.

In Egypt, health goals are regarded as but one component of overall development goals, and hence our health policy is guided by two fundamental assumptions: first, health care is a right of every Egyptian; secondly, health of the citizens is an investment in human capital
and is a means to improvement of the national socioeconomic status. The health policy aims at providing at least a minimum level of service to all. The minimum given must be based on an awareness of what is medically and socially needed if the citizens (and consequently the country) are to attain higher levels of living.

Our major health problems are: environmental health; epidemic, endemic, and infectious diseases; high infant and early childhood mortality due primarily to diseases, which are preventable. Therefore our health policy has the following core priorities: preventive programmes aimed at eradicating or controlling diseases; maternal and child health services of which family planning is an integral component; upgrading preventive and curative services through the integrated health service. Programmes developed for the implementation of these priorities stress the pressing importance of providing preventive and curative services together at every point in the health delivery system; the tremendous dependence on universal health education; the necessity of participation by different ministries and all national organizations. For these programmes to successfully attack the problems we need to know the actual facts about each individual's health status. Therefore we need a personal health identity card and health registries at the point of contact with the health system. We also need to use the appropriate technology. We therefore need to upgrade the purchasing, distribution, and prescription of drugs and products for eradication and control of disease, and to train cadres of health workers, especially nurses and other paramedical personnel. We need to have a system for delivery of the appropriate technology at the right time and in the right place. We therefore require a health service system which is vertically and horizontally integrated.

The population problem is an integral part of national development. It has become apparent to everyone that the result of the interaction between population growth and production has a far-reaching effect on society's ability to achieve socioeconomic development. Nations which have dealt with the population problem have adopted numerous policies toward its solution. Some of the main features of these policies are summarized and commented upon as follows. Widespread attempts have been made at changing national fertility rates (raising or lowering the rates depending on the type of population problem in the country). Secondly, pronounced emphasis has been placed on increasing the availability and accessibility of birth control services and contraceptive supplies. The increased knowledge about the methods of regulating fertility rates and advances in birth control and contraceptive technology have led nations suffering from over-population to set up different plans directing citizens to make use of available birth control methods in order to achieve a tangible and continuing decrease in birth rates. However, it has been found that dependence on the policy of providing the public access to birth control methods, i.e. the "display" of goods approach combined with the necessary knowledge of the means of regulating fertility, does not greatly affect the readiness of people to use these birth control techniques and contraceptive supplies, since utilization is primarily a function of personal attitudes and the extent to which people wish to have children in order to fulfill their social, psychological, and economic needs. Thus it is not enough to display goods (i.e. provide birth control services and contraceptive devices) without persuading the public to make use of them. Attempts have also been made to control the social, economic, and psychological factors which affect people's desire for children. It has been found that there is a negative relation between the family size and the level of development and that there is a widespread phenomenon of small families in the developed nations resulting from relatively low birth rates as an indirect outcome of socioeconomic progress.

From all the above it becomes apparent that the problem of over-population cannot be solved simply through the facilitation of obtaining the knowledge, goods and instruments necessary for birth control. It is necessary that this be accompanied by the creation of the atmosphere necessary for producing the desire to regulate births, which in turn will increase public demand for the knowledge, goods, and services of birth control. Thus, a successful policy for dealing with over-population must be directed towards providing and facilitating access to birth control methods and towards increasing public demand for these methods in a way which realizes the developmental goals of society, i.e. attainment of a certain level of living through the use of available human and material resources.

Despite the interest of the State in the population problem and the existence of a plan for family planning, the principal emphasis of Egypt's present plan is the provision and display of birth control methods, not the creation of an increase in demand. Thus the public which has made use of the availability of birth control methods is limited, in large part, to city dwellers who live on a higher economic and social level than the rural population which is roughly 80% of the total Egyptian population. The result has been found to be a noticeable decrease in the birth rates during the last 10 years in the Egyptian cities where the educated urbanites live, while birth rates are more or less stable in the rural areas.

Because of the vast dimensions of the population problem and because of its many aspects, it is impossible for one national structure or organization to handle it alone. It has become necessary for the State to present the problem on the level of a national plan so that there
will be one united stream of thought and so that the role of each ministry be defined. In this way, there will be an organized system of work among the different national organizations. Also, this can be realized if the following steps are taken. (1) Directing investment in the different sectors in such a way as to create the psychological atmosphere necessary for increasing public demand for birth control services and contraceptive supplies provided by the State through existing medical and health organizations. The desired decrease in fertility rate will not be possible except through working towards correcting the social behaviour of the individual. This can be done through controlling social, economic, and cultural factors which regulate the individual's procreational behaviour. (2) Describing the role of each national organization through an overall national plan. This will facilitate the determination of each ministry's responsibilities in executing its part of the national plan. In this respect, we find that defining the goals which must be included in a national plan for family planning and which are to be carried out by the various national sectors is imperative. Through this conceptualization it becomes apparent that the main emphasis in solving the population problem should be on direct and indirect activities affecting personal behaviour through strengthening the values which lead to the practice of birth control.

Since individual behaviour results mainly from a combination of religious, cultural, social, economic and political values it is possible for the different ministries to direct their activities in order to create the desired change in individual behaviour, thus solving the population problem in Egypt. For example, the increase in the income of the rural family resulting from the labour of the husband, his wife, and in many cases the children, can be handled through changing the rural economy so that there are more opportunities for women to find more rewarding and remunerative occupations and so that the chances for using children in agricultural work are lessened. This can be realized through the introduction of small machinery. This of course can only be carried out through the organizations of the Ministries of Industry, Agriculture, and Social Affairs, through mechanisms which allow for maximum collaboration.

As for the role of health as an investment service, it aims always at protecting the health of the individual citizen by providing preventive services and, if he becomes ill, curative services. Two principal effects of health sector activities have a direct bearing on the population problem. First, the extension of preventive and curative health services results in a lowering of the death rate for infants. A lower infant mortality rate would decrease the family's worry over its children's survival and therefore decrease the individual's desire to have extra children as a hedge against infant and early childhood deaths. Secondly, raising the level of curative services would produce an increase in life expectancy and a psychological result which would then be reflected in the individual's desire for procreation. In addition, raising the level of service would do much toward the creation of a climate of trust between citizens and health organizations which would, in turn, make it easier for health workers to convince citizens of the importance of the population problem in so far as it affects their individual, family, and community health.

The following are some of the planning goals which must be included in a national plan for solving the population problem in Egypt. The first is to lower the death rate for infants. Increasing the chances for the survival of children born will lead to decreasing the parents' desire to produce a large number of children out of whom a suitable number will survive. This is especially so since the average death rate for infants remains high (as a result of diseases which afflict infants) despite the fact that it has been decreasing yearly. The death rate for newborns remains high at 119 per 1000, although the death rate for infants is not as high. A recent UNICEF study of the problem in Egypt has shown that the death rate for newborns in Egypt is more than one and a half times that of the Netherlands, Sweden and the United States of America, while the death rate for children in the 2-3 years age group in Egypt is forty-four and a half times higher than in the same three countries. The most important causes of death of newborns and infants and children (i.e., the 0-4 age group) in Egypt are measles, gastroenteritis, and bronchitis. Controlling these diseases effectively will lead to a considerable decrease in the death rate for this 0-4 age group. This can be done by health authorities through investing in preventive care for mothers and children and in protection through diagnosis and early treatment of these diseases. The Ministry of Health emphasizes this point in its new policy and it is this point at which the integrated health services project aims, i.e., to provide integrated preventive and curative health services both horizontally and vertically. On the horizontal level child and family planning services will be integrated in the general health centres, in the polyclinics, and in the hospitals. Thus it will be possible through all these health services to affect supply and demand on all these levels simultaneously and at the right psychological moment (i.e., after childbirth, during visits to the Maternal and Child Health centres or clinics, etc.). There is no doubt that reorganizing this huge system of health services will result in the production of vast energies which can be used to attract large numbers of women of fertile age and to make use of the time they spend in these different units in instructing them on family planning methods. This huge capacity has not as yet been put to use except on a very small scale and the Ministry
is presently conducting extensive research aiming at making use of this capacity. This is being done through setting up a number of experimental projects which aim at providing this service to the public and at simultaneously attracting the public to the service.

As for the role of environmental sanitation in lowering the death rate for infants, it is a basic and important one, but it is the speciality of more than one structure. The Ministries of Planning, Economic Affairs, and Industry are responsible for directing investment towards public services and economic development and each of them affects the level of the individual and thus his ability to adopt healthy attitudes, which in turn affects environmental sanitation. As for the Ministries of Culture, Education, and Social Affairs, they are responsible for outlining social behaviour, which plays an important part in the success of environmental sanitation programmes. The Ministry of Health sees itself as a technical structure which studies the methods of correction from the technical and guidance point of view. Thus it feels that environmental changes which are liable to affect reproductive behaviour need to be realized through technical and administrative cooperation on all levels: executive, political, and legislative.

The second goal is to change the rural economy. Decreasing the economic value of child labour for the family income can be partially achieved through providing small machinery as a replacement for child labour to be used by the peasant in planting or sowing his crop. This must be simultaneously accompanied by an immediate national direction towards technical education of large groups of youth who can then carry out important technical activities following a relatively short period of instruction. Once educated, the youth can quickly earn some income through working in the mechanized agricultural sector or in the industrial sector, etc. This should not be limited to formal schooling but should also be made available through local vocational training centres. This point makes clear the need for cooperation among the Ministries of Agriculture, Industry, Education, and Social Affairs.

As a third goal, an emphasis needs to be placed on ideological, religious, and cultural values which glorify work and production, planning for the future, and the raising of the individual level of existence within the framework of our societal values, needs, and capabilities. The Ministry of Education must emphasize the importance of the religious culture in changing the students' attitudes in the schools and of teaching students the principles of biology and of human anatomy and physiology including reproductive behaviour, without entering into sex education, and must work towards including these programmes as basic courses in the school curricula. Without a doubt the part to be played by Al Azhar and religious leaders in this area (whether on the school level or the public level) is of far-reaching importance and can increase the public's understanding of the population problem and acceptance of the means to solve it, since religion is so important in the daily life of Egyptians and extensively affects their behaviour.

A fourth planning goal is social development. This involves increasing public awareness of the population problem on a national and local level through word-of-mouth communication from social change agents and especially through the social worker, who is mainly responsible for handling this problem. The role of the social worker is basic in affecting societal awareness. He is helped in this area by other professions which help in social change such as doctors, agricultural extension workers, nurses, and religious leaders. There is no doubt that the spreading of social awareness through the different ministries and through the Arab Socialist Union (ASU) organizations is of paramount importance, especially when aided by public communication organizations. The public communication system would include indirect programmes which affect social awareness. The Ministry of Social Affairs also has an important part which it can carry out through its many widespread units all over the country, such as its small-scale social development projects, e.g. productive families, day-care centres for pre-school children over two years of age, and vocational rehabilitation for school leavers or for children not absorbed into schools.

Political awareness of the population problem is a further goal. The political system is the nation's means of creating the united political stream of thought which is tied to its cultural and ideological existence. This system is also the social instrument for changing individuals' social behaviour. Thus from the organizations of the political system representing the allied popular working force, political awareness of the scope of the population problem and its danger to the political, social, and economic existence of the nation must be created.

A sixth goal is to prepare the necessary cadres for work towards the solution of the population problem. This should not be limited to those who carry out direct services relating to this problem, such as birth control services. It is also necessary to mobilize all those who are in direct contact with the public in the course of carrying out their social, economic, cultural, or guidance duties. I would like to mention especially those who carry out agricultural extension, guidance, and instruction in the rural areas and what a great service they can perform in solving the population problem through indirectly affecting the awareness of the rural population. Talking about plant and animal health can lead to talk about human health and the effects of having too many children. There is no doubt that including programmes which deal with the population problem - through the understanding of national development and planning - in university curricula will assist very
much in the acceptance by the youth of the idea of fertility control through the dissemination of scientific information about the population problem, its etiology and methods of treatment, control and regulation. Also under this item comes the general awareness of the population problem on the national level among the different academic institutes which are interested in this problem and among the executive leaders in the different sectors. This will help rationalize priorities for the different activities of the State in the light of the magnitude of the population problem from which it suffers.

Concluding this part of my statement, I would like to say that if the health policy of this nation, which the cabinet endorsed, is based on performing its activities under an integration of health services approach, the policy to be drawn up to treat the population problem in Egypt should be based on the integration of socioeconomic services in this field in order to increase the effectiveness of national development in achieving the desired change in population structure and quality in the immediate years ahead.

Mr President, once more I would like to stress the importance of the principle of universality of the Organization. The result of abiding by it was, last year, to correct the situation in regard to the participation of the People's Republic of China and other States members of the international community who became active participants in our Organization convinced of this principle. This year my delegation has the pleasure of congratulating WHO on the admission of the German Democratic Republic and of announcing its full support for the admission of the Democratic People's Republic of Korea to the Organization. It is this principle that makes me stress the view that the World Health Organization's activities should focus on the health problems facing mankind, particularly in the developing countries, where many health problems exist which affect the whole world. Success in facing them will be a credit for the World Health Organization and a proof of its technical and administrative efficiency.

Noting that the term of office of Dr Candau of Brazil - a sister developing country - is to terminate very shortly, I wish to express my best wishes for him on this occasion, and also to stress that we believe that the direction and the orientation of WHO policies and activities should continue to reflect the position and interest of the developing countries which constitute the overwhelming majority of the Member States.

Mr President, may I conclude by expressing my hope for the success of the twenty-sixth World Health Assembly.1

The ACTING PRESIDENT (translation from the Spanish): Many thanks, Professor Mahfouz. I now give the floor to the delegate of Portugal, Professor A. A. de Carvalho Sampaio, Director-General of Health.

Professor DE CARVALHO SAMPAIO (Portugal): Mr Vice-President, Mr Director-General, honourable delegates, ladies and gentlemen, following Madam President's recommendation, I will be very brief. First, on behalf of the Portuguese delegation, I congratulate her on her election to the presidency of this important Assembly. I have no doubt that the discussions and resolutions under her leadership, and with the Vice-Presidents, will be taken in a smooth and wise way. The congratulations of the Portuguese delegation go to you and the other Vice-Presidents, to the chairman of the main committees, and to the representative of the Executive Board for his comprehensive report.

The report of the Director-General has been, as always, an outstanding document which all health administrators should read. The thanks and congratulations of the Portuguese delegation go to our very dear Director-General and his staff for the magnificent work done in favour of humanity. This is the twentieth and last report of Dr Candau's responsibility, and therefore it has for me and for those who have been attending the World Health Assemblies a very special meaning and significance. The first time I came to the Assembly Dr Candau had been re-elected for his second term. This took place 15 years ago and since then I have appreciated his leadership and how much he is respected by all who participate in the work of this great Organization. The work of WHO has increased tremendously under his leadership so that today it is considered one of the international organizations with the greatest and highest prestige. Indeed, in a world disturbed by hatred and misunderstanding, only a strong, wise and idealistic personality like Dr Candau was able to avoid the introduction of the virus of destruction in this Organization. For his important achievements the Portuguese delegation pays its best homage to Dr Candau.

Although some passionate views on politics have sometimes existed in the World Health Assembly, my Government supports the Organization because it is convinced that the ideals set up in the Constitution of WHO will be respected. So it is a pleasure to see that China, the German Democratic Republic, and Swaziland have been accepted as Members of this Organization, and the Portuguese delegation welcomes them.

Finally, the Portuguese delegation agrees with the usual programme of WHO but would like to see a strong programme of research on systems for the delivery of medical care in its

1 The above is the full text of the speech delivered by Professor Mahfouz in shortened form.
future activities because medical care will be one of the most important functions of health services. Systems as they are today are not yet very satisfactory and require more research.

The ACTING PRESIDENT (translation from the Spanish): Many thanks, Professor de Carvalho Sampaio. Dr J. Sumpaico, Director, Bureau of Research and Laboratories, delegate of the Philippines, has the floor.

Dr SUMPALCO (Philippines): Mr Vice-President, Mr Director-General, fellow delegates, allow me at the outset to congratulate our President on her unanimous election to the highest post within the gift of this august body. Her election was not entirely unexpected, since she has demonstrated her capacity and experience during international meetings held in many places in the world. A living testimony to this, to which I am sure you will all agree, is the efficient and smooth manner of the conduct of the present Assembly, during which even a usually fiery and equally distinguished delegate has had to accede to the wisdom of her ruling. No doubt our delegation associates itself with the other delegations in offering her our very best wishes for success during her year of incumbency. We can only pledge our support and cooperation to our fullest capacity. I also wish to congratulate you and the other Vice-Presidents and committee chairmen on their election to their high posts. For myself, I wish to express at this time my grateful thanks to those who were responsible for my election as Vice-President of this Twenty-sixth World Health Assembly. I am sure that they have done honour not only to my humble person, but also to my country, the Philippines. I hope to be true to their confidence and trust and give the post the honour which it deserves.

The Report of the Director-General has clearly focused on the situation now obtaining throughout the world on matters of health and disease. In this connexion, I wish to acknowledge his assessment of the problem of tuberculosis generally in the Western Pacific Region. Although the same situation exists in my country, we look forward with reasonable optimism and enthusiasm to the setting up in the coming year of a lyophilized BCG production centre in the Philippines, which will be able to supply the vaccine requirements of the whole Region. This production centre has been made possible through the technical approval of WHO and the support of UNICEF. To them go our thanks in giving our country the opportunity to serve sister countries in the Western Pacific. We hope that with this little contribution we may one day write "finis" to the scourge of tuberculosis in our part of the world.

Although our morbidity and mortality rates have been decreasing and our life expectancy has been increasing, the fact remains that communicable diseases have continued to be our main public health problem, as in most developing countries. Tuberculosis, malaria, cholera and other enteric infections, schistosomiasis, and rabies have continued to occupy our main attention, but we will not rest, we will not hesitate in our resolve to increase our efforts, and with the assistance, support and guidance of WHO, these will, I am confident, bring about a better situation as the years go by. Our joint Philippine-WHO-Japan research project on cholera has continued to probe into the qualitative and quantitative effects of the improvement of sanitary environment and facilities on the incidence of cholera infection. Our clinical research has shown the effective use of rehydration and antibiotics in the treatment of cholera, so that today there should be no more mortality in cholera provided that the cases are treated early, and the fear of cholera should have no more place among the minds of the people and of health administrators. We hope to take further the studies on vaccines, which up to the present continue to be in need of further development, considering that the vaccines now available are still far from satisfactory.

All our efforts will not be confined to communicable diseases, however; I am sure that they will also be balanced by activities in the other health problems as well. Among these may be mentioned further development and extension of health services to rural areas, training of manpower, environmental health, occupational health, nutrition and family planning, drug abuse, research, and the problem of the "brain drain".

Before closing, Mr Vice-President, I would like in the name of our delegation to express a feeling of loss on the impending retirement of our Director-General, Dr Candau, for we in the Philippines have learned to know and to love him. On many occasions he has come to our shores to share with us his wise counsel and guidance on many projects involving our country and the Western Pacific Region. He has also shared with us not only the anxieties, the heartaches and the problems that came out but also the successes and triumphs that we have modestly achieved. But as we say, "que será, será" - what will be, will be - , and so we say to him a fond adieu, and may he find happiness in his well-earned time to rest and be assured that the Organization will continue dedicated to the attainment of the highest state of health and ultimately happiness and peace for all mankind.

The ACTING PRESIDENT (translation from the Spanish): Thank you, Dr Sumpaico. I now give the floor to the delegate of Democratic Yemen, Dr A. A. Maisari, Director of Health Services.

Dr MAISARI (Democratic Yemen) (interpretation from the Arabic): Mr President, it is a pleasure and an honour for me to congratulate you and Madam President on your election to
It is also hoped that in time facilities will be made available for the training of health unit in the Gambia for training in community health and the training of research workers. Council of Great Britain in order that we can use the facilities available in the research showing good results. Eventually integrated into the basic health services. Under health manpower development, linking the proposed nationwide control programme with the leprosy control project, both being this control project.

The UNICEF-aided leprosy control project in the Gambia is gradually being integrated into the basic health services. The World Health Organization is presently assisting in evaluating this control project. In the control of tuberculosis we are looking into the possibility of linking the proposed nationwide control programme with the leprosy control project, both being eventually integrated into the basic health services. Under health manpower development, I am to comment briefly that training programmes for nurses and public health inspectors are showing good results. We are presently working out an agreement with the Medical Research Council of Great Britain in order that we can use the facilities available in the research unit in the Gambia for training in community health and the training of research workers. It is also hoped that in time facilities will be made available for the training of health personnel from neighbouring States.

As mentioned by the delegates of Ghana and Sierra Leone, personnel from neighbouring States. As the representative of the great Chinese people confers on WHO its truly universal character. Similarly, the admission of the German Democratic Republic is sure to assist our Organization to accomplish the tasks before it. We warmly congratulate the German Democratic Republic on this great victory. The delegation of the People's Democratic Republic of Yemen appeals to all delegations here present to support the application for membership of the Democratic People's Republic of Korea. We are convinced that political considerations will not take precedence over the humanitarian tasks of this Organization.

It is essential and urgent that our Organization should devote to this problem all the attention it deserves.

In conclusion, I should like to express our great gratitude to Dr Taba, Regional Director for the Eastern Mediterranean, for his praiseworthy efforts to solve the health problems of our Region.

The UNICEF-aided leprosy control project in the Gambia is gradually being integrated into the basic health services. The World Health Organization is presently assisting in evaluating this control project. In the control of tuberculosis we are looking into the possibility of linking the proposed nationwide control programme with the leprosy control project, both being eventually integrated into the basic health services. Under health manpower development, I am to comment briefly that training programmes for nurses and public health inspectors are showing good results. We are presently working out an agreement with the Medical Research Council of Great Britain in order that we can use the facilities available in the research unit in the Gambia for training in community health and the training of research workers. It is also hoped that in time facilities will be made available for the training of health personnel from neighbouring States.
warmest congratulations to Madam Sulianti Saroso, the Vice-Presidents and the chairmen express our hearty congratulations to Swaziland and the German Democratic Republic on their marking the twenty-fifth anniversary of the World Health Organization.

Measures have already helped to improve mortality statistics in the vicinity of the nutrition activities and supplementary teaching in food hygiene have been strengthened, and these of its priorities. The capacity of that population, the Health Department has made community health programmes one is not to be judged only by the size of its population but also by the mobility and economic to use as many of the available technicians as possible. Accepting the view that a region of the population.

Of our major worries, since the quantities at present available cannot satisfy the needs that have given us their aid and assistance. Thanks to the World Health Organization and to all the countries and international organizations equipment and drugs in greater quantities. This is an opportunity for us to repeat our thanks to the World Health Organization for us, nevertheless history will be very kind to him for the stabilizing role he has played in the difficult days, which he highlighted in his speech at the ceremonies marking the twenty-fifth anniversary of the World Health Organization. We have noted with satisfaction that Dr Candau has contributed in no small measure for the Assembly to achieve that universality of membership which is indeed accepted as being very essential to the World Health Organization's work in the interests of all peoples of the world. Dr Candau has led his team successfully in the administration in which he was ably supported by an equally dedicated staff, amongst whom we are proud to mention our Regional Director, Dr Quenum.

In conclusion, we extend greetings to our colleagues of the Chinese delegation and also express our hearty congratulations to Swaziland and the German Democratic Republic on their admission to membership of the World Health Organization.

The ACTING PRESIDENT (translation from the Spanish): Thank you, Mr Singhateh. The delegate of Haiti, Dr Théard, Secretary of State for Public Health and Population, has the floor.

Dr Théard (Haiti) (translation from the French): Mr President, Mr Director-General, ladies and gentlemen delegates of the Member States, on behalf of my Government I extend the warmest congratulations to Madam Sulianti Saroso, the Vice-Presidents and the chairmen of the Committees on their election to direct the work of this Twenty-sixth Assembly, for in reality this is always a double honour paid both to the country and to the delegate for his personal qualities.

I also wish to offer Dr Candau the compliments of my Government for the magnitude of his contribution to the Organization and to congratulate him on the human qualities he has unceasingly shown in his post. During these last 20 years, when it was necessary to give WHO a structure that was at once individual and universal, based on efforts to find, formulate and establish a universally acceptable state of mind, and when it was necessary to adopt a course of action in accordance with the aspirations of large and small nations alike, Dr Candau has been able to fulfill his task with efficiency and tact. I hope that his departure as Director-General will not mark the end of his contribution to world health and that his experience, competence and humanity will remain active.

In our national sphere of action efforts were continued throughout 1972, a year that was marked by the reform of basic structures and the introduction of new structures under the recent organic law that provides for closer relations with international and private bodies, but above all by planning based on the evaluation of resources and an endeavour to achieve action proportional to the objectives. New buildings have provided certain institutions with a wider basis and greater amenities. A great effort has been made to provide equipment, and hospital activities have been facilitated by the provision of equipment and drugs in greater quantities. This is an opportunity for us to repeat our thanks to the World Health Organization and to all the countries and international organizations that have given us their aid and assistance. However, the problem of drugs remains one of our major worries, since the quantities at present available cannot satisfy the needs of the population.

To counteract the brain drain and to provide better medical coverage, we have endeavoured to use as many of the available technicians as possible. Accepting the view that a region is not to be judged only by the size of its population but also by the mobility and economic capacity of that population, the Health Department has made community health programmes one of its priorities. Parallel to the intensification of vaccination and sanitation campaigns, nutrition activities and supplementary teaching in food hygiene have been strengthened, and these measures have already helped to improve mortality statistics in the vicinity of the nutrition centres. Student nurses have received theoretical instruction and have been involved in practical nutritional rehabilitation programmes. Agricultural activities aimed at improving local varieties have made it possible to enrich the diet in a number of localities, and the vaccination of children in villages that have a nutrition centre is becoming routine. The broad outline of medical and paramedical teaching has been redefined with a view to integrating the physician and his auxiliaries into the urban and rural environments. Their medico-social activities will need to change and arouse community participation in efforts to improve environmental sanitation.

To promote rational and coordinated action directed towards definite objectives, a national health plan has been drawn up, based on a complete list of the possibilities and problems and the medical and health needs, and on an evaluation of the available and potential
resources. The proposals included in this plan include: an integrated programme for the
control of communicable disease as a whole, in order to use the available resources more
economically and at the same time to provide wider and more effective health coverage of the
population; a programme to control nutritional deficiencies; a programme to control highly
endemic diseases; an environmental sanitation programme; and certain support programmes such
as that for the organization of periods of training in rural areas for physicians and that
for the training of technical staff. Although it defines the general strategy, this plan will
be carried out in accordance with a set order of priorities that will be facilitated by the
institutional reform that has already been initiated and one of the principal elements of
which is the continuation of the policy of regionalization.

Mr President, distinguished delegates, since we are called upon to join our efforts with
those of other countries, we are delighted to see that universality in accordance with
the desires of the Organization is becoming more fully achieved every year, and we take this
opportunity to extend a welcome to the countries recently admitted. Under the auspices of the
World Health Organization, whose vitality we are proud to admire on this twenty-fifth
anniversary, we have made progress. Moreover, its existence answers to the aspirations of
man, who has a constant need to give his activities an axis, a framework, in association with
peripheral bodies for providing information and carrying out decisions taken in accordance
with expressed needs. It is also extremely comforting, when a country is struck by a
catastrophe - and I am thinking particularly of the tragedy experienced in December 1972 by the
friendly Republic of Nicaragua - and when modest assistance that a small country can contribute
geners a sense of helplessness to know that the World Health Organization, either directly
or through its Regional Office, will take the initiative - possibly in collaboration with other
countries or other international philanthropic bodies - of organizing a relief programme and
the allocation of tasks to ensure greater protection of life and the safeguarding of health.
In the very diverse areas in which it offers its assistance WHO is continuing its incomparable
work. My Government also offers its compliments to the Deputy Director-General, Dr Dorolle,
to the Director of the Regional Office for the Americas, Dr Horwitz, and to all those who
have made an admirable contribution to lighten ing the Director-General's crushing burden.

The ACTING PRESIDENT (translation from the Spanish): Thank you, Dr Théard. I now
give the floor to the delegate of Yemen, Dr M. K. Aghbari, Minister of Health.

Dr AGHBARI (Yemen) (interpretation from the Arabic): Mr President, it is a particular
pleasure for me, on behalf of the delegation of the Yemen Arab Republic, to offer through
you my warmest congratulations to Professor Julie Sulianti Saroso on her election as
Vice-President of this Assembly, and I extend my wishes for success to you and to the President.
These congratulations are also addressed to the Vice-Presidents and the chairmen of the
Committees.

Mr President, my delegation has studied the Annual Report presented by the Director-
General. We are most appreciative of the various activities and projects carried out by our
Organization. We have also noted the various problems that have been dealt with in order
to find adequate solutions for the good of mankind as a whole. I avail myself of this
opportunity to extend my thanks to the Director-General, Dr Candau, and to all his colleagues
for their devotion in carrying out their great task.

I must express my great satisfaction at finding that our Organization is in the process
of achieving universality. May I on this occasion, on behalf of the Government and people
of the Yemen Arab Republic, extend the warmest congratulations to the People's Republic of
China, which now occupies the seat to which it is entitled. We also congratulate the
German Democratic Republic on its admission to membership of our Organization.

Mr President, gentlemen, 25 years have passed since WHO was founded. I join with
the whole world in expressing our appreciation of the work it has already accomplished on
behalf of humanity and improved health conditions. It is also an occasion for congratulating,
on behalf of my Government, the officers of WHO, in the person of its distinguished
Director-General, represented in our Eastern Mediterranean Region by Dr Taba. It is clear
that, thanks to the fruitful collaboration of all Member States, great things have been
achieved in the field of health. We keenly hope that this collaboration can continue to
develop so that we attain the desired aim of a world free from disease, for it is disease in
particular that is holding back the development of the third world.

We in the Yemen Arab Republic are making great efforts to provide our people with the
care to which they are entitled and which they greatly need. Unfortunately, however, our
resources are limited. That is why several friendly countries have provided us with generous
and valuable assistance. Moreover, brother Arab countries are at present supplying
generous assistance in the following areas: organization of medical services, supply of
personnel, training of national personnel, supply of drugs and instruments, building of
hospitals and clinics together with provision of facilities and staff. Mention should also
be made of the assistance that WHO is supplying through its Regional Office in the
implementation of 13 projects, including: schistosomiasis eradication; local health services at Taiz and Hodeida; health manpower development; laboratory services at Sana'a and at Hodeida and Taiz; food and nutrition programme; institute of health manpower development; water supplies for Sana'a and Hodeida. I must record with great satisfaction that all these projects are progressing well, thanks to the good understanding and collaboration between our administration and the WHO experts; the latter are ably guided by the Regional Director, Dr Taba, who is perfectly familiar with all our problems and approaches them with enlightened understanding. I therefore take this opportunity to extend our most sincere thanks to the Regional Director and all his assistants.

I should be failing in my duty if at the same time I did not mention the services we have been rendered in the field of health by the United Nations funds. Through these bodies some projects have already been completed successfully and others are in progress.

As part of our programme we are preparing a biennial development plan. We have requested WHO to assist us in this by sending an expert. We hope we shall receive him in time to benefit fully from his services. In this area, we regard the following activities as taking priority: strengthening and improvement of the present health services; training of health manpower; control of disease; environmental health protection. Through the hopes we place in international humanitarian cooperation within this great Organization and in our own national efforts, we believe we shall succeed in carrying out this plan, which will inevitably require more aid and assistance from everyone, brothers and friends, and from the international organizations and humanitarian bodies.

Mr President, we are all concerned by our own health problems and by our efforts that are leading to the success of our projects. However, there is one people that has no representative here to tell us about its physical and moral health situation. Obviously, I am thinking of the people of Palestine, who have been driven from their ancestral home by Zionism. Our Organization has taken an interest in the fate and in the physical and moral health of these people, who have been reduced to the status of refugees or displaced persons or are even under foreign occupation on their own soil. Several resolutions have already been adopted at this Assembly, which is rightly concerned by the conditions in which the people of Palestine are living. We hope that this year our Organization will once again show its concern with the health and with the physical and moral condition of this whole nation that has been transformed into refugees.

I conclude with a wish for the continuation and success of my country's collaboration with WHO and with all organizations, brother and friendly countries, and all humanitarian bodies. I wish them all success and prosperity.

The ACTING PRESIDENT (translation from the Spanish): Many thanks, Dr Aghbari. The delegate of the Libyan Arab Republic, Mr Baba Ahmed, Director of Health Services, Province of Sebha, now has the floor.

Mr AHMED (Libyan Arab Republic) (interpretation from the Arabic): Mr Vice-President, and honourable delegates, on behalf of the delegation of the Libyan Arab Republic, I have the pleasure to extend warm congratulations to you, and to Madam President on her election as President of the Twenty-sixth World Health Assembly. I am sure that Madam President, with your help, will guide our deliberations to a successful conclusion. I also extend my congratulations to the Vice-Presidents and the chairmen of the two committees.

The World Health Organization, to fulfil the provisions of its Constitution, has developed extensively to ensure normal health for the human beings on earth and to defend mankind against dangerous communicable and endemic diseases. The Director-General, Dr Candau, with his wisdom and activity, has ensured that our Organization has come through safely in spite of the circumstances which prevail in the world to destroy mankind soul and body. A second factor which has participated in the successful role of our Organization is the constantly increasing membership, so that it could extend its services to a larger part of the population of the world. However, there are still a number of countries outside this hall. The delegation of the Libyan Arab Republic, believing in the universality of this Organization, welcomes the new Members and hopes that the number of Members in this hall will increase, regardless of their political status.

The delegation of the Libyan Arab Republic, after studying the report of the Executive Board and the report of the Director-General under discussion, notes with satisfaction the continuous development in the work of WHO, especially in the fields of communicable and endemic diseases and the training of manpower in the field of health. My delegation wishes the Organization to continue to give priority to the development of trained manpower, especially in the developing countries, of which my country is one.
Mr Vice-President, my delegation is grateful to WHO, whose Secretariat is headed by the able Dr Candau, the Director-General, who has participated during the last 20 years in the development of the Organization, and I wish him a happy life on his retirement. I would like to express our thanks to Dr Taba, the Regional Director of the Eastern Mediterranean Region, for the help given to the countries of the Region and especially to my country, the Libyan Arab Republic.

The ACTING PRESIDENT (translation from the Spanish): Many thanks Mr Ahmed. The delegate of the Congo, Dr C. A. Empana, Minister of Public Health and Social Affairs, has the floor.

Dr EMPANA (Congo) (translation from the French): Mr President, Mr Director-General of the World Health Organization, honourable delegates of Member States of the Organization, on behalf of the People's Republic of the Congo, its party and its Government, I wish to extend my most sincere congratulations to the President of this Twenty-sixth World Health Assembly on her election. My congratulations are also extended to all the officers of the Assembly. We believe that by these elections the complete success of the work of our Assembly is ensured.

May I now express all our gratitude to Dr Candau for the intelligence and perspicacity he has shown in presiding over the destiny of our Organization. I believe he well deserves a tribute. Dr Candau has just spent 20 years at the head of our Organization. Now that he is about to retire for good, it is a pleasant duty for me to wish him happiness and long life.

Finally, I should like to welcome the new Members and say how happy we are at their presence among us and how much we hope that other countries will gradually join us so that our Organization attains the universal dimension that we have ascribed to it.

We shall not dwell on the atrocities committed in various places of our disturbed and rapidly changing world - atrocities that prevent man from enjoying full health; but we shall express our great relief at the spirit of wisdom that is beginning to be felt in the Far East and may tomorrow be felt in the Near East. We cannot omit to hope that the spirit of justice will enter into the mines of Rhodesia and South Africa so that the majority of the people of those countries will be able to recover their human dignity, thus promoting health in the fullest sense of the term.

Here we must turn towards the great powers to persuade them to reflect and say to them that there are other ways of life and other international relations than those that consist of the great nations holding the small ones in an economic grip bordering on a stranglehold. Everyone is agreed that peace is essential to harmony among people, to the progress of society, and to the development of health.

The Director-General's Report is characterized this year, as in the past, by its clarity and richness. We note all the endeavour of WHO during the past year and also in the course of the 25 years of its existence.

The efforts to control communicable diseases have achieved definite results, and smallpox is an undeniable example of this. What we feel is important now is that the methods adopted and the efforts made by the great powers to control smallpox should be applied to reducing the incidence of the other communicable diseases. I am thinking of measles, still a major killer in our countries, of poliomyelitis, schistosomiasis, onchocerciasis, and so on.

The Director-General deals with the important problem of the environment. Indeed, there is nothing as valuable as a healthy environment for human development. The crucial problem facing the developing countries is to find out how to industrialize rapidly while avoiding environmental pollution. We hope that international cooperation will enable us to solve this problem, which is important for the life of nations.

With regard to the training of medical and paramedical personnel, all our countries feel the need to adapt this training to the needs and realities of our Region. This is a vital choice that we have been led to make on the recommendation of our Regional Office, competently and effectively directed by Dr Quenum, to whom we express our great admiration.

Mr President, although our Organization has made praiseworthy and universally recognized efforts during these last 20 years, we now find that its survival depends on the financial resources placed at its disposal. The increase in the annual contributions of each Member State is therefore understandable. Our only fear is that the small nations will eventually no longer be able to bear this financial burden.

In the People's Republic of the Congo we are at present intensifying efforts to control communicable diseases and malnutrition, and are placing particular emphasis on manpower training; all this is being done with the assistance of WHO, UNICEF and friendly countries including the People's Republic of China, France, the Soviet Union, the German Democratic Republic and the Federal Republic of Germany. We wish here to express our gratitude to these countries.
At the present stage in our national people's democratic revolution we are aiming to decentralize our health system through regionalization, the integration of preventive and health education activities in curative establishments and, finally, the integration of health activities as a whole in the overall economic development process. To enable us to achieve this aim, WHO, UNDP, UNICEF and ILO are granting assistance in the organization and development of a pilot experiment that will gradually be extended to other regions.

In conclusion, Mr President, your Excellencies, ladies and gentlemen, I should like to take the opportunity offered by this twenty-fifth anniversary of our Organization to remind you that only social justice and peace among nations will provide suitable conditions for the promotion of health for the benefit of all mankind.

The ACTING PRESIDENT (translation from the Spanish): Many thanks, Dr Empana. I now give the floor to the delegate of Chad, Mr P. Mbailao, Director of Public Health.

Mr MBAILAO (Chad) (translation from the French): Mr President, honourable delegates, ladies and gentlemen, the delegation of the Republic of Chad, of which I am head, joins with the delegations that have already spoken in congratulating Professor Julie Suliarti Saroso on her election as President of the Twenty-sixth World Health Assembly. Our congratulations are also extended to all those who will assist her in her task during this Assembly, and particularly to yourself, Dr Machado de Lemos, who are representing her among us this evening, to the other Vice-Presidents, and to the chairmen of Committees A and B.

We listened with great interest to the report presented by the Chairman of the Executive Board and thank him and his colleagues warmly for their excellent work.

We have examined the Report presented by the Director-General with as much attention as in the past. As every year we appreciated the clarity, realism and fullness of this Report. Alas, we know it will be the last presented by Dr Candau. Consequently, we shall not fail to make use of this opportunity to congratulate him and thank him most warmly for all the work he has accomplished for world health during 20 years at the head of the World Health Organization. We assure him and Dr Dorolle, the Deputy Director-General, of our deep gratitude.

Honourable delegates, I should now like to speak to you briefly about the present health situation in our country. After giving priority to the control of communicable diseases and to preventive medicine, Chad now has all the infrastructure required for the control of the great scourges of our continent, Africa.

Trypanosomiasis is well-contained, and up to now we have not had to face the problem of trypanosome resistance to specific drugs. We shall welcome all the efforts made by the World Health Organization to save us from such an eventuality, which would find us completely unarmored in the face of this terrible disease.

As regards leprosy, we are pleased to see that our results are very often quoted as an example: for the last six years the number of patients cured has exceeded the number of cases detected. At this pace, which provides a guarantee of the good progress of leprosy control in our country, the number of patients has dropped from 60,000 to 26,000.

Although yaws no longer exists in Chad in its contagious form, syphilis and other venereal diseases are causing us more and more concern. Because of the repercussions of these diseases on morbidity and even mortality and demography, they are major public health problems for us. Smallpox has not struck in Chad for more than five years. Despite the difficulties we encounter because of the geography of our country, we are maintaining a high level of smallpox vaccination coverage. The level is at present 87% for Chad as a whole. Admittedly there are regional inequalities, with coverage ranging from 100% to 20% in some sparsely populated regions that are difficult to reach. The eradication of smallpox was achieved with substantial assistance from the World Health Organization.

Chad has never known yellow fever, but because of the presence of the virus in neighbouring countries and the presence of the vector within its borders my country is continuing to immunize its population.

In 1972 measles was contained, but in 1973 the results are sure to be more moderate and there is no doubt that this disease will cause serious depredations if we are not supplied with vaccines. We hope that USAID will resume its programme, which we are at present unable to take over.

A distressing epidemic of cerebrospinal meningitis occurred in Chad in 1972, and unfortunately 1973 will again be a bad year. We hope that the World Health Organization will very soon supply us with an effective vaccine adapted to our health strategy.

Onchocerciasis and trachoma are rife in Chad as in many other countries, but they are not our chief problems, nor are the intestinal parasitoses or schistosomiasis.

With regard to tuberculosis, Chad has adopted the tactics recommended by the Organization's experts: case-finding by microscopic examination, very short initial hospitalization, ambulatory treatment with the participation of general practitioners. Moreover, our
country continues to practise indiscriminate BCG vaccination, in which it was incidentally a pioneer.

The catastrophic drought of recent years has compounded these scourges and disorganized the economy of Chad, where it has led to migrations of populations fleeing from want or famine. Unfortunately, these conditions have led to a serious reduction in livestock, one of the main resources of Chad. We should have liked to see this drought mentioned among the catastrophes that have struck the world in the past year. Although perhaps less spectacular than other phenomena such as volcanic eruptions or earthquakes, it is no less devastating.

Before ending this statement, I must not omit to thank the Organization's Regional Office for Africa and most especially its dynamic Director, Dr Alfred Quenum. His untiring efforts to promote health in our Region, and particularly in Chad, deserve our profound gratitude.

Mr President, I conclude by repeating my congratulations on your election and thanking you for giving me the floor.

The ACTING PRESIDENT (translation from the Spanish): Many thanks, Mr Mbailao. The delegate of Niger, Dr Mossi, Minister of Public Health, has the floor.

Dr MOSSI (Niger) (translation from the French): Mr President, your Excellencies, ladies and gentlemen, may I first of all extend my sincere congratulations to Madam Sulianti Saroso on her election as President of the Twenty-sixth Assembly. This choice, which underlines her eminent human qualities and her brilliant career, is also intended as a tribute to her beautiful country and its great people. My congratulations are also extended to the Vice-Presidents and Rapporteurs, who have also been chosen on account of their competence, their devotion to the cause of health, and their wide experience.

On behalf of my country I welcome the States recently admitted to our great family of health.

Finally, the delegation of Niger is pleased to add its voice to the very numerous, resounding and well-deserved tributes paid by previous speakers to our eminent Director-General, Dr Candau. It is with emotion tinged with a degree of sadness that we see him depart after presiding so competently and magnificently over the destiny of WHO for 20 years, during which time everyone has recognized and praised his good and loyal services.

Mr President, the event that we are celebrating enthusiastically this year - the twenty-fifth anniversary of WHO - is a major event for all our countries in general and for the world of health in particular. It marks a turning point in the life of the nations. One of the dominant features of our time is surely this new spirit, this universal awareness of the unity of our planet, of the solidarity of all peoples in the face of man's destiny. The world is gradually becoming one large family, and in spite of the conflicts that still exist there are many indications that humanity will prove right in the end. Despite the long road that still has to be travelled, particularly for countries such as ours it is heartening that 137 nations are pooling a part of their human and material resources to combat this most absurd of all realities, disease. This is a source of satisfaction and a reason for hope.

Mr President, the excellent Report of the Director-General of WHO describes the health situation in the world with the clarity, the accuracy, the generosity and the courage that have always marked his activities. We wish to thank him and all his collaborators most sincerely for this valuable piece of work.

My country, which is deeply committed to promoting the full development and total liberation of man, the ultimate aim of any worthwhile activity, is implementing a dynamic health policy consistent with its modest means and its immense faith in humanity. This policy is based on the following priorities:

- mass medicine, curative and preventive, collective and individual, urban and rural, to promote health among the general population;
- health and nutrition education and sanitation, carried out in close collaboration with education and information services, extension services, and village communities;
- the training of qualified staff in accordance with the country's needs;
- finally, a non-profit-making Office for Pharmaceutical and Chemical Products so that drugs and equipment can be supplied at the lowest possible price to state health teams, people's pharmacies, and village pharmacies.

The health situation that I had the honour to present to you a year ago has since shown substantial changes for the better, both as regards medical and paramedical staff and at the level of infrastructure and equipment. This year 1000 new beds have been made available and 40 rural dispensaries have strengthened the health coverage of the country. Half of these achievements have been financed from the third European Development Fund. On behalf of my Government I have the pleasure of thanking the friendly countries of the European Common Market that have enabled us to set up these important new facilities.
The Government of Niger devotes particular attention to the health sector, which is assigned 8% of the national budget and has one of the highest growth rates in the country.

The national ten-year planning committees, after several months of work, have traced the broad outline of the country’s economic and social development plan for the next 10 years. This decade will see even more complete health coverage of the country by fixed and mobile teams, and facilities will be established in the most remote villages. Thus an increasingly dense network of dispensaries and health centres, supported by the mobile teams, will make it possible for the hard-working rural populations to receive attention on the spot despite the vastness of the country and the difficulties of communication.

Similarly, the National Office for Pharmaceutical and Chemical Products, which has already opened 10 people’s pharmacies in the chief towns of the arrondissements, will cover all the administrative regions at the rate of two pharmacies each year; at the same time, each of our 10 000 villages will acquire a village pharmacy and emergency drugs will be available locally. Moreover, since the beginning of this year, a factory built with the assistance of the European Development Fund is engaged in the local manufacture not only of Ringer’s serum but also of all other aqueous solutions needed in the country, this frees us from dependence on supplies by sea, which are too slow and unreliable, or supplies by air in emergencies, which are too expensive. This factory is to be supplemented by a laboratory for galenicals, toxicology, control for detection of fraudulent practices, and research, and by a factory for vaccines and sera.

However, the most important and urgent problem remains the training of personnel. Through the assistance of the World Health Organization our National School of Public Health has been able to extend its facilities, so that it can now train nurses, midwives and social assistants. We hope we shall soon be able to start training physicians locally, in Niamey.

Mr President, like the Director-General, we are anxious about the diminishing trend in the assistance to programmes provided by certain international organizations. Many voices have been raised to proclaim that "We are all in the same boat", that "Disease knows no frontiers", that "Health is an unalienable right", and that the aim of WHO is "the attainment by all peoples of the highest possible level of health"; they are in fact demanding that the philosophy of health assistance should be revised in such a way that the most difficult situations will quickly be overcome. Despite the solidarity between nations, it must be recognized that too many elementary problems are far from being solved for the great majority of mankind, particularly the problem of drinking water, which in some parts of the world is still as scarce as it is precious and will not be made available to all for many years because of the paucity of economic resources; the problem of hunger, which also remains a persistent and hideous spectre for the majority of people; and the problem of basic emergency care, which cannot always be provided everywhere when it is needed because of the lack of an adequate infrastructure, whereas the amount spent on one heart transplant could save the lives of thousands of children who are dying of harmful diseases.

I am convinced that everyone wants priority to be given to dressing and healing these gaping wounds in the side of humanity through a new approach to aid that is radically opposed to the traditional attitude of lending only to the rich.

Finally, Mr President, many countries in the Sudan-Saharan belt have for several years in succession been suffering from a relentless drought that is drying up watercourses, lakes, wells and groundwater, destroying livestock through the lack of pasture land, and creating a food shortage that is alarming for a group of countries with 25 million inhabitants and included among the 25 poorest countries. This natural disaster, perhaps less spectacular than others but more dramatic in its long-term effects, has aroused a wave of national and international solidarity to which I am glad to pay tribute. In this respect we are grateful to the United Nations for drawing the world’s attention to the importance of protecting the environment. Our countries, aware of the magnitude of the problems involved are making all possible joint efforts to implement a hydro-pastoral and agricultural policy that will slow down, if not stop, the most formidable phenomenon that the region has experienced. We know we can count on international solidarity.

Mr President, your Excellencies, ladies and gentlemen, WHO’s vocation of universality, of a humanity that knows no frontiers in its moving struggle with disease, is becoming more fully achieved each day, each year, thanks to man’s constant progress towards greater understanding, greater tolerance, and greater brotherhood. It is to be hoped that this development will continue to its conclusion, for it is more important for humanity than the most spectacular technological achievements, unless the sole aim of those achievements is the peace, freedom, and happiness of mankind.
The ACTING PRESIDENT (translation from the Spanish): Thank you, Dr Mossi. The delegate of Bolivia, Dr J. Serrate Aguilera, Under-Secretary, Ministry of Social Welfare and Public Health, has the floor.

Dr SERRATE AGUILERA (Bolivia) (translation from the Spanish): Mr President, Vice-Presidents, Mr Director-General, fellow delegates, ladies and gentlemen, the delegation of my country, over which I have the honour to preside, would like to join the other delegations attending the Twenty-sixth World Health Assembly in congratulating Professor Julie Sulianti Saroso on her election as President of the Assembly.

At the same time I should like to congratulate Dr Marcolino Candau on the brilliant Report submitted on the work of the World Health Organization in 1972, which summarizes the effective and vigorous activities carried on for the benefit of the health of our peoples. Furthermore, may I express the satisfaction of my country on the entry of the German Democratic Republic into this distinguished Organization.

It is for me a privilege to address such a select audience, meeting together to analyse present health problems and to seek the most adequate means for resolving them.

Bolivia is one of those countries whose health situation not only depends on ecological factors, but is also closely linked to their economic and social development. During the past decade the health level of the inhabitants of Bolivia has considerably improved. Nevertheless, I must say very frankly that the road my country still has to travel before reaching the optimal health level is a long and rugged one. The ecological and technicocultural characteristics of the country call for the adoption of appropriate measures of a definitely national character. My country has made important steps in certain health programme areas but in others has been unable to do so because of the many difficulties encountered. To make the situation clearer I shall briefly describe the present position in some of these areas, which are priority ones.

As regards the communicable diseases, we have achieved the eradication of some of them, such as smallpox, yaws, and urban yellow fever, and we are maintaining epidemiological vigilance. By the establishment of a national vaccine bank we have achieved better coverage in campaigns for the vaccination and protection of the population at risk, chiefly as concerns poliomyelitis, whooping cough, diphtheria, tetanus, measles, typhus and tuberculosis, all diseases which are still among the main causes of infant morbidity and mortality. We are fully confident that in the not so distant future we shall be able to eradicate most of these diseases, for combating which modern technology can offer direct solutions in a short space of time.

With respect to malaria, we are continuing the eradication campaigns and last year we succeeded in meeting our targets in the areas in the attack phase.

With respect to basic environmental health, which is one of the main factors governing the health problems confronting the country, we are engaged in an ambitious programme of work, with the assistance of international health bodies and the allocation of credits, so as to attain the targets set in a five-year plan for the supply of drinking water, sewerage and latrines in the rural areas, the improvement of environmental conditions in the mines, control of food and beverages, control of environmental pollution and contamination, as well as industrial safety and health measures.

With regard to the extension of the health services, 30 to 35% of the rural population, not previously covered, now benefit from these services, following the installation of 56 hospital-health centres, 56 medical posts and 223 health posts. Furthermore, we are achieving coordination, with a view to the integration of the health activities being carried out by social security institutions.

On the basis of the present system we are building up a maternal and child and family welfare programme which will extend to the whole country, so as to decrease the high maternal and child mortality rates.

As regards the administration of the health services, owing to the absence of an administrative development policy the authorities of the Ministry of Social Welfare and Public Health have considered and approved a medium-term policy in that field which will tackle, in order of priority: the functional reorganization of the Ministry, administrative rationalization, the organization and rationalization of the activities of the national administrative directorate, the organization of a specialized administrative analysis unit, responsible for carrying on programmes of reform, the in-service training and qualification of personnel at all levels, and the institution of a modern personnel administration system.

To achieve these aims, national seminars are being held at different levels for the purpose of imparting modern administrative techniques to the personnel in the sector.
In conclusion, Mr President, I should like to express to the Assembly the gratitude of my country for the permanent technical and economic assistance received from the Organization through the Pan American Health Organization, whose Director, Dr Abraham Horwitz, we have always found to be a great friend and energetic collaborator in the solution of our health problems.

The ACTING PRESIDENT (translation from the Spanish): Thank you, Dr Serrate Aguilera. The delegate of Bolivia is the last speaker this evening, since the ninth plenary meeting is to close at 11 p.m.

Many thanks to you all. The meeting is adjourned.

The meeting rose at 11 p.m.
TENTH PLENARY MEETING

Monday, 14 May 1973, at 9.30 a.m.

President: Professor Julie SULIANTI SAROSO (Indonesia)

APPOINTMENT OF THE DIRECTOR-GENERAL AND APPROVAL OF HIS CONTRACT

The meeting was held in private from 9.30 a.m. to 11.50 a.m. and resumed in public session at 11.55 a.m.

The PRESIDENT: The public meeting is called to order. I will ask the Director-General to read to you the resolutions which have just been adopted in the private meeting concerning the appointment of the Director-General and his contract.¹

The DIRECTOR-GENERAL: Thank you very much, Madam President. The first resolution refers to the contract of the Director-General and reads:

The Twenty-sixth World Health Assembly,

I

Pursuant to Article 31 of the Constitution and Rule 106 of the Rules of Procedure of the World Health Assembly,

APPROVES the contract establishing the terms and conditions of appointment, salary and other emoluments for the post of Director-General; and

II

Pursuant to Rule 110 of the Rules of Procedure of the World Health Assembly,

AUTHORIZES the President of the Twenty-sixth World Health Assembly to sign this contract in the name of the Organization.

The second resolution refers to the appointment of the Director-General and reads:

The Twenty-sixth World Health Assembly,

On the nomination of the Executive Board,

APPOINTS Dr Halfdan T. Mahler as Director-General of the World Health Organization.

The PRESIDENT: Thank you, Dr Candau. Dr Mahler will take the oath of office at a plenary meeting to be announced later. I shall then have the opportunity of offering him, in the name of the Health Assembly, our warmest congratulations.

The meeting is adjourned.

The meeting rose at 12 noon.

¹ Resolutions WHA26.4 and WHA26.5.
AWARD OF THE DR A. T. SHOUSHA FOUNDATION MEDAL AND PRIZE

The PRESIDENT: The Assembly is called to order. The only item on our agenda today is item 1.17, Award of the Dr A. T. Shousha Foundation Medal and Prize. The Assembly has before it the financial report on the Dr A. T. Shousha Foundation Fund (document A26/5) and the report of the Dr A. T. Shousha Foundation Committee (document A26/6).

We first have to note the financial report, as contained in document A26/5. Have you any observations on this report? I see none and I therefore take it that it is the wish of the Assembly to take note of this report.

We now turn to the report of the Dr A. T. Shousha Foundation Committee as contained in document A26/6, and I invite Dr J. L. Molapo, member of the Dr A. T. Shousha Foundation Committee, to present this report in the absence of the Chairman of the Committee, Mr Y. Wolde-Gerima.

Dr MOLAPPO, representative of the Executive Board and member of the Dr A. T. Shousha Foundation Committee: Thank you, Madam President. In the absence of the Chairman of the Dr A. T. Shousha Foundation Committee, it is my pleasure and privilege to present this report.

The Committee held its meeting on 24 January 1973, in conformity with the statutes of the Dr A. T. Shousha Foundation, under the chairmanship of Mr Y. Wolde-Gerima.

The Committee reviewed the replies received from Member States of the geographical area in which Dr A. T. Shousha served the World Health Organization, and from two of the former recipients of the prize, together with the supporting documentation.

The Committee decided to recommend to the World Health Assembly that the Dr A. T. Shousha Prize for 1973 be awarded to Professor Mansour Haseeb.

Professor Haseeb is a distinguished bacteriologist and has devoted his 40 years of medical career to the promotion of health laboratory services in Sudan. Conscious of the vital need for trained manpower to achieve this goal, he established a school which for the past 20 years has been graduating the laboratory technicians vitally needed for preventive medicine services throughout the Sudan. In addition to his teaching achievements, Professor Haseeb has carried out pioneer research work on a number of parasitic and bacterial diseases which are endemic in his native land and in several other countries in the geographic area in which Dr A. T. Shousha served the World Health Organization.

The PRESIDENT: Thank you, Dr Molapo. Are there are observations? In the absence of any observations, I shall ask Dr Dorolle to kindly read out an appropriate draft resolution.

The DEPUTY DIRECTOR-GENERAL (translation from the French): The resolution that the Assembly may perhaps wish to adopt would read as follows:

Award of the Dr A. T. Shousha Foundation Medal and Prize

The Twenty-sixth World Health Assembly

1. NOTES the report of the Dr A. T. Shousha Foundation Committee;

2. ENDORSES the proposal of the Committee for the award of the Dr A. T. Shousha Foundation Medal and Prize for 1973;

3. AWARDS the Medal and Prize to Professor Mansour Haseeb; and

4. PAYS TRIBUTE to Professor Mansour Haseeb for his most significant contribution to public health in the geographical area in which Dr A. T. Shousha served the World Health Organization.

The PRESIDENT: Thank you, Dr Dorolle. Are there any comments on this draft resolution? If there are no comments, the resolution is adopted.2

I shall now ask the protocol officer kindly to invite Professor Mansour Haseeb to come to the rostrum.

Professor Haseeb took his place on the rostrum.

2 Resolution WHA26.6.
The PRESIDENT: In making this award we honour the memory of Dr Ali Tewfik Shousha, the first Director of the WHO Regional Office for the Eastern Mediterranean Region. He was a public health leader in the true sense of the word, and much of the health progress achieved by the Region bears the imprint of his foresight and inspiring leadership. The Assembly has decided to award the Shousha Prize and Medal this year to Professor Mansour Ali Haseeb in recognition of his outstanding services to medical education and research in the Sudan, a country forming part of the geographical area served by Dr Shousha.

Professor Haseeb graduated from the Kitchener School of Medicine in 1934, winning the first prize in medicine, and shortly thereafter entered the medical service of his country. He gained wide experience of the health problems and research needs of his country in the course of his work in hospitals in Khartoum and many provincial centres.

In 1937 he joined the Stack Medical Research Laboratories in Khartoum as assistant bacteriologist while continuing his academic studies. He completed a course of laboratory work in the London County Council group of laboratories and took the diploma in bacteriology from the London School of Hygiene and Tropical Medicine in 1947.

He was promoted Director of the Stack Medical Research Laboratories in 1952, a position he held with distinction for almost 10 years. It was in this capacity that in 1952 he established a school for laboratory technicians which continues to flourish and graduates every year fresh contingents of technicians required by the expanding public health services of the Sudan. Another school that bears witness to his initiative and foresight is the school for laboratory assistants, which was streamlined in 1952 and developed eventually into a regional training centre attracting students from abroad, some of them sponsored by the World Health Organization.

Despite the administrative responsibilities of his office he maintains an unflagging interest in medical education. From 1938 to 1962 he served as part-time lecturer in pathology, bacteriology, and parasitology in the Faculty of Medicine, University of Khartoum, and since his retirement from the directorship of his research laboratories in 1962 he has been serving the Faculty as a full-time professor of microbiology and parasitology.

From 1953 to 1969 Professor Haseeb served as Dean of the Faculty of Medicine. During his tenure as Dean, he planned and launched a training programme for young medical teachers which answered a vital need of his country. Many of the young Sudanese doctors selected under the programme to do postgraduate work in medical centres abroad are today occupying positions of responsibility in the Faculty of Medicine at Khartoum University.

Professor Haseeb has made valuable contributions to public health in the Sudan by his services in the vaccine production programme. During the Second World War, when lack of transport and other problems made importation of vaccines and drugs extremely difficult, Dr Haseeb with his co-workers established a unit to produce smallpox lymph in the Sudan and rapidly enabled the country to meet its vaccine requirements by local production. As the programme expanded to other fields, the country became self-sufficient also in vaccines against rabies, cholera, and typhoid.

As Professor of Microbiology and Parasitology, he continues to serve the cause of medical education and research with distinction and single-minded devotion. He is engaged at present in compiling a monograph on the medical literature of the Sudan comprising all research done during the period 1904-1972. He has contributed extensively to professional journals in the Sudan and abroad. On the basis of his publications, he was made Fellow of the Royal College of Pathologists in 1965. Four years later he was made Fellow of the Royal College of Physicians.

Professor Haseeb, I have great pleasure in presenting to you the Dr A. T. Shousha Foundation Medal and Prize.

Amid applause, the President handed the Dr A. T. Shousha Foundation Medal and Prize to Professor Haseeb.

Professor HASEEB: Madam President, Vice-Presidents, Mr Director-General, distinguished delegates, ladies and gentlemen, it is a great honour to be awarded the Dr Shousha prize. I feel privileged to have my name associated with Dr Shousha, who did so much for public health in our Region - the Eastern Mediterranean Region. There is no doubt that Dr Shousha was a brilliant worker who devoted his life to the development and improvement of the health conditions in the Region. He, like his successor Dr Taba, had a very difficult task to perform. Almost all the countries he served were young, vigorous, and highly ambitious. But unfortunately, like the rest of the developing countries, their financial resources fell far short of fulfilling their needs, and they had therefore to lean heavily on help from the developed countries, through WHO, by the dynamic efforts of the Regional Director, Dr Shousha.

Owing to the prevailing socioeconomic conditions in the Region, it was inevitable that the standard of living should be low, outbreaks of disease rife, and morbidity high.
The countries of the Region were short of all categories of health workers: physicians, nurses, medical assistants, technicians, and all other health auxiliary staff. Under the wise guidance of Dr Shousha, the Region made mighty strides towards improving health conditions, combatting endemic diseases, and promoting medical and technical education.

Madam President, I feel extremely happy and proud to find myself one of the bearers of the Medal that perpetuates Dr Shousha's name, and I am flattered to be identified with scientists who dedicated their lives to the cause of public health and made significant contributions to it such as Professor Kamal, Dr Afridi, Dr Al-Wahbi, Dr Mofidi, and Dr El Halawani.

May I please, Madam, in appreciation of this and of the kind words you said about me thank you, thank the Dr Shousha Foundation Committee, and thank the Twenty-sixth World Health Assembly for bestowing this great honour on me.

The PRESIDENT: Thank you, Professor Haseeb. May I reiterate to you my warmest congratulations.

The meeting is adjourned.

The meeting rose at 12.35 p.m.
TWELFTH PLENARY MEETING

Wednesday, 16 May 1973, at 9.30 a.m.

President: Professor Julie SULIANTI SAROSO (Indonesia)

1. ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD

The PRESIDENT: The Assembly is called to order.

The first item on our agenda is item 1.14 - Election of Members entitled to designate a person to serve on the Executive Board. Document A26/49, which was distributed more than 24 hours before this meeting, contains the report of the General Committee giving the list of 12 Members drawn up in accordance with Rule 100 of the Rules of Procedure of the Health Assembly. In conformity with the same Rule the General Committee has recommended, from the 12 Members nominated, the eight countries which in the Committee's opinion would provide, if elected, a balanced distribution of the Board as a whole.

Are there any comments? I give the floor to the delegate from the Federal Republic of Germany.

Professor VON MANGER-KOENIG (Federal Republic of Germany): Madam President, distinguished delegates, two years ago the Federal Republic of Germany presented its candidature for a seat on the Executive Board of WHO. At that time, however, the Federal Republic withdrew its candidature in favour of other European countries. This year my country is again seeking election for a seat on the Executive Board of WHO. Contrary to our expectations the General Committee did not list the Federal Republic of Germany among those eight countries it recommends for election by the World Health Assembly. Nevertheless we maintain our candidature, because we are convinced that as a member of the Executive Board we could make a constructive contribution to the work of WHO. We therefore ask the Assembly to vote for our candidature.

The PRESIDENT: Thank you, sir. I give the floor to the delegate of Turkey.

Mr ARIM (Turkey) (translation from the French): Madam President, honourable delegates, as can be seen from the Director-General's many Annual Reports, the European Region presents a picture of diversity, not only with regard to the economic and social levels of the WHO countries attached to the Region but also with regard to geography and climate. The level of development of health services, which is the chief concern of WHO, varies greatly from one country to another, and this is readily understandable in a Region that includes Iceland on the one hand and Algeria on the other.

The developing countries of southern Europe have very special features of their own, and fairness requires that they should be represented on the Executive Board. On account of their environment, they are more exposed than the other countries of Europe. It is not easy for them to offset the disadvantages of their climate, since they lack the necessary resources to set up the health services required. As has been clearly observed during recent years, the various developing countries of southern Europe have similar public health problems, very different from the problems arising in other parts of Europe. Climate and communications are important factors that aggravate the public health situation in these countries of southern Europe. The basic fact remains, however, that it is the level of economic development that determines the health of a nation. If a country can provide itself with hospitals, physicians, equipment and the necessary health infrastructure, its population will be protected against disease. The problems of developing countries everywhere, including southern Europe, are quite different from those of the industrialized countries, which are able to prevent diseases or to look after and cure patients much more easily.

It is for this reason that Turkey has submitted its candidature for the Executive Board. The international community would undoubtedly obtain more benefit from the activities of the Executive Board if the problems of the southern countries of the European Region could constantly be presented to the Board by those countries themselves. That would also be in accordance with the concept of equitable geographical distribution embodied in the WHO Constitution and would provide a better balance between the industrialized and the developing countries.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of the Khmer Republic.

Professor SO SATTA (Khmer Republic) (translation from the French): Madam President, honourable delegates, I thank you for giving me the floor and wish to say how honoured my delegation is to see the name of the Khmer Republic in the list of 12 Members drawn up by the General Committee and published in document A26/49 dated 14 May 1973. However, it wishes to state that it formally withdraws the candidature of its country for the elections that are to
be held to appoint eight Members entitled to designate a person to serve on the Executive Board.

On behalf of my delegation, I express my profound gratitude to the General Committee and to the delegations of countries that have given evidence of their sympathy towards us. I appreciate their attitude and their understanding of the problem raised by the replacement of members of the Board in so far as my country is concerned.

At the same time, my delegation wishes to bring a number of points to your attention; first of all we request the indulgence of Dr Molapo, Chairman of the Executive Board, to retrace briefly the historical development of the numerical composition of the Board since the birth of the Organization. The Executive Board, which was initially made up of 18 members, was increased to 24 members by resolution WHA12.43 of the Twelfth World Health Assembly, which adopted the relevant amendments to the Constitution. These amendments came into force with effect from the Fourteenth World Health Assembly. Eight years later, the Twentieth World Health Assembly, by resolution WHA20.36, approved the proposed amendments to Articles 24 and 25 of the Constitution submitted by the Government of Brazil, raising the number of seats on the Executive Board from 24 to 30. The deposit of the instruments of ratification is in progress. The Twenty-second and Twenty-third World Health Assemblies, by resolutions WHA22.26 and WHA23.29, urged Member States that were in agreement with the amendments to communicate their acceptance of them as soon as possible, which shows that successive Assemblies have shown a desire to adjust the number of seats to the number of Members of the Organization.

Nevertheless, as regards regional representation, my delegation notes that up to now the Western Pacific Region has had only two seats; and there has sometimes been competition for these seats, giving rise to certain difficulties. I think that what I have just said does not reflect only the feeling of my delegation, or only the situation in my Region.

Madam President, honourable delegates, my delegation associates itself once more with the resolutions already mentioned to urge the Assembly to devote particular attention to the problem of the ratification of the pending amendments to the Constitution in order to speed up the procedure. This would make it possible for the amendments concerned to enter into force within a reasonable period in accordance with Article 73 of the Constitution, thus giving access to the Board to a larger number of Member States through the established practice of rotation and with the strictest observance of geographical distribution.

In conclusion, Madam President, honourable delegates, my delegation concurs with the statements made the other day by Professor Halter during the election of the Director-General, and would add that this "temple" of the Executive Board should be enlarged more quickly so that believers in the health of nations can attend in greater numbers to make their prayers and give each other the benefit of their meditations.

The PRESIDENT: Thank you, sir. Any further comments? I now give the floor to the delegate of Egypt.

Dr ABDALLAH (Egypt): Madam President, we are thankful to those who nominated Egypt in the list of the 12 Members presented in document A26/49. In fact, we are supporting the nomination of Democratic Yemen and Iran from the Eastern Mediterranean Region, and thus we ask the Assembly to consider the nomination of these two countries as Members entitled to designate persons to serve on the Executive Board.

The PRESIDENT: Thank you, sir. Are there any more comments? I see none, so we may start the election.

The election will take place by secret ballot. Let me remind you of the names of the eight Members whose terms of office are expiring: in the African Region, Kenya; in the Region of the Americas, Nicaragua; in the Eastern Mediterranean Region, Ethiopia and Saudi Arabia; in the European Region, Austria, France and the USSR; in the South-East Asia Region there is no outgoing Member; in the Western Pacific Region, Laos.

I now draw your attention to the Articles of the Constitution and the Rules of Procedure which relate to this election and the voting procedure. They are Articles 18(b), 24 and 25 of the Constitution, and Rules 98, 100 and 101 of the Rules of Procedure of the Health Assembly.

To avoid misunderstanding, I should like to emphasize that eight names must be chosen from the following 12 proposed by the General Committee: China, Democratic Yemen, Egypt, Federal Republic of Germany, Iran, Khmer Republic, Malawi, Poland, Switzerland, Turkey, United Republic of Tanzania, and United States of America. Therefore, only those Members whose names I have just cited can be voted for.

I would request that the ballot papers be distributed now.

I now give the floor to the delegate of the United Republic of Tanzania.

Mr MWINYI (United Republic of Tanzania): Madam President, Tanzania would like to withdraw its name from the list of the candidates for election in favour of Malawi.
The PRESIDENT: Thank you, sir.
I will continue explaining about the procedure for the voting. To make it easier for you, the ballot paper indicates in the English alphabetical order the list of 12 Members as established by the General Committee. The eight Members whose names are underlined are those which, in the opinion of the Committee, would provide, if elected, a balanced geographical distribution of the Board as a whole. I however wish to recall the statements which have been made by the delegations of the Khmer Republic, of Egypt and of the United Republic of Tanzania expressing the wish of these countries to withdraw their candidature.

You are requested to indicate your vote by placing a cross in the appropriate squares. You should vote for eight amongst the 12 Members - not more and not less. A ballot paper which has more than eight or less than eight countries indicated by a cross, or which contains any country not included in the list of 12 drawn up by the General Committee, will be null and void.

The delegations will be called to the rostrum in the English alphabetical order. I shall now draw the letter indicating the delegation with which voting will begin. It is "F". We will start with Fiji. I shall have to designate two tellers. May I ask Dr Bica from Brazil and Dr Shrivastav from India kindly to accept this task and come up to the rostrum.

The two tellers took their place at the rostrum.

The PRESIDENT: In the meanwhile I would like to check whether all delegations have received their ballot papers... Is it a point of order? You have the floor, sir.

Dr ARNAN (Israel): Madam President, it is a simple question of procedure. You have just indicated that every delegation has to mark eight States that it elects. Do the eight include all the 12 on the list, or only the 10 after two have withdrawn?

The PRESIDENT: The voting will be on the 12 in the list; we have to consider the request of the delegates who have said that they would not like to be considered in the eight, but one can vote for them. You are free to vote for whichever you want, but it will be null and void if you put another name, or less than eight.

Those of you who have not received a ballot paper, please so indicate by raising your card.

The tellers are now here. Would you like to inspect the box. Lock it and give the key to me! We shall now call the delegates in turn.

A vote was taken by secret ballot, the names of the following Member States being called in the English alphabetical order, beginning with Fiji:

Fiji, Finland, France, Gabon, Gambia, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guatemala, Guinea, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Khmer Republic, Kuwait, Laos, Lebanon, Lesotho, Liberia, Libyan Arab Republic, Luxembourg, Madagascar, Malawi, Malaysia, Mali, Malta, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Morocco, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Oman, Pakistan, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Romania, Rwanda, Saudi Arabia, Senegal, Sierra Leone, Singapore, Somalia, Spain, Sri Lanka, Sudan, Swaziland, Sweden, Switzerland, Syrian Arab Republic, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Uganda, Union of Soviet Socialist Republics, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Upper Volta, Uruguay, Venezuela, Viet-Nam, Western Samoa, Yemen, Yugoslavia, Zaire, Zambia, Afghanistan, Albania, Algeria, Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Bolivia, Brazil, Bulgaria, Burma, Burundi, Cameroon, Canada, Central African Republic, Chad, Chile, China, Colombia, Congo, Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Democratic Yemen, Denmark, Ecuador, Egypt, El Salvador, Ethiopia.

The PRESIDENT: Have all delegations been called to the rostrum? I see the delegate from Mauritius. Would you like to vote and give your ballot now? And Panama. Have the two delegates got their ballot papers? They can vote now. Would you come to the rostrum. Are there other delegations that have not voted yet?

In accordance with Rule 76 of the Rules of Procedure, I shall ask Dr Sumpaico, Vice-President, to supervise the counting of the votes, and thus we shall be able to proceed with our work. The counting of the votes will take place in Room XI. May I recall that delegations have access to the room if they so wish.

However, before the tellers leave this Assembly hall, it will be necessary for them, in our presence, to ensure that the total number of ballot papers received corresponds with the number of delegates who came to the rostrum to deposit their ballot papers. Will the tellers
The PRESIDENT: I am informed that everything is in order. Therefore the tellers may proceed to the counting of the votes, under the supervision of the Vice-President, Dr Sumpaico.

2. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTIETH AND FIFTY-FIRST SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1972 (continued)

The PRESIDENT: We now turn to the continuation and completion of the general discussion on items 1.11 and 1.12. I give the floor to the first speaker on my list, the delegate of Guinea, Dr Maka.

Dr Maka (Guinea) (translation from the French): Madam President, delegates, the Guinean delegation would like first of all to congratulate the President on her election to that highly responsible office. Our congratulations are also extended to the Vice-Presidents. We are convinced that, under their masterly guidance, the Twenty-sixth World Health Assembly will achieve even greater conquests and victories in the field of human health in all continents.

Finally, the Guinean delegation wishes to thank all delegates for the great honour and the great mark of confidence they have placed in the revolutionary people of Guinea by appointing Dr Kékoura Camara, Minister of Health, head of the Guinean delegation and Chairman of the twenty-second session of the Regional Committee for Africa, as Vice-President of the Twenty-sixth World Health Assembly. We know that, beyond the frontiers of Guinea, this honour and mark of confidence represent a tribute to all the peoples of Africa who, like all the peoples of other continents, are struggling daily to win or preserve their right to become or to remain free, independent and sovereign states, an indispensable condition if their contribution to the improvement of world health is to reflect their true personality. Madam President, in his masterly Report the Director-General analyses the major health problems that have always been of concern to our Organization with his familiar clarity, perspicacity and objectivity. Through this Annual Report comes the parting message of Dr Candau, a message rich in 20 years of experience in the constant service of humanity as a whole, a message of confidence in the universal vocation of the World Health Organization.

Madam President, the health situation in the Republic of Guinea during the past year has been satisfactory. Malaria remains by far the most prevalent disease, but the control programme initiated three years ago with WHO assistance under project Guinea 4001 (development of basic health services) is continuing.

No case of smallpox has been recorded since February 1969. As regards smallpox vaccination, we are at present in the maintenance phase. Since 1971 we have been using our own freeze-dried vaccine, manufactured at the Institute for Applied Biological Research. This vaccine, prepared in collaboration with WHO and approved by WHO, is comparable in quality to the best international vaccines. It can be used both for individual vaccination and for mass vaccination using ped-o-jet appliances.

Cases of measles have become more numerous since the vaccination programme stopped, but the resumption of the programme is imminent. We are only awaiting the arrival of a consignment of vaccines to be supplied by the United States Agency for International Development. There were slightly fewer cases of schistosomiasis than in the previous year, but there have been alarming outbreaks of trypanosomiasis in some regions, especially in Upper Guinea and in the forest areas. With regard to onchocerciasis, the second or attack phase of the project undertaken with WHO assistance should be able to start without further delay, within the enlarged framework of an inter-country project. Leprosy continues to be a problem for us, with 71,076 patients (or 1,282 more than in 1971): we can only welcome the efforts and assistance of WHO and UNICEF and express appreciation of the work carried out in certain countries to develop new drugs that are truly and rapidly effective. Tuberculosis is not receding, and remains the prerogative of urban and suburban areas, where it affects young adults. Attempts to control this disease are integrated in the "development of basic health services" project. The last influenza pandemic did not spare the Republic of Guinea, where the mortality and morbidity rates were considerable. There are only isolated cases of poliomyelitis. Children are vaccinated in maternal and child health centres.

The health services are giving the problem of environmental health the important position it deserves. With the aid of UNICEF we have started supplying water to rural communities by equipping wells approved for collective use with mechanical pumps. For the
capital, Conakry, there is a project to set up a composting factory for the treatment of household wastes, a project to renew the sewers, and finally a project to extend the drinking-water supply network.

To solve all their health problems the revolutionary people of Guinea have provided themselves with a medical and health system adapted to their specific circumstances, to their means, to their resources, and above all to their aims for the development of the people by the people themselves. Rooted in the people, the medical and paramedical personnel determine the medical and health strategy, taking as their starting point the real needs of the people so that they can satisfy those needs fully and effectively and can ensure that this health programme is carried out by the entire population, mobilized and straining to attain their wellbeing: these are the salient features on which our medical and health system is based. All the delegates present at the twenty-second session of the Regional Committee for Africa will still remember the authoritative opening speech given by the Guinean Head of State, President Ahmed Sékou Touré. That speech, as the delegates themselves said, is a reference document for current medical and health strategy in the countries of the African Region.

We can provide copies of this document for all delegations, in English and French. At the closure of that twenty-second session in Conakry, the spokesman for all the African health delegates stated: "Guinea has provided a great lesson in the organization of health services by mobilizing its entire population for the active promotion of community health and wellbeing, which enables the best use to be made of the available resources in the interests of all."

Yes, like the other States of the African Region, the Republic of Guinea is speeding up the training of its medical and paramedical personnel. Our first locally trained physicians will graduate this year from the Faculty of Medicine of the Gamal Abdel Nasser Polytechnic Institute in Conakry: Guinean physicians, trained on the spot, in contact with the people whose true situation they have been able to assess. Two national schools of health are training male and female nurses, midwives, laboratory and pharmacy technicians, and public health technicians, and 200 paramedical workers graduate each year. However, our main concern is the development of the basic health services, starting with the rural communities. Each village community - which we call a "local revolutionary authority" - has a health squad made up of seven militant comrades who voluntarily assume medical and health responsibilities for the community: to ensure correct hygienic practices in the community, starting in the home, and to collect all information on traditional medicine and drugs, these are the two essential facets of the activity of the health squads.

It is through this approach that we are continuing our efforts to destroy the myths surrounding medicine by bringing it within reach of the people. Through this same approach we are expecting to master our traditional medicine which, fertilizing modern medical technology, will enable us to build up our own people's revolutionary medicine. We are aware and convinced that this important problem can be harmoniously and rapidly solved only if it is accorded a central position among the major, common concerns of all countries in the African Region. That is why President Ahmed Sékou Touré suggested to the twenty-second session of the Regional Committee for Africa that it should concentrate on the following two problems: first of all, the organization of medicine at village level on a scientific basis, so that the entire population of the village, through its collaboration at various levels with the national medical organization, will become the decisive level in the struggle for public health; secondly, the organization on a scientific basis of the way in which the precious resource of traditional African medicine is used, in order to make it one of the most effective weapons in the struggle to safeguard health.

If we harness our combined efforts to solving these two problems, we shall have given Africa an opportunity to make an original and effective contribution to all humanity.

Madam President, we are glad to welcome the delegates of the People's Republic of China, who are attending for the first time. This is an opportunity for us to offer sincere thanks on behalf of the people of Guinea to this great nation for the constant assistance that it lavishes upon us in the field of health: disinterested assistance that is effective because it is adapted to our specific circumstances and enables us very rapidly to do without it. Similarly we pay a resounding tribute to the wisdom of this Twenty-sixth Assembly for having admitted the German Democratic Republic which, we are convinced, will make its contribution to the concerted efforts of all nations to overcome disease and poverty. Here we have an atmosphere of défense and universality that is favourable to the admission of any country which, like Korea, is applying for membership of our Organization: if we could admit Korea right now, that might be one of the finest presents we could offer Dr Candau on the occasion of his deserved retirement.

Dr Candau, the people of Guinea have appreciated the true value of the enormous task you have accomplished in the service of humanity, a task to which you were predisposed quite naturally by memories of the sufferings of your own people, with whom you have been able to
identify all peoples of the world. We were very happy to welcome you in Conakry, together with your dauntless Regional Director, our brother Dr Quenum.

Madam President, the lateness of our intervention gives us the privilege of welcoming the new Director-General, Dr Mahler, for whom we wish a career as brilliant and fruitful for the peoples of the world as that of his predecessor. On taking the helm at a time when WHO has reached its cruising speed, Dr Mahler will be assisted by the united and concerted efforts of Member States, provided that his actions are entirely directed towards the true interests of our populations. We take this opportunity to repeat that the election of the Director-General is one of the most solemn acts for which each Member State is responsible. Consequently, the Executive Board ought to review and revise its Rules of Procedure so as to adapt them to the current requirements of all Member States, which have the right and the duty to give an informed opinion on any candidate.

Madam President, it is our duty to join with other African delegates in stating that a terrible disease is threatening millions of human beings in Africa: hunger, the result of a long and severe period of drought that has spared neither animals nor man. We feel that WHO should make a contribution to solving the problem presented by this disaster.

Moreover, although WHO has defined health as "a state of complete physical, mental and social wellbeing", and although the objective of WHO is the attainment by all peoples of the highest level of health, we maintain that this highest level of health can be attained only in peace and not in war, only in justice and not in injustice, only in equality and not in inequality. While we are speaking to you, our brothers in South Africa are still being humiliated and their human dignity is being flouted. Is it possible to preserve human health when bombings are ravaging towns, and destroying fields, bridges, hospitals and schools, as is happening at present in Cambodia, in Guinea-Bissau, in Angola, in Mozambique, in Zimbabwe, and in Namibia? When the present is threatened in this way, is it possible to speak of stability, of health at the individual and collective level? For us, therefore, peace is a decisive factor in the collective and individual health of man.

Honourable delegates, while we are speaking to you, international imperialism, with the aid of its vile lackeys, is busily making feverish preparations to carry out further armed aggression against the peaceful and industrious people of Guinea, whose only crime is to have chosen freedom and dignity, assuming full responsibility towards history. But we solemnly state before this august Assembly that if the Republic of Guinea is continuing — and will continue — to invest more and more resources in the permanent protection of the people's health, it is more determined than ever to mobilize all energies to defend its freedom. Freedom and health are two elements without which human life loses its basic meaning. The people of Guinea want to continue to live, that is, to make history and no longer to be subjected to it! Yes, as President Ahmed Sékou Touré has said, "the great powers are those that will recognize, love and defend unceasingly the historic values of all peoples of the earth".

The PRESIDENT: Thank you, Dr Maka. The next speaker on my list is the delegate of Kuwait, Dr Al-Adwani. You have the floor, sir.

Dr AL-ADWANI (Kuwait): Madam President, Mr Director-General, honourable delegates, ladies and gentlemen, on behalf of my delegation I would like to extend a very warm congratulation on your election as the President of the Twenty-sixth World Health Assembly. I would like also to extend the same feelings to the Vice-Presidents and the chairmen of the main committees.

We are extremely sorry for the death of two of the Vice-Presidents of the Twenty-fifth World Health Assembly, the late Dr Kennedy and the late Professor Saads, Minister of Health of Syria. Professor Saada died in a tragic accident while attending a WHO seminar on cholera and smallpox in Penang, Malaysia.

On reviewing the Director-General's Report, we are pleased to notice some of the very important and challenging problems that are highlighted therein. Of the many problems raised in his Report, I would like to comment on some of the major ones. First, I would like to look back, as he did, on the challenging tasks that our Organization has undertaken. We note that some of these tasks were not so successful — for example, the malaria eradication programme — while, on the other hand, the global eradication of smallpox has been much more successful than we expected. No doubt these global programmes are of great significance, not only to the developing countries but, even more so, to the developed countries. We see, for instance, that the reduction in the incidence of smallpox has encouraged the United Kingdom and the United States of America to reduce their vaccination programmes against smallpox. This step saved the United States of America alone a sum nearly equivalent to our Organization's annual budget. We sincerely hope that, with these savings in money and human life, the developed countries will contribute more to the budget of our Organization.

Another area which still needs a great deal of attention is the field of health care delivery. A great deal of valuable resources are lost due to lack of knowledge on the part of many countries in this very significant area. More research in this field is urgently needed in order to enable us to utilize the available resources with the utmost efficiency.
While ridding man of his great killers, namely the communicable diseases, we are going to face the problems of degenerative, mental and chronic diseases in general. This area of human health problems is far from clear. It will take the sincere joint efforts of all the Member States to be able to discover some of the basic facts about chronic ill health. We believe that in the coming 25 years of our Organization's life we should pay greater attention to studying the multiple factors related to this category of diseases. We are, of course, aware of the great expenditure that such efforts will entail.

We should not forget the role that man himself plays in damaging his life. His great carelessness and his whims for aggression will remain the real stumbling block to true progress towards maintaining the state of wellbeing. We can clearly see how such whims have uprooted the whole population of Palestine, leaving them subject to great hardship and to a state of severely deteriorating physical and mental health. We sincerely hope that the international community will do its utmost to repatriate these unfortunate people to their homes.

Before concluding, I would like to extend my hearty welcome to the new Members of our Organization. I hope that our Organization will always endeavour to attain true universality. I also reaffirm our great admiration for our retiring Director-General. We hope that we shall always maintain the great zeal and interest in serving humanity which he has always advocated. He will be greatly missed. We would like also to extend our warm congratulations to Dr Mahler upon his appointment as Director-General. We wish him all success in this demanding job.

The PRESIDENT: Thank you, Dr Al-Adwani.

1 Dr FAHRO (Bahrain): Madam President, ladies and gentlemen, allow me, Madam President, to join other delegates in extending to you, as well as to the Vice-Presidents, my heartiest congratulations for your election. May I also extend our sincere thanks and appreciation to our Director-General for a very lucid and comprehensive Report. Dr Candau has indeed culminated his 20 years of service by a report full of deep evaluation of the past quarter of a century and very rich with ideas for those who will take the torch from his hands.

Madam President, the Director-General asked a very pertinent question as to the reasons for lack of access to health services by a large part of the population of the world. The four factors that he advanced as an explanation may represent the whole answer. It is our belief that WHO has done a lot in solving one of those four factors, i.e. lack of technical manpower. It will need to continue its excellent activities in this field for many years to come.

However, it is in the field of lack of planning and management that WHO needs to intensify its efforts. We are very pleased to see that this year's topic for the Technical Discussions, and an important document (document A26/10), are highly related to this field. We look at this as a new direction taken by our Organization, responding to new challenges and techniques in management. We are absolutely convinced that many of the technical objectives and goals can be achieved merely by strengthening planning and management in many of our Member States. It is our hope, however, that this "new" scientific approach, be it computerized or non-computerized, will still be within the framework of traditional values of medicine—humane involvement, self-sacrifice, and love.

A look at the outline of activities of last year and the proposed programmes for the coming year indicates the constantly widening scope of this Organization's horizons. New programmes are being introduced and old ones are strengthened or modified. This is very commendable. Yet, one cannot but feel that the Organization needs to do more. In our mind this will be possible only if WHO utilizes to a greater extent the national institutions of some Member States. Encouraging or initiating local efforts may prove at times to be more rewarding and less expensive. Similarly, coordinating several national programmes may be the only function that is needed. This is especially the case in the practically unlimited field of medical research. We, therefore, urge the present Assembly to look deeply into this important aspect of our activities.

Madam President, our Organization is celebrating its twenty-fifth anniversary. We would have liked very much to be happy to the fullest. But, alas, we are this very month mourning the twenty-fifth anniversary of the loss of Palestine and the beginning of the savage attack on its peaceful people. Today several millions of our brothers are either under the occupation or living in refugee camps. This situation is poisoning our lives and will continue to poison the lives of the future generations. Its impact on the physical and mental health of all of us does not need further elucidation.

Finally, may I express our gratitude for all the help and assistance that we receive from our Regional Director, Dr Taha, his staff in Alexandria, UNICEF, and the Ministry of Health of Kuwait. We are grateful to all of them, as well as to many other groups and institutions.

1 This speech was submitted by the delegation of Bahrain for inclusion in the verbatim record in accordance with resolution WHA20.2.
With their help and through the efforts of our people the health situation in Bahrain continues to improve substantially.

Dr PHONG AKSARA (Thailand): Madam President, Mr Director-General, distinguished delegates, ladies and gentlemen, the delegation of Thailand would like to associate itself with previous speakers in congratulating you, Madam President, on your election to this high office. I am confident that under your able guidance the work of this Assembly will be harmoniously and successfully conducted. I would also like to congratulate the Vice-Presidents and the chairmen of the two main committees on their election to their respective high offices.

On behalf of His Majesty's Government and the people of Thailand, I would like to extend warmest congratulations to the Director-General, Dr Candau, and the staff of WHO on the occasion of the twenty-fifth anniversary of the World Health Organization, and also wish the Organization every success in future endeavours. Thailand's connexions and relationship with WHO and its activities have been pleasantly constant and we highly appreciate the valuable assistance which the Organization has rendered to Thailand throughout the years in improving the health conditions in our country. My country owes much to the Organization.

I would like to pay tribute to the Director-General for the comprehensive Report on the work of WHO in 1972, which reveals the progress in the conduct of its programmes and in the search for solutions to the complex health problems of the world in the future.

On this occasion, I wish to make a brief review of the progress that has been made in various health programmes in my country during the past 25 years. Since 1948 Thailand has made a big stride forward in the development and expansion of medical and health services throughout the Kingdom. With modern means under the supervision of competent and well-trained personnel, and with generous assistance from WHO and other United Nations specialized agencies as well as friendly countries, the Ministry of Public Health has been able to forge ahead in its task of disease prevention and health promotion. Because of the scarcity of trained manpower and medical facilities in the face of numerous health problems, the first WHO-assisted programmes were directed towards the control or eradication of major communicable diseases: malaria, smallpox, yaws, tuberculosis and leprosy. As from 1949, mass campaigns against these diseases were successively organized and implemented. It was realized very soon that the health promotion services must also be improved in order to support the disease control activities. Therefore, maternal and child health, nutrition, school health, environmental sanitation, and health education programmes were to be included. As time went by, increasing emphasis was given to the strengthening of the infrastructure of basic health services for the consolidation of the achievements of specialized campaigns and for securing the continuation and expansion of health promotion services. To remedy the chronic problem of shortage of medical and paramedical personnel, programmes such as medical education and training, education in public health, nursing education and services were subsequently implemented in the following years. More recently, attention has been drawn to health problems related to or associated with the rapid increase of population. Water pollution, bio-environmental engineering, integrated maternal and child health and family health services, the teaching of population dynamics in medical schools, and health planning programmes are the latest additions to the long list of WHO-assisted projects.

Up to 1973, WHO has assisted Thailand in the implementation or strengthening of more than 50 health projects, of which 31 are still in operation at present. Perhaps it would not be amiss at this point to cite just a few illustrations from the formidable list of WHO's spectacular achievements in Thailand which have contributed significantly to the nation's economic progress and the general improvement of living standards of the Thai people.

Malaria eradication: With WHO assistance, the antimalaria campaign was initiated in 1949. At first the goal was to reduce the prevalence of malaria to a controllable level. As the effectiveness of the programme became apparent the objective was changed to eradication. The large-scale operation brought down the malaria death rate from 263 per 100,000 population in 1948 to 10 in 1968. At present malaria, which used to be the first single cause of death in Thailand from time immemorial, ranks eighth among the leading causes of death in Thailand.

Yaws control: The mass campaign against yaws was launched in 1950 with the assistance of WHO and UNICEF. The success of the campaign was very impressive. More than 1.4 million yaws cases were successfully treated, and more than 2 million contacts were given prophylaxis between 1952 and 1962. In 1971 only 23 infectious cases were detected. The yaws control and surveillance programme has now been completely integrated into the general health services of all the provinces previously stricken with the disease.

Tuberculosis control: In 1951, WHO began giving assistance to develop the tuberculosis control programme along modern lines. Mass BCG vaccination was started and chest clinics were established in Bangkok as well as other provinces. Intensive case-finding and ambulatory
treatment have now covered the whole country through a network of tuberculosis control units. At present BCG vaccination is being given at the rate of 1.5 to 2 million a year. Strong emphasis is placed upon the integration of tuberculosis control activities into the existing rural health services.

Leprosy control: The WHO-assisted leprosy control programme was initiated in 1955 with the purpose of treating leprous patients either in their villages or at the local health centres (ambulatory treatment) instead of resorting to unnecessary and expensive hospitalization and segregation. The programme has since been gradually expanded to cover more than 40 provinces. Up to 1972 over 90,000 leprosy patients had been brought under treatment. Of these, 52,000 cases had been successfully treated and released from control. Rehabilitation facilities and self-supporting settlements are provided for the inactive cases. The programme is now gradually being integrated into basic health services.

Control of other communicable diseases: Thailand has remained free of plague since 1952, and no smallpox epidemic has occurred since 1962. Although there have been no cholera cases since 1969, we have not relinquished our efforts in the surveillance and prevention of this disease. Nevertheless, an outbreak of cholera cases occurred in April 1973 in a provincial town near Bangkok where hidden carriers existed. It is hoped that the outbreak will be brought under control in the near future. Every year 3 to 5 million people are receiving vaccination against smallpox and 6 million people are given inoculation against cholera.

The success in the control of some of the quarantinable diseases can be attributed to WHO-assisted programmes for the production of biologicals, strengthening of laboratory services, and epidemiology. To combat vector-borne diseases, including haemorrhagic fever, which has emerged as a serious health problem among children during the past decade, WHO has assisted in the establishment of the Aedes Research Unit in Thailand and in the training of staff in medical entomology and vector-borne disease control.

Food and drug control: One of the public health problems with ever-increasing importance in Thailand is concerned with the control of food and drugs, including narcotics. In this important field WHO has provided Thailand with consultants, fellowships, supplies and equipment to strengthen the national food and drug control administration and to increase laboratory competence in food and drug analyses. WHO assistance has resulted in a remarkable improvement in the food control activities and the quality control of pharmaceutical preparations.

National community water supply, drainage, sewerage and pollution control: Since 1969 WHO has provided technical advice and guidance for the expansion of the national water supply and other environmental health programmes. Since the start of WHO assistance, more than 300 water systems have been completed in various parts of the country. The regional centres for the programme have been expanded from four to seven. Pilot studies on community water supply, sewerage systems, and pollution control have been undertaken in many provinces.

Strengthening of laboratory services: Since 1968 WHO has assisted Thailand in organizing and strengthening the national health laboratory services which are essential for the early diagnosis, treatment and control of infectious diseases. At present there are 45 provincial health laboratories. By the end of 1976 there will be nine regional and 64 provincial health laboratories for the whole country.

The rapid decline of the crude death rate and the infant mortality rate during the past two decades can be attributed to the dramatic success of many WHO-assisted disease control programmes. The crude death rate has been reduced by half, whereas the infant mortality rate has declined by 65% from the 1948 level. The life expectancy at birth had increased by 10 years from 1947 to 1964. These figures indicate the overall improvement of the health status of our people during the 25 years of WHO assistance to Thailand.

We look back to the past 25 years with profound admiration for the success which has crowned the efforts of WHO in its endeavour to promote the health status of our people. Not merely the technical guidance from WHO that has proved invaluable to our health development programmes, but the spirit of cooperation, tolerance and devotion persistently shown by its staff has been a great impetus for our health personnel in carrying out their difficult task of disease prevention and health promotion in rural areas.

Although considerable progress has been made in the various health programmes, particularly in the field of communicable disease control, there still remain many health problems to be solved in the future. The rapid decline of mortality, unfortunately, has resulted in the high rate of population growth which adversely affects the health status of the people. The rapid population increase in Thailand has not only aggravated some existing health problems such as malnutrition, inadequate medical and health facilities, and the shortage of medical and paramedical manpower, but has also created many new health hazards such as the deterioration of environmental sanitation in urban communities, the spread of certain diseases resulting from internal migration, and air and water pollution. It also necessitates the inclusion of demographic considerations in national health planning in order to meet the increasing demand of the future population. Thus it is obvious that the national family planning programme should receive the highest priority from the Government in the immediate future. As nearly half of the population are children under 15 years of age, special emphasis should be focused on the promotion of nutrition among pre-school and school children, vaccination campaigns.
against childhood diseases, and integrated maternal and child health and family planning services. Efforts must be continued to expand and strengthen the health infrastructure, and to increase all categories of health manpower. Parallel with this should be the phased integration of disease control, medical care, and special health programmes, leading to the development of comprehensive health care services. This is considered vitally important if the maximum utilization of limited health resources for improving the health and welfare of the people is to be realized.

There is also a pressing need for assessing, reorganizing and strengthening health education services at all levels and in all national health programmes. This is essential for the long-range health development of the nation, since health education has a vital role in changing some traditional attitudes and social behaviour which have been serious obstacles to many disease control and health promotion programmes. Furthermore, it must be emphasized that an effective health education programme would help to reduce the heavy cost of providing adequate medical care services for sick people.

The high rate of population growth coupled with rapid urbanization and rural-urban migration, as previously mentioned, has brought about many environmental health problems which should receive increasing attention from the Government as well as WHO. In this context it should be borne in mind that the eradication of communicable diseases and health promotion, in the long run, would be extremely difficult or impossible if the vast majority of people still live under poor sanitary conditions and in a filthy environment.

Our health problems are many. Our work is endless. Progress in solving old problems has often given rise to a multitude of new problems. Despite our spectacular achievements during the past 25 years, there is still a complex and formidable task ahead of us. However, the extensive health activities jointly undertaken by the Government of Thailand and WHO during the past 25 years can be regarded as promising for the future. They bear evidence to the Organization's will to mobilize past experience and coordinate present efforts in a persistent and prolonged attack upon hazards to man's life and health. Thus we can look forward to continuing improvements in the health and longevity of the people in the years to come.

Once again, on behalf of the Thai delegation, I should like to express our sincere gratitude to the World Health Organization for the valuable assistance rendered to Thailand in the past, and we look forward to continuation in the future.

The PRESIDENT: I now give the floor to the last speaker on my list, the observer for the Holy See, Mgr Luoni.

Mgr LUONI (Observer for the Holy See) (translation from the French): Madam President, I add my voice to all the tributes that have already been addressed to you on the occasion of your election, and move on immediately to the subject of my statement.

The presence here of the Holy See - although it is not a Member of the World Health Organization - should be seen in the context of the universality that is one of the characteristic features of the Church and which is also, as the Director-General has said in his Annual Report, one of the deepest aspirations of WHO; this year it has been more fully achieved with the participation of China and the German Democratic Republic.

However, the most important reason for establishing cordial and close collaboration between the Church and WHO at the universal level is the promotion "of every man and all men" in the formula given by Pope Paul VI in his message to WHO to mark the twenty-fifth anniversary of the Organization, that is, the promotion of everything that is needed to make a life worthy of being called human.

It is a pity that shortage of time does not permit the thorough examination of the stimulating Introduction by the Director-General to the Report on the work of WHO in 1972. One observes the effort that has been made to prevent the Report from becoming simply a bare list of figures and projects. One also notes the concern to trace certain elements that may condition the pathological behaviour of the individual, such as social, economic, ethnic, ecological and moral factors, since, as has rightly been stressed, it is patients rather than diseases that are the problem.

I shall therefore confine myself to some reflections on the lines of the method used by the Director-General, a method that I would like to term Socratic, since it stimulates a search rather than suggesting the solution to the problem directly.

One consideration has a priority role, since it directly affects the values of human life. Referring to the disorders that are associated with human behaviour, the Director-General states that "the non-medical use of drugs is not an easy subject to tackle. It is hedged about with emotion, for one thing, because it concerns groups and concepts that most societies take very seriously: youth, morals, religion, the law."
Nobody can argue with this statement, particularly when the future of youth is at stake, and nobody could contest that "when human behaviour has a role in the etiology of a disease it may sometimes be logical" - and I stress this word - "and desirable to attempt to modify it, but this calls for serious reflection - and a long uphill struggle". It is quite true that it is logic and consistency that are needed.

But what should we say when this law - the same law that complains of being affected - itself affects and destroys life, life which is of fundamental value in all its forms, including the very earliest forms, and legalizes abortion by request, a veritable slaughter of the innocents?

How can it be consistent to condemn the wave of violence of which youth is at once the author and the victim when the same law authorizes the most disgraceful and cowardly violence directed against defenceless and unprotected human beings?

Is it not incomprehensible that the same laws that are increasingly recognizing the right to life, on account of its intrinsic value, even of criminals who have abused it, should condemn to death innocents who are regarded as intruders and whose only misdeed is to live a life that they did not ask for? When it is calmly stated that the life of a human being at a certain stage is not yet human, is it certain that we shall not one day reach the stage of claiming that certain groups of people, such as the handicapped, unproductive old people, and those with apparently incurable physical and mental diseases, no longer have a human life? Who can define precisely at what moment a life begins to be human?

Why should the physician, who has always been honoured as the defender of life, see his mission reduced to the task of supervising the medical, hygienic and legal conditions for abortion by request, which will always, however it is defined, constitute a suppression of life?

Why is it that the governments that are rightly concerned about the increasingly powerful reaction of the majority of public opinion against war, the useless and tragic destruction of human life, and which are studying legal instruments such as those concerning conscientious objection in order to meet the demands of young people who reject war, are the same governments that are passing more and more other laws permitting the suppression of tens of thousands of human lives? Perhaps because this suppression does not take place under bomb explosions and has no television audience, but is carried out in the sterilized silence of clinics?

It has already been stated and must constantly be repeated: what is legal is not always necessarily moral; there are even legal injustices, and a crime does not cease to be a crime even if the law allows it, for it is written: "Thou shalt not kill".

Clearly, in putting forward these reflections I refer only to human law; I do not intend by any means to pass judgement on the human dramas that are sometimes at the root of individual decisions and of which the judge is God for the believer, and in any case the individual conscience for everybody.

Madam President, in a spirit of collaboration in the great and noble battle to defend human life that is being fought by the Church and the World Health Organization - collaboration that takes place not only at the level of values and principles but is also very active at the practical level, as witnessed by the many health and humanitarian institutions of all kinds that the Church has established over the centuries and which it is still establishing - may the delegation of the Holy See be permitted, in conclusion, to recommend that WHO should extend its very praiseworthy and admirable activity in order to lay down ethical standards that are valid for physicians throughout the world, standards derived from the universally accepted principle of the sanctity of human life in all its forms.

As Paul VI states in the letter I mentioned earlier: "At a time when the violence that is being unleashed in so many parts of the world and the loss of balance to which contemporary society is frequently subject, obscuring the true values, seem to hold life - every life, from its beginning to its end - of little account, it is our most fervent wish on this twenty-fifth anniversary that the World Health Organization, to which the international community has entrusted the preservation and promotion of human health, should uphold at all times the primacy of life and ensure that authentic ethical standards make a full contribution to the wellbeing of mankind."

Madam President, we have reached the end of this series of speeches.

At this time our thoughts turn once again towards the man who for 20 years has been the living symbol of WHO: Dr Candau. His modesty is too well shielded to suffer from all the praises that have been addressed to him during the general discussion on his last Annual Report. Never have praises been so well deserved.

I am sure I am interpreting the feelings of the Assembly in extending these praises to Dr Donolle, whose experience and wisdom we shall miss.

To Dr Mahler, to whom the Assembly has entrusted such an important and arduous task, we express the warmest wishes for effective work.
The PRESIDENT: Thank you, Mgr Luoni. We have now completed the general discussion on items 1.11 and 1.12. I should like to ask Dr Molapo, representative of the Executive Board, whether he has any comments to make.

Dr MOLAPO, Representative of the Executive Board: Thank you very much, Madam President. I shall be very brief indeed. I should like, on behalf of Professor Vannugli and myself, to thank those delegations who commented so kindly on the reports of the Executive Board. I am sure that all Board members will also feel satisfied and grateful that their efforts have been appreciated by the Assembly, and have perhaps brought this Organization just a few steps towards reaching its goal and objectives. Madam President, I wish to assure you and, through you, all delegations, that these valuable comments and constructive suggestions have been taken into account and will be brought to the attention of the Executive Board at its fifty-second session, when it considers the report of the Executive Board representatives to the Twenty-sixth World Health Assembly. May I reiterate once more my gratitude to all of you, and wish you, Madam President, a successful conclusion to this Assembly.

The PRESIDENT: Thank you, Dr Molapo. I shall now give the floor to the Director-General.

The DIRECTOR-GENERAL: Madam President, honourable delegates, may I thank you, on behalf of the whole staff, for the kind and encouraging words that have been said about the work carried out in 1972. We are grateful for them as well as for the constructive criticisms. All that has been said here has been noted and will be most valuable in guiding the Secretariat in its future endeavours. Thank you very much.

The PRESIDENT: Thank you, Dr Candau. After hearing the statements of the delegates and the comments of the Director-General, we are now in a position to express an opinion in the name of the Assembly regarding the Director-General's Report on the work of the Organization in 1972. Your President, after hearing the comments of the various delegations, has the clear impression that the Assembly wishes to express satisfaction with the manner in which the Organization's programme for 1972 was planned and implemented. I therefore invite you to consider the adoption of the following resolution:

The Twenty-sixth World Health Assembly,
Having reviewed the Report of the Director-General on the work of the World Health Organization during 1972,
1. NOTES with satisfaction the manner in which the programme was planned and carried out in 1972, in accordance with the established policies of the Organization; and
2. COMMENDS the Director-General for the work accomplished.

Does the Assembly agree to adopt this resolution? As there are no comments on the draft resolution, I consider it as adopted.1

With reference to the reports of the Executive Board, I should like to thank once again Dr Molapo for the way in which he introduced them. We still have to consider the part of the Executive Board's report that deals with the proposed programme and budget for 1974, namely, Official Records No. 207 - Executive Board, Fifty-first Session, Part II. When the main committees have completed their discussion of this part of the report, your President will propose the adoption, at the close of the Assembly's session, of the usual resolution taking note of the reports of the Executive Board.

3. DR M. G. CANDAU, DIRECTOR-GENERAL EMERITUS

The PRESIDENT: In connexion with agenda item 1.12 - Review of the Annual Report of the Director-General on the work of WHO in 1972 - I wish to draw your attention to the draft resolution that is contained in document A26/48, distributed on 14 May. This draft resolution is proposed by the delegations of China, Egypt, France, India, Japan, Niger, Sweden, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, and Uruguay. Two addenda A26/48 Add.1 and Add.2 have also been distributed, adding the names of the delegations of Romania and Togo to those of the sponsors. May I ask whether one of the sponsors wishes to come up to the rostrum and introduce this draft resolution? The delegate of the USSR has the floor.

DR VENEDIKTOV (Union of Soviet Socialist Republics) (translation from the Russian): Madam President, fellow delegates, on behalf of the group of delegations I have the honour to propose a resolution worded as follows:

1 Resolution WHA26.7.
The Twenty-sixth World Health Assembly,

Considering the outstanding services rendered to international public health by Dr Candau in carrying out his duties as Director-General of the World Health Organization;

Considering that after serving the Organization as Director-General for the past 20 years, Dr Candau will cease his duties on 20 July 1973 and that his work deserves particular appreciation and gratitude on the part of the World Health Organization and its Members,

DECLARÉS Dr M. G. Candau Director-General Emeritus of the World Health Organization.

Fellow delegates, I ask you to adopt this resolution unanimously. (Applause)

The PRESIDENT: Thank you, Dr Venediktov. Are there any further comments? I take it that this applause means that the resolution has been adopted. I call upon Dr Candau.

The DIRECTOR-GENERAL: Madam President, honourable delegates, there is, I believe, no need to tell you how moved I am by your resolution. It is indeed a unique honour you have just done me and I am deeply grateful. But, Madam President, if I have been able to advance the work of our Organization during the - to me - most precious years I have had the privilege of serving as its Director-General, it is due to the unfailing support I have always received from its Member governments and from the whole staff, on whose loyalty and devotion to WHO's aims I have at all times been able to count. I cannot add anything else than to say thank you very much for the way you have always treated me.

4. FIRST REPORT OF COMMITTEE B

The PRESIDENT: We shall now consider the first report of Committee B, as contained in document A26/50, which was distributed this morning. This report contains four draft resolutions, which I shall ask the Assembly to adopt one by one.

Is the Assembly willing to adopt the first resolution, entitled “Financial report on the accounts of WHO for 1972, report of the External Auditor and comments thereon by the Ad Hoc Committee of the Executive Board”? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled “Status of collection of annual contributions and of advances to the Working Capital Fund”? I see none. The resolution is adopted.

Is the Assembly willing to adopt the third resolution, entitled “Status of collection of annual contributions and of advances to the Working Capital Fund: unpaid contributions of China included in the Undistributed Reserve”? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled “Revision of the text of the Appropriation Resolution for 1973”? In the absence of any objection, the resolution is adopted.

We now have to approve the report as a whole. In the absence of any objection, I take it that the Assembly wishes to adopt the first report of Committee B.

It is so decided.

5. AWARD OF THE LÉON BERNARD FOUNDATION MEDAL AND PRIZE

The PRESIDENT: The next item on our agenda this morning is item 1.16, “Award of the Léon Bernard Foundation Medal and Prize (reports of the Léon Bernard Foundation Committee)”. The Assembly has before it the financial report on the Léon Bernard Foundation Fund (document A26/3) and the report of the Léon Bernard Foundation Committee (document A26/4). We first have to note the financial report as contained in document A26/3. Have you any observations on this report? I see none, and I therefore assume that it is the wish of the Assembly to take note of this report.

We next have to consider the report of the Léon Bernard Foundation Committee, as contained in document A26/4, and I invite Dr Ramzi, Chairman of the Léon Bernard Foundation Committee, to present this report.

1 Resolution WHA26.8.
2 See p. 515
Dr RAMZI (Syrian Arab Republic), Chairman of the Léon Bernard Foundation Committee (translation from the French): Madam President, here is the report of the Léon Bernard Foundation Committee:

"The Léon Bernard Foundation Committee met on 22 January 1973 in conformity with the Statutes of the Léon Bernard Foundation under the chairmanship of Dr N. Ramzi, to propose to the Twenty-sixth World Health Assembly a candidate for the award of the Léon Bernard Foundation Prize in 1973. The Committee noted the replies received to the Director-General's letter of 20 September 1972 requesting nominations, and examined the documentation received in support of the proposed candidates. "The Committee decided to consider the nomination submitted by the National Health Administration of Pakistan which arrived after 11 December 1972, the closing date given in the Director-General's letter. 

"The Committee decided to recommend to the World Health Assembly that the Léon Bernard Foundation Prize be awarded in 1973 to Dr Keizo Nobechi, Japan.

"During more than half a century of active service, Dr Keizo Nobechi has made outstanding contributions in the fields of social medicine and public health. His pioneer work on cholera vibrios was an important contribution to the knowledge of the epidemiology of the disease and led to the introduction of the control measures currently in use.

"Dr Nobechi also introduced a new method of serodiagnosis of syphilis which helped to improve the measures of control of a disease of recognized social importance.

"There can be no doubt that his work in the fields of cholera, syphilis and tuberculosis has been of great value to public health and research workers throughout the world.

"In addition, for 20 years Dr Nobechi devoted himself to the teaching of public health at various universities in his native land, and this provided him with a unique chance of raising a generation of graduates interested in the social aspects of public health in their country."

The PRESIDENT: Thank you, Dr Ramzi. Are there any observations? In the absence of any observations, I shall ask Dr Dorolle kindly to read out an appropriate draft resolution.

The DEPUTY DIRECTOR-GENERAL (translation from the French): Madam President, the resolution that the Assembly would probably wish to adopt reads as follows:

The Twenty-sixth World Health Assembly
1. NOTES the reports of the Léon Bernard Foundation Committee;
2. ENDORSES the proposal of the Committee for the award of the Léon Bernard Foundation Medal and Prize for 1973;
3. AWARDS the Medal and Prize to Dr Keizo Nobechi; and
4. PAYS TRIBUTE to Dr Keizo Nobechi for his outstanding contribution to public health and social medicine.

That is the text of the resolution submitted for the approval of the Assembly.

The PRESIDENT: Are there any comments on the draft resolution? If there are no comments, the resolution is adopted."
From the outset of his career, Professor Nobechi distinguished himself in many overseas assignments and conferences as a medical scientist and as a representative of his country. In 1926, he took part in the Second Laboratory Conference on Syphilis sponsored in Copenhagen by the League of Nations, and gave the assembled scientists an exposition of Murata’s methods for the serological diagnosis of the disease.

He represented Japan at the Annual Meeting of the Advisory Committee, Eastern Bureau, League of Nations, held in Singapore in 1929. When the Committee met in the following year he was elected as its Vice-Chairman.

In 1962, he led a mission of the Ministry of Health and Welfare of Japan to make a study of cholera control measures in Taiwan, Hongkong, and Macao.

Professor Nobechi served as a member of the WHO Expert Advisory Panel on Bacterial Diseases, specifically cholera, from 1963 to 1970.

The National Institute of Public Health in Japan may well be regarded as a monument to Professor Nobechi’s distinguished record of service. He was associated with the Institute from its very inception as a member of the planning committee and secretary of the building committee. He later served it for nine years as Chief of the Department of Epidemiology and as Superintendent of Education. These were the years when the Institute grew into a fine centre of education, not only for Japanese public health workers but also for students from many neighbouring countries. Outstanding work done by him as Chief of the Department of Epidemiology included studies of the tuberculin reaction, the result of which enabled Japan to adopt a national standard for tuberculin testing. The evaluation method developed by him was in universal use until the introduction of PPD.

On his retirement from the Institute in 1947, he took up a number of teaching assignments in the Nagoya National University School of Medicine and Nihon University School of Medicine. For two years he served as Chief, Department of Epidemiology of the United States Atomic Bomb Casualty Commission in Japan. (In 1965, Professor Nobechi was honoured for his services to his country when the Second Class Order of the Sacred Treasure was bestowed upon him by His Majesty the Emperor of Japan.

Ladies and gentlemen, I now have great pleasure in handing the Léon Bernard Foundation Medal and Prize to the Deputy Chief Delegate of Japan, who will present them to Professor Nobechi in due course. May I ask Dr Kasuga, Deputy Chief Delegate of Japan, to come to the rostrum?

Amid applause, the President handed the Léon Bernard Foundation Medal and Prize to Dr Kasuga.

Dr KASUGA (Japan): Mr President, honourable delegates, to the Twenty-sixth World Health Assembly, may I, Dr Kasuga, take the liberty of reading to you a statement written by Professor Nobechi, to whom you awarded the Léon Bernard Medal and Prize this year, but who deeply regrets being unable to attend this Assembly:

"Madam President, honourable delegates to the Twenty-sixth World Health Assembly, it is a great pleasure and a signal honour you have done me in awarding me the Léon Bernard Foundation Prize. I feel all the more privileged to receive this Prize in 1973, as this year marks the twenty-fifth anniversary of the World Health Organization. Mr President, and fellow delegates, I wish to express my profound gratitude for your generosity in conferring on me this distinction.

"Going through the roll of eminent figures who have received the Léon Bernard Foundation Prize before me, I feel most honoured to be received in the company of these outstanding and brilliant public health workers, and I accept this Prize with a very deep sense of humility.

"Unlike previous recipients, who have been closely associated with the World Health Organization and who in many cases, have played important roles in its work and in its international endeavour, and thus were well known to the members of the Léon Bernard Foundation Committee and to the delegates of the World Health Assembly, my career has been devoted to research and education in public health in the Far East, and to the epidemiology of the diseases common in that area, in particular cholera. I am therefore very little known to the delegates present here today. Mr President, please allow me to introduce myself to this august Health Assembly and to summarize very briefly some of the achievements which best demonstrate my work in the field of public health.

"In 1923, following extensive studies of cholera vibrios collected during the 1921-22 epidemic in Japan, I found that these organisms could be classified according to three serological types, the two found by Dr Kabashima in 1913 and a third newly discovered by myself. These three serotypes of cholera vibrio are still valid and in use today. Although Japanese workers designated the three groups as original, intermediate, and atypical, they were renamed by Professor Burrows as "Ogawa", "Hikojima", and "Inaba" types according to the original Japanese names of the type cultures I used in my studies. The serotypes are not only theoretically important but are also useful as epidemiological markers in order to trace the route of invasion of cholera until such time as more reliable markers are established. It is my sincere hope that vibriophage or vibriocin typing will be further developed and
provide a more accurate means of tracing the epidemiology of cholera.

"In 1961, I had an opportunity to visit Java at the time when Hongkong and Sarawak had already been reported by WHO to be infected with Asiatic cholera. I noticed that the epidemic of cholera was unusually slow in comparison with other epidemics of Asiatic cholera I had seen in the past, but that several hundred cases were occurring around Port Semarang, which had heavy sea-going traffic with Macassar in Sulawesi. Epidemiologically, I suspected that this Semarang epidemic might be Celebes cholera or the so-called "Paracholera", which at that time was thought not capable of causing a pandemic. On my way back to Japan, I discussed the possible spread of paracholera outside Sulawesi with workers at the Institute of Medical Research, Kuala Lumpur. They decided to introduce the haemolysin test to distinguish the paracholera vibrio, now commonly known as V. cholerae biotype El Tor. Later, the Sarawak and Hongkong cholera epidemics were confirmed to have been caused by biotype El Tor. Under these circumstances, I forwarded a letter to the World Health Organization, through Dr Omura, the Japanese member of the Executive Board at that time, stating: "As paracholera has discarded its mask as an endemic disease of the Macassar Peninsula, Sulawesi, and has become a pandemic one, the decision to discontinue the quarantine measures for it adopted in 1958 should be reconsidered. The appellation "Paracholera" would cause the people to disregard this disease and should be replaced with an adequate name".

"In subsequent years, Japanese health workers in quarantine stations repeatedly detected many cholera carriers among the crews of ships from cholera-infected areas of the Far East, in addition to a few imported cases. The Japanese health authorities, as a result, decided to apply strict preventive measures against persons and foodstuffs coming from infected areas because of the lack of a scientific base that would guarantee the protection of the country under the International Sanitary Regulations. These strict measures led to the so-called "banana war" between the Philippines and Japan, when Japan banned the importation of bananas from infected countries including the Philippines because of the absence of scientific assurance of safety, thus creating unpleasant feelings between the two countries. I am pleased to be able to inform you that the outcome of this "banana war" was the initiation of a joint study of El Tor cholera between the two countries, that was coordinated by the World Health Organization. In 1964, the Joint Philippines-Japan-WHO cholera research project came into being. It was my pleasure to participate in the Joint Project as Chairman of the Japanese party. The study, I believe, achieved a number of important results. The safety of various foodstuffs imported into Japan from the Philippines was fully confirmed, and as a result Japan withdrew practically all restrictions on the importation of foodstuffs from the Philippines. The value of cholera vaccines and other preventive measures was evaluated, and the studies provided strong evidence that sanitation measures play a more important role than anticholera vaccination. The credit for these achievements should of course be shared among the workers who took part, the national health authorities of both countries, and the World Health Organization.

"In the light of our experience in the control of cholera during the last decade, we know that there is still a great deal of work to be done and we consider it essential that studies similar to this one in the fields of epidemiology, immunology, and all other aspects of cholera control should be encouraged and increased, in addition to strengthening the activities of the public health administrations.

"As a member of the Planning Committee and Secretary of the Building Committee for the Institute of Public Health of the Ministry of Health and Welfare of Japan, which was planned and built between 1930 and 1938, I was able to make an important contribution to the teaching of public health in laying the foundation for postgraduate education not only for Japanese students, but also for students from South-East Asian countries. Since the establishment of the Institute in 1939 until my retirement in 1947, I assumed, in my capacity as educational director, the responsibility of training public health specialists for work in Japan and in other eastern countries.

"As chief of the Department of Epidemiology of this Institute, I undertook scientific studies to develop a method for evaluating the reaction of the old tuberculin which was used all over the world until PPD (purified protein derivative) was introduced. I was very gratified that these studies helped in establishing the national standard for tuberculin testing, which greatly contributed not only to tuberculosis control in Japan but also to the control of tuberculosis throughout the world, as evidenced by its adoption by WHO for comparative studies of tuberculosis prevalence in a number of countries.

"Thus I have been working towards the implementation of epidemiological disciplines in the medical and public health activities in Japan for about five decades. However, there remains, of course, a great deal to be done to achieve further progress in the epidemiological
approach to health problems. Epidemiology, per se, will have to assimilate not only the technological advances of related sciences, but must also be made more viable to cope with the various mass phenomena threatening the health of human society at an ever increasing speed in modern civilization. The World Health Organization has a unique position in this respect. Your initiative and coordinating authority are respected by all of us with enthusiasm.

"Mr President, I shall treasure, for the rest of my life, the medal with which you have honoured me today. As to the Prize you have so kindly given me, I wish to contribute it to the Voluntary Fund for Health Promotion, following the example given by a wise man, Sir George Godber, last year's recipient of the Léon Bernard Foundation Prize."

The PRESIDENT: Thank you, Dr Kasuga.

6. ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (resumed)

The PRESIDENT: Fellow delegates, the result of the voting is as follows; number of members entitled to vote, 130; absent, 3; abstentions, none; papers null and void, 1; number of Members present and voting, 126; number required for a simple majority, 64.

The following is the record of the voting:
- Iran - number of votes 126, elected;
- Malawi - 120, elected;
- China - 116, elected;
- United States of America - 113, elected;
- Switzerland - 111, elected;
- Democratic Yemen - 108, elected;
- Federal Republic of Germany - 98, elected;
- Poland - 94, elected.

The Assembly is now invited to adopt the following resolution:

The Twenty-sixth World Health Assembly,

Having considered the nominations of the General Committee,

ELECTS the following as Members entitled to designate a person to serve on the Executive Board: China, Democratic Yemen, Federal Republic of Germany, Iran, Malawi, Poland, Switzerland and United States of America.

Are there any comments on the proposed resolution? If not, it is adopted.1

I should like to thank Dr Sumpaico and the two tellers, Dr Bica and Dr Shrivastav, for the service they have just rendered.

I now give the floor to the delegate of Guinea.

Dr CAMARA (Guinea) (translation from the French): Madam President, after the Assembly's vote we wish to congratulate the fortunate newly elected Members, but this is a moment when the delegation of the Republic of Guinea wishes to make a fundamental comment on the geographical distribution of the Members entitled to designate a person to the Executive Board, as it is at present and as it really should be.

How does it come about that up to now our Region, the African Region, which has 32 active Member States just like the European Region, with an overall ratio of 5.690 just like the European Region, is entitled to only four seats, whereas Europe - and this is said without any acrimony - is entitled to seven seats, or nearly twice as many?

How is it possible, Madam President, in a world of justice and equity, within this international institution that proclaims the equality of all in regard to health, to permit the continuance of this flagrant preferential treatment that exacerbates a degree of unrest existing among the African group?

We are told that things are the way they are, but we maintain that they can be different. We are told that the Constitution is what it is; but it could be different, because this Constitution was created by us and for us. It is an object and we are subjects; in other words, we are entitled to regard it as a means and not as an end in itself.

In reality, Madam President, this problem of the regional distribution of seats is only an epiphenomenon, a symptom of a real phenomenon that we are in danger of experiencing: I refer to the increasing inadequacy of the Constitution, with its static content, in the face of the dynamic and constantly evolving character of our Organization. We repeat, Madam

President, that the Constitution, however sacrosanct it may seem, was drawn up by man and for man, and as such must be progressively and flexibly adapted to the requirements of progress so that it becomes a better working tool and a more modern combat weapon, not a sword of Damocles to defend some privilege.

Madam President, I will be told that for some years now this problem of changing the number of seats has been under study, that a draft resolution providing for enlargement of the Board has been adopted, but it is unfortunately still held up by mysterious administrative processes, and that in the absence of signature by two-thirds of Member States the status quo is constitutionally valid and must continue... From this rostrum we make a solemn appeal to the honourable delegates here present, on their return from this session of our Assembly, to make approaches to the competent authorities in order to obtain the ratification of the amendment concerned. We request the Director-General to place all the reference material at our disposal immediately. At the Twenty-seventh Assembly, that is next year, our Region, the African Region, must be able to have the number of seats on the Executive Board to which it is entitled, at least proportionally.

Madam President, we have stressed this point less to make a claim than to affirm our sense of duty and responsibility, of which we in our country are acutely aware in the face of the demands and aspirations of our peoples. It is also a proof that we trust in and will continue to trust in WHO, within which we wish to play our full part. The Executive Board is for us a very important body whose decisions or proposals continue to affect the future of our Organization in one direction or another; we have seen this happening... For us, therefore, its role is so important that we can no longer close our eyes to the situation imposed on the African Region.

The PRESIDENT: Thank you, Dr Camara. Your declaration will be recorded in the records of this meeting.

The meeting is adjourned.

The meeting rose at 12.5 p.m.
THIRTEENTH PLENARY MEETING

Thursday, 17 May 1973, at 9.30 a.m.

President: Professor Julie SULIANTI SAROSO (Indonesia)

1. SECOND REPORT OF COMMITTEE B

The PRESIDENT: The Assembly is called to order.

We shall first consider the second report of Committee B as contained in document A26/51, which has been distributed this morning. This report contains 13 draft resolutions which I will ask the Assembly to adopt one by one.

Is the Assembly willing to adopt the first resolution, entitled "Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution"? In the absence of any objection the resolution is adopted.

The second resolution is entitled "Supplementary budget estimates for 1973". I would remind delegates that under Rule 70 of the Rules of Procedure a decision on the amount of supplementary budget estimates shall be made by a two-thirds majority of the Members present and voting. I now put the resolution to the vote. Will delegates in favour of the resolution please raise their cards? Delegates who are against? Abstentions? Thank you.

The result of the voting is as follows: number of Members present and voting, 96; number required for a two-thirds majority, 64; votes in favour, 90; votes against, 6; abstentions, 4. The motion is carried.

Is the Assembly willing to adopt the third resolution, entitled "Assessment of Pakistan"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "Assessment for 1972 and 1973 of new Members: Qatar - United Arab Emirates"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the fifth resolution, entitled "Assessment for 1972 and 1973 of new Members: Swaziland"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the sixth resolution, entitled "Assessment for 1972 and 1973 of new Members: German Democratic Republic"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the seventh resolution, entitled "Coordination with the United Nations system: Review of method of establishment of the scale of assessment"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the eighth resolution, entitled "Scale of assessment for 1974"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the ninth resolution, entitled "Review of the Working Capital Fund"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the tenth resolution, entitled "Voluntary Fund for Health Promotion"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the eleventh resolution, entitled "Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the twelfth resolution, entitled "Amendments to the Financial Regulations"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the thirteenth and last resolution, entitled "Appointment of External Auditor"? In the absence of any objection the resolution is adopted.

We now have to approve the report as a whole. Are there any objections? I take it that the Assembly wishes to adopt the second report of Committee B.¹ It is so decided.

¹ See p. 515.
2. THIRD REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT: The next item on our agenda is the consideration of the third report of the Committee on Credentials, which met yesterday under the chairmanship of Mr Buick. I invite Mr de Geer, Rapporteur of the Committee, to come to the rostrum and read out the report, which is contained in document A26/52.

Mr de Geer (Netherlands), Rapporteur of the Committee on Credentials, read out the third report of that Committee (see page 512).

The PRESIDENT: Thank you, Mr de Geer. Are there any comments? In the absence of any comments I take it that it is the wish of the Assembly to adopt the third report of the Committee on Credentials.

3. APPLICATION FOR MEMBERSHIP BY THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA


I would now inform the Assembly that the observer for the Democratic People's Republic of Korea has requested the floor to make a statement. In accordance with Rule 46 of the Rules of Procedure and with the consent of the Assembly, I invite him to come to the rostrum.

Mr HAN Hong Sop (Observer for the Democratic People's Republic of Korea) (translation of the French interpretation from the Korean):" Madam President, Mr Director-General, delegates, may I first of all express my most sincere thanks for the opportunity I have been given to take the floor at this Assembly, which, among other things, is considering the question of the admission of the Democratic People's Republic of Korea to membership of WHO. On the basis of the desire to protect and improve the health of nations and to develop still further the friendly and cooperative relations between Member States, the Government of the Democratic People's Republic of Korea has submitted its request for membership of this Organization under Articles 3 and 6 of the WHO Constitution.

The Government of the Democratic People's Republic of Korea takes as the basic principle for its public health activities the teaching of President Kim Il-Sung, Head of the State of the Democratic People's Republic of Korea: "In our system, nothing is more precious than man", and he has established preventive medicine as the basic course of action in public health.

It was 20 years ago, in 1953, that the system of complete free medical treatment for all was introduced. Through the excellent realization of the prophylactic approach to medicine adopted by the Government of the Democratic People's Republic of Korea, and through the implementation of the most advanced system of medical services, including the method of treatment with responsibility for a fixed sector, our country has long been rid of communicable diseases such as smallpox, cholera, typhoid fever, malaria, Japanese encephalitis, etc., as well as of endemic diseases such as diatomiasis. At the same time, all the facilities and conditions needed for improving the health of children and women have been established on an adequate scale in our country. The State has assumed full responsibility for the care of children and for ensuring their development. Our mortality rate has now been reduced by half, and the average life span of the people increased by 26 years, compared with the pre-liberation years. Consequently, our people's age-old desire to live long and free from disease and to enjoy a happy life has been magnificently achieved.

The socialist Constitution of the Democratic People's Republic of Korea states: "The State consolidates and develops the system of complete free medical treatment for all and carries through the policy of preventive medical care so as to protect the people's lives and promote the health of the working people". During the period of the six-year plan, 1971-1976, a large number of modern hospitals will be built and hospitals, wards and specialist departments will be further consolidated, while all county hospitals will be converted into integrated hospitals and all the rural clinics into hospitals. In particular, the maternity hospital facilities for rural women will be strengthened and more children's wards built, and the distinction between town and country in medical services will be greatly reduced. I am sure that this people's policy in the field of public health that is applied by the Government of the Democratic People's Republic of Korea, and all the successes achieved, are not only fully in accordance with the objective of the World Health Organization - the attainment by all peoples of the highest possible level of health - but also form a contribution to the strengthening and development of international cooperation between Member States.

Honourable delegates, the Democratic People's Republic of Korea, as a fully sovereign State, draws up and applies all its lines of action and policies in a completely independent manner and firmly upholds its independent position in all its activities. Today the
Democratic People's Republic of Korea has diplomatic, economic and cultural relations with more than 110 countries with different social systems, and these relations are being developed and strengthened all the time. Moreover, our country is a member of many international organizations, including the International Union against Tuberculosis, and is a party to international humanitarian conventions, including the Geneva Convention on the protection of war victims concluded in 1949.

These facts show clearly that the Democratic People's Republic of Korea is capable of fulfilling the objectives and tasks of WHO in an outstanding manner, of strengthening and developing cooperation and ties between Member States, and of contributing to world peace and security if it is admitted to the World Health Organization. The admission of our country to WHO will make the contacts, exchanges, and cooperation between public health officials of North and South Korea more effective. All the meetings, the contacts, the exchange of techniques and medical experience, and the cooperation between health workers of North and South Korea are necessary and favourable, never detrimental, to the improvement of the people's health. This process will provide a great stimulus to putting into effect the points of agreement between the two sides, the North and the South, so as to bring about cooperation in the political, economic, cultural, military, diplomatic, and other fields, and will exert a favourable influence on promoting the contacts and dialogue that have started between the North and South on the active initiative of the Democratic People's Republic of Korea.

The real purpose of the draft resolution submitted to the Twenty-sixth World Health Assembly, proposing that consideration of the admission of the Democratic People's Republic of Korea be postponed until next year, is to prevent our country's admission. There is no justification for postponing consideration of admission for another year, and this is not in the interests of the World Health Organization. Moreover, the proposal to postpone consideration of the admission of the Democratic People's Republic of Korea until next year introduces political problems into the universal and humanitarian health organization, which is detrimental to the proper progress of the meeting. Consequently, in the conviction that the delegates taking part in the Twenty-sixth World Health Assembly will, in the spirit of humanitarian principles and justice, support the official admission to this Organization of the Democratic People's Republic of Korea, we express the wish that the Assembly should examine this problem and come to a favourable decision.

The PRESIDENT: Thank you, Mr Han Hong Sop. I now recognize the chief delegate of Romania, Ambassador Ene, who has requested the floor to introduce the draft resolution as contained in document A26/42.

Mr ENE (Romania): Madam President, the Romanian delegation has the privilege and the honour to submit for the consideration of this Assembly the draft resolution jointly sponsored by 35 states - Afghanistan, Algeria, Bulgaria, Burundi, Chile, China, Congo, Cuba, Czechoslovakia, Dahomey, Democratic Yemen, Egypt, German Democratic Republic, Guinea, Hungary, Iraq, Madagascar, Malawi, Malta, Mauritania, Mongolia, Peru, Poland, Romania, Rwanda, Senegal, Sierra Leone, Somalia, Sudan, Syrian Arab Republic, Union of Soviet Socialist Republics, United Republic of Tanzania, Yemen, Yugoslavia, and Zambia - proposing the admission of the Democratic People's Republic of Korea as a Member of the World Health Organization. We do so, fully convinced that this constitutes a constructive contribution to the work of this Organization and to the cause of international cooperation. Romania has constantly taken a firm position in favour of strengthening the role and the work of the World Health Organization as well as of the other organizations of the United Nations, with the belief that these organizations provide the proper framework for the development of cooperation and mutual understanding among nations for the establishment of a new type of relation among States all over the world. The Constitution of the World Health Organization, to which all of us present in this hall are parties, solemnly provides that "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States". It is only natural that in order to reach these aims the international organizations should be open to all countries and take advantage of the experience acquired by each of them, thus facilitating the access of all nations to the achievements of civilization. This is especially true for WHO, an Organization dedicated to the noblest humanitarian purpose of promoting and protecting the health of all peoples; and I would like to recall here the convincing words of Dr Candau, as a conclusion of 25 years of experience of our Organization and of the association with it of this great man. After reviewing the history of the membership of WHO, Dr Candau expressed the hope that the Organization would attain the true universality of membership which would allow it better to serve its Members.
The fact that a new State is applying now for admission to the World Health Organization is a confirmation of the prestige and authority of this Organization, a corona of its work for a quarter of a century. As mentioned in the memorandum submitted by the delegation of the Democratic People's Republic of Korea, the Government of the Democratic People's Republic of Korea, recognizing the Constitution of the World Health Organization and starting from its desire to protect and improve the people's health and to further develop the relations of friendship and cooperation among all Member States, has applied for admission to this Organization. A country subdued for centuries, as many other nations represented in this hall have been, by foreign oppression, the Democratic People's Republic of Korea acquired its independence at the expense of great sacrifice. As are other countries of Asia, Africa and Latin America, it is a part of the developing world. Like them, it is engaged in a sustained effort to achieve economic and social progress. Like them, the Democratic People's Republic of Korea trusts international cooperation and is ready to bring its contribution to it. It is our firm belief that the admission of the Democratic People's Republic of Korea to WHO will give important support to the work of this Organization and to the promotion of its humanitarian tasks.

Let me again recall the Constitution, which stipulates among its principles that "The achievement of any State in the promotion and protection of health is of value to all." The jubilee session of the World Health Assembly has witnessed the presence, for the first time, of a delegation from the People's Republic of China. The question of the participation of the German Democratic Republic as a Member of this Organization has been happily solved. The Democratic People's Republic of Korea is the only applicant State outside the Organization and when admitted, will complete the universality of the Organization. It is in this spirit and trusting that the twenty-fifth anniversary of the Organization will mark the realization of this basic principle on which this Organization was founded, that the 35 co-sponsors of the draft resolution, representing countries from all regions of the world, have proposed the admission of the Democratic People's Republic of Korea to the World Health Organization. We are confident that all the delegations in this hall will make their decision carefully, in the interest of the Organization, and sympathetically, taking into account readiness of the applicant State to commit itself to international cooperation and to the lofty principles of the World Health Organization.

Madam President, under these circumstances, a proposal to defer consideration of the participation of the Democratic People's Republic of Korea, as provided in the draft resolution contained in document A26/46, seems to us at least anachronistic. It introduces a discordant note in the solemn atmosphere of this Assembly. Indeed, we are faced here with a negative attitude towards the readiness of a State to take part in international cooperation. We are sorry to note, therefore, that the draft resolution (A26/46) is contrary to the positive trends prevailing nowadays in the world and brings harm to the process of normalization of international life. As to the reasons put forward for this negative approach, they are of a purely political nature. In fact, it is surprising that a number of delegations that themselves argued for years against the involvement of WHO in political debates are now taking exactly the opposite view. We are told that the application for the admission of the Democratic People's Republic of Korea to WHO raises matters associated with the question of the division of Korea. But permit me, Madam President, to ask, was not this question equally valid when South Korea decided to join the Organization? Why did not the sponsors of the draft resolution oppose at that time the admission of South Korea? We are told that the admission of the Democratic People's Republic of Korea to WHO would affect the talks now going on between the two parts of Korea. The above question is again applicable. Why did not the participation of South Korea affect the talks in the same way as will the participation of the Democratic People's Republic of Korea in WHO? Our attention is being called to precedents in this Assembly, when similar issues have also been deferred. If we are to refer to past experiences, one cannot help recalling the fact that all such approaches have finally failed, and the delegations that were repeatedly refused the right to sit with us are now present in this hall. Are we requested again to subscribe to the dilatory tactics which in the past served narrow political interests and proved very harmful to this Organization? Firstly, while we are requested to leave the question of the relations between South and North Korea within the hands of the Korean people, the draft resolution is aimed at obtaining exactly the opposite. It is obvious that by refusing the application of one side when the other side is already a Member, the Organization is being called to take a political stand that would undoubtedly affect the dialogue between the two sides. In fact, the dialogue between North and South Korea is going on and the joint communiqué signed by the two parties last July is there to prove the results accomplished so far. As rightly pointed out by the distinguished representative of the Democratic People's Republic of Korea, when the Democratic People's
Republic of Korea becomes a Member of WHO, the Organization will provide both parts of Korea with the possibility of working together, thus following again the principles agreed upon in July 1972. Let me recall for the benefit of all distinguished Members that the above mentioned communiqué speaks of common efforts, "to improve the relations between the South and the North", of the agreement of the two parties to cooperate in a positive manner, of their readiness to start exchanges in various fields, etc. It goes without saying that all this is also applicable to cooperation in the field of health.

Madam President, Romania and many other countries resolutely support the admission of the Democratic People's Republic of Korea as a Member of WHO this year. The decision which we are called to take is a matter of great responsibility. The delegations are requested to take a position that may affect the sovereign rights of a State and indeed the principle of equality among States. We should avoid any decision that would involve the Organization in political matters, by refusing the application of one side while the other side is already a Member. We would like to believe that the States here represented will respond to the voice of reason, and will not permit the spirit of cooperation and mutual understanding, which has finally been achieved after 25 years of common endeavours, to be disturbed again. The Romanian delegation will vote against the 28-power draft resolution and appeals to the other Members that respect the principles of this Organization to proceed likewise. In fact, this draft resolution is not a procedural one. It refuses the admission of a State by dilatory tactics and therefore it deals with a matter of substance. It is evident that a delegation that is in favour of the admission of the Democratic People's Republic of Korea to WHO cannot but vote against this draft resolution. Before concluding, I would respectfully call your attention Madam President, to the fact that, 12 years ago, at its fourteenth session, by resolution WHA14.35 the World Health Assembly decided to invite "all States... which are not represented in the World Health Organization, to consider applying for membership in the Organization". Now this is a time when the loyalty of the Member States of this Organization to the given word and to the principles they sustained is to be proved.

The PRESIDENT: Thank you, Ambassador Ene. I have been requested by the delegation of Pakistan to inform the World Health Assembly that it wishes to have its name included among the co-sponsors of the draft resolution in document A26/42. The delegation of Pakistan regrets that it was unable to signify this earlier.

I shall now give the floor to the delegate of the Philippines, Ambassador Urquiola, who will introduce the draft resolution contained in document A26/46.

Mr URQUIOLA (Philippines): Madam President, Mr Director-General, and distinguished delegates of the Twenty-sixth World Health Assembly, I have the honour to present the draft resolution contained in document A26/46 for the consideration of this Health Assembly. This draft resolution is being sponsored by the following Member States of the Organization: Belgium, Brazil, Canada, Central African Republic, Colombia, Costa Rica, Cyprus, Gabon, Federal Republic of Germany, Greece, Guatemala, Haiti, Honduras, Italy, Japan, Luxembourg, Monaco, Paraguay, Philippines, Republic of Korea, Spain, Swaziland, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Viet-Nam, and Western Samoa.

I should like to explain the rationale behind this draft resolution before this august body. You are probably aware, fellow delegates, that at the present time extremely delicate negotiations are taking place between South and North Korea, motivated by their common desire to achieve peaceful reunification of the fatherland as early as possible. They are impelled by the hope of reaching mutual agreement to remove the misunderstanding and distrust and to mitigate the increased tension and alienation, resulting from confrontation and long separation of the country during the last quarter of a century.

Less than a year ago, a high-level dialogue took place between the two Koreas for the first time in 23 years. Moreover, a series of meetings of Red Cross representatives of South and North Korea have been held during the year, the latest one taking place only on the 9th and 11th of this month. Obviously, the Korean people need a little more time — probably at least one more year — in order to work out an agreement among themselves for an amicable solution to the problem, including the question of dual membership of the World Health Organization.

In this connexion, I should like to point out to the delegates of this Assembly one of the principles contained in the South/North Korean communiqué dated 4 July 1972 on the question of the unification of Korea, which reads as follows: "Unification shall be achieved through independent Korean efforts without being subject to external imposition or interference."

For this reason, I believe that we should not deny the Korean people a fair chance to work out their own solution to the problem by their own efforts. It would be inadvisable for this Assembly to take any action that might adversely affect the progress of the
dialogue between the two Koreas, as any precipitate action in this regard might upset the sensitive negotiations - which would indubitably result in grave political consequences. Any hasty action affecting the delicate dialogue in Korea on the question of unification goes beyond the framework of the Health Assembly.

My delegation is of the belief that the application of North Korea for membership of the World Health Organization is an important question because it contains political overtones that impinge directly on the unresolved question of Korean unification. This being so, I would counsel the Health Assembly to exercise caution and patience in dealing with this important question.

The distinguished delegates to this Assembly are perhaps aware that this new development - that is, the dialogue now going on between South and North Korea - has not gone unnoticed in the highest political organ of the United Nations. Last year, the United Nations General Assembly decided to postpone consideration of the Korean question so that the talks between South and North Korea would be conducted successfully in a calm and constructive manner.

I am convinced that the decision of the General Assembly to adopt a "hands off" policy on the Korean question until the two parts of Korea have reached a solution to their problem cannot but make a most persuasive case for the Health Assembly's action on this question. The Health Assembly should move slowly and cautiously in its consideration of the application of North Korea for admission to the World Health Organization until such time as both sides of Korea have reached some political solution to the question of dual membership of the World Health Organization or until the United Nations General Assembly has taken further action on the Korean question based on tangible results of the discussions now going on in that country.

Madam President and fellow delegates, the World Health Assembly in a previous session also postponed consideration of a similar question of equal importance and significance, to ensure good chances of a political solution. This was achieved successfully, thanks to the patience and wise decision of the Health Assembly. I sincerely hope that this Health Assembly will not lose sight of that precedent.

For those compelling reasons, and on behalf of the other sponsors of the draft resolution contained in document A26/46, I directly appeal for and earnestly request full support for our resolution calling for deferment of the consideration of North Korea's application for membership of the World Health Organization until the Twenty-seventh World Health Assembly.

The PRESIDENT: Thank you, Ambassador Urquiola. I now give the floor to the delegate of Somalia.

Dr HASSAN (Somalia): Madam President, fellow delegates, Somalia is one of the co-sponsors of the draft resolution contained in document A26/42, which advocates the admission of the Democratic People's Republic of Korea. The Democratic People's Republic of Korea has applied for admission to this Organization and we support this application on the understanding that this will assist the Organization in achieving the universality that is enshrined in the Constitution of the Organization itself. It is not in the interests of the health of the world in general or the people living in Korea in particular to deny admission to one part whilst allowing it to the other, and we hope and feel that the deferment that is proposed will be considered as being meant to withhold humanitarian rights from part of the country. It is true that the two Koreas are having a dialogue. We assume that allowing both parts of the country to take part in our discussion will help understanding as they will have a common goal to achieve. Therefore we ask that consideration be given to this draft resolution on that basis, and that the draft resolution contained in document A26/46 be rejected on the grounds that it denies to one part of the country a right that it allows to the other.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of China.

Mr WANG Chung-li (China) (interpretation from the Chinese): Madam President, first of all, in the name of the delegation of the People's Republic of China, I wish to extend a warm welcome to the delegation of the Democratic People's Republic of Korea, present at this Assembly. Under the leadership of President Kim Il-Sung the Korean people, by displaying a spirit of self-reliance and by hard struggle, have won great achievements in the construction of their country. To date the Democratic People's Republic of Korea has been transformed from a poor and backward colonial country into a prosperous socialist country. As a result of its consistent pursuance of a foreign policy of peace and friendship and its positive contributions to the promotion of friendship and solidarity of the peoples of various countries, the international prestige of the Democratic People's Republic of Korea is increasing every day.

On the initiative of the Democratic People's Republic of Korea, North and South Korea have started direct contacts and dialogue, and on 4 July 1972 jointly issued a statement marking an important step on the way to the independent and peaceful reunification of Korea. This is not only in conformity with the national wishes of the entire Korean people, but also conducive to the détente of the situation in Asia. Consequently, it has received the welcome
and support of peoples throughout the world. The World Health Organization should take
cognition of the situation in Korea and correct the present irrational state of unilateral
representation of the South Korean authorities in the World Health Organization and its
Assembly, so as to create favourable conditions for the independent and peaceful reunification
of Korea. Now, in accordance with the principles of the Constitution of the World Health
Organization, the Democratic People's Republic of Korea has formally applied for admission to
the World Health Organization, of which it is fully entitled to be a Member. The Chinese
delegation resolutely supports the just request of the Democratic People's Republic of Korea
for membership of the World Health Organization and therefore firmly opposes the proposal,
sponsored by 28 delegations, including South Korea, to defer consideration of the application
for membership of the Democratic People's Republic of Korea for one year. In the memorandum
addressed to the President of the World Health Assembly, the alleged reason given by the
South Korean delegation for the postponement of consideration for one year is merely a
pretext; it is entirely untenable. Is it conceivable that only the unilateral representation
of the South Korean authorities in the World Health Organization will be favourable to the
contacts between North and South Korea, whereas the participation of the Democratic People's
Republic of Korea in this Organization is unfavourable to the contacts? What sort of logic
is this? Such an act of theirs is not only in conflict with the interests of the Korean
people but also detrimental to the dialogue between North and South Korea. Therefore, we
hold that the present session of the World Health Assembly should admit the Democratic People's
Republic of Korea as a Member State without delay. We hope that the joint proposal for
admitting the Democratic People's Republic of Korea put forward by 39 Member States to this
Health Assembly for deliberation will receive serious consideration and support from all
delegations.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of the Republic
of Korea.

Mr T. J. PARK (Republic of Korea): Madam President and distinguished delegates, ladies
and gentlemen, I speak for the Republic of Korea, often called South Korea. The capital
city of the Republic of Korea is Seoul. South Korea has 32 million people representing
more than two-thirds of the total population of Korea today. On the other hand, "Democratic
People's Republic of Korea" is the designation given by North Koreans to their own regime.
We usually call it North Korea for the reason that we have not recognized it as the
Democratic People's Republic of Korea and also for convenience of identification. I say
this at the outset of my statement only to prevent any possible confusion in the minds of my
fellow delegates to this Health Assembly as to our respective identities.

Madam President and distinguished delegates, although our debate on the issue before
this Assembly is already assuming a controversial character, I wish to state the position
of my delegation as one of the parties directly interested. My delegation considers that the
issue involves questions of paramount importance for all the Korean people, for their peace
and for reconciliation. In our view, the most eloquent and convincing argument for the
postponement of consideration of the North Korean membership question in this Assembly is
that the issue is still, at this stage, a very controversial one. It is dividing this
distinguished and humanitarian Assembly. It also threatens to disrupt the historic
South-North dialogue which is going on in Korea and to deepen the artificial division between
the south and the north of Korea.

Madam President, let me solemnly state that the Republic of Korea would not be content
to rank second to any Member State of this Organization in its dedication to and respect for
the principles of universality and humanity. At the same time, however, there are higher
values and higher interests that must come before these principles. For a divided people
that fought three years of bloody war amongst themselves there cannot be more vital and more
urgent interests than those of peace and harmony. The highest and most urgent tasks of all
the 50 million Korean people, therefore, are the prevention of another war, the restoration
of national unity through harmonization, and the establishment of a lasting and just peace.
This task cannot be succeeded in without the sincere and unruffled efforts of the Korean
people themselves. No other nation, no external organization, can achieve this for us.
Only the Korean people, through their own talks, can achieve it, no matter what obstacles may
occur at times and no matter what ill influence may come from their big neighbours in Asia.

After 23 years of total and hostile confrontation, the Government of the Republic
of Korea initiated the current dialogue last May, just one year ago, when President Park sent a
high-level secret envoy to North Korea. The result was, as we all know, the South-North
Joint Communiqué of 4 July 1972, which set forth three principles of national unification -
that is, unification first through the independent efforts of the Korean people themselves,
secondly, through peaceful means, and, lastly, by rising above ideological differences and
uniting on the basis of overriding national interests. This joint communiqué of 4 July
clearly stands for national unity and integration. It does not stand for the perpetuation
of division and separation. Surely this joint communiqué has bound two parties to strive
for unification.

It is less than one year since then, and the next meeting of this dialogue is expected
to take place in Seoul before long. I honestly do not believe that the Korean people have
yet been given a fair chance, if any one in this Assembly thinks we have had enough time.

At this stage, Madam President and fellow delegates, I feel it necessary to brief this Assembly for a moment on the current situation in divided Korea. In spite of the dialogue, there has been no traffic between the South and the North; no exchanges of any kind; no trade; no mutual visits except the alternating visits of the South-North dialogue teams across a single bridge heavily guarded by armies on both sides. The four-kilometre demilitarized zone across 150 miles of the Korean peninsula is a no man’s land of barbed wire and minefields, joined on both sides by one of the most heavily armed systems of fortifications in the world today. Indeed, the confrontation during the last 20 years has denied Korea the fond image of a "Land of Morning Calm".

There are still occasions of military incidents involving shootings of soldiers who try to repair the demarcation mark. There is no comparable hostile separation within one nation elsewhere today. And the aim of the South-North dialogue is to remove this very hostile and dangerous confrontation and separation by direct talks. Could there be any more urgent and vital undertaking for the Korean people?

Madam President and fellow delegates, the Chinese delegate has declared that his delegation resolutely supports the application of North Korea because the South and North have already agreed in principle on the independent and peaceful reunification of Korea. I must regretfully confess that I cannot follow this Chinese logic. The application by North Korea clearly implies a separation and disunity and disintegration. The agreement of 4 July 1972 is aimed at facilitating arrangements for peaceful reunification through the independent efforts of the people of Korea. This apparently stands for removing the existing partition and division. How, then, is it possible to draw any conclusion such as that of the Chinese delegation, that an act of separation conforms to the principle of unification and integration? This to me fails completely to conform to common sense. If China were genuinely interested in the reunification of divided Korea and total peace in the Far East, as its delegate has implied a while ago, I believe that the right answer for China to offer in this instance should be to discourage North Korea on the question of separate membership of WHO and to urge North Korea to discuss such a question with the Republic of Korea at the current dialogue, so as to work out a suitable means of solving such a problem. I very much hope that China does not intend to keep Korea divided for a long time, as at present, making North Korea a buffer state serving Chinese security. I hope I am totally wrong in imagining this. To charge that the Republic of Korea is unilaterally represented in WHO is totally unacceptable. The Republic of Korea joined WHO in 1949 in accordance with the relevant provisions of the WHO Constitution and certainly with the approval of the Second World Health Assembly. North Korea has never applied for membership. As a matter of fact, North Korea could hardly expect the approval of the World Health Assembly, and was never really qualified to apply for such membership within the United Nations, for many obvious reasons known to this Assembly.

Madam President and dear fellow delegates, before outsiders take any action or decision on Korean problems, the Korean people should be given time to try to work out a solution of their own. It is time for WHO to be understanding, prudent, and patient towards Korea. The issue is highly sensitive. This is the core, the essence of the reasons for asking the overwhelming support of this wise Assembly to postpone the consideration of the North Korean membership application until next year. In the meantime the world will notice a certain very significant evolution - I repeat, very significant evolution - in the relations between the South and the North in Korea. In view of all this, I believe, Madam President and fellow delegates, that this World Health Assembly would not wish to preempt a vital issue of the South-North talks of the Korean people at this stage. The question of North Korean membership of WHO, unfortunately, and owing to the inevitable course of past history, is not a simple question of single membership, as in the case of an undivided country, but essentially a question of dual membership for Korea - for one nation - and, as such, ought to be dealt with first by the Korean people themselves. No international organization, no other States, have a prior claim to decision or action on such a vital question of political sensitivity. It must be clear and evident that any preemptive decision by this World Health Assembly on the issue before us would upset the delicate dialogue which is of greatest value for the Korean people in 25 years. My delegation is not asking to reject the North Korean membership application, it is only asking to postpone its consideration until next year. Although one year may seem long to many dedicated humanitarians in this Assembly, it is a fleeting moment for a nation with 4000 years of history. It is simply a procedural decision. I appeal to all distinguished delegates and colleagues here in this Health Assembly to overwhelmingly support the resolution contained in document A26/46, co-sponsored by 28 Member States of this Organization, including my own, representing Asia, Africa, Europe, Latin America and North America. I trust that all serious-minded delegates here in this Health Assembly, and all our friends here, will vote in favour of that draft resolution when it is put to the vote at the end of our debate.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of Saudi Arabia.

DR AL-TABBAA (Saudi Arabia) (translation from the French): Madam President, ladies and gentlemen, the delegation of the Kingdom of Saudi Arabia has examined the draft resolution (document A26/42) favouring the admission of the Democratic People’s Republic
of Korea and the communication - which appears as document A26/45 - addressed to the
President of the Assembly.

While noting the progress achieved in this country with regard to health promotion,
the delegation of Saudi Arabia takes the view that the admission of the Democratic People's
Republic of Korea is dependent on the result of the talks being held between the North and
South. Until these talks have led to a result that is satisfactory for both countries, it
regrets that it cannot decide in favour of the admission of the Democratic People's
Republic of Korea.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of Albania.

Dr BOÇKA (Albania): (translation from the French): Madam President, the World Health
Assembly is in the process of examining the request of the Democratic People's Republic of
Korea for membership of WHO, submitted in the letter from the Minister of Foreign Affairs of
the Democratic People's Republic of Korea to the Director-General of the Organization.

The Albanian delegation fully supports this request by the Democratic People's Republic
of Korea. It is of the opinion that the Democratic People's Republic of Korea should
occupy the place to which it is fully entitled within the Organization; it is an independent
and sovereign State, and its Government expresses the free will of the Korean people and
possesses all the qualities and attributes necessary to represent the Korean people in
international relations, including the international organizations. The denial of this
incontestable right, and any other such delay, constitute an intolerable injustice towards the
Democratic People's Republic of Korea, which should for a long time have been a Member of WHO.
Any delay in solving this problem will certainly be highly prejudicial to the Organization itself, to its efficiency, and to its prestige. The Albanian delegation believes that the
time has come to end this harmful practice imposed on the Organization under pressure from the
United States of America and its partners so as to prevent the Democratic People's
Republic of Korea from taking part in international cooperation in health matters within the
framework of WHO.

It is well known that the Democratic People's Republic of Korea is an independent and
sovereign State that is building socialism, ensuring its people a happy and prosperous life. All the desired facilities and opportunities have been created for the Korean people in all spheres of life, and particularly in the health field. In 1944, the year of its liberation, Korea was a backward country; since then, in the Democratic People's Republic of Korea, great successes have been achieved, in the defence of public health, as in every other sphere of life. At present the medical service in North Korea extends throughout the Republic and for the last 20 years it has been free for everybody. All these facts and the other advantages enjoyed by the Korean people in the northern part of the country, together with the development prospects of its medical services, clearly demonstrate the importance attached and the care given by the Government of the Democratic People's Republic of Korea to the health and wellbeing of its people.

The situation is entirely different in the southern part of Korea, where the population
is forced to lead a life of economic and social hardship as a result of the American
military occupation and twofold oppression. American imperialism has turned South Korea
into a colony and, in accordance with its fiendish plans, into an armouiry against the
Democratic People's Republic of Korea and the other peace-loving and freedom-loving countries of Asia. It incites the puppet regime in Seoul to armed provocation against the Democratic People's Republic of Korea in order to set Korean against Korean.

The Albanian people and its Government have always supported the rightful struggle of the Korean people against American imperialism and its lackeys, the clique of Park Chung Hee. They have unmasked the presence of American troops in South Korea, which as is known still continues 20 years after the conclusion of the ceasefire agreement, and have demanded their
removal from South Korea so as to allow the Korean people themselves to solve their national problem - the unification of the nation.

In conclusion, the delegation of the People's Republic of Albania states once more that it
strongly supports the legitimate request of the Democratic People's Republic of Korea to
be admitted to membership of the Organization, and will vote for its admission. We
resolutely condemn the devilish manoeuvres incited and organized by the United States which, under fallacious pretexts, are aimed at postponing as long as possible the solution of the question of admitting the Democratic People's Republic of Korea to WHO and at keeping it
outside the Organization. The Albanian delegation expresses the conviction that the
delegations of peace-loving and justice-loving Member States will frustrate these manoeuvres and will vote for the admission of the Democratic People's Republic of Korea to WHO, which
would be fully in accordance with the principle of universality embodied in the Organization's
Constitution and would strengthen its effectiveness and international prestige.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of the United
Republic of Tanzania.

Mr MWINYI (United Republic of Tanzania): Madam President, fellow delegates, the
Tanzanian delegation has co-sponsored the draft resolution contained in document A26/42, and
will stand for the admission of the Democratic People's Republic of Korea to membership of
the World Health Organization without any delaying tactics; I submit that this is the only course which fully accords with the aims and ethics of this Organization.

The founders of WHO were firm believers in the principle of its universality, and this belief is preserved in the WHO Constitution for posterity. This is not only a noble principle but also it is one which not a single Member State has ever questioned. This may be the appropriate time, however, to ask ourselves whether we continue to support this ideal and, if we do, we should rejoice and welcome the 15 million people of North Korea to join us in this Organization. I believe that all Member States present here subscribe to this principle, and therefore I am encouraged to appeal to you all, fellow delegates, to approve the entry of the Democratic People's Republic of Korea to WHO. In doing so, we shall not only be meeting the desire of the Government and people of North Korea but also we shall be scoring yet another success for the Organization.

A pertinent question that might be asked is whether the Democratic People's Republic of Korea has satisfied all the necessary conditions for membership, and in connexion with this question, it should be noted that Article 3 of the Constitution clearly stipulates that membership is open to all States. Even if we interpret this to mean that the country concerned must be an independent sovereign State, no one present here can dispute the fact that this criterion has been fully fulfilled in this case.

That being so, Madam President, any opposition to North Korea's application for membership of WHO cannot be based on the interests of the Organization. What is such opposition based on? The answer to that is only a vague, political argument, but one which is not at all unfamiliar to those delegates who were here last year and the few preceding years.

We are reminded that there are two parts of Korea, the North and the South. One part is a Member of WHO while the other part is standing outside waiting. The only rational thing to do in such a situation is to rationalize the anomaly, but instead the Assembly is told that if it approves North Korea's application it will be endangering delicate negotiations which are now under way. But the Assembly will not fail to realize what it is not told, and that is that if it rejects the application, whether directly or by delaying action, it will be in fact getting itself involved in bilateral political differences between North Korea and South Korea. This would be a sorry thing to happen for the Organization, as it might imply that the Organization is joining in political blackmail.

There is a tide in the affairs of the human race, and this includes the affairs of this Organization. Distinguished delegates, we have just celebrated the twenty-fifth anniversary of WHO. We have just welcomed the People's Republic of China back to its legitimate seat on this body, and we have just, at long last, opened the door to the German Democratic Republic. Let us maintain this spirit of understanding and moving forward. I appeal to you all to approve the draft resolution in document A26/42.

The PRESIDENT: Thank you, sir. I now call upon the delegate of the United States of America.

Dr EHRLICH (United States of America): Thank you, Madam President. The United States delegation believes that the World Health Assembly should postpone its consideration of North Korea's application for membership in the World Health Organization. We have therefore joined the Republic of Korea and other countries in co-sponsoring the draft resolution to that effect. We believe that the question of North Korean participation in international organizations is an issue that should be considered in appropriate United Nations political forums.

The question is not that of universality of WHO membership, but rather a recognition of the political realities of the current situation. As a physician, I regret that the Assembly has been forced to spend its valuable time on this political issue to the detriment of the health problems with which we should be dealing.

This is not the time to consider the entry of North Korea, for as you all know the Republic of Korea and North Korea consulted together and issued a joint communiqué in July 1972. They have since carried on talks which had potential for a direct and important contribution to greater stability and peace in North-East Asia. These talks, however, are still in their initial stage and differences remain. In our judgement the best way to facilitate the talks is to let the two parties work out their problems together without the encumbrance of a possibly acrimonious debate in international organizations.

For the above reasons, Madam President, the United States hopes that other delegations will join us in voting to postpone to the Twenty-seventh World Health Assembly consideration of North Korea's application.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of Bulgaria.

Dr ARNAUDOV (Bulgaria) (translation from the Russian): Madam President, ladies and gentlemen, it is an occasion for joy that our Organization is increasing its membership year by year. The Organization is approaching ever closer to the time when it will have
fully met the requirements of its Constitution, according to which it should be a universal humanitarian organization for the achievement of whose aims every country of the world will exert its best efforts.

It is a great satisfaction to us that we have taken into our family at this session the German Democratic Republic, to whose delegates we once again extend a warm welcome. The candidature of the Democratic People's Republic of Korea is now put forward for our attention. In a letter to the Director-General of the World Health Organization the Minister of Foreign Affairs of the Democratic People's Republic of Korea, Ho Dam, appeals to all Member countries of the World Health Organization and states with confidence that his country will carry out honourably all the obligations arising from its membership of the World Health Organization after it becomes a Member.

The Democratic People's Republic of Korea is an independent socialist State which is rapidly developing its national economy, raising the material and cultural level of its country and achieving swift development of its public health services. Thanks to the progressive principles on which its public health system is based, considerable successes have been achieved in a short time. A well coordinated system of public health establishments under the leadership of a special central body - the Ministry of Health - has been created. The planning and financing of all public health measures form part of the State plan for the social and economic development of the country. As has already been stated by the representative of the Democratic People's Republic of Korea, a law providing for free medical treatment for the population has been in force for 20 years. Maternal and child health is one of the foremost concerns of the State. The total of public health establishments and the number of medical staff in them are rising rapidly. While in 1944 there were only nine hospitals and clinics, with a small number of medical staff, today there are over 6300 such establishments, with a staff of over 250,000 persons.

Thanks to a well organized system of curative and preventive care a number of communicable diseases, such as smallpox, cholera, typhoid fever, malaria, etc., have been eradicated. Rapid rates of development are envisaged in the present six-year plan (1971-1976).

All these programmes for the development of the public health services being carried out by the Government of the Democratic People's Republic of Korea are in full accordance with the decisions of our Organization on the basic principles for the establishment of national health services, the training of national medical staff, etc. They can serve as an example for many countries which are now establishing their own public health systems.

As is known, the Government of the Democratic People's Republic of Korea has taken an important initiative with a view to bringing the talks on the peaceful unification of the country to a successful conclusion. In this respect the letter addressed by the Supreme People's Assembly of the Democratic People's Republic of Korea to parliamentarians and governments of all countries of the world is well known. Admission of the Democratic People's Republic of Korea to membership of WHO will in no way hinder these initiatives but will on the contrary help in further conversations between North and South.

On behalf of the delegation of the People's Republic of Bulgaria I call on the honourable delegates to the Twenty-sixth Assembly to support the candidature of the Democratic People's Republic of Korea so that it becomes a Member of our Organization and we thus take one more step towards the universality of WHO.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of Hungary.

Professor FARADI (Hungary) (translation from the French): Madam President, ladies and gentlemen, on 1 February 1973 the Government of the Democratic People's Republic of Korea submitted a request for membership of our Organization to the Director-General of the World Health Organization. On behalf of my delegation I note with satisfaction the Director-General's decision to invite a delegation from the Democratic People's Republic of Korea to attend in the capacity of observers. I warmly welcome this delegation and would like to express our hope that it will take part with full rights in the work of this Assembly.

We wish to point out that the Democratic People's Republic of Korea fulfills all the conditions laid down by the Constitution of the World Health Organization for a country wishing to become a Member. The Government of the Democratic People's Republic of Korea takes the furtherance of the people's prosperity as its supreme principle. Its health service is organized in accordance with resolution WHA23.61 of the Twenty-third World Health Assembly concerning the basic principles for the development of national health services. It has achieved considerable success in the control of severe infectious diseases, and health care is completely free of charge.

"I recognize that those popular policies on public health followed by the Government of the Democratic People's Republic of Korea and the successes it achieved in the work for the protection and promotion of the people's health fully conform with the basic object and tasks of the World Health Organization and will contribute to strengthening international cooperation and ties in the field of public health"; this was written by the Minister of Foreign Affairs of the Democratic People's Republic of Korea in his letter to the Director-General. The
Democratic People's Republic of Korea has extensive diplomatic relations and international links of other kinds.

As you know, the Government of the Democratic People's Republic of Korea is endeavouring to bring about the peaceful unification of Korea. My delegation welcomes this decision by the Government of the Democratic People's Republic of Korea. We are considering proposals directed at postponing the admission of the Democratic People's Republic of Korea. There is no basis for these proposals. The existence and status of negotiations cannot influence us in our decision to admit this country to our Organization.

The assurance of health is one of the basic rights of man, and its achievement depends on the desire of States to promote international collaboration. In our time modern communications have reduced distances, and the introduction of diseases confronts national health authorities with difficult tasks.

In view of these considerations it is not only the Democratic People's Republic of Korea and its people that will benefit from that country's membership of the World Health Organization. Its membership is also of immediate concern to all peoples who are struggling for progress, and particularly to the World Health Organization. That is why I propose, on behalf of the Hungarian delegation, that the Democratic People's Republic of Korea should be admitted as a full Member of the World Health Organization.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of Poland.

Mr. EJMA-MULTANSKI (Poland) (translation from the French): Madam President, the Polish delegation is pleased that the question of the admission of the Democratic People's Republic of Korea has been included in the agenda of the Twenty-sixth World Health Assembly. We regard this as a legitimate request, submitted by a sovereign and independent State, which should be examined by our Organization in a realistic spirit and with an awareness of the important responsibilities that rest upon it.

I should also like to express the wish that the Assembly will decide without delay to admit the Democratic People's Republic of Korea to the World Health Organization. We hope for this because of the importance of this State, which is fully in control of its internal and foreign policy, and which has diplomatic, economic and cultural relations with many countries of the world. We also desire it because of this State's remarkable achievements in the field of public health, which give it excellent possibilities of contributing to the success of WHO's activities. Finally, we desire it because of the principle of universality that our Organization must put into effect. It is generally recognized that universality is one of the essential conditions that must be fulfilled if the humanitarian objectives of WHO are to be achieved. It was because of this same requirement that Poland, during several sessions of the World Health Assembly, called for the admission of the People's Republic of China and the German Democratic Republic, both of which we are particularly glad to see among us today as full Members of our Organization. It is this same concern, fully in accordance with the provisions of the Constitution of our Organization, that makes us hope today that the World Health Assembly will decide on the admission of the Democratic People's Republic of Korea to WHO.

Consequently, Madam President, we believe that the admission of the Democratic People's Republic of Korea is a matter of the greatest importance to our Organization and to all Member States. We are in no doubt that this country will provide effective assistance in solving the problems with which WHO is and will be confronted.

The admission of the Democratic People's Republic of Korea to WHO will also be a valuable contribution by our Organization to speeding up the process of détente and to consolidating peace. Indeed, it will come within the scope of the efforts to establish relations between States on the firm basis of the principles of sovereign equality, non-interference, and mutually fruitful cooperation. On the other hand, postponement to the twenty-seventh session of the Assembly of the request for membership submitted by the Democratic People's Republic of Korea would constitute an unjust and inadmissible act of discrimination.

In the opinion of the Polish Government, the admission of the Democratic People's Republic of Korea should not be subordinate to political considerations. In particular, it should not be tied to the progress of the contacts and dialogues that are under way between the Democratic People's Republic of Korea and the Republic of Korea. We regard as unacceptable the argument put forward a few days ago by the delegate of the Republic of Korea in his statement on the first report of the Committee on Credentials, repeated in the memorandum dated 10 May, and put forward again today by some delegations, namely, that a decision by the Assembly to admit the Democratic People's Republic of Korea might compromise the progress of the very delicate negotiations between the two parties, North and South. Contrary to what is claimed, the admission of the Democratic People's Republic of Korea to WHO will facilitate these contacts by creating a favourable atmosphere for rapprochement between the North and South and for the peaceful and independent reunification of Korea. We are convinced that the admission of the
Democratic People's Republic of Korea would also be a way of treating the North and South of Korea objectively and without discrimination, in accordance with the noble principles of humanity and universality embodied in the WHO Constitution.

Madam President, the Twenty-sixth World Health Assembly has the historic opportunity to take a decisive step towards the universality of our Organization, which we all greatly desire as an indispensable condition for the development of peaceful international cooperation in public health.

For all these reasons my Government fully and unreservedly supports the application for membership of WHO by the Democratic People's Republic of Korea. Under these circumstances the Polish delegation will vote against the draft resolution favouring postponement of the decision on the admission of the Democratic People's Republic of Korea to WHO.

The PRESIDENT: Thank you, sir. The delegate of Panama has the floor on a point of order.

Mr ESPINO GONZÁLEZ (Panama) (translation from the Spanish): Thank you, Madam President, fellow delegates, I have asked for an opportunity to put forward a point of order in accordance with Rule 57 of the Rules of Procedure, which reads as follows: "During the discussion of any matter a delegate or a representative of an Associate Member may rise to a point of order and the point of order shall be immediately decided by the President. A delegate or a representative of an Associate Member may appeal against the ruling of the President, in which case the appeal shall immediately be put to the vote. A delegate or a representative of an Associate Member rising to a point of order may not speak . . ." etc.

In accordance with Rule 61, I move the closure of the debate on this item, since my delegation considers that the matter has been duly ventilated in this Assembly and that we should proceed to vote.

Rule 61 reads as follows: "A delegate or a representative of an Associate Member may at any time move the closure of the debate on the item under discussion whether or not any other delegate or representative of an Associate Member has signified his wish to speak. If request is made for permission to speak against closure, it may be accorded to not more than two speakers, after which the motion shall be immediately put to the vote. If the Health Assembly decides in favour of closure, the President shall declare the debate closed. The Health Assembly shall thereafter vote only on the one or more proposals moved before the closure."

The PRESIDENT: Thank you, sir. We have heard the motion of the delegate of Panama for the closure of the debate and this request has precedence. Does any delegate wish to speak against the closure? I now give the floor to the delegate of Romania.

Mr ENE (Romania): Madam President, I would like first to ask whether there are many other speakers who put their names on the list to speak.

The PRESIDENT: The answer is 15.

Mr ENE (Romania): In that case I would oppose the motion of the distinguished representative of Panama. We feel that the debate is very important. We are already witness of the great interest in the fact that the Assembly should debate fully this item, and I formally oppose the motion.

The PRESIDENT: I now give the floor to the delegate of Guinea.

Dr CAMARA (Guinea) (translation from the French): Madam President, fellow delegates, the Guinean delegation is proud to be one of the co-sponsors of the resolution submitted by the delegation of Romania proposing the immediate consideration of the request of the Democratic People's Republic of Korea for admission to the World Health Organization.

The PRESIDENT: I am very sorry, but according to Rule 61 of the Rules of Procedure the second speaker after the motion has been proposed can only speak on the point of order.

Dr CAMARA (Guinea) (translation from the French): I am sorry. I had asked for the floor just now to speak on the motion that was submitted.

I should like to say that the question before us, the admission of the Democratic People's Republic of Korea to the World Health Organization, is a very important question. It was already put before us a few years ago. This year it is before us again, and next year, if consideration has to be postponed, it may be before us once more. I feel that it is not the task of the Assembly to keep reconsidering the same problems. This is a fundamental problem; WHO must play its universal role, and we feel that all the delegations present should be heard even if we have to stay until one o'clock, or two o'clock: we should know all the reasons involved and all the delegates are entitled to express their views. This is not a question of time: it is very important that a country wishing to join the World Health Organization and which has fulfilled all its duties and all its obligations should belong to
the Organization, and we must make a decision. We have been given mandates by our Governments to settle fundamental and vital problems, and I do not believe that minutes are important. We must not avoid the issue. We should continue the discussion.

The PRESIDENT: Thank you, sir. We have had the two speakers after the proposal of the motion to close the debate, and we will now put this motion to the vote. All those in favour of closing the debate, please raise your cards. Thank you. Those against? Thank you. Abstentions? Thank you. We will have the result soon.

The result of the vote is: number of Members present and voting, 101; majority required, 51; votes for, 54; votes against, 47; abstentions, 27. The motion is carried.

According to Rule 61 of the Rules of Procedure of the Health Assembly we will have now to vote on the two proposals moved before the closure, which are contained in documents A26/42 and A26/46. The proposal which has been presented first is that contained in document A26/42, and we shall first vote on the proposal presented in document A26/46, since this proposal is the furthest removed in substance from the proposal first presented.

I recognize the delegate of Algeria. Is it on a point of order, sir?

Mr BOUDJAKDIJ: Madam President, may I be permitted to intervene in the discussion at this point, because my delegation is somewhat confused. As I understand it, you have just suggested voting on the draft resolution recommending postponement. My delegation would like most categorically to state its reservations concerning the suggested procedure.

The resolution proposed in document A26/46 of 11 May refers to the participation of the Democratic People's Republic of Korea, not to its admission. This concept of participation is quite out of place, since the Assembly has not yet decided on admission. The draft resolution submitted by the delegation of the Philippines is the furthest removed from the question before us, and indeed it has nothing to do with the subject the Assembly is considering, namely the admission of the Democratic People's Republic of Korea. So far as the Algerian delegation is concerned, the resolution contained in document A26/46 is valueless, null and void.

In the logical sequence of the procedure for the admission of a State and any decisions following from such admission that might be taken by the Assembly with regard to the same State after it has become a Member, it is clear that the admission procedure takes precedence over any other procedure. Consequently, my delegation formally requests that we should vote first, and solely, on the draft resolution proposing the admission of the Democratic People's Republic of Korea.

The PRESIDENT: Thank you, sir. I have consulted our Legal Adviser, and this is a ruling for the President. The delegate of Algeria has contested the ruling of the President, so we have to put this to the vote. We asked you to vote first on the proposal contained in document A26/46, and the request is now to vote first on A26/42.

The vote will be: those in favour of the appeal, so those in favour - against the ruling - of what was just said by the delegate of Algeria. Those in favour... The Director-General has the floor.

The DIRECTOR-GENERAL: Madam President, I wish to call the attention of the Assembly to Rule 57 of the Rules of Procedure, appearing at the bottom of page 111 of Basic Documents. The Rule reads:

During the discussion of any matter a delegate or a representative of an Associate Member may rise to a point of order and the point of order shall be immediately decided by the President. A delegate or a representative of an Associate Member may appeal against the ruling of the President, in which case the appeal shall immediately be put to the vote.

You are going to vote on the appeal made by the delegate of Algeria, and the President has clearly explained that the ones in favour of the appeal of the delegate of Algeria are the first to vote, after this the ones against the appeal, and the abstentions.

The PRESIDENT: Now we shall put this to the vote. Those in favour of the appeal? Thank you. Those against? Thank you. Abstentions? The result of the vote is: number of Members present and voting, 104; majority required, 53; votes for, 48; votes against, 56; abstentions, 19. The motion is defeated.

So we shall now continue the voting, and we shall first vote on the proposal presented in document A26/46. Is the delegate of Zaire asking for the floor on a point of order? You have the floor, sir.
THIRTEENTH PLENARY MEETING

Dr MATUNDU NZITA (Zaire) (translation from the French): Madam President, honourable delegates, the delegate of Algeria has raised a question that seems to me very important. There has been a drafting error, since participation and admission are two different terms.

The PRESIDENT: Sir, you can only speak on a point of order, so I think we have to put it now to the vote. The delegate of the USSR now has the floor.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) (translation from the Russian): Madam President, I propose that a secret ballot be taken on this matter.

The PRESIDENT: The delegate of India now has the floor.

Mr RAMACHANDRAN (India): Thank you, Madam. Maybe I have got the results wrong, but I merely wanted to refresh my memory about the results declared. If I heard the President correctly, the number of votes for was declared as 48, against 56, and abstentions were said to be 16. The total does not equal the number of Members present and voting. This is my first point.

Secondly, Madam President, there has been such a lot of confusion that I think the simpler thing would be to put both the things to the vote, those for postponement and those for admission, so that the two things could be considered in a straight way.

The PRESIDENT: First I would like to give again the voting; that was not wrong. The number of Members present and voting, 104; majority required, 53; the votes for, 48 (it is less than 53); and the votes against, 56. Forty-eight and 56 are 104, and the abstentions, 19, they are not counted. Nineteen are abstentions. Members present and voting mean positive and negative votes.

The DIRECTOR-GENERAL: Thank you very much, Madam President. The delegate of the USSR has proposed that the matter be dealt with by secret ballot, and I call attention to Rule 75 of the Rules of Procedure, which appears on page 115:

In addition to the cases provided for elsewhere by these Rules, the Health Assembly may vote on any matter by secret ballot if it has previously so decided by a majority of the Members present and voting, provided that no secret ballot may be taken on budgetary questions.

A decision under this Rule by the Health Assembly whether or not to vote by secret ballot may only be taken by a show of hands; if the Assembly has decided to vote on a particular question by secret ballot, no other mode of voting may be requested or decided upon.

You have to vote on the proposal of the delegate of the USSR.

The PRESIDENT: The delegate of the Republic of Korea, on a point of order.

Mr T. J. PARK (Republic of Korea): Madam President and fellow delegates, Rule 72 of the Rules of Procedure of the World Health Assembly provides that the Health Assembly shall normally vote by show of hands. Rule 75 further provides that no secret ballot may be taken on budgetary questions. Let me ask this Assembly why it must go through such an abnormal process while it is dealing with a question of great importance to us all.

The PRESIDENT: This is not a point of order; the question cannot be discussed.

Mr T. J. PARK (Republic of Korea): Well, Madam President, with all my respects to the authority of the Chair, I feel that I am entitled to express my objections to this proposal, because if it is to be done by secret vote I understand according to the Rules of Procedure this must be approved by the Assembly; and before the Assembly takes any action on this it is my understanding that I am entitled to express my view, so that when the Assembly takes a vote on it the Assembly can take such a view into account. I hope I am right in this, Madam President.

The PRESIDENT: Mr Park, during the vote you will express your views when you show how you vote. There can be no explanation now, because then we would have again a debate. I have given you the floor on a point of order. But since it is something else you cannot speak now, as we are going to vote. If you are against the secret ballot you just raise your card when I ask for it.
Mr T. J. PARK (Republic of Korea): Well, Madam President, if that is your ruling I think I have to obey your ruling. I still feel that I am entitled to express my view before the Assembly proceeds to vote on this proposal.

The PRESIDENT: I am very sorry. You see I have to obey the Rule of Procedure that we close the debate, and that has been carried. We did have a point of order and an appeal; we have voted on that. Now we have to vote first on this matter. No explanations. It is all in the Rules of Procedure, Rule 75.

Mr T. J. PARK (Republic of Korea): Of course. Thank you, Madam.

The PRESIDENT: According to the Rules of Procedure, it will just be by show of hands, raising your card. Those in favour of having a secret ballot please raise your cards. Thank you. Those against? Thank you. Abstentions? Thank you.

The result of the vote is: number of Members present and voting, 100; majority required, 51; votes for, 55; votes against, 45; abstentions, 23. The motion is carried.

I would request that the ballot papers be distributed now. I need two tellers, and I would like to invite two very efficient ones we have had before, Dr Davies and Sir William Refshauge. Would you be so kind as to come to the rostrum, please.

The two tellers took their places at the rostrum.

The PRESIDENT: Fellow delegates, the ballot paper looks a bit different. To make it easier, it is divided into two columns with, on the left side, "yes" and on the right side, "no". You have only to put a cross under "yes" if you mean "yes" and, if you want to vote "no", a cross under "no" on the right side. Abstentions may be signified either by writing "abstention" on the ballot paper, or by leaving it blank. The delegations will be called to the rostrum in the English alphabetical order. I shall now draw the letter indicating the delegation with which voting will begin. The letter is A.

A point of order? The floor is given to the delegate of the USSR.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) (translation from the Russian): Madam President, just for clarification, are we voting now on the resolution contained in document A26/46 or on the resolution in A26/42, or both together? I should like the voting procedure to be explained because I proposed that a secret ballot be taken on both resolutions.

The PRESIDENT: I would like to clarify that the ruling of the Chair was expressed that we shall vote first on the proposal contained in document A26/46. Have all delegations received a ballot paper? We shall start voting.

A vote was taken by secret ballot, the names of the following Member States being called in the English alphabetical order, beginning with Afghanistan:

Afghanistan, Albania, Algeria, Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Bolivia, Brazil, Bulgaria, Burma, Burundi, Cameroon, Canada, Central African Republic, Chad, Chile, China, Colombia, Congo, Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Democratic Yemen, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, Fiji, Finland, France, Gabon, Gambia, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guatemala, Guinea, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Khmer Republic, Kuwait, Laos, Lebanon, Lesotho, Liberia, Libyan Arab Republic, Luxembourg, Madagascar, Malawi, Malaysia, Mali, Malta, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Morocco, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Oman, Pakistan, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Romania, Rwanda, Saudi Arabia, Senegal, Sierra Leone, Singapore, Somalia, Spain, Sri Lanka, Sudan, Swaziland, Sweden, Switzerland, Syrian Arab Republic, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Uganda, Union of Soviet Socialist Republics, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Upper Volta, Uruguay, Venezuela, Viet-Nam, Western Samoa, Yemen, Yugoslavia, Zaire, Zambia.

The PRESIDENT: Have all delegations been called to the rostrum? Then the tellers will start their duties.

The tellers counted the ballot papers.
The PRESIDENT: Fellow delegates, the result of the voting is: number of Members entitled to vote, 131; absent, 2; abstentions, 18; number of Members present and voting, 111; number required for simple majority, 56; number of votes in favour, 52; number of votes against, 59. So the draft resolution is rejected.

We have now to put to the vote the second draft resolution, contained in document A26/42. We are going to start the voting; may I ask for the ballot papers to be distributed. Have all delegations received ballot papers? We can start voting.

A vote was taken by secret ballot, the names of the following Member States being called in the English alphabetical order, beginning with Afghanistan:

Afghanistan, Albania, Algeria, Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Bolivia, Brazil, Bulgaria, Burma, Burundi, Cameroon, Canada, Central African Republic, Chad, Chile, China, Colombia, Congo, Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Democratic Yemen, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, Fiji, Finland, France, Gabon, Gambia, German Democratic Republic, Federal Republic of Germany, Ghana, Greece, Guatemala, Guinea, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait Republic, Laos, Lebanon, Lesotho, Liberia, Libyan Arab Republic, Luxembourg, Madagascar, Malawi, Malaysia, Mali, Malta, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Morocco, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Oman, Pakistan, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Romania, Rwanda, Saudi Arabia, Senegal, Sierra Leone, Singapore, Somalia, Spain, Sri Lanka, Sudan, Swaziland, Sweden, Switzerland, Syrian Arab Republic, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Uganda, Union of Soviet Socialist Republics, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Upper Volta, Uruguay, Venezuela, Viet-Nam, Western Samoa, Yemen, Yugoslavia, Zaire, Zambia.

The PRESIDENT: Have all delegations voted? Thank you. The tellers may now proceed.

The tellers counted the ballot papers.

The PRESIDENT: Ladies and gentlemen, the result of the voting is as follows: number of Members entitled to vote, 131; absent, 2; abstentions, 22; number of Members present and voting, 107; number required for simple majority, 54; number of votes in favour, 66; number of votes against, 41. The draft resolution is adopted.¹

I should like to thank Sir William Refshauge and Dr Davies for the service they have just rendered as tellers for these two successive votes.

The meeting is adjourned.

The meeting rose at 1.55 p.m.

¹ Resolution WHA26.28.
FOURTEENTH PLENARY MEETING

Friday, 18 May 1973, at 2.45 p.m.

President: Professor Julie SULIANTI SAROSO (Indonesia)

1. FIRST REPORT OF COMMITTEE A

The President: The Assembly is called to order.

The first item on our agenda is the consideration of the first report of Committee A, as contained in document A26/53. This report contains four draft resolutions which I will ask the Assembly to adopt one by one.

Is the Assembly willing to adopt the first resolution, entitled "Smallpox eradication programme"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Quality, safety and efficacy of drugs"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution, with the same title, "Quality, safety and efficacy of drugs"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "International standards and units for biological substances"? In the absence of any objection, the resolution is adopted.

We now have to approve the report as a whole. In the absence of any objection, I take it that the Assembly wishes to adopt the first report of Committee A. It is so decided.

2. REPORT BY THE GENERAL CHAIRMAN OF THE TECHNICAL DISCUSSIONS

The President: We will now have the report of the General Chairman of the Technical Discussions. I invite Dr Mofidi, General Chairman of the Technical Discussions, to come to the rostrum and present his report.

Dr MOFIDI, General Chairman of the Technical Discussions: Madam President, Dr Candau, distinguished members of the Assembly, I have the pleasure to introduce to you the report of the Technical Discussions on the organization, structure and functioning of health services and modern methods of administrative management, that is contained in document A26/Technical Discussions/5. This is the summary of the views expressed and points raised by 230 participants, which was masterfully put together by the chairmen, rapporteurs and secretaries of eight working groups, whose names you will find in the Annex to the document at your disposal. The final report was prepared jointly by Dr Hassouna and Dr Rochon, the two general rapporteurs, and Mr Stringer, the consultant, assisted by the Secretariat. Before I present my report to the Assembly I would like to thank all of them, and particularly to pay a special tribute to Mr Stringer, who also prepared both the outline documents and the background documents, each of which is very comprehensive and will have considerable value not only for this Assembly but also for all health administrators and research workers around the world. I would also like to pay a special tribute to the secretary of the Technical Discussions, Dr Djukanovic, and his staff, who worked hard and did a tremendous job in preparing the report to the Assembly in such a short time.

As I said in my opening address, the topic under discussion is very challenging because in this era of rapid social change, with increasing national awakenings and the demand for social welfare and justice, with a high proportion of rural populations, and the rising problems of environmental pollution, uncontrolled population growth, nutritional deficiencies, and the high risk of diseases with, at the same time, shortage and maldistribution of trained staff, and insufficient financial, material and physical resources prevailing to higher or lower degrees in different countries, the haphazard utilization of these services and resources is neither fair nor acceptable. After referring to the need for thinking of and taking the health services as a coherent whole, I mentioned that the art of administrative management and the behavioural sciences have already developed methods of management that have proved capable of coping with similar complexities in other sectors. They are used to some degree and should be exploited, developed and applied further to the best advantage of the health services.

1 See p. 514.
Participants in the Technical Discussions were in general agreement that this year's subject was a most interesting and timely one, particularly at this time when a quarter of a century has gone by in the life of WHO and the Organization is entering a new era of activity with full cognizance of the world's health needs and available methodology to meet them. The topic has come up as a logical development of previous Technical Discussions and of various operations, intervention studies and health practice research that have been carried out or are in progress.

As discussed in the 1972 Technical Discussions, health programmes form an integral part of socioeconomic development. Overall, the organization, structure and functioning of health services in any country are governed by the level of development achieved by the society. This, in fact, is the major element which determines available national resources which could be allocated to the various sectors. Whatever the health sector objectives are, whether to tackle specific health problems, or to increase availability and/or accessibility of health services to the masses, the only way to do that is through management of the health resources, i.e., manpower, facilities and supplies, in a way that enables the health sector to achieve its objectives qualitatively and quantitatively with the given resources in a specific time period. In most countries, either developing or developed, there is an increasing dissatisfaction with regard to the organization of health services. The consensus seems to be that the population is not getting the kind and amount of services corresponding to needs and expectations. This state of affairs seems to be similar in most countries, although the relative importance of each contributing factor might be different according to the specific situations.

As far as the managerial problems in health services are concerned, several fundamental problems affecting health services for many countries could be identified. Amongst the most important of these were, first, the dissatisfaction arising from the poor coverage of services and fragmentation of responsibilities between institutions; second, rising costs of services and a tendency for resources to be pre-empted by activities whose effect on health is small in relation to their cost; third, absence of effective control on mechanisms for financing health services, and poor coordination; fourth, existence of strong competition for limited resources with other major sectors of the economy, for example, agriculture, industry, transportation, etc.; fifthly, the fact that the health sector has been slow to implement quantitative techniques which demonstrate the value of a healthy population; and finally, shortage of manpower of various kinds, and particularly the lack of manpower with managerial capabilities.

Now although the kinds of problems referred to appear in the form of shortages and inadequacies, these are not simply problems of providing additional resources. They will not be solved merely by repeating existing patterns and types of solutions; for example, urban patterns of services will not solve the rural problem, and ideas derived from curative medicine in a developed context are unlikely to contribute to the need for preventive work and the extension of basic coverage. In other words, it will not meet the situation simply to provide more of the same. Furthermore, the discovery of this fact cannot be left to the natural processes of evolution, for these are too slow and too uncertain. Appropriate management should make it possible to avoid the expense of proceeding by trial and error and make it possible to develop more appropriate alternatives.

So we need a change of emphasis in management. The need for managing the health resources stems from trying to meet the demands on the health sector by the given health resources in a specific period of time. With the increasing quantitative and qualitative demand on health services and with the continuously rising cost of rendering health services and the connected problems already referred to, managing the health resources becomes a more complicated matter than ever before, and the use of efficient and effective management techniques becomes indispensable in order to enable personnel working in the health sector to make better decisions at all levels of the health system. One can thus contrast two approaches to administrative management - the traditional versus the modern; one in which administrative techniques heavily rely on symptomatic diagnosis followed by symptomatic intervention, while the second depends more on causal diagnosis to be followed by causal intervention, whether preventive, curative, or rehabilitative.

The real significance of these apparently simple differences between two methods is in the different human skills and aptitudes required to apply them, but much more so in the different human attitudes and behaviour required for the successful implementation of one method or the other. Thus, one can view the problem of changing from traditional to modern administrative management as a multifaceted process which involves changes in the three areas of data and information, skills and aptitudes, and behaviour and attitudes of both provider and consumer.

The first one, that is the information system, was considered an indispensable element for the identification and clear definition of problems, for the designing of intervention strategies and for sound decision-making, as well as for the monitoring of the process of
change and evaluation of outcomes as part of the cyclic process of planning. In this connexion, concern was expressed about the relevance of some of the health information systems to their intended use, or the use of non-standardized methods of data acquisition, compilation and analysis. It was pointed out that adoption of modern management methods generally leads to standardized rules being established for the various activities and to different models and alternatives being proposed to suit the operative potentialities of the system and the needs for information.

The second factor is the availability of skills and aptitudes to apply the specific managerial methods chosen. Health manpower was recognized as a crucial element of resources, and health administrators should pay special attention to its proper development and utilization. Simplifying this statement, at least two types of health administrators or "managers" were identified: those involved in policy making, planning, follow-up and evaluation at national or regional level, and those responsible for operational tasks. Efficient management can only arise if health professionals receive appropriate management training. It is not the prerogative of an individual discipline. Its general recognition and acceptance will evolve understanding, cooperation and integrated endeavour. The managerial aspects of every profession at different functional levels of the health system should be incorporated in the related programme of education and training. For example, the medical student at the undergraduate level should be so trained as to be able to work as a member of a team of health professionals and to understand how managerial responsibility can be delegated within such a team. Opportunities should be made available through further training for health workers to improve their knowledge and capability to meet the changing needs of the community. Finally, the view was expressed that management training is best based and developed within each country.

Although the aforementioned factors of information and skills and aptitude are important aspects of the process of change, the real challenge is concerned with behaviour and aptitudes of both the providers and the consumers of health services. It was emphasized that reluctance to change exists not only in the community with regard to habits and attitudes but also within the professional services and in the associated educational systems. It was stressed that there was considerable lack of techniques and instruments to influence and bring about change, particularly in traditions at the operational level. Change, it was thought, was much more likely to occur in the local setting if it came from within the community itself.

Great emphasis was placed by some participants on the mobilization of community participation in the actual delivery of the services. The community may even choose the person who will look after the health of the other people. This person will then receive the training that is appropriate to the tasks he has to perform, with the possibility for him to receive additional training and therefore increase his expertise if he shows interest and ability. Also, the ability to utilize and build on local traditional methods of medicine that can be implemented at low cost and have their own degree of effectiveness is an example of good management under the particular circumstances.

The central problem may lie with the medical profession itself, which is more marked for conservatism and flexibility. There is no doubt that there is need for change in the attitude of health personnel, who in general are being supplied with skills but not motivation. Changes are also required in the curricula of not only medical practitioners but also paramedical and auxiliary workers, to meet the needs of the people more readily.

Now all this leads to the fact that health services should be considered as a coherent whole. At present in many countries the health services are fully recognized as a system comprising several interrelated parts, and in this respect the holistic way of looking at the health services organization, or in other words the systems approach, seems to be the most appropriate way of improving the existing practices within the health administration. Ability of decision-makers to understand and apply the systems approach to the health care organization should be seen perhaps as a major revolution in the field of health administration. The term "management" here should not imply the imposition of an arbitrary power, but rather it should carry a facilitating implication. Management is essentially a human process, which enables man to conduct himself in his day-to-day aspirations.

The adoption of modern management methods does not necessarily entail complicated techniques. What matters is to resort to the appropriate means for making a rational choice of priorities, objectives and means. Whilst it is useful and fruitful to consider the various elements concerned with health as together forming a "system", this will only operate as a purposeful whole if an effective process of coordination exists. It was emphasized that coordination is a multifaceted process which involves aspects of personal and organizational behaviour. Therefore, coordination needs to be considered in different intra-sectoral or extra-sectoral contexts.
The point was brought up and debated as to whether it was a necessary precondition for effective management that all the elements of the health services system should come under the control of a single agency. The opinions expressed indicated that although unified control eased some of the difficulties, it was neither a necessary nor a sufficient condition. The essence of the systems approach was to enable the interacting effects of the activities of all elements to be considered together and thus to work toward a state of affairs where the various services having an impact on health complement, rather than conflict with, one another. In this connexion it would be important to find means of influencing those elements of the total system that were independent, without losing their desirable characteristics and in such a way that each agency has a proper role to play.

In applying the systems approach, the Discussions recognized the relevance of the large body of management technique which had been described in the background documentation. Some difficulties evidently arose from the unfamiliar terminology, probably because most of the management methods had originated in industry and other non-health fields. It would be worthwhile to devote further effort to adapting the basic concepts and expressing them in a consistent terminology expressly chosen to suit the needs of management in the health sector. Access to this body of knowledge would be partly through training, as discussed before, backed by research and by advisory services.

It was believed that as far as possible existing facilities and institutions should be used for the application and development of management. Collaboration is necessary between institutions undertaking medical and non-medical training in management techniques. Schools of public health should study field situations and not only theoretical models of health services, but look in depth into management problems and be in direct relation with the consumers.

Results of management research in the health field are not readily available and not necessarily transferable from one country to another. Consequently, each country or group of countries with similar ecological conditions has to embark on public health practice research using all institutional facilities available (schools of health sciences, research institutes, health services, etc.).

In addition, it would be most desirable that necessary mechanisms be developed through regional, interregional and international organizations for the exchange of information and experiences obtained from these research projects and intervention studies.

As far as international action is concerned the participants felt, in considering the need and the possibilities for international action in the field of management development, that the primary initiative must be at national level. There is, however, good scope for action by WHO in support of national efforts. Bearing in mind the observation that there is a widening gap between the knowledge that exists and that which is being applied, it was considered that the main emphasis should be on providing whatever help is needed to ensure effective application. Of course these needs will vary with each situation.

The means available to WHO to contribute to national strategies for managerial development are of several kinds, and among the possibilities reference was made in the discussions to the particular importance of the following. First, the provision of teams capable of advising and helping national personnel in the application of managerial methods. Secondly, assistance in managerial training and associated research and development. This involves the provision of assistance to existing national institutes to undertake research and training in the management field, including health service development projects and demonstration areas, and for the creation of such institutes at national, regional and international levels wherever needed. Thirdly, dissemination of information and provision of documents, literature, bibliographic reviews on management and international comparative data; also necessary action to be taken to develop simplified and suitable terminologies of management and guidelines as applicable to health and health services. In this connexion, Madam President, the recommendation was made that publication be made of all the material prepared for this year's Technical Discussions, i.e., the outline and background documents and the group reports together with this general report. Fourthly, provision of support in the development of international cooperation in research and comparative studies on management problems, and facilitation of exchange of information and research progress and results. And finally, organization of health management conferences, symposia and courses; provision of experts and teachers in health service management; provision of fellowships for advanced studies and orientation.

It is in the spirit of the systems approach that the national and international efforts in relation to a particular country should be considered together and designed so as to be complementary and together sufficient to produce demonstrable development and improvement in the standard of management.
Now, Madam President, these are some of the conclusions of the Technical Discussions. The problems of management of health services should not be viewed in isolation or in a vacuum, but as an integral part of the social, political, cultural and economic conditions of the country. It is not expected, nor feasible, that a country would make an abrupt change from traditional to modern management methods, since the achievement of necessary prerequisites for change takes long periods of time, especially the development of skills and aptitudes, and the changes in behaviour and attitudes of providers and consumers.

One must realize that change generates resistance because of vested interest and human conservatism. Thus a strategy of social change has to be elaborated within each cultural context and change must be introduced gradually within the involvement of the population. In other words, community pressure and community participation are specially important both in forming objectives and priorities and in implementation. Thus, change is often necessarily gradual in nature and the development of an information system hand in hand with the development of necessary managerial skills and aptitudes is essential. Application of modern managerial techniques may first be tried in a field demonstration area and the results obtained from such projects could then be generalized.

The required changes in skills, aptitudes, attitudes, and behaviour of every category of health manpower should start very early in their education and training. Appreciation courses or practical involvement in managerial situations could be used at the undergraduate level, while more specialization should be given to a few numbers at postgraduate levels. Furthermore, no system can be perfect and even adequate over time, so the system of change should be changing constantly with the evolution of the population, that is, changing values, social and health needs.

The following statements taken from some of the group reports could properly be used to present to you, Madam President, the spirit of this year’s Technical Discussions. Management is an attitude of mind, more than only a collection of techniques, and it is essential for both the providers and consumers of services to perceive the need for change in their concepts concerning the organization, structure and functioning of the health system, and to believe in administrative management as being able to affect the desired change, and finally to believe that managerial techniques can be adapted to any one given context.

Thus, Madam President, may I conclude by saying that what is universally essential is confidence in development and the will to change. The process of change must be a deliberate one, and cannot be left to chance. It has to be managed.

The PRESIDENT: I am confident that I am expressing the feelings of each member of this Assembly, Dr Mofidi, in thanking you most sincerely for the outstanding way in which you have directed the Technical Discussions as General Chairman.

In your opening address you inspired the groups with an enthusiasm for the ensuing exchange of views and I hope that the conclusions of these Technical Discussions, which you have just now summarized so well, will be taken into consideration by all those responsible for health service organization and development. The health sector objectives should be in accordance with the overall development goals of nations and I believe that proper management of health services is indeed essential to achieve such objectives. We all hope that the use of appropriate management techniques, as you just mentioned, will be developed in Member countries.

The subject this year raised considerable interest since it appealed equally to both developing and developed countries. This interest was apparent from the large number of participants in the Discussions and their active involvement. The report which is before the Assembly should prove invaluable to all Members.

Though the Technical Discussions, as you are aware, do not form an integral part of the work of the Assembly, I understand that the report will be included in a publication of the World Health Organization as requested by the groups.

I suggest that, as in previous Assemblies, we take note of the report and again thank all those who have contributed to the success of the Discussions, and in particular the group chairmen and rapporteurs. Does this suggestion meet with your approval? In the absence of objections, I declare that the Assembly has taken note of the report.

3. SECOND REPORT OF COMMITTEE A

The PRESIDENT: The last item on our agenda for today is the second report of Committee A, document A26/54, which contains the resolution on the effective working budget and budget level for 1974, recommended for adoption by the Assembly. We have now to take a decision on this resolution.

I would remind delegates that under Rule 70 of the Rules of Procedure of the Health Assembly, decisions on the amount of the effective working budget must be made by two-thirds majority of the Members present and voting.
I now put the resolution to the vote. Will those delegates in favour of the resolution please raise their cards? Thank you. Those against? Thank you. Abstentions? Thank you.

The result of the vote is as follows: number of Members present and voting, 94; number required for a two-thirds majority, 63; votes for, 91; votes against, 3; abstentions, 14. The motion is carried.

You now have to approve the report as a whole. Does the Assembly approve the second report? The Director-General has the floor.

The DIRECTOR-GENERAL: Madam President, may I ask you for one minute to check the results of the vote.

The PRESIDENT: Fellow delegates, I must apologize that my first reading was wrong. The correct result of the vote is as follows: number of Members present and voting, 98; majority (a two-thirds majority is required), 66; the votes for are 91; votes against, 7; abstentions, 10. The motion is carried.

You now have to approve the report as a whole. Does the Assembly approve the second report? Are there any objections? In the absence of any objection, the second report of Committee A is approved.1

The meeting is adjourned.

The meeting rose at 3.35 p.m.

1 See p.514.
1. FOURTH REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT: The Assembly is called to order. The first item on our agenda is the consideration of the fourth report of the Committee on Credentials, which met at the beginning of this afternoon under the chairmanship of Mr Buick. I invite Mr de Geer, Rapporteur of the Committee, to come to the rostrum and read out the report.

Mr de Geer (Netherlands), Rapporteur of the Committee on Credentials, read out the fourth report of that Committee (see page 512).

The PRESIDENT: Thank you, Mr de Geer. Are there any comments? In the absence of any comments, I take it that it is the wish of the Assembly to adopt the fourth report of the Committee on Credentials. It is so decided.

2. ASSIGNMENT OF THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA TO A WHO REGION

The PRESIDENT: Confirmation having been received from the United Nations of the deposit by the Democratic People's Republic of Korea of the instrument of acceptance of the Constitution on 19 May 1973, I have much pleasure, in the name of the Assembly, in welcoming the Democratic People's Republic of Korea as a Member of the World Health Organization, and I extend a special greeting to its delegation.

In connexion with the accession of the Democratic People's Republic of Korea to membership of this Organization, I should like to inform you that the Director-General has received a request from the Government that the Democratic People's Republic of Korea should be included in the South-East Asia Region. The Assembly has customarily accepted requests for assignments to a Region by new Member States, so may I consult the Assembly as to whether this request is approved. There are no objections? It is therefore so decided. I would request the Director-General to read to you the text of an appropriate resolution.

The DIRECTOR-GENERAL: Thank you, Madam President.

The Twenty-sixth World Health Assembly,
Having considered the request from the Government of the Democratic People's Republic of Korea for the inclusion of that country in the South East Asia Region,
RESOLVES that the Democratic People's Republic of Korea shall form part of the South-East Asia Region.

The PRESIDENT: Is the Assembly prepared to adopt this resolution? I see no objection. It is so decided.1

3. THIRD REPORT OF COMMITTEE B

The PRESIDENT: We shall now consider the third report of Committee B, as contained in document A26/55. This report contains four draft resolutions, which I shall ask the Assembly to adopt one by one.

Is the Assembly willing to adopt the first resolution, entitled "Organizational study on methods of promoting the development of basic health services"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Future organizational study by the Executive Board"? In the absence of any objection, the resolution is adopted.

The next resolution is entitled "Amendments to Articles 34 and 55 of the Constitution". I would remind delegates that under Rule 70 of the Rules of Procedure, a decision on amendments to the Constitution shall be made by a two-thirds majority of the Members present and voting. I shall now put the resolution to the vote. Delegates in favour of the resolution, please raise their cards... Thank you. Against?... Thank you. Abstentions?... Thank you. The result of the voting is as follows: number of members present and voting, 77; majority required, 52; votes for, 77; votes against, none; abstentions, 12. The resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "Feasibility of introducing a biennial programme and budget"? In the absence of any objection, the resolution is adopted.

We now have to approve the report as a whole. In the absence of any objection, I take it that the Assembly wishes to adopt the third report of Committee B.2 It is so decided.

1 Resolution WHA26.34.
2 See p.516.
4. THIRD REPORT OF COMMITTEE A

The PRESIDENT: We shall now consider the third report of Committee A, as contained in document A26/57. This report contains five draft resolutions, which I shall ask the Assembly to adopt one by one.

Is the Assembly willing to adopt the first resolution, entitled "Voluntary Fund for Health Promotion"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Detailed review of the programme and budget estimates for 1974"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution, entitled "Appropriation Resolution for the financial year 1974"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "WHO's role in the development and coordination of biomedical research"? In the absence of any objection, the resolution is adopted.

With regard to the fifth resolution, I would like to give the floor to Dr Dorolle.

The DEPUTY DIRECTOR-GENERAL: Madam President, as we reported to you, a phrase is missing in the text of this resolution as contained in the document before you. The first paragraph of the considerata, as read out and approved in the Committee, read:

Having reviewed the report of the Director-General on research on epidemiology and communications science, and taking into account resolution WHA 26 ..

It was agreed that the number would be that of the resolution which has just been adopted - but this part of the sentence ("and taking into account resolution WHA26 ...") was left out in the typing of the final document.

The PRESIDENT: Thank you, Dr Dorolle. Is the Assembly willing to adopt the fifth resolution, entitled "Research and epidemiology and communications science", with the addition of the phrase which was left out in the typing? In the absence of any objection, the resolution is adopted.

We now have to approve the report as a whole. In the absence of any objection, I take it that the Assembly wishes to adopt the third report of Committee A. It is so decided.

5. FOURTH REPORT OF COMMITTEE B

The PRESIDENT: We come next to the consideration of the fourth report of Committee B, as contained in document A26/58. This report contains nine draft resolutions, which I shall ask the Assembly to adopt one by one.

Is the Assembly willing to adopt the first resolution, entitled "United Nations Joint Staff Pension Fund - Annual report of the United Nations Joint Staff Pension Board for 1971"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Appointment of representatives to the WHO Staff Pension Committee"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution, entitled "Headquarters accommodation: Future requirements"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "Real Estate Fund"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fifth resolution, entitled "Real Estate Fund - Staff housing in South Sudan"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the sixth resolution, entitled "Co-ordination with the United Nations system: General matters"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the seventh resolution, entitled "Joint Inspection Unit (Continuation of the Joint Inspection Unit)"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the eighth resolution, entitled "International Civil Service Commission"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the ninth resolution, entitled "Drug dependence"? In the absence of any objection, the resolution is adopted.

1 See p. 514.
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We now have to approve the report as a whole. In the absence of any objection, I take it that the Assembly wishes to adopt the fourth report of Committee B. It is so decided.

6. TAKING OF OATH OF OFFICE BY DR H. T. MAHLER, DIRECTOR-GENERAL ELECT

The President: The next item on our agenda is the taking of the oath of office by Dr Halfdan T. Mahler, whom this Assembly appointed as Director-General of the World Health Organization at its private meeting on 14 May. I shall first of all read the relevant Articles of the Constitution and of the Staff Regulations.

Article 37

In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.

Staff Regulations of WHO

1.10 All staff members shall subscribe to the following oath or declaration:

I solemnly swear (undertake, affirm, promise) to exercise in all loyalty, discretion, and conscience the functions entrusted to me as an international civil servant of the World Health Organization, to discharge those functions and regulate my conduct with the interests of the World Health Organization only in view, and not to seek or accept instructions in regard to the performance of my duties from any government or other authority external to the Organization.

1.11 The oath or declaration shall be made orally by the Director-General at a public meeting of the World Health Assembly, by the Deputy Director-General, Assistant Directors-General and Regional Directors before the Director-General and in writing by other staff members.

In administering the oath to the new Director-General the World Health Assembly is therefore doing more than carrying out a formality, however solemn: it is emphasizing an essential point in its Constitution - that is, the exclusively international character of the Director-General and the fact that he may accept instructions from nobody but this Assembly or the Executive Board, to the exclusion of all authority external to the Organization. I would point out, by the way, that the oath which Dr Mahler is about to take becomes effective only in his capacity of Director-General from the date on which he actually enters upon his duties, in application of the provisions of his contract which the Assembly approved on 14 May 1973.

I shall now ask Dr Mahler to take his place with me at the rostrum.

Dr Mahler took his place at the rostrum.

The President: Dr Halfdan Mahler, I invite you to take the oath of the Director-General orally as laid down in Staff Regulations 1.10 and 1.11, in application of Article 37 of the Constitution.

Dr Mahler, Director-General elect: I solemnly swear to exercise in all loyalty, discretion and conscience the functions entrusted to me as an international civil servant of the World Health Organization, to discharge those functions and regulate my conduct with the interests of the World Health Organization only in view, and not to seek or accept instructions in regard to the performance of my duties from any government or other authority external to the Organization. (Applause)

The President: Thank you, Dr Mahler.

Ladies and gentlemen, members of the WHO staff, the solemn oath we have just heard concludes a process duly carried out by the Executive Board and the World Health Assembly, a process arising from the need to find a successor to Dr Candau, who is retiring. As WHO now embarks on its second quarter of a century, it has given itself a new Director-General, the third in the line started by Dr Brock Chisholm - so vividly recalled to memory in this room some days ago - and continued by Dr Candau. The many tributes which have been paid to Dr Candau during this Assembly showed the high esteem we have for him.

1 See p. 518.
We have all witnessed the new Director-General's first act of office. Yet he is not new to us. Many here today know Dr Mahler well. For most of his working life he has been concerned with the health problems of many parts of the world. Starting as a medical officer with WHO in 1951, he rose to the rank of Assistant Director-General in 1970.

Dr Mahler was born in 1923 in Denmark and received his doctorate in medicine in 1948 from the University of Copenhagen. He also holds a postgraduate degree in public health. After serving in hospital appointments in Sweden and Denmark, Dr Mahler entered international public health work as planning officer for a mass tuberculosis campaign in Ecuador. He spent almost 10 years in India as senior officer of WHO attached to the national tuberculosis programme. It was there that he led WHO's first major effort in applying operations research in the field of public health. This promoted a scientific attitude towards the decision-making process in disease control programmes, and led to the development of information systems and the application of systems analysis to many health projects. He was then assigned to WHO headquarters, and in 1962 became Chief Medical Officer of the Tuberculosis Unit. In 1969 he was appointed Director, Project Systems Analysis. As Assistant Director-General he was responsible for the Division of Family Health and the divisions named at that time the Division of Organization of Health Services and the Division of Research in Epidemiology and Communications Science.

Dr Mahler is the author of a number of publications on the epidemiology and control of tuberculosis and, more recently, on the application of systems analysis to health care problems.

WHO has been faced with many apparently insoluble problems during the past 25 years, and the absurd ratio of the small financial resources to the enormous tasks of its mandate seems to be not the least important. WHO must change as our problems change and as we gain strength and experience in working together. We look back gratefully to Dr Chisholm's leadership when WHO was able to present a world series of health objectives and build a functioning world health mechanism. This was the basis which made it possible for WHO, under the able leadership of Dr Candau, to mount a global attack upon diseases of relevance to everyone and to strengthen WHO's ability to assist countries in many new and original ways. Now, in 1973, based upon the achievements of the past, a new era will start which should have, and will have, its own different emphasis.

From discussions which have taken place in this and in previous Assemblies, I think that I am expressing the hope of all delegates here that this emphasis will give prominence to a clearly programmed series of WHO endeavours with a central aim. This must be to decrease rapidly the gap between principles and practice in the right of all people to health and access to health care. Present realities in large parts of the world do not correspond to our expectation. We know that Dr Mahler is reluctant to take the apparently obvious for granted, and that he will seek ways and means to bridge the gap between principles and implementation. We also know how strongly he feels that WHO can assist countries to overcome the problems which face them. His background, experience and ability make him well suited for the task ahead.

I am sure that in Dr Mahler we have chosen wisely and that he will prove to be an able successor in our line of Directors-General. Dr Mahler, you have our best wishes. (Applause)

I now give the floor to Dr Mahler.

Dr MAHLER, Director-General elect: Madam President, honourable delegates, Dr Candau, colleagues and friends, I do not believe I am indulging in false modesty when I express the feeling that the Twenty-sixth World Health Assembly, in electing me as the future Director-General of the World Health Organization, has taken a risky decision. As an individual I am, of course, deeply moved, but at the same time I tremble physically, intellectually and spiritually in front of the challenge not only to have to preserve and protect the Organization's present strength but also to have to assure its continuing growth.

Twenty-six assemblies of the world's foremost health authorities have created out of the principles and concepts of your Constitution the dynamic organization that WHO is today - this despite all its shortcomings. However, I am convinced that the Organization would not have been what it is today but for the truly unbelievable dedication and diligence of one man in translating into action the policies and instructions of the last twenty World Health Assemblies, the towering public health giant who is Dr Candau, whom you have asked me to succeed.

Madam President, I then believe that you understand, and this Assembly understands, why I tremble in front of the truly Herculean task to which you expect me to devote the next five years of my life. The only reasons why I am perhaps entitled to try to show myself worthy of this Assembly's confidence are, first, that I am personally deeply committed to the human and social concepts laid down in your Constitution; secondly, that I am free of any commitment to any national, racial, religious or political group; thirdly, that I believe I have a right to count on the support of all Member States and the governing bodies of this Organization; and fourthly, that I intend to share this burden with all WHO staff at headquarters, in the regional offices and in the field. And at this moment I wish to tell all my fellow-workers in WHO that without their high working morale and complete loyalty to the Organization I shall quickly fail as a Director-General.
Madam President, I am being entrusted with a healthy organization with a vigorous potential for adaptation to change - change not for the sake of change, but because there still is a long, long way to go before this irrational world of ours is prepared seriously to tackle the social, moral and technical principles laid down in our Constitution. May I then ask you, the Member States, and the governing bodies of this Organization, to help me to find the courage to change the things I can, the serenity to accept the things I cannot change, and the wisdom to know the difference.

Madam President, if the Member States truly want this Organization to be great, they will have a great Organization, with decisive moral and technical impact on the improvement of the health of all peoples of this world - this despite the fact that your third Director-General appears very small in comparison with his two predecessors.

Thank you, Madam President. (Applause)

The PRESIDENT: I thank Dr Mahler for the words he just expressed to us. Does anyone wish to speak?

I declare closed the ceremony of the taking of the oath by the new Director-General, which marks an important step in the history of our Organization.

7. TRIBUTE TO DR DOROLLE, DEPUTY DIRECTOR-GENERAL

The PRESIDENT: I would like now to pass to another subject which I am convinced will retain your full attention. As you know, Dr Pierre Dorolle, Deputy Director-General, is leaving our Organization. He has occupied the post of Deputy Director-General for almost 23 years, during which period he has rendered invaluable services to the Organization. Several delegates have approached me suggesting that the Assembly address to Dr Dorolle a message of recognition and gratitude for his exceptional contribution to the cause of health.

The message would read as follows:

At the moment that he is about to relinquish the important functions that he has exercised with distinction for more than 20 years, the World Health Assembly addresses to Dr Pierre Dorolle, the Deputy Director-General of the World Health Organization, this message of deep gratitude for the eminent work that he has accomplished in international public health.

I give the floor to Sir William Refshauge, Chief Delegate of Australia.

Sir William REFSHAUGE (Australia): Madam President, colleagues and friends, we have already paid our homage to our beloved Director-General, Dr Candau. We have welcomed our Director-General Designate, Dr Mahler. More no doubt will be said about both these gentlemen before the end of this Assembly; but today, stimulated by many of our colleagues who have worked closely with him, I have come to this rostrum to join with you, Madam President, in paying tribute to that extraordinary and outstanding man, Pierre Dorolle - who, I understand, is to retire shortly after this Assembly.

This tribute, Madam President, honours a man whose life’s work represents an outstanding example of devotion to the cause of his fellow men, particularly in the field of health, as well as an inestimable contribution to the development and perfection of the World Health Organization.

First, as a specialist in tropical medicine, he was at the forefront of the pioneering action to control major endemic and epidemic diseases and to establish and strengthen public health administration in the areas of the Far East which were then known as Indo-China. Then he brought his unique medical knowledge and administrative experience to the World Health Organization in its great endeavour, which is the attainment by all peoples of the highest possible level of health.

Since 1950, when he was appointed Deputy Director-General, he was the closest associate and collaborator of both Directors-General in developing the programme of the Organization and in its implementation. At the same time, with imagination and inexhaustible energy he was contributing to the daily administration of the Organization.

During his 23 years of service in WHO, Dr Pierre Dorolle was omnipresent in all sectors of the Organization’s life, be they activities of a highly scientific and technical nature, economic and financial matters, or problems of a managerial and diplomatic character. Despite his manifold responsibilities in the Organization he found energy and time to lecture in many universities and learned institutions - in London, Rome, Florence, Turin, Brussels, Paris, Geneva, Yale University, and many other universities in Latin America.

Author of numerous works on tropical medicine, communicable diseases, tropical syphilis and its nervous and cerebral complications, epidemiology, rural and nutritional hygiene and
forensic medicine, Dr Dorolle is a doctor honoris causa of the University of Geneva and an honorary member of the Société médicale de Genève and the Société suisse de Médecine tropicale. He is a Fellow of the Royal College of Physicians of London, and Honorary Fellow of the Royal Society of Health, a Laureate of the French National Academy of Medicine, and an honorary member of several learned societies in Latin America. He has been awarded the Légion d'honneur, the Croix de guerre with palm, the Médaille d'argent des Épidémies and the Médaille d'honneur du Service de Santé, to mention but a few of the many honours and distinctions marking his career.

Madam President, even a scanty outline of the career of Dr Dorolle would be a long and exciting record. I do not feel qualified to do this. I have come to this rostrum primarily to express my gratitude to a man who, above all his extraordinary professional qualities, has been a great friend to all of us. A warm and direct human being, tactful and considerate in personal contacts, he has always been a part of us. Brilliant in his reasoning, realistic in his conclusions, his selfless counsels helped to overcome many delicate and controversial situations in a spirit of brotherhood and mutual respect.

It is to Dr Dorolle that we are greatly indebted for the fact that our Organization is not only a wonderful instrument of international cooperation but also a real family of the medical world at large.

May I endeavour to express my feelings to you, Dr Dorolle, in your own language?

(The speaker continued in French) Dear Pierre, I thank you with all my heart for everything that you have done for the health of the world and for our Organization.

The PRESIDENT: Thank you, Sir William. I now call on Professor Aujaleu.

Professor AUJALEU (France) (translation from the French): Madam President, dear colleagues, if ever cooperation has been exemplary and of an exceptional standard, it is the cooperation of Dr Dorolle first with Dr Chisholm and then for 20 years with Dr Candau. The best demonstration of the high value set on this cooperation has been given by Dr Candau himself who, despite administrative provisions (which in any case were not mandatory), could not bring himself to lose Dr Dorolle but wished him to leave the Organization at the same time as himself, thus associating him to the very end with a task whose scope and effectiveness we celebrated a few days ago.

Of Dr Dorolle's very numerous qualities I wish to refer today to those which have shone forth with particular brilliance: a lively intelligence, combined with a great deal of finesse and often a touch of irony, an exceptional capacity for work, faultless efficiency and remarkably good documentation - all in his head, which enabled him to name immediately the man who somewhere in the world was the most highly qualified to carry out a particular task as an expert or a consultant. However, I do not wish, either, to pass over his qualities of humanity, demonstrated in his almost 25 years of service by his unshakable loyalty, his always smiling welcome and a kindness which never discriminated between the humblest of persons and persons of consequence.

I wondered whether it would be suitable, since Dr Dorolle is French, to add a few words to the grateful tribute which my old friend and very temporary adversary, Sir William, was going to pay Dr Dorolle, and has indeed just paid. I decided in the affirmative, since France has benefited twice as much as other countries from the activities of Dr Dorolle in the Organization. It is not, of course, that he has in any way whatsoever favoured his own country. From that point of view he has been a model international civil servant, taking impartiality almost to extremes, since he sometimes forgot his mother tongue when he was sitting by the side of an English-speaking President. France first of all benefited in the same way as all the Member States from Dr Dorolle's remarkable activity in the Organization, but she also drew moral profit from everything that Dr Dorolle did, for since he was French everything good that he did redounded to the credit of his country.

That is why today the French delegation is happy to give Dr Dorolle its congratulations and to express its admiration and gratitude, and to these collective sentiments I add, my dear friend, on my own behalf, not my friendship alone but a real fraternal affection.

The PRESIDENT: Thank you, Professor Aujaleu, I now give the floor to Sir George Godber.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland): Madam President and fellow delegates, I am very glad to have the opportunity of supporting the tributes just paid by Sir William Refshauge and Professor Aujaleu to Dr Dorolle. All of us here, and many from past Assemblies who are not here, have had unfailing help and kindness from dear Dorolle. He is too modest a man to want me to go on extolling his virtues and deeds in public now, but I think I could give no higher praise than to say that this Organization is well known to have been exceptionally fortunate in its Director-General for the past 20 years. It has been just as fortunate in the man who has been his Deputy throughout that time, who served it in a
different way, but with no less distinction. No one has given more of himself to the health of the world - and if Professor Aujaleu had not just reminded me, I would hardly have known he was a Frenchman.

The PRESIDENT: Thank you, Sir George. I now give the floor to Dr Venediktov.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) (translation from the Russian): Madam President, fellow delegates, I should like on behalf of the Soviet delegation to add my voice to those of Sir William Refshauge, Professor Aujaleu, Sir George Godber and your own, Madam President, in appreciation of Dr Pierre Dorolle.

We have become used to seeing Dr Pierre Dorolle always sitting next to Dr Candau, next to the President of the Health Assembly or next to the Chairman of the Executive Board; we know that if Pierre Dorolle is in his place, it means that everything is as it should be and that the Assembly and the Board will pass off successfully.

There are physicians, there are diplomats, there are human personalities, but it is not very often that there is such a combination that in one man, in one person, we find a remarkable medical specialist, a brilliant diplomat and a great and remarkable man. It is that combination that we see in Dr Pierre Dorolle. We have had (and no doubt, Dr Mahler, this will happen again in the future) acute political, social and medical conflicts, quarrels and contradictions at our meetings, but we shall always remember the remarkable part played by Dr Dorolle, the helping hand he gave to the delegates at the Assembly to assist them in finding a way out of an extremely difficult and acute dilemma, in finding the correct decision in the interests of international health. Dr Candau and Dr Dorolle are leaving our Organization today or in the near future, handing on the torch to others. With their departure, an important chapter in the history of the World Health Organization is brought to a close, a chapter written by their hands, by their labour and by the labour of many field and other workers of our Organization, at headquarters, in the regional offices and in the field.

We are extremely grateful to these people for the contribution they have made to the development of international cooperation in public health, for the difficult work they have accomplished and for their spirit of humanism. We must develop and extend this work still further and when today we wish success to our new Director-General and his present and future assistants, we also wish Dr Candau, our honoured Director-General, and Dr Pierre Dorolle, who has been a remarkable friend to many delegations, not leisure - because such people do not know what leisure is, such people cannot rest, they are always on the go, always in movement, always at work - we wish them the health and human happiness which they have earned by their integrity and their great work over so many years.

Thank you! I wish you success and happiness!

The PRESIDENT: Thank you, Dr Venediktov. I now give the floor to Dr Ehrlich.

Dr EHRlich (United States of America): Madam President, fellow delegates, it is for me a great honour to fully support this recognition for our Deputy Director-General, Dr Pierre Dorolle. I can add no words to those already spoken, and will not, but would only suggest that the Assembly indicate its full support of the message you have for him, Madam President, by acclamation. (Applause)

The PRESIDENT: Thank you, Dr Ehrlich. The message is contained in this folder. With your agreement, I shall sign it on your behalf, in my capacity as President of the Twenty-sixth World Health Assembly. I shall then hand it over to Dr Dorolle as a lasting record of our recognition - to a man who, during his whole life, has devoted all his exceptional intellectual qualities, his great knowledge and energy to the cause of human wellbeing.

Amid applause, the President handed the message to Dr Dorolle.

The PRESIDENT: I now give the floor to Dr Dorolle.

The DEPUTY DIRECTOR-GENERAL (translation from the French): Madam President, I am deeply touched by this unexpected and quite undeserved tribute, and all that I can say is many thanks to you, Madam President, and to all those who have spoken in the last few minutes. This is an occasion that I shall never forget. Thank you. (Applause)
8. STATEMENT BY THE DELEGATE OF THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

The PRESIDENT: We now come to the next item. The delegate of the Democratic People's Republic of Korea has asked for the floor. May I invite him to come to the rostrum.

Mr HAN Hong Sop (Democratic People's Republic of Korea) (translation of the French interpretation from the Korean): Madam President, Mr Director-General, fellow delegates, I am glad to have this opportunity of speaking on the admission of the Democratic People's Republic of Korea at the Twenty-sixth World Health Assembly to official membership of the World Health Organization. Please allow me to thank you most sincerely in this regard.

First of all, on behalf of my delegation, I wish to offer most sincere thanks to the co-sponsors of the draft resolution actively supporting admission of the Democratic People's Republic of Korea to the World Health Organization and to the other delegates who expressed their support and sympathy for the admission of my country.

The admission of the Democratic People's Republic of Korea to the World Health Organization at the Twenty-sixth World Health Assembly is not only fully in line with the universal and humanitarian nature of the Organization but also represents an act of justice which corresponds perfectly to WHO's objective: improvement of the health of mankind. The fact that during consideration of this item most Member countries expressed their support and sympathy for my country's admission to WHO shows clearly that the desire for universality of the Organization and for humanism and justice is a very powerful force which always triumphs.

The Government of the Democratic People's Republic of Korea will still more ardently strive to fulfill the age-old desire of our people to live to a ripe old age free of disease, by laying emphasis in every sphere of public health on the socialist principle of prevention in medicine, as stated by our respected and well-beloved leader, President Kim Il-Sung.

As a full Member of the World Health Organization, our country will do all in its power to accomplish to the best of its ability the tasks entrusted to it by the World Health Organization and to advance its objective, and will contribute actively to a further strengthening of cooperation and contacts between Member States and to peace and security throughout the world.

The PRESIDENT: Thank you, sir.

9. DATE OF CLOSURE OF THE TWENTY-SIXTH WORLD HEALTH ASSEMBLY

The PRESIDENT: Before adjourning the meeting, I should like to make an announcement. I wish to inform the Assembly that, in conformity with the provisions of Rule 33, paragraph (f) of the Rules of Procedure, the General Committee, at a meeting just held during the lunch hour, fixed tomorrow - Wednesday, 23 May 1973 - as the date of the closure of the Twenty-sixth World Health Assembly.

The meeting is adjourned.

The meeting rose at 3.45 p.m.

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1 In accordance with Rule 87 of the Rules of Procedure.
1. FIFTH REPORT OF COMMITTEE B

The PRESIDENT: The Assembly is called to order. The first item on our agenda is the consideration of the fifth report of Committee B, as contained in document A26/60. This report contains four draft resolutions, which I shall ask the Assembly to adopt one by one.

Is the Assembly willing to adopt the first resolution, entitled "Assessment for 1972 and 1973 of new Members (Democratic People's Republic of Korea)?" In the absence of any objections the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Committee on International Surveillance of Communicable Diseases: Seventeenth report)?" In the absence of any objections the resolution is adopted.

Is the Assembly willing to adopt the third resolution, entitled "Additional Regulations of ... May 1973 amending the International Health Regulations (1969), in particular with respect to Articles 1, 21, 63-71 and 92)?" In the absence of any objections the resolution is adopted, it being understood that today's date, that is, 23 May, will be inserted in the title as well as in the text of this resolution.

In the fourth resolution, which is entitled "Health assistance to refugees and displaced persons in the Middle East", a vote by show of hands, or in this case by country card, has been requested.

May I invite the delegate of Egypt to come to the rostrum on a point of order?

Mr EL REEDY (Egypt): Thank you, Madam President. I think we should have this vote by roll-call.

The PRESIDENT: The Director-General has the floor.

The DIRECTOR-GENERAL: Madam, Rule 72 of the Rules of Procedures reads: "The Health Assembly shall normally vote by show of hands, except that any delegate may request a roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot."

The PRESIDENT: Thank you, Dr Candau. The letter is "N". We shall start with the letter "N". It will be Nepal, and the names of the countries will be called one by one.

A vote was taken by roll-call, the names of the Member States being called in the English alphabetical order, starting with Nepal, the letter "N" having been determined by lot.

The result of the vote was as follows:

In favour: Afghanistan, Algeria, Bahrain, Bangladesh, Bulgaria, Burundi, Cameroon, Chad, Chile, China, Congo, Czechoslovakia, Dahomey, Democratic People's Republic of Korea, Egypt, German Democratic Republic, Guinea, Hungary, India, Indonesia, Iran, Iraq, Ivory Coast, Jordan, Kuwait, Lebanon, Libyan Arab Republic, Madagascar, Malaysia, Mali, Malta, Mongolia, Morocco, Niger, Nigeria, Pakistan, Panama, Peru, Philippines, Poland, Romania, Rwanda, Saudi Arabia, Sierra Leone, Spain, Sri Lanka, Sudan, Syrian Arab Republic, Togo, Tunisia, Turkey, Union of Soviet Socialist Republics, United Republic of Tanzania, Upper Volta, Uruguay, Yemen, Yugoslavia, Zaire.

Against: Israel, Netherlands, United States of America.

Abstaining: Argentina, Australia, Austria, Belgium, Brazil, Burma, Canada, Colombia, Cyprus, Denmark, El Salvador, Ethiopia, Fiji, Finland, France, Federal Republic of Germany, Ghana, Greece, Guatemala, Honduras, Iceland, Ireland, Italy, Jamaica, Japan, Kenya, Khmer Republic, Laos, Luxembourg, Malawi, Mexico, Monaco, Nepal, New Zealand, Nicaragua, Norway, Portugal, Republic of Korea, Sweden, Switzerland, Trinidad and Tobago, United Kingdom of Great Britain and Northern Ireland, Venezuela, Viet-Nam, Western Samoa.

Absent: Albania, Bolivia, Central African Republic, Costa Rica, Cuba, Democratic Yemen, Dominican Republic, Ecuador, Gabon, Gambia, Haiti, Lesotho, Liberia, Mauritania, Mauritius, Oman, Paraguay, Qatar, Senegal, Singapore, Somalia, Swaziland, Thailand, Uganda, United Arab Emirates, Zambia.
The result of the vote just taken is as follows: number of Members present and voting, 61; majority required, 31; in favour, 58; against, 3; abstentions, 45. The resolution is adopted. The delegate of Israel has the floor.

Mr ROSENNE (Israel): Madam President, I wish to explain my delegation's vote against the draft resolution submitted by Committee B and adopted by a minority of the Members of this Organization, with a massive number of abstentions. The reasons for our categorical opposition to this resolution were explained by my delegation in the meetings of Committee B on 21 May, and reference should be made to those records. The Government of Israel last year, in order to assist the Director-General to assemble the facts to enable him to compile a report which the Assembly asked him to submit, agreed to his suggestion that a senior WHO staff member should visit Israel and the territories for the purpose of an on-the-spot observation and study of the situation. The interposition of a special committee, however composed, between Israel and the Director-General impairs the possibility of fruitful dialogue in the future.

The PRESIDENT: Thank you, sir. The delegate of Argentina has the floor.

Dr LEÓN (Argentina) (translation from the Spanish): The delegation of the Argentine Republic wishes to explain the reasons for its abstention on the resolution just adopted.

In the opinion of our delegation, this Assembly is not competent to adopt decisions of this nature, since the text states as facts some political circumstances on which neither the Security Council nor the United Nations General Assembly has as yet taken a stand.

With regard to this question, the Argentine Republic has always maintained a clear position in these bodies and unfortunately our delegation has no instructions in this case to go beyond the technical terms of reference of this Assembly.

Nevertheless, the humanitarian aim pursued by the resolution has the support of my delegation and for that reason we believe that the courses of action proposed in part B of the resolution are suitable ones.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of Morocco.

Mr KHATTABI (Morocco) (translation from the French): Madam President, I should like to explain my delegation's vote on the resolution concerning agenda item 3.13 which this Assembly has just approved by an overwhelming majority.

Since the report contained in document A26/21 is in my delegation's opinion incomplete, in that the representative of the Director-General has had neither the opportunity nor the time to visit all the occupied territories, let alone to get in touch with all the parties concerned, it does not reflect the real health situation among the inhabitants of those territories. For that reason the general conclusions of that report cannot be taken as a valid and generally acceptable basis for an objective assessment of the state of physical and mental health of the population in the occupied Arab territories.

My delegation therefore considers that the establishment of the special committee of experts which is one of the purposes of the resolution just adopted by the Assembly is a pertinent decision, although we still think that a solution to the health problems of the population concerned can only be found by the return of all the refugees to their homes and by an ending of the military occupation of all the Arab territories.

As for the mission assigned to the special committee of experts by the Assembly, we consider that the committee should make contact not only with the governments but also with the institutions concerned, including those legitimately able to give expression to the opinions and complaints of the Arab population of Palestine, in view of the fact that the health services in the occupied territories are in one way or another controlled by the occupying military authorities. Furthermore, my delegation considers that the report which the special committee is called upon to prepare should be precise and comprehensive and should indicate as far as possible the sources of any information which the Committee may collect. The free movement of the special committee members means that they must be able to visit, as part of their mission, all places where the health conditions under which the Arab population live are such as to affect in some way their physical and mental health.

It is in that spirit that my delegation voted in favour of the resolution just adopted.

The PRESIDENT: Thank you, sir. I now give the floor to the delegate of Mexico.

Dr BUSTAMANTE (Mexico) (translation from the Spanish): Madam President, fellow delegates, the Mexican delegation wishes to give the reasons for which it abstained in the vote just taken. We abstained because the statements made in paragraphs 1 and 2 of part A are not a matter for the World Health Organization but for the competent bodies of the United Nations.

As for part B, which deals mainly with humanitarian problems, the Mexican delegation
wishes to state that it is in the greatest sympathy with it. Nevertheless it had to abstain since it was the resolution as a whole that had been put forward for consideration.

The PRESIDENT: Thank you, sir. The statements which have been made will appear in the verbatim report. I give the floor to the delegate of Egypt.

Mr EL REEDY (Egypt): Thank you, Madam President. Madam President, I am going to be very brief in explaining the vote of my delegation. I think I want to associate my delegation with the very pertinent remarks made by the distinguished representative of Morocco; and, indeed, it is in document A26/21 Add.3 that the position of my delegation and other delegations on the matters which have been related here is recorded. I take this opportunity to thank all delegations who have voted for the resolution, which simply tries to defend humanity in its very essential sense and to seek the whole of the truth of the situation of the refugees and the population of the occupied territories.

The PRESIDENT: Thank you, sir. We now have to approve the report as a whole. In the absence of any objection, I take it that the Assembly wishes to adopt the fifth report of Committee B.\(^1\) It is so decided.

2. REVIEW AND APPROVAL OF THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTIETH AND FIFTY-FIRST SESSIONS

The PRESIDENT: Since not all the translations have been distributed of the fourth report of Committee A, we will go first to the next item on our agenda, that is, item 1.11: Review and approval of the reports of the Executive Board at its fiftieth and fifty-first sessions. We have to consider the adoption of two resolutions as we come to the conclusion of item 1.11. Delegates will have received document A26/59, which contains a draft resolution presented by the delegation of Belgium. May I invite Professor Halter, Chief Delegate of Belgium, to come to the rostrum and introduce this draft resolution.\(^2\)

Professor HALTER (Belgium) (translation from the French): Madam President, dear colleagues, during this Assembly a certain number of situations have arisen in which delegations have experienced some difficulty in following the proposals which had been drawn up by the Executive Board.

May I remind you that at the outset our Organization's Executive Board consisted of 18 members. In 1960, as a result of a decision taken in May 1959 (resolution WHA12.43), the

1 See p.516.

2 The draft resolution read as follows:

The Twenty-sixth World Health Assembly,

Recalling the Executive Board's very important role in the life and functioning of the Organization, as has been shown once again by the quality of the reports submitted to the Twenty-sixth World Health Assembly, and the importance of ensuring that a greater number of Member States take part in its activities,

Considering resolution WHA20.36 of 23 May 1967 amending Articles 24 and 25 of the Constitution with a view to increasing the membership of the Board from 24 to 30,

Believing that the regular rise in the number of Member countries (from 126 at the end of 1967 to 138 in 1973) makes it more imperative than ever to increase the number of countries entitled to designate a person to serve on the Executive Board,

Noting that up till now 70 States have ratified resolution WHA20.36,

Noting that the resolution cannot come into force until two-thirds of the Member States, i.e. at the present moment 92, have deposited a formal instrument notifying acceptance of the amendments with the Secretary-General of the United Nations,

1. URGES those Member States which have not yet notified their acceptance to do so within the shortest possible time; and

2. REQUESTS the Director-General to communicate this resolution to the Secretary-General of the United Nations and to the Member States concerned.
number was increased from 18 to 24; it took less than two years for countries to signify their acceptance and to enable the number of members to be raised from 18 to 24. What we are now considering is a resolution of 1967, resolution WHA20.36 of the Twentieth World Health Assembly, which in response to a proposal by the Executive Board decided that the membership of the Board should be raised from 24 to 30. Please remember that between 1946 and 1960 the number of countries which entered the Organization was still relatively modest, so to speak, whereas the attainment of independence by a large number of countries which are today full Members of the Organization occurred at a considerably greater rate during the following decade.

It is for that reason that my delegation considered that it should invite Member States which had not yet deposited formal instruments of ratification with the Secretariat of the United Nations in New York kindly to do so as soon as possible. I must admit that the other day when in this same Assembly I alluded to the 1967 resolution, I suddenly felt rather anxious because I wondered whether my own country had ratified the resolution concerned. I was quickly reassured when I found that the formalities had been complied with as long ago as 1968. However, the fact that I myself could hesitate in this way shows that there must be in this Assembly a certain number of delegates who will probably be asking themselves the same question. For that reason I shall venture to read very quickly the names of the countries which have so far accepted the amendments concerned, so that those which I do not name will note the omission and thus do all that is necessary as soon as they return to their own countries.

Madam President, I am therefore going to read the names of those countries which have accepted the amendments. They are: Argentina, Australia, Austria, Barbados, Belgium, Brazil, Bulgaria, Burma, Burundi, Cameroon, Canada, Central African Republic, China, Cyprus, Czechoslovakia, Dahomey, Denmark, Egypt, Ethiopia, Finland, France, Federal Republic of Germany, Ghana, India, Iran, Iraq, Israel, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait, Laos, Luxembourg, Madagascar, Malawi, Maldives, Mali, Mauritius, Mexico, Monaco, Mongolia, Netherlands, New Zealand, Niger, Nigeria, Norway, Oman, Peru, Philippines, Poland, Republic of Korea, Romania, Saudi Arabia, Senegal, Sierra Leone, Somalia, Spain, Sweden, Switzerland, Togo, Trinidad and Tobago, Tunisia, Turkey, United Kingdom of Great Britain and Northern Ireland, Upper Volta, Yugoslavia, and Zambia.

Thank you, Madam President, I trust that at the next Assembly we shall be able to congratulate ourselves on the acceptance of this resolution.

The PRESIDENT: Thank you, Professor Halter. Are there any more speakers on this draft resolution? In the absence of further comments, I take it that it is the wish of the Assembly to adopt the resolution as contained in document A26/59. It is so decided. You will remember that, during the discussion on the reports of the Executive Board, it was stated that an appropriate resolution noting the reports would be presented when the main committees had finished their consideration of the part of the Executive Board's report which deals with the proposed programme and budget for 1974, namely, Official Records No. 207 - Executive Board, Fifty-first Session, Part II. We are now in a position to adopt this resolution, and I am taking the liberty of suggesting a text which I believe reflects the comments I have heard regarding these reports and the dedication with which the Executive Board carried out the task entrusted to it. The resolution reads as follows:

The Twenty-sixth World Health Assembly

1. NOTES the reports of the Executive Board on its fiftieth and fifty-first sessions;

2. COMMENDS the Board on the work it has performed; and

3. REQUESTS the President of the Twenty-sixth World Health Assembly to convey the thanks of the Assembly to those members of the Executive Board who will be completing their terms of office immediately after the closure of the current session of the Health Assembly.

Are there any comments on this resolution? In the absence of any comments, the resolution is adopted.

May I once again thank the representatives of the Executive Board for having so ably presented the reports of the Executive Board to this Assembly.

1 See note concerning signatures, ratifications, accessions, etc. on behalf of China in the List of signatures, ratifications, accessions, etc. of multilateral treaties in respect of which the Secretary-General performs depositary functions; United Nations publication ST/LEG/SER.D/5.

2 Resolution WHA26.62.

3 Resolution WHA26.63.
3. FOURTH REPORT OF COMMITTEE A

The PRESIDENT: I think that all papers for the fourth report of Committee A have been distributed, and so we shall now discuss this report, as contained in document A26/61. This report contains five draft resolutions, which I shall ask the Assembly to adopt one by one. We shall begin with the resolutions concerning the problems of the human environment, and on the first resolution a request has been made to have a vote by show of hands. The first resolution is entitled "Urgent need for suspension of testing of nuclear weapons". Would those delegations in favour of the resolution raise their cards? Would those opposed raise their cards? Abstentions?

The result of the vote is as follows: number of members present and voting, 91; majority required, 46; votes in favour, 87; votes against, 4; abstentions, 10. The resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "WHO's programme for human health and environment"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the third resolution entitled, "Development of environmental manpower"? In the absence of any objection the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution entitled, "Problems of the human environment"? The delegate of India has the floor.

Mr RAMACHANDRAN (India): Thank you, Madam. With your permission, may I suggest that, to be consistent with the preamble, the second operative paragraph of the resolution be slightly amended, as follows. The text circulated says: "URGES Member States to provide or continue to provide the African States affected with assistance in the way of food". The amendment I suggest is: "URGES Member States to provide or continue to provide all such States affected with assistance in the way of food".

The PRESIDENT: Thank you, Sir. I should like to ask the Director-General to read the Rules of Procedure concerning such an amendment made in the Assembly.

The DIRECTOR-GENERAL: Thank you very much, Madam President. The rule of procedure that refers to the question of amendments and motions is Rule 51, which appears on page 110 of Basic Documents. It reads: "Resolutions, amendments and substantive motions shall normally be introduced in writing and handed to the Director-General, who shall circulate copies to the delegations. As a general rule, no proposal shall be discussed or put to the vote at any meeting of the Health Assembly unless copies of it have been circulated to all delegations not later than the day preceding the meeting. The President may, however, permit the discussion and consideration of such resolutions, amendments or substantive motions even though they have not been circulated or have only been circulated the same day."

The PRESIDENT: Thank you, Dr Candau. In view of the discussions that have already taken place in the Committee, I think that the quickest way to handle this matter is to put it to the vote. The amendment which has been proposed formally, is to change the words in operative paragraph 2 in the following way: delete "the African States" and substitute "all such States". The delegate of Israel has the floor.

Dr ARNAN (Israel): I am sorry to interrupt with this point of order, but, without going into the essence of the matter, I do not think you can change the preamble without changing the substantive paragraph 2.

The PRESIDENT: No, Sir. The proposed amendment by the delegate of India is not in the preamble, it is in the operative paragraph 2, which reads "URGES Member States to provide or continue to provide . . ."; then "the African" would be deleted and replaced by "all such", and so on. So we shall now put it to the vote. May I ask all those delegations in favour of the amendment to delete "the African" and substitute "all such" to raise their cards? Those against? Thank you. Abstentions? Thank you.

The result of the vote is as follows: number of Members present and voting, 56; majority required, 29; votes in favour, 21; votes against, 35; abstentions, 36. The motion is defeated.

May I now ask whether the Assembly is willing to adopt the resolution? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fifth resolution, entitled "Long-term planning of international cooperation in cancer research"? In the absence of any objection, the resolution is adopted.
We now have to approve the report as a whole. I see no objection, so I take it that the Assembly wishes to adopt the fourth report of Committee A.\(^1\) It is so decided.

4. SELECTION OF THE COUNTRY OR REGION IN WHICH THE TWENTY-SEVENTH WORLD HEALTH ASSEMBLY WILL BE HELD

The PRESIDENT: Now I should like to draw the Assembly's attention to the fact that under the provisions of Article 14 of the Constitution the Health Assembly at each annual session shall select the country or region in which the next annual session shall be held, the Executive Board subsequently fixing the place. In the absence of any invitation by a Member for the holding of the Assembly elsewhere, I propose that the Twenty-seventh World Health Assembly in 1974 shall be held in Switzerland. Are there any comments? I see none. It is therefore so decided.

Fellow delegates, yesterday it was announced that the date of closure of the World Health Assembly would be today. The matter has been discussed in the General Committee, and it has been suggested that we should adjourn this meeting and reconvene in five minutes, if this would be acceptable to the Assembly. I see no objections, so I shall adjourn the meeting now, and we shall reconvene in five minutes.

The meeting rose at 7.10 p.m.

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\(^1\) See page 514.
SEVENTEENTH PLENARY MEETING

Wednesday, 23 May 1973, at 7.20 p.m.

President: Professor Julie SULIANTI SAROSO (Indonesia)

CLOSURE OF THE SESSION

The President: The meeting is called to order. A few delegations have asked for the floor. The first speaker on my list is the delegate of Nepal, Dr Baidya. Would you come to the rostrum, Dr Baidya.

Dr Baidya (Nepal): Madam President, distinguished delegates, ladies and gentlemen, it is a great honour and privilege for me to have this opportunity of speaking on behalf of the delegates from the countries of the South-East Asia Region. The Democratic People's Republic of Korea joined this Region only yesterday: we are very happy at this, and we heartily welcome them.

Madam President, we feel that the Assembly, by electing you as the President, has honoured not only you and your country, but also the countries of our Region. It is really a matter for pride for us that the only two Lady Presidents came from amongst us. Madam President, I pay my warmest tributes to you and express my sincere thanks for the excellent manner in which you have conducted the Assembly and tackled the intricate problems. I take this opportunity to thank the Vice-Presidents, the chairmen of the committees, the rapporteurs and other office-bearers of the Twenty-sixth World Health Assembly.

I shall be failing in my duty if I do not thank the Director-General and his staff for their hard work and untiring efforts to make the work of the Assembly a success. I do not find suitable words to pay tribute to the contribution of Dr Candau in the functioning and growth of our Organization. We shall definitely feel his absence in future. I wish him a healthy and happy life. It is a sad coincidence that the Deputy Director-General, Dr P. M. Dorolle, is leaving this Organization at the same time as Dr Candau. I express my gratefulness to him for his devotion and contribution to WHO, and wish him a long and happy life.

I take this opportunity of congratulating the Director-General elect, Dr H. T. Mahler, and wish him all success in his future endeavours. We shall be eagerly waiting for his visit to our countries as the new Director-General. His visit will not only encourage and give guidance to us, but he will also have the opportunity to make an "on the spot" study of our problems.

Madam President, it has been the ill luck of the people of the South-East Asia Region to be the victims of war and epidemics and communicable diseases. To make matters worse the mosquitoes are becoming DDT-resistant, new vectors are being incriminated, and drug-resistant malaria parasites are emerging. So our efforts to contain the communicable diseases should continue with greater vigour for the next few years, which might be a difficult period for at least a few countries of the Region, if not for all.

I thank the Regional Director, Dr Gunaratne, for the keen interest and enthusiasm which he has shown in tackling the various problems facing the Region, and hope he will continue his efforts in future with the same zeal and courage. Through him I wish to express my appreciation to the staff of the Regional Office and the representatives of WHO and their staff in different countries.

Finally, Madam President, I wish all the delegates a happy return home.

The President: Thank you, Dr Baidya. I now give the floor to the representative of the European Region, Dr Stuyt, of the Netherlands.

Dr Stuyt (Netherlands): Madam President, distinguished delegates, now that we have come to the end of the Twenty-sixth World Health Assembly, I would like to thank you, Madam President, for giving me the floor to say a few words on behalf of the European Region of WHO.

During this Assembly we have celebrated the twenty-fifth anniversary of our Organization. We have been looking back on the outstanding work which has been performed by WHO in those 25 years, and we have also recognized failures and areas in which much remains to be done. Once again, we have paid a tribute to the great services rendered to the Organization by Dr Candau, who with great vigour has led the Organization to the place it now occupies in the world. The work has to go on, and we are looking forward to the leadership of the new Director-General, Dr Mahler, who has great experience in international health affairs and who will undoubtedly put all his energy at the disposal of WHO to continue the work which started
so well a quarter of a century ago. Dr Mahler, you told us yesterday that you were trembling before taking over the tremendous task awaiting you. I am convinced that everybody without exception in this great family of WHO, and especially in the European Region, is prepared to give you the fullest possible support.

Speaking on behalf of the countries in the European Region, I wish to express my satisfaction and gratitude to the World Health Assembly that it has approved the programme of work in the European Region. It is almost superfluous to express here once more our great satisfaction with the work performed by the Regional Office for Europe and our deep trust in the leadership of its Director, Dr Leo Kaprio.

It is not my intention to go into details of the work of the Assembly which is now coming to an end. It has been a most interesting experience to attend the discussions on so many topics of interest to all countries in the world. It has been gratifying to observe that environmental health is coming strongly to the fore. It is to be expected that public health and environmental health will come closer and closer together in developing activities for the wellbeing of all people. Our experience in this field gives us the conviction that only in this very close cooperation the enormous problems before us can and will be solved. We have also given due attention to the problems of health manpower and to the relation between the utilization of medical and other health personnel and their education and training. I believe that this subject will be of growing interest in the years to come. I have already had the opportunity to discuss this in more detail, but I want to underline again that the increasing exchange and travel of doctors all over the world make it necessary to exchange regularly information on educational systems and curricula, with a view to evaluating the final product and the background of diplomas. In the European Region this problem will have to be given high priority.

The endeavours of many countries in the world to achieve the eradication of smallpox have our great admiration; they have been assisted by the World Health Organization and by individual countries. It now appears to be possible that a disease of such importance can completely disappear. This is a challenge to the Organization and to individual countries to continue giving their full support to activities of this character in order to bring about further achievements in the control of communicable diseases.

I want to mention one more subject of the greatest importance, and that is narcotic drug dependence. In the European Region this problem has become of major importance. The problem is very complex and deserves our fullest attention. A firm stand is needed to cope effectually with all factors concerned. We shall have to do our utmost to make further progress on the road to achieving our goals in this respect.

Madam President, in concluding my remarks I wish to express my great appreciation for the way in which you have conducted the business of the Twenty-sixth World Health Assembly. You have completed this heavy task with great skill and elegance, with great energy and a never-failing optimism. We are truly grateful for this perfectly balanced leadership, which has so greatly contributed to the success of this Twenty-sixth Assembly. In the name of the European Region, thank you very much, Madam President.

The PRESIDENT: Thank you, Dr Stuyt. I now give the floor to the delegate of Sierra Leone, Mr Findlay.

Mr FINDLAY (Sierra Leone): Madam President, Director-General, honourable delegates, distinguished representatives of the Executive Board, ladies and gentlemen, it is indeed a great honour and privilege, not only to me but also to my delegation and my country to have been unanimously nominated by the delegations of the Member States of the African Region to give the vote of thanks on their behalf on the occasion of the closure of the Twenty-sixth World Health Assembly. I am indeed highly appreciative of this honour and proud privilege, and would like to express my feelings of deep gratitude to the African group for the confidence which the Member States have reposed in my delegation, and to assure them of our continued service until the next Assembly, when we hand over to another of our delegations.

On behalf of my distinguished colleagues from the African Region, I wish to pay our warmest tribute to you, Madam President, for the brilliant manner in which you have conducted the meetings in plenary, and for the dynamism which your graceful and affable personality provided so effectively both here in plenary and in the committee meetings throughout the session of the Assembly. Your leadership has been more than excellent, and the precision with which you exercised your authority through the gavel gave rhythm and that feminine touch throughout the entire proceedings. Your election to the presidential chair and the very outstanding and brilliant manner in which you conducted the business of this Assembly will linger for long in the minds of all.

I wish also to extend our very sincere gratitude to Dr Candau, our Director-General. As I said in my statement, when reviewing his Annual Report and that of the Executive Board, we shall miss his wise counsel and apt interventions, which have always calmed troubled waters and ushered in a bright ray of hope during the debates both in plenary and in the
meetings of the committees. The unanimous decision of the Assembly to declare him Director-General Emeritus is a clear indication of the very high esteem in which he is held by all Members of the Organization, and I wish to assure him that our very best wishes for continued good health and happiness go with him on his retirement. He will ever remain dear to our hearts.

To the President and members of the Executive Board and to the chairmen and officers of the committees and Technical Discussion groups, we say thank you for facilitating the work of the Assembly in such an orderly and effective manner. Our grateful thanks also go to Dr Dorelle, the Deputy Director-General. He, as usual, has been the encyclopedia, the mentor and guide in all procedural matters arising during the course of our meetings and, as he too goes into retirement shortly, I take this opportunity to wish him and his amiable consort a long lease of happy and useful retirement. We shall always remember him.

As usual, members of the Secretariat have proved beyond any reasonable doubt whatsoever their thoroughness, assiduity and steadfast devotion to their duty. Their capacity for hard work has become proverbial, and to all of them our sincere gratitude is due. To all those of whom we see little or nothing, but who toil night and day relentlessly so that we can get on with our work without any delay or interruption - I prefer to refer to them as the unseen hands, the secretaries, interpreters, technicians, the records, publications, reception, registration staff members and all those who, in one way or another, have contributed to the great success of this Assembly - I say "Thank you" and "Well done!"

I must also record our grateful thanks to Dr Quenum, our dynamic and indefatigable Regional Director. We are very appreciative of his untiring efforts to improve the health standards in the Region, and we commend him for his overall interest and selfless devotion to duty. On behalf of Member States in the Region, I wish to reassure him of our continued support and cooperation. We are certain in our minds that he has the capacity to accomplish much more, as the priority needs in the field of health in the Region are many, but at the same time we are also conscious of the fact that, much to his regret, his hands are tied by the need for budgetary manipulations and restrictions. We hope, however, that, despite the unpredictable incursions of the international monetary developments on the effective working budget of the Organization, greater priority consideration will be given to the regions covering the developing countries, where there can be no doubt whatsoever that the need to improve and maintain satisfactory health standards is second to none, and of immediate and very urgent concern.

Madam President, I wish to take this opportunity to pledge publicly our loyalty and support for the Director-General Designate. He is no stranger to us, and we feel assured that, within a short space of time on assuming office, he will be able to grapple with the many problems confronting the Member States in the field of health, particularly in the African Region, to the entire satisfaction of all concerned. We wish him well, and pray that all his efforts and activities will be crowned with abundant success.

Madam President, the Twenty-sixth World Health Assembly has indeed been a remarkable one, and I am positive that it will go down in history as such. It marks a very important milestone in the history of this, our great family of nations, which is dedicated to the cause of international health; the Assembly not only witnessed but participated actively in the impressive and colourful ceremony which was held in this great hall to mark the twenty-fifth anniversary of the founding of the World Health Organization; it brought Member States of the Organization face to face with the stark reality that our revered and well-beloved Director-General, Dr Marcolino Candau, had decided to relinquish his post on retirement; it provided an opportunity for the first time, in the case of a number of distinguished delegates, to participate in the procedure for the appointment of a Director-General; it ushered in a new era for the Organization, when the great People's Republic of China, with about a quarter of the world's population, and the German Democratic Republic took their rightful places in this august Assembly as full and accredited Members of the World Health Organization; it admitted the Democratic People's Republic of Korea as a Member of the Organization under Article 6 of the Constitution - subject to the conditions laid down in Article 79, and this has so been done; last but by no means least, it had a lady occupying the high office of President for the second time in 25 years. Indeed the achievements of this Twenty-sixth World Health Assembly have been most outstanding and gratifying, and for this we should be justly proud and should congratulate ourselves. Our work has been successfully accomplished in a true spirit of cooperation, and the prevailing atmosphere throughout has been nothing but most cordial. The debates have been most edifying, and the intercourse and free exchange of views in an endeavour to resolve our common problems have been very educative and fruitful.

Our Organization is truly indeed a great one for, despite its varied complexity, it operates with such singleness of purpose, both in theory and practice, in the true spirit of its ideals and objectives. I therefore cherish the hope that the example we are setting will serve as a standard for emulation, and so lead to an equally easy and united endeavour in resolving the many intricate problems which confront the world today.
Madam President, it now only remains for me to say thank you to the authorities and people of this very beautiful city and the Republic and Canton of Geneva for their very kind hospitality during our stay here. Finally, I wish you, Madam President, and all of us here, a safe return home and a very happy family reunion. "Au revoir" and "bon voyage!"

The PRESIDENT: Thank you, sir. I now give the floor to Dr Thieme of Western Samoa.

Dr THIEME (Western Samoa): Madam President, Director-General, distinguished delegates, ladies and gentlemen, the delegation of Western Samoa is greatly honoured to speak on behalf of the Member countries of the Western Pacific Region at the final plenary meeting. May I first pay our tribute to you, Madam President, for the able manner in which you have conducted the session as well as the celebration marking the twenty-fifth anniversary of the World Health Organization. Your leadership and diplomatic skills have made the Twenty-sixth World Health Assembly a stimulating, memorable, and at times even exciting meeting.

Our appreciation goes next to the Director-General and his staff, as well as to all those who have contributed to the success of the Twenty-sixth World Health Assembly. This gives us the opportunity to say farewell to Dr Candau, as well as to Dr Dorolle, on the eve of their retirement, for which we wish all the best and a happy future. We regret that we shall be missing Dr Candau and Dr Dorolle and their genial participation in the proceedings of the World Health Assemblies and the regional committees, to which they paid frequent visits. This is also a good occasion to congratulate the Director-General Designate, Dr Mahler, with our best wishes for the future.

To the distinguished delegates who have taken part in the discussions during the proceedings of the World Health Assembly we offer our thanks for the goodwill they have displayed in enriching with their experience our knowledge of the major health problems of the world and their suggestions for their solution. I congratulate, therefore, all the distinguished delegates most sincerely on the success we have finally achieved together, and I wish you a pleasant return to your home countries. "Bon voyage!"

The PRESIDENT: Thank you, sir. I now give the floor to Dr Sáenz of Uruguay.

Dr SÁENZ (Uruguay) (translation from the Spanish): Madam President, fellow delegates, ladies and gentlemen, I wish in the first place to thank the countries of the Region of the Americas for doing me the great honour of asking me to speak on their behalf at this closing plenary meeting of the Twenty-sixth World Health Assembly.

I believe that I am interpreting this mandate faithfully, Madam President, when I congratulate you most sincerely on your conduct of the discussions in this Assembly and on the way in which you have managed, without loss of authority, to add your own elegant and characteristically feminine touch to the proceedings. I also wish to congratulate all the Vice-Presidents, the Secretariat and the chairmen and officers of the committees, together with the staff and all the interpreters who have facilitated our task to a very high degree.

I believe that I would be right in saying that this Assembly will in future be seen to have had historic importance because of two very significant facts - on the one hand the celebration of the Organization's twenty-fifth anniversary, and on the other the departure of our Director-General, Dr Candau, after 20 years of active life at the head of WHO. It is therefore appropriate at this juncture to review, however briefly, the progress made and to thank all previous Assemblies and Executive Boards which through their untiring efforts have made it possible for us to look to the future with faith.

In regard to communicable diseases, much has been done and although today in some countries there are great problems in the constant duel between man and disease, very satisfactory results have been obtained; these will have to be consolidated. We can say the same of the progress made in the education and training of health personnel and the strengthening of the health services in all countries.

I must give special thanks, in this Assembly, in the presence of you all, although this has been done so many times already, to Dr Candau. That towering public health giant, as he was so aptly called yesterday by his successor, Dr Mahler, has accomplished a magnificent task and has brought the Organization to such a pitch of efficiency that today it stands as an example among the United Nations agencies. With him I wish to associate Dr Dorolle, his closest collaborator. Throughout all these years we have found in him a sincere friend, of generous disposition, always ready to help us! "De tout coeur merci, mon cher ami".

However, Madam President and fellow delegates, while much has been done, there still remains a great deal to do if we are to maintain our achievements and grapple with the solution of new problems created perhaps unconsciously by ourselves in the inexorable forward march of humanity. As a result of the progress achieved, expectation of life at birth has increased throughout the world and this has raised the whole problem of maternal and child health, noncommunicable diseases and chronic diseases, which sooner or later will have to be tackled and solved. This demographic growth always brings in its train problems of malnutrition as well as the very important problem of environmental pollution.
In this ever shrinking world of ours, where neither disease nor ecology recognizes any frontiers, in this ever more polluted world, man has reached the moon but for the first time perhaps is realizing the meaning of Weltenschmerz, and it is the whole problem of mental health which we must now consider, with its effects on our youth, since they are no longer able to communicate with the older generations and are seeking in drugs the refuge they cannot find in themselves. These new problems, added to those already existing and which must in the long run be solved, form a new cycle in the life of the World Health Organization.

The responsibility for implementing the programmes that deal with these aspects will now fall on Dr Mahler and his assistants. We know Dr Mahler very well and are sure that his election, given his history, his efficiency and his sensitivity, has been a really fortunate decision by this Assembly. He will have all our support and that of our governments, as his success is our success.

At the last meeting of the Ministers of Health of the Americas held at Santiago, Chile, new impetus was given to epidemiological training, so that the data collected can be assessed while programmes are being implemented, thus producing results in a shorter time. Here I wish to give special thanks to our Regional Director, Dr Horwitz, who both at his headquarters in Washington and at all the regional meetings has given us invaluable help.

To conclude, I wish to draw your attention to two points which I consider very significant. For many years now economists and governments have been realizing more and more that investment in the health sector, apart from meeting an inevitable social need, forms part of the intimate process of development of the peoples of the world, always provided that such investment is properly planned and based on a precise adjustment of priorities. The other point, Madam President and fellow delegates, is that we must be confident in ourselves and our successors. The be-all and end-all for us in the medical profession is that the sick man, whatever country he lives and suffers in, is always the same. To give him physical and mental health and, further, to integrate him socially and I might even say sociologically in the environment in which he lives by giving him the highest possible standard of services is our goal; and with its triple aspect - physical, mental and social - it is the sole end towards which all our desires and all our labours are directed. I wish you all personal success and a happy return to your homes.

The PRESIDENT: Now I call upon Dr Fakhro, of Bahrain.

Dr FAKHRO (Bahrain): Madam President, Director-General, fellow delegates, my country and its delegation were honoured when I was asked to speak in the name of the Member States of our Eastern Mediterranean Region.

I am sure that many will agree that the Twenty-sixth World Health Assembly has been unique in several respects. We have celebrated the passage of a quarter century and, together with our Director-General, reflected on our past achievements. They were numerous, significant, and inspiring.

With regret we bid farewell to a very dear leader and a warm friend. Dr Candau is walking away, having left his distinctly excellent imprints on the ground of every activity of this Organization. Our Assembly also waved goodbye to another remarkable man, Dr Dorolle represented in his field the magnificent contribution of France to the world.

However, with great pleasure and elation we voted in our new humble and smiling leader; Dr Mahler will soon lead the way - no doubt to new heights and rich green pastures.

During this session the principle of universality of our Organization was further strengthened. WHO proved again its capacity to stand in the front line of international leadership.

The subjects of discussion were also unique. Two rich and tasty items were established on our menu - the health aspects of human environment; and the new techniques, approaches and methods in the field of health organization and management; these will become familiar dishes for many years to come on our already rich table. All of these achievements, and many more which time will not permit me to enumerate, were admirably accomplished by all of us under your effective leadership, Madam President, and with the helping hands of your Vice-Presidents, the chairmen of the committees, the rapporteurs, the members of the Executive Board and the marvellous, most efficient leaders and staff of our Organization. We warmly extend our thanks and appreciation to all of you.

I take this opportunity, Madam President, to convey to our Regional Director, Dr Taba, his assistants, and the staff in the Region the kindest regards and appreciation of all the Member States of the Region. Their constant endeavour to improve the health situation in the Region is intensified year after year.

Finally, Madam President, fellow delegates, as we sip with nostalgic pleasure the last drops of Candau & Co.'s rosé wine, let us look forward with equal anticipating pleasure to tasting the new Mahler & Co. wine! I believe I can promise all of you that it will be delicious, that it will be very refreshing. Thank you all, and goodbye.
The PRESIDENT: Thank you, Dr. Fakhro.

Fellow delegates, friends, ladies and gentlemen, we have now reached the end of our work and, as is customary, I would like to make a few remarks on what has been done and what we have achieved during the present session.

I am sure that all of you who have attended the Twenty-sixth World Health Assembly will feel that it was an exceptional Assembly. With the admission of the German Democratic Republic and the Democratic People's Republic of Korea, the Organization has come very close to the true universality to which we all aspire. We have celebrated the first quarter of a century of the Organization and have used that occasion to review our past achievements and failures as a basis for starting a new period of activities. The silver jubilee of our Organization was not only an event within the Organization, but it was marked the world over. A number of messages received speak eloquently of the prestige which WHO is now enjoying and the hopes which are put in its mission. I wish to take this opportunity, as the President of the Assembly, to thank all those world leaders, international organizations, international civil servants, health and social workers and many others who have sent us their greetings and best wishes.

The Health Assembly has nominated a successor to Dr. Candau, who is retiring. In nominating Dr. Halfdan Mahler as the new Director-General of WHO, the Health Assembly has selected not only a man of outstanding qualities, but a man who has already served the Organization for over two decades. The Assembly, in its wisdom, has thus also secured the necessary continuity in the post of the chief technical and administrative officer of the Organization.

These exceptional subjects with which we dealt this year did not detract the attention of the Assembly from its continuing responsibilities regarding the policies of the Organization, its programme, and financial and administrative matters. The Assembly was very business-like and adopted a number of resolutions marking a new orientation in the operational approaches to several outstanding health problems. The Assembly has clearly restated the principle that health services should be available and acceptable to the total population and adapted to the specific conditions and needs of each country. Consequently, the Organization's programmes and types of assistance should in the future be developed and adapted to that overwhelming objective. In the years to come this will undoubtedly require many changes in the nature of the Organization's activities and its methods of work.

The smallpox eradication programme has occupied a considerable place in our discussion. The encouraging development of this programme and the success so far obtained did not prevent the Assembly from concentrating on some problem areas where endemic smallpox still exists. We have taken decisions to overcome these problems and to carry out the eradication programme to its successful end.

Following the long-term programme in human environment laid down by the Twenty-fourth Health Assembly, and in line with the analysis and studies carried out at the historic Stockholm Conference of last year, the subject of human environment was naturally of great interest to this Assembly. The various aspects of this programme have been discussed at length and in depth, and I shall refrain therefore from commenting on the important decisions taken.

Once again, the Health Assembly has confirmed that the provision of technical assistance remains a very important task of the Organization. To improve and extend assistance to the developing countries, it has decided that further studies should be made on the possibility of financing technical assistance activities in different national currencies. The reiterated concern of the Health Assembly regarding the provision of technical assistance comes at a particularly important moment when technological and scientific development require additional and more extensive efforts from the Organization with regard to its function as the directing and coordinating authority on international health work.

Related to the search for the most suitable and effective type of assistance to be provided by the Organization is also the decision that the next subject of organizational study will be interrelationships between the central technical services of WHO and programmes of direct assistance to Member States. As for all the health problems confronting us, we need more knowledge and better tools, and this Assembly has rightly paid particular attention to the importance of the application of operational research technology, and epidemiological and communications science, in the development of alternative health care delivery systems. When the recommendations made regarding this can be implemented, no doubt it will have a considerable impact on the Organization's activities in the promotion and strengthening of health services in individual countries.

Not least important were the several decisions in the budgetary and administrative fields, as well as those in respect of the continuing efforts to rationalize and improve the Assembly's own methods of work. If the budget for the forthcoming year was approved with some dissenting votes, the criticisms were remarkably few concerning the programme. This is no doubt an indication that domestic financial problems rather than disapproval of the programme of the
Organization were the reasons which prevented some Members from voting for the budget.

The strengthening of the long-term planning and evaluation process of the World Health Organization was a subject of continuous review and analysis by previous Health Assemblies. This Assembly has moved one step forward towards this end. The Assembly's decision to introduce a biennial programme and budget as from 1976, and to amend the Constitution to reflect this change, is one of the historic decisions. The full introduction of the biennial system will now depend on the action which Member States will pursue to ratify the respective amendments.

As brief as I am trying to make my closing remarks, I should mention the Technical Discussions, which this year were attended by a record number of participants. Permit me at this juncture to thank once again the Chairman of the Technical Discussions, Dr Mofidi, for his excellent work, the consultant Mr Stringer, Director of the Institute for Operational Research, London, and all the staff members who have been associated with the preparation and conduct of these discussions.

At a time when the strengthening of the United Nations system is the overwhelming concern of most countries, it may be appropriate if I also mention the resolution on coordination with the United Nations system. Particular emphasis has rightly been put on the fruitful cooperation between the Organization and the World Food Programme and on overall efforts to further develop the provision of family planning care as an integral part of health services, in particular in the developing countries.

Fellow delegates, there are many who deserve our gratitude and our thanks for the success of this Assembly. I consider it as my most difficult task to thank all those who have contributed to the work of our Assembly. To describe the role of the Director-General and of the Deputy Director-General and their contribution would be beyond my possibilities. Behind them there are hundreds of visible and invisible staff members who, with expertise and devotion, serve our meetings and prepare our discussions, working ceaselessly during regular working time and long night hours. If I am not mentioning any of them by name it is because there are too many to whom we owe too much. Personally, I am particularly indebted to you, my fellow delegates, for your kindness towards me, your gentlemanly cooperation and your patience, and also for the very kind words addressed to me by the speakers tonight. My earnest hope was always to apply the rules which govern our proceedings in the most rational and impartial way. To those of you who might have resented at certain moments being ruled by a woman, I address my warmest gratitude for their gallantry and tolerance, which reflect the remarkable spirit of cooperation that is so characteristic of World Health Assemblies.

Before concluding, allow me to say a regretful word of farewell to our Director-General Dr Candau, and to Dr Dorolle, Deputy Director-General. I am sure that I speak for all of you if I wish them once again good health and every success in whatever field of activity they may choose. To Dr Mahler, who as Director-General will meet many critical situations and face many difficult situations, I wish to say that he will always receive from us - be it in our capacity as government representatives or as health workers - our full support in the fulfilment of his exceptional and noble task.

To you, fellow delegates, I wish a safe return home to your countries and your beloved ones, and express my hope that we shall meet you all again here next year.

I now declare this Twenty-sixth World Health Assembly closed.

The session closed at 8.15 p.m.
GENERAL COMMITTEE

FIRST MEETING

Monday, 7 May 1973, at 3.10 p.m.

Chairman: Professor Julie SULIANTI SAROSO (Indonesia), President of the Health Assembly

1. PROVISIONAL AGENDA OF THE TWENTY-SIXTH WORLD HEALTH ASSEMBLY

The CHAIRMAN stated that on 7 March 1973 the Director-General had received an application for admission to membership of the Organization from the Democratic People's Republic of Korea; the application had been communicated to Member States on 20 March 1973. Under Rule 113 of the Rules of Procedure of the Health Assembly, that application could be placed on the agenda of the Assembly under item 1.13 (Admission of new Members and Associate Members) as sub-item 1.13.2 (Application for membership by the Democratic People's Republic of Korea).

It was so agreed.

The Committee recommended the addition to the agenda of a supplementary item entitled "Drug dependence" contained in the supplementary agenda (document A26/1 Add.1). The item had been proposed by the Government of the United States of America.

The CHAIRMAN suggested the removal of items 3.7.2 and 3.7.3, since no advances had been made from the Working Capital Fund before the opening of the Health Assembly either to meet unforeseen or extraordinary expenses or for the provision of emergency supplies to Member States. She said that item 3.15 (Amendments to the Staff Rules) should also be removed, since those amendments were included in the report submitted by the Board to the Health Assembly (Official Records No. 206).

It was so agreed.

Finally, the CHAIRMAN pointed out that in item 3.5.3 the words "if any" should be deleted, but that no reference should be made to resolution EB51.R23, since the Member referred to in that resolution was no longer in arrears in the payment of its contributions to an extent which might invoke Article 7 of the Constitution.

It was so agreed.

2. ALLOCATION OF AGENDA ITEMS TO THE MAIN COMMITTEES

The CHAIRMAN pointed out that the allocation of items between the main committees shown in the provisional agenda needed to be modified to take into account the new mandate given to those committees by resolution WHA26.1. She accordingly suggested the following changes: item 2.2.3 should be entitled "Detailed examination of the programme and budget estimates for 1974"; an item 2.2.4 should be added, entitled "Appropriation Resolution for the financial year 1974"; item 3.4, together with its sub-items, should be deleted and the subject should be discussed under item 2.2.

The Committee recommended that the agenda items should be allocated between the main committees as shown in the provisional agenda, subject to the changes arising out of the adoption of resolution WHA26.1.

At the suggestion of the CHAIRMAN, it was decided to recommend to the Assembly that it allocate the supplementary item entitled "Drug dependence" to Committee B.

Finally, the Committee decided that item 1.13 should be considered by the plenary Assembly, on the understanding that item 1.13.1 (Application for Membership by the German Democratic
Republic) would be discussed before items 1.11 and 1.12, and that item 1.13.2 (Application for Membership by the Democratic People's Republic of Korea) would be dealt with after the general discussion of the reports of the Executive Board and the Director-General.

In reply to a question from Dr VENEDIKTOV (Union of Soviet Socialist Republics), the DIRECTOR-GENERAL stated that observers from the Democratic People's Republic of Korea had been invited to attend the debate on item 1.13.2.

It was also decided that items 1.15.1 (Director-General: appointment) and 1.15.2 (Director-General: approval of contract) would be examined by the plenary Assembly in a private meeting.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee fixed the timetable for the meetings of Tuesday 8, Wednesday 9 and Thursday 10 May.

After hearing Dr MOFIDI, General Chairman of the Technical Discussions, the Committee recommended that the Technical Discussions on "Organization, structure and functioning of health services and modern methods of administrative management" should take place all day on Friday 11 May and on the morning of Saturday 12 May.

Finally it was decided that the plenary meetings and the meetings of the committees should be held, as during previous Health Assemblies, from 9.30 a.m. to 12 noon or 12.30 p.m., and from 2.30 to 5.30 p.m. The General Committee would meet either at 12 noon or 12.30 p.m., or at 5.30 p.m.

The meeting rose at 3.35 p.m.

SECOND MEETING

Thursday, 10 May 1973, at 12.30 p.m.

Chairman: Professor JULI SULIANTI SARIO (Indonesia),
President of the Health Assembly

1. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

Invited by the CHAIRMAN to report on the progress of the work of the Health Assembly, the DIRECTOR-GENERAL stated that 42 speakers still had to take the floor in the general discussion on items 1.11 and 1.12 of the agenda. At the end of the afternoon meeting, there would still be about 24 speakers on the list. The Health Assembly should therefore perhaps hold a night meeting that evening; the general discussion on the reports of the Executive Board and the Director-General could then be completed the following week during the counting of the votes for the election of Members entitled to designate a person to serve on the Executive Board.

It was decided that the Health Assembly should hold a night meeting that evening from 8.30 p.m. to 11.00 p.m. in order to continue the general discussion.

The DIRECTOR-GENERAL said he felt it would be desirable for item 1.15 to come up for discussion as soon as possible, since if the appointment of the Director-General gave rise to any difficulties the matter would have to be referred back to the Executive Board.

The Committee decided that the plenary Assembly would consider that item at a private meeting on Monday morning, 14 May, starting at 9.30 a.m.

The DIRECTOR-GENERAL observed that, in accordance with Rule 20 of the Rules of Procedure, it was the Assembly which determined the participation at private meetings of persons other than the delegations of Members, the representatives of Associate Members and the representative of the United Nations.

It was decided that, in addition to the participants mentioned in that Rule, the following should be entitled to participate in the private meeting: delegates, alternates and advisers to delegations, the representatives of the Executive Board, and essential personnel to be designated by the Director-General.

The Committee then drew up the programme of meetings for Monday, 14 May. It was agreed that the main committees should meet in the morning after the plenary meeting and for the whole afternoon, and that the General Committee should meet at 12 noon in particular for the purpose of drawing up the lists for the election of Members entitled to designate a person to serve on the Executive Board.

The meeting rose at 12.45 p.m.
GENERAL COMMITTEE: THIRD MEETING

THIRD MEETING

Monday, 14 May 1973, at 12 noon

Chairman: Professor Julie SULANTII SAROSO (Indonesia),
President of the Health Assembly

1. PROPOSALS FOR THE ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD

The CHAIRMAN reminded members of the Committee that the election of Members entitled to designate a person to serve on the Executive Board was governed by Article 24 of the Constitution and by Rule 100 of the Rules of Procedure of the Health Assembly, and drew their attention to the documents that had been distributed to them:

(a) a table showing the geographical distribution of the Executive Board, by Regions;
(b) a list showing, by Regions, the Members of WHO who were or had been entitled to designate persons to serve on the Board;
(c) a list of Members - classified by Regions and by alphabetical order within each Region - whose names had been suggested following the announcement made in plenary session by the President of the Assembly in pursuance of Rule 99 of the Rules of Procedure; the list was intended only as a guide, and members of the Committee were free to vote for any other Member of their choice;
(d) finally, a table showing the present composition of the Board, with the names underlined of those Members that had designated persons to serve on the Board whose terms expired at the end of the Twenty-sixth World Health Assembly and that would have to be replaced. They were: Kenya, Nicaragua, Ethiopia, Saudi Arabia, Austria, France, the Union of Soviet Socialist Republics, and Laos.

She suggested that the same procedure be adopted as at previous Health Assemblies: first, if the Committee felt it would be useful, a general discussion could be held, and then a trial vote which would give an idea of the situation; next, following a discussion, if necessary, of the results of the trial vote, the Committee would draw up first a list of 12 Members and then a list of eight Members - selected from a list of 12 Members - which in its opinion would provide, if elected, a balanced distribution of the Board as a whole in accordance with the provisions of Rule 100 of the Rules of Procedure.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) pointed out that only 11 names had been suggested, whereas the Committee first had to draw up a list of 12 Members.

The CHAIRMAN explained that the list of Members that had been suggested was by no means restrictive.

In reply to a further question from Dr VENEDIKTOV (Union of Soviet Socialist Republics), the DIRECTOR-GENERAL stated that it was up to the Committee to complete the list of suggested nominations as it wished.

Mr HUANG Shu-tsê (China) pointed out, with regard to the Khmer Republic, whose name had been suggested, that the people of that country were not legitimately represented at the Health Assembly.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) put forward the candidature of the United Republic of Tanzania.

In reply to questions from Dr VENEDIKTOV (Union of Soviet Socialist Republics) and from Sir George GODBER (United Kingdom of Great Britain and Northern Ireland), the CHAIRMAN explained that when the Committee drew up the list of 12 Members it was free to include in it names other than those contained in the list that had been distributed to the Committee.

She invited Dr Henry (Trinidad and Tobago) and Dr Mikom (Togo) to act as tellers.

A trial vote was taken by secret ballot.

After being informed of the results of the trial vote, the Committee voted by secret ballot to draw up the list of 12 Members to be transmitted to the Health Assembly.

That list was as follows: China, Democratic Yemen, Egypt, Federal Republic of Germany, Iran, Khmer Republic, Malawi, Poland, Switzerland, Turkey, United Republic of Tanzania, and United States of America.

Before the Committee drew up the list of eight Members, the CHAIRMAN pointed out that only the names of Members appearing in the list of 12 could be included in the list of eight.
The DIRECTOR-GENERAL noted that, if the Committee wished to maintain the present regional distribution of seats on the Board, it must recommend the names of one Member from the African Region, one from the Region of the Americas, three from the European Region, two from the Eastern Mediterranean Region, and one from the Western Pacific Region. A vote was taken by secret ballot to draw up the list of eight Members which in the Committee's opinion would provide, if elected, a balanced distribution of the Board as a whole.

2. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee fixed the programme of meetings for Tuesday 15 May, Wednesday 16 May, and established the broad outline of the Assembly's programme of work for Thursday 17 May.

3. PROPOSALS FOR THE ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (resumed from section 1)

The CHAIRMAN read out the list of eight Members; the following countries were nominated: United States of America, Switzerland, Malawi, China, Iran, Poland, Democratic Yemen, and Turkey.

The DIRECTOR-GENERAL read out the report of the Committee containing the names of the 12 Members proposed, together with the names of the eight Members which in the Committee's opinion would provide, if elected, a balanced distribution of the Board as a whole.

The CHAIRMAN stated that the report would be distributed as soon as possible and submitted to the Health Assembly in plenary session on Wednesday, 16 May.

The meeting rose at 2.25 p.m.

FOURTH MEETING

Tuesday, 15 May 1973, at 5.35 p.m.

Chairman: Professor Julie SULANTI SAROSO (Indonesia), President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

Dr PHONG AKSARA (Thailand), Chairman of Committee A, and Dr AL-MUFTI (Iraq), Chairman of Committee B, reported on the progress of the work of their committees.

2. TRANSMISSION TO THE HEALTH ASSEMBLY OF REPORTS OF THE MAIN COMMITTEES

The Committee decided to transmit to the Health Assembly the first report of Committee B.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee drew up the programme of meetings for Thursday, 17 May and for the morning of Friday, 18 May.

The meeting rose at 5.50 p.m.
FIFTH MEETING

Wednesday, 16 May 1973, at 5.35 p.m.

Chairman: Professor Julie SULIANTI SAROSO (Indonesia),
President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

Dr PHONG AKSARA (Thailand), Chairman of Committee A, and Dr DE CONINCK (Belgium), Vice-Chairman of Committee B, reported on the progress of the work of those committees.

2. TRANSMISSION TO THE HEALTH ASSEMBLY OF REPORTS OF THE MAIN COMMITTEES

The Committee decided to transmit to the Health Assembly the second report of Committee B.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee drew up the detailed programme of meetings for Thursday, 17 May, and established the broad outlines of the Assembly’s programme of work for Friday, 18 May.

The meeting rose at 5.45 p.m.

SIXTH MEETING

Thursday, 17 May 1973, at 5.40 p.m.

Chairman: Professor Julie SULIANTI SAROSO (Indonesia),
President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

Dr DE CONINCK (Belgium), Vice-Chairman of Committee B, and Dr PHONG AKSARA (Thailand), Chairman of Committee A, reported on the progress of the work of those committees.

2. TRANSMISSION TO THE HEALTH ASSEMBLY OF REPORTS OF THE MAIN COMMITTEES

The Committee decided to transmit to the Health Assembly the first report of Committee A.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee drew up the timetable of meetings for Friday, 18 May.

The meeting rose at 5.50 p.m.

SEVENTH MEETING

Friday, 18 May 1973, at 12.30 p.m.

Chairman: Professor Julie SULIANTI SAROSO (Indonesia),
President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

The Chairmen of the main committees reported on the work of their committees.

2. TRANSMISSION TO THE HEALTH ASSEMBLY OF REPORTS OF THE MAIN COMMITTEES

The Committee decided to transmit to the Health Assembly the second report of Committee A.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee drew up the programme of meetings for the morning of Saturday, 19 May and for Monday, 21 May.

The meeting rose at 12.35 p.m.
TWENTY-SIXTH WORLD HEALTH ASSEMBLY, PART II

EIGHTH MEETING

Monday, 21 May 1973, at 5.35 p.m.

Chairman: Professor Julie SULIANTI SAROSO (Indonesia),
President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

The Chairmen of the main committees reported on the progress of the work of their committees.

2. TRANSMISSION TO THE HEALTH ASSEMBLY OF REPORTS OF THE MAIN COMMITTEES

The Committee decided to transmit to the Health Assembly the third report of Committee B.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee drew up the timetable of meetings for Tuesday, 22 May; it was agreed that at the next meeting the General Committee would decide on the date of closure of the Health Assembly.

The meeting rose at 5.40 p.m.

NINTH MEETING

Tuesday, 22 May 1973, at 12.30 p.m.

Chairman: Professor Julie SULIANTI SAROSO (Indonesia),
President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

The Chairmen of the main committees reported on the progress of the work of their committees.

2. TRANSMISSION TO THE HEALTH ASSEMBLY OF REPORTS OF THE MAIN COMMITTEES

The Committee decided to transmit to the Health Assembly the third report of Committee A and the fourth report of Committee B.

3. DATE OF CLOSURE OF THE HEALTH ASSEMBLY

After consulting the Chairmen of the main committees and the Director-General, and following an exchange of views, the Committee decided that the date of closure of the Assembly should be Wednesday, 23 May, in the afternoon.

4. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee decided that the meeting of Committee A that afternoon would continue beyond 5.30 p.m. if necessary. It then drew up the timetable of meetings for Wednesday, 23 May, specifying that Committee A should meet at 9 a.m.

The meeting rose at 12.45 p.m.
TENTH MEETING

Wednesday, 23 May 1973, at 12.45 p.m.

Chairman: Professor Julie SULIANTI SAROSO (Indonesia),
President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

Dr PHONG AKSARA (Thailand), Chairman of Committee A, reported to the General Committee on the progress of the work of his Committee.

Dr DE CONINCK (Belgium), Vice-Chairman of Committee B, stated that his Committee had completed its work on the previous day and had adopted its fifth and last report.

2. TRANSMISSION TO THE HEALTH ASSEMBLY OF REPORTS OF THE MAIN COMMITTEES

The Committee decided to transmit to the Health Assembly the fifth report of Committee B.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee confirmed the date of closure of the Health Assembly, but decided to alter the timetable for the afternoon meetings.

The meeting rose at 1.5 p.m.

ELEVENTH MEETING

Wednesday, 23 May 1973, at 5 p.m.

Chairman: Professor Julie SULIANTI SAROSO (Indonesia),
President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

Dr PHONG AKSARA (Thailand), Chairman of Committee A, announced that his Committee had completed its work and had adopted its fourth and last report.

2. TRANSMISSION TO THE HEALTH ASSEMBLY OF REPORTS OF THE MAIN COMMITTEES

The Committee decided to transmit to the Health Assembly the fourth report of Committee A.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee fixed the time of the plenary meeting at which the last reports of the committees would be adopted and the time of the closing plenary meeting.

4. CLOSURE

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

The meeting rose at 5.25 p.m.
1. OPENING REMARKS BY THE CHAIRMAN

The CHAIRMAN welcomed delegates of Members and Associate Members — especially new Members — and the representatives of the United Nations, the specialized agencies and intergovernmental and nongovernmental organizations. He also welcomed Dr Molapo who, in accordance with Rules 43 and 44 of the Rules of Procedure of the World Health Assembly, would be representing the Executive Board at meetings of the Committee.

He then thanked delegates for the honour they had done his country and himself by his election. He would do his utmost to show himself worthy of that honour, which was all the greater at the Health Assembly that would be celebrating the twenty-fifth anniversary of the Organization, when it would be important to set an example for the future.

2. ELECTION OF VICE-CHAIRMAN AND RAPPORTEUR

The CHAIRMAN recalled that the Committee on Nominations, in its third report (see page 513), had nominated Dr R. Pereda Chávez (Cuba) and Dr Gurmukh Singh (Malaysia) as Vice-Chairman and Rapporteur respectively.

Decision: Dr Pereda Chávez and Dr Gurmukh Singh were elected Vice-Chairman and Rapporteur, by acclamation.

3. ORGANIZATION OF WORK

The CHAIRMAN said that the terms of reference of the main committees called for a certain sequence in the conduct of business. Thus Committee A could not consider sub-items 2.2.1 (Consideration of the comments and recommendations of the representative of the Executive Board and of the Director-General on the programme and budget estimates for 1974) and 2.2.2 (Recommendation of the amount of the effective working budget and budget level for 1974 and examination of the projection of the budget estimates for 1975) until Committee B had reviewed the financial position of the Organization and recommended the scale of assessments (items 3.5 and 3.6 of the agenda). Committee B would not meet when Committee A was discussing sub-items 2.2.1 and 2.2.2, which were the first two sub-items of the review and approval of the programme and budget estimates for 1974. He therefore suggested that the Committee take up item 2.3 (Smallpox eradication) at its second meeting, and then proceed to item 2.4 (Prophylactic and therapeutic substances) and its sub-items.

It was so agreed.

The meeting rose at 12.50 p.m.
SMALLPOX ERADICATION:

The CHAIRMAN recalled that the Twenty-fifth World Health Assembly had discussed the smallpox eradication campaign and, in adopting resolution WHA25.45, had requested the Director-General to report progress to the current Health Assembly. He invited the representative of the Executive Board to inform the Committee of the Board's discussions.

Dr MOLAPO, representative of the Executive Board, said that the Board had had before it a report by the Director-General on the situation at the end of 1972 and the latest issue of the Weekly Epidemiological Record at that date, both of which it had considered during its review of the programme and budget estimates for 1974.

The Board had considered that three points required emphasis in the current, advanced, phase of the programme: (1) immediate notification and full international coordination in the event of an introduction of the disease; (2) maintenance of an alert surveillance system and of appropriate vaccination programmes by countries throughout the world; and (3) implementation of special programmes and techniques to assure that transmission had been interrupted in areas where the reporting network recorded no cases.

Members of the Board had expressed satisfaction at the progress achieved and, in resolution EB51.R26, the Board recommended that "maximum effort should be developed by the Organization and those countries where the disease is still endemic in order to complete eradication at the earliest possible time".

Dr BERNARD, Assistant Director-General, introduced the Director-General's report (document A26/7). It consisted, as usual, of two parts - a brief report on progress made, difficulties encountered, measures to be taken and problems to be solved; and the number of the Weekly Epidemiological Record which analysed the world epidemiological situation of smallpox.

During the early months of 1973, nearly 47,000 cases had been reported, compared with about 26,600 in the same period of the previous year, an increase of about 79%. The increase was attributable mainly to major epidemics in Bangladesh and in India. Those were the countries which, with WHO assistance, would have to bear the brunt of the effort in the coming year.

Elsewhere gains had been maintained and further progress made. No case had been detected for more than two years in the Americas. In Africa, a small focus in Botswana, discovered in March 1973, had been rapidly contained. In Ethiopia, the progress of the eradication programme was such that there was hope for the achievement of the goal in the not too distant future. Thus the disease would shortly have been eradicated from the whole continent.

In Asia, no cases had been found for more than 16 months in Indonesia and for more than six months in Afghanistan. Only imported cases had been reported in Nepal. Substantial progress had been made in Pakistan where operations were continuing normally.

In Europe, there had been one imported case and one case of accidental infection from a laboratory virus, with three secondary cases. One imported case had been reported in Japan. Those occurrences, though unimportant from the epidemiological point of view, nonetheless pointed to the reality of the risk and to the need for unremitting vigilance in the search for and the elimination of every possible source of infection.

There were a number of lessons to be learned from the current situation. The most important was that every effort should be made to contain the disease and progressively reduce the intensity of transmission in the remaining endemic countries. It was in Asia that the main effort had to be made. Where eradication had been recently achieved, as in the Americas and Africa, strict vigilance was indispensable to make sure that the disease had in fact been eliminated and, should new cases occur, to detect their origin. That was the function of the specially trained surveillance teams mentioned in the report, which should ensure, so to speak, a second line surveillance for at least two years after identification of the last indigenous case. Similarly, an independent international appraisal should be carried out, in close cooperation with the government concerned, to confirm the status of eradication.

Countries that had already been free of smallpox for some time had to decide upon their vaccination policy, measuring the cost and risks of vaccination against the danger of re-introduction and its possible consequences. All except three such countries had decided to continue vaccination in order to maintain in the population a level of immunity that would impede the spread of the disease if it was reintroduced.

In 1973, the global eradication programme was reaching a crucial phase. Nothing was certain, however, and caution was necessary both in forecasts and in the evaluation of results. However, it was true that the progress achieved so far carried the promise of eradication in the fairly near future provided that the necessary means were deployed and a strict method was systematically applied.

In parallel with the operational activities, research would have to continue, particularly in order to make sure that there was no biological possibility of survival for the virus. The Director-General wished to stress how much the assistance of many countries to the programme had been appreciated, particularly the donations of vaccine; that assistance, together with the efforts of the governments themselves, had played a decisive role in the success achieved. It was just as essential today and would, he hoped, be forthcoming as long as was necessary to maintain the programme at its optimum pace until the final result was achieved.

Dr BICA (Brazil) said that enough progress had been made in the previous six years to justify the hope of smallpox being eradicated by the target date that had been fixed in 1967. During the intervening years the number of countries and territories reporting smallpox cases had decreased from 42 to 19, and the number of endemic countries from 30 to 7.

He agreed with Dr Bernard that the difficulties remaining should not be underestimated. There should be no relaxation of effort. If the programme were not to receive the attention and the financial resources required, both at the national and at the international level, smallpox would return.

There were a number of causes for concern. The situation in northern India and Bangladesh appeared to constitute the greatest threat to the success of the programme. But there was also concern regarding the significance of certain variola-related poxviruses isolated in recent years which might indicate the possibility of there being an animal reservoir of the virus. Fortunately, the studies of WHO and its collaborating laboratories showed that a simian reservoir was unlikely. Studies should be continued until the matter had been fully clarified.

As no cases had been discovered in the Americas for over two years despite active surveillance, it seemed that eradication had perhaps been achieved. Members of the Committee might welcome an account of the measures applied in combating the disease in his country, had been fully clarified.

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As no cases had been discovered in the Americas for over two years despite active surveillance, it seemed that eradication had perhaps been achieved. Members of the Committee might welcome an account of the measures applied in combating the disease in his country, had been fully clarified. Since - except for occasional imported cases in nonendemic areas - all cases recorded in South America between 1967 and April 1971 had occurred in Brazil.

In 1967, Brazil had been the only smallpox-endemic country in the Americas, with an average of 3000 to 4000 cases each year from 1964 to 1968. An eradication programme, carried out under the auspices of PAHO and implemented since 1950, had virtually eliminated the disease from the rest of the continent.

In November 1965, an agreement had been signed with PAHO for a smallpox eradication campaign, PAHO providing technical assistance, fellowships, and equipment and supplies for vaccination and large-scale production of freeze-dried vaccine. Bearing in mind the historical path of the disease, the campaign had been started in the north-east.

In 1967, the Government decided to expand and accelerate activities, reorganizing the campaign and providing adequate financial support. A new agreement was signed with WHO/PAHO for an expansion of their assistance. That assistance had proved a very important element in the success of the campaign and his Government wished to reiterate its thanks to them, as also to the United States Agency for International Development (USAID). Despite the difficulties and obstacles to be expected in a country the size of Brazil, careful organization, resolute implementation, and adequate financial resources, as well as large quantities of vaccine, had enabled rapid progress to be made.

Systematic vaccination had been completed in October 1971, by which time 81 741 290 persons, or 84% of the population, had been vaccinated. Continuing independent assessment of vaccination coverage had consistently revealed coverage rates of 80 to 95% among children under four years of age and more than 90% in children of school age. The "take" rates exceeded 95% in primary vaccinees.

The operation was conducted by first interrupting transmission in the less developed peripheral areas and then converging on the more populous and progressive states of São Paulo and Guanabara, where vaccination had proceeded almost simultaneously.

The last case reported in Brazil had occurred on 19 April 1971. Active surveillance, begun in the attack phase of the campaign, was continuing. On 1 April 1973, there were 27 surveillance units (in all state capitals) and 6298 reporting units scattered throughout the country, covering almost 90% of the 3951 Brazilian counties. They reported weekly on the
situations. Although many suspect cases were being reported, and investigated clinically, epidemiologically and in the laboratory, none since April 1971 had proved to be smallpox.

In an effort to detect possible residual foci, special area-wide investigations were being made in 25 of the 27 federal units by specially trained survey teams, under the direct supervision at national level of WHO/PAHO officials. Those investigations had concentrated on the areas where reporting was believed to be least satisfactory and on those where migrant populations congregated. These study areas had included the vast, sparsely settled Amazon basin, states in the north-east, urban areas in and around the major cities - Rio de Janeiro, Sao Paulo and Brasilia - and the less accessible land areas of the states of Minas Gerais and Bahia. Although intensive questioning of health staff, community leaders and school-children invariably uncovered cases of exanthematous disease, none had proved to be smallpox. The special surveys had been conducted from July to September, months in which there had previously always been a seasonal increase in incidence.

Surveillance and a vaccination maintenance programme were continuing, in order to ensure a high level of immunity in the population. Between 1966 and 1972 over 260 million doses of freeze-dried vaccine had been produced by three laboratories. The maintenance programme would continue until global eradication had been achieved. Meanwhile the scope of the surveillance programme was being broadened to include other diseases of national importance, such as poliomyelitis.

Active search having failed to bring to light any cases for two years, his Government considered that the eradication requirements agreed upon by the WHO Scientific Group on Smallpox Eradication1 had been fulfilled, and intended to request an international appraisal of the situation.

Dr ROASHAN (Afghanistan) said that the Director-General's report raised hopes that global eradication of smallpox was in sight: the necessary means and experience existed, and the report indicated an increasing willingness among Member States to cooperate to that end. However, there should be no relaxation of vigilance until the goal was fully achieved.

In Afghanistan the eradication programme had started in 1969 with mass vaccination, which had been completed by mid-1972. A second round of vaccination had now been completed in 19 out of the 28 provinces, and the whole campaign was scheduled for completion by September 1973. From the beginning of the very successful programme being conducted with the assistance of WHO, first priority had been given to the development of effective surveillance and the establishment of a sensitive reporting network. Every suspected case was immediately investigated, regardless of the source of the information; this had given, at the beginning of the programme, an apparent increase in the number of cases, the figures being closer to reality. Active surveillance had begun early in 1970 and was continuing. It had been found that 90% of cases occurred among children, the main origins being earlier outbreaks, importation by nomads and travellers, variolation, and an urban reservoir of infection in Kabul.

Systematic vaccination and improved surveillance had brought about a gradual decrease in the number of cases - from 1044 in 1970 to 236 in 1972. Local transmission had been interrupted in February 1972, since when all the cases reported had been imported or due to variolation.

Arrangements had been made for cross-notification of cases between the eradication programmes in Afghanistan and Pakistan, as the information was essential for the organization of preventive measures in both countries.

In Afghanistan, the final phase had begun in September 1972, the objective being an incidence of nil by the end of March 1973. The last known case had occurred in November 1972. The country was still in the critical period when smallpox might be introduced from neighbouring endemic countries at any time. Early case reporting through the existing network or strong active surveillance had thus become the most important operation. Surveillance would continue until global eradication had been achieved.

Dr VIOLAKIS-PARASKEVAS (Greece) said that the account in the issue of the Weekly Epidemiological Record attached to document A26/7 showed that encouraging progress had been made but that there was still a need for the smallpox-endemic countries to intensify their efforts.

In Greece, vaccination was compulsory. It was still considered best for primary vaccination to be carried out in the first year of life, since Greek statistics showed no case of postvaccinal encephalitis or other serious complication at that age. The last case of smallpox in Greece - an imported case - had been recorded in 1950.

In the nonendemic areas, the need appeared to be for rapid information on epidemiological changes; strict observance of the International Health Regulations; and intensive surveillance and alertness in all health services to detect possible cases for early clinical and laboratory diagnosis.

Dr JAKOVLEVIC (Yugoslavia) said that in his Annual Report the Director-General noted that "During 1972 . . . programmes were extended to include, for the first time, all provinces and states of the remaining countries in which the disease was considered endemic." The apparent increase in the number of cases in 1972 was probably due to improved surveillance and better reporting. The reduction in the number of endemic countries - from seven to five since the end of 1972 - showed that there had been a real improvement.

Whereas progress in Nepal, Afghanistan and Indonesia had been excellent, the same could not be said of India and Bangladesh where, according to the Director-General's report (document A26/7), "the future of the eradication effort is most uncertain" although "the resources available in these countries compare very favourably with those of most other countries which have experienced endemic smallpox during the past six years". It was therefore clear that the eradication programme had not been carried out successfully in all endemic areas. In the circumstances was it really possible to expect that global eradication could be achieved within the next two years?

Smallpox was an international problem and all countries, through WHO, should unite their efforts to solve it. It was most encouraging to see from the Introduction to the Director-General's Report that, by reducing the smallpox vaccination programme in view of the decline of the disease, the United States of America had been able to make a yearly saving nearly equivalent to WHO's annual budget. It was easy to imagine how much a corresponding saving would mean to the developing countries with all their health problems. But most countries would probably feel obliged to continue their vaccination programmes as long as a single case of smallpox existed.

He agreed with the Director-General on the continuing need for support to the programme, particularly in the form of supplies and equipment, vaccine, and cash donations. His Government would continue to support the programme. At the same time it expected more systematic and effective work by the remaining endemic countries. They should be assisted as much as possible in their efforts to achieve the final objective in the next two years.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) congratulated the Director-General on the effectiveness with which the campaign was being pursued, and particularly the field workers whose efforts had brought about the successes recorded. From the report before the meeting, it would seem that the countries in which the disease was still endemic had quite a large number of cases and that much remained to be done; whereas most other countries were potential recipients rather than exporters of the disease.

His own country's recent experience had shown the kind of situation likely to arise in the future. It had been without an imported case for five years until 1973, when a traveller returning from the Indian subcontinent - and in possession of a valid international certificate of revaccination - had fallen ill and remained with his family (who also had valid certificates) for several days before a diagnosis could be made. There had been no secondary cases.

Since then there had been four other cases which were somewhat different and had their origin in a very highly modified infection, believed to have been acquired through exposure in a laboratory by a person who had been vaccinated and revaccinated, but about whose last revaccination there was some doubt. That person had been admitted to hospital for another condition and had there developed the modified smallpox infection. The infection was passed almost certainly through contact with an article handed over to two visitors to a patient in the next bed. One of them died of haemorrhagic smallpox before producing a diagnosable focal rash; the other died of confluent smallpox. The third secondary case was a variola infection without eruption, certified only because there was an infectious illness. Although

the highly modified case escaped immediate attention, as might happen in any country, and
despite the severe nature of the two secondary cases, the prompt follow-up and vaccination
of all contacts had prevented subsequent spread.

There had since been four false alarms among travellers from India or Pakistan. He
thought that any traveller with a skin condition returning to Britain from the Indian sub-
continent for some years to come could expect to be investigated. There were, however,
absolutely certain virological methods of diagnosis: and indeed virological facilities were
essential for effective surveillance at the present time.

Members of the Committee would note that, in the circumstances described, infant vaccination
would not have helped. It had been abandoned in the United Kingdom because the normal
vaccination risk - normal for any vaccination with an effective antigen - of about 1 death
per 100 000 vaccinations, could mean seven or eight infant deaths per year. Until the
suspension of routine infant vaccination two years previously, he could not recall a year in
which fewer than two or three persons had died from vaccination in the United Kingdom.

Referring to the statement in the Director-General's report (page 2) that monkeypoxvirus
was related to but had distinctively different characteristics from variola virus, he recalled
that there were strains of monkeypoxvirus in which it was difficult to differentiate by culture
methods between the wild white strains and variola strains.

During the final stages of eradication, and within the coming two or three years, it
would be necessary to decide whether variola virus should still be kept in laboratories, and
if so where and under what conditions. That information should be made available to health
services, since great damage might ensue if the virus were to escape some time after the
eradication of the disease.

Dr SCHUMACHER (Federal Republic of Germany) said that there was every reason to expect
that, after more than twenty centuries, smallpox was about to be eradicated. The much misused
term of 'eradication' would be fully applicable for the first time in human history. After
so long the glory of that achievement would not be lessened, if it were to take a few years
more, and the Organization should be careful not to give way to exaggerated optimism. No
one doubted the theoretical possibility of eradication within 18 months or two years. However,
in the interests of maintaining a minimum level of immunity in certain population groups, the
Organization should beware of communicating over-optimistic forecasts to the Press and the
population of Member countries.

Dr IMAM (Egypt) said that the smallpox eradication programme was one of the most success-
ful projects carried out by WHO. He hoped that that success would continue until the nations
of the world had been entirely freed from the threat of smallpox. Eradication of the disease
would have a considerable economic impact on countries, such as his own, in which a continuous
vaccination programme was being carried out.

He was optimistic regarding the ultimate success of the programme. But for such optimism
to be justified required (1) the certainty that the programme would reach isolated communities
in smallpox-endemic countries; (2) compulsory vaccination of newborn children in such countries;
(3) revaccination programmes in countries where smallpox had disappeared; (4) continuous
surveillance for at least the next five years; and (5) eradication of the disease in countries
where it was still a problem.

He fully agreed with the United Kingdom delegation as regards the need for facilities
for virological diagnosis.

The success of the programme would serve as an illustration of how many of the infectious
diseases could be eradicated, given goodwill and careful planning at international level.

Professor RODRÍGUEZ TORRES (Spain) said that the Spanish health authorities had been
following with interest the progress of WHO's smallpox eradication programme and considered
that, with the exception of the epidemics in two Asian countries, it showed encouraging
results. Spain was particularly concerned with the possibility of imported cases of the
disease, and thus attached particular importance to the recommendation contained in paragraph
2 (b) of resolution WHA25.45 and to paragraph 2 (page 3) of document A26/7 regarding the continua-
tion of protective measures.

His Government believed that a high degree of immunity should be maintained in the
population through compulsory vaccination and periodic revaccination campaigns, with special
emphasis on the revaccination of health personnel. It was endeavouring to perfect its
surveillance system and to apply the International Health Regulations in a flexible manner
so as to cause the minimum disruption to trade and commerce.

Dr GRANT (Ghana) said that although both the Americas and all Africa except Ethiopia and
Botswana were free from smallpox and considerable achievements had been recorded in Asia, it
could not be claimed that eradication was complete until the world incidence of the disease
had fallen to zero. Recent importations into countries that were free from smallpox illustrated the need for vigilance, although the failure of the disease to become established showed that the eradication programme had been effective.

Although African countries that were free from smallpox were making continuous efforts to improve surveillance, much remained to be done and they remained vulnerable to the threat of the disease. Ethiopia, the major source of smallpox in Africa, was making considerable progress in its campaign and it was possible to hope that all Africa would be free of smallpox within a short time.

The progress of the eradication programme on the Indian sub-continent was crucial to the success of the programme as a whole, and countries concerned should give high priority to eradication in view of their international obligations. They should be able to do so without too much difficulty, since they were at a much higher economic and technological level than many African countries that had been successful in eradicating the disease.

There could be no room for complacency until smallpox had been entirely eliminated. International assistance to the remaining countries where the disease was endemic should be increased.

Dr BAIIDY (Nepal) said that his country had expanded its smallpox eradication programme that year to cover all 75 local districts. For the previous year a revised vaccination strategy had been instituted whereby for one month during the winter season one vaccinator was appointed for each panchayat with a population of from 3000 to 4500. More emphasis was being placed on surveillance, and smallpox recognition cards had been issued to all field workers. A system of cross-notification of importations had been established between India and Nepal. Since July 1972, all smallpox outbreaks had been traced directly or indirectly to importations, and thus complete eradication would depend on the progress of the eradication programmes of neighbouring countries. Every case reported was fully investigated, but owing to the lack of good roads and airports in the mountainous regions surveillance and containment could not be put into effect as quickly as might be desired.

His country hoped to complete its eradication programme by 1975.

Dr KLIVARVA (Czechoslovakia) said that the Czechoslovak delegation had actively supported the smallpox eradication programme. The Czechoslovak health services had done their utmost to assist in carrying it out, considering that the time had come when it was possible to free mankind from the disease.

A preliminary assessment of the results of the first five years of the programme showed that it had been correctly conceived. The fact that, out of the 42 countries reporting smallpox in 1967, only six had reported cases in 1973 was evidence of the success achieved. In only three had the incidence increased during the present year, but that indicated that the Region concerned should concentrate its efforts on the problem.

The time had come to complete the programme successfully and consolidate the results. In the not too distant future the programme would cease to be one of WHO's major undertakings financed from the regular budget; however, the Organization should retain the responsibility of supervising the results. The greater part of the work should gradually be taken over by Member States, since it was only by their efforts that recrudescence of the disease could be prevented.

Dr TOW (Malaysia) congratulated WHO on the progress achieved towards the goal of global eradication of smallpox. If the present trend continued, it was possible that the target of worldwide eradication could be achieved in two or three years.

However, an alarming development in recent months had been that serious smallpox epidemics were raging in two of the endemic countries, despite the fact that WHO was now entering the seventh year of its intensified smallpox eradication programme. Among the reasons for the setback, as given in the Weekly Epidemiological Record of 4 May 1973, were: lack of staff; inadequately developed surveillance programmes; periodic diversion of smallpox staff to other programmes; delayed and incomplete reporting; and inadequate containment measures. Lack of staff should not be an insurmountable problem; it could be overcome by improved deployment of staff and crash recruitment and training programmes. Nor should it be too difficult to organize and develop surveillance programmes. In view of the vital importance of smallpox eradication, any diverting of staff to other programmes would be premature and ill-advised, and inadequate reporting and containment measures indicated a lack of appreciation of the urgency of the problem. He did not wish to criticize any individual country, but he hoped that the points he had raised would be taken in a constructive spirit.

WHO had declared on many occasions that it was willing to send emergency aid on request in the form of medical experts, vaccine, bifurcated needles, etc., to any country facing problems in smallpox eradication. He wondered whether the countries now suffering from outbreaks had taken full advantage of that offer. He was still hopeful that global eradication
of smallpox could be achieved in the near future if all countries viewed the problem as one of top priority and mobilized all their resources to tackle it.

Dr LEKIE (Zaire) said that three countries had decided not to continue with their systematic vaccination programmes. Although, as far as the populations of those countries were concerned, such a decision might be defensible, it might create problems in other countries where systematic vaccination was still a necessity, and he urged that the discontinuance of the programme should be publicized as little as possible outside those countries. The report before the Committee also suggested that countries bordering on those where smallpox was still endemic should continue vaccination and surveillance for two years; he wondered why a period of two years had been indicated.

He feared that countries might conceal the fact that smallpox had broken out in their territory, and he urged that Member countries should notify any cases occurring. Although there was justified optimism about the success of the smallpox eradication programme, WHO should continue to provide assistance to countries where the disease still presented a danger.

He hoped to be able to say in three months that Zaire had completed two years without any new cases of smallpox.

Dr SHRIVASTAV (India) said that the graph on page 192 of the Weekly Epidemiological Record for 4 May 1973 showed that until 1972 the smallpox eradication programme in India had been progressing very satisfactorily, and if the trend had continued there would have been a great improvement. Of all the smallpox cases occurring in 1973 80% had been in West Bengal and its adjoining areas. West Bengal, which had undergone a very serious upheaval in the course of the past two years, had been combating cholera and malnutrition with success. It had not, however, been successful in controlling smallpox, and if steps were not taken at once the disease threatened to become a serious danger.

The West Bengal authorities had been warned in 1972 to prepare to cope with a large-scale epidemic, and the Indian Government had offered it unlimited assistance in the form of bifurcated needles and vaccine. Owing to the explosive political situation in the area, however, the West Bengal authorities had banned the recruitment of staff and thus it had been impossible to obtain any personnel to put the smallpox programme into effect. Recently the ban on recruitment had been relaxed and the situation was beginning to improve. The Central Government was watching the situation closely and was prepared, if necessary, to intervene and take charge of the West Bengal health services.

The situation that had led to the outbreak was an abnormal one; the disturbances in Bangladesh and West Bengal had had their effect on every sector of society. However, great efforts were now being made to return to normal, and he hoped that the control measures that had been instituted would soon begin to produce an effect.

Professor TIGYI (Hungary) said that the results achieved by the smallpox eradication programme approved by the Eleventh World Health Assembly in 1958 had been significant and widely appreciated. The success of the programme showed that WHO was capable of changing the health situation of the entire world through a single concrete activity.

The programme had achieved its greatest success in the Latin American countries; in 1971 South America had become free of smallpox for the first time in 500 years. Despite that achievement, however, the danger of the introduction of the disease into smallpox-free countries had increased with improvements in transport and communications. In the period 1970 to 1972 the disease had been introduced into non-endemic countries 15 times, a notable example being in Yugoslavia, which had experienced the greatest European epidemic for 20 years. The majority of those responsible for introducing the epidemic had been citizens of the same country.

The complications of vaccination in Hungary were similar to those experienced in other European countries. While Hungary was continuing its compulsory vaccination programme, it was giving very serious consideration to the contraindications.

His country was prepared to contribute to the successful continuation of the WHO smallpox eradication programme by making further supplies of vaccine available.

Dr SENCER (United States of America) said that it had been demonstrated that smallpox could be eradicated from large areas of the world, not only from those of high population density but also from those that were sparsely settled. No technical problems remained to be solved. WHO should not let its concern over possible animal reservoirs detract from its efforts to end the disease. Adequate support was available, although he was puzzled by the reduction of WHO support in two of the major trouble spots: if shortages were to develop, a realignment of priorities could make good the deficiency. All that was needed was to convince health
committees that eradication could and should be achieved. There should be a common determination to reach that goal, on the part not only of the countries in which transmission was continuing but of all countries.

The delegate of Afghanistan had stressed the importance of surveillance as long as the disease continued to occur anywhere in the world. All countries should maintain such surveillance, and once the disease has been eliminated the resources used could be diverted to other health problems.

The Director-General's report each year enumerated the countries in which transmission was still occurring, and it would be unfortunate if only one country were to find itself named in a future report. He urged that all countries should join in working towards the simultaneous accomplishment of eradication; since 1977 had been fixed as the concluding year of the programme, the last smallpox case would have to be in the year 1975. WHO was on the threshold of a major achievement, and it could not afford to fail.

Dr KUPFERSCHMIDT (German Democratic Republic) was in general agreement with the strategy and aims of the WHO smallpox eradication programme. The cornerstones of that programme were complete vaccination coverage of populations of countries where smallpox was still endemic and improved surveillance and reporting of cases detected. The problems experienced by certain countries should not be underestimated, and increased efforts by those countries as well as international cooperation were needed if they were to be overcome.

He did not agree that countries with a low risk of importing smallpox and with highly developed health services and surveillance systems could now stop routine vaccination of the total population. Because of worldwide tourism and international air traffic, there remained a danger that smallpox could be imported from endemic foci to other countries. Vaccination should remain compulsory until only a few residual foci remained, for only then did the risk of importing smallpox become less significant than the risk of vaccination to health.

In his country efforts were concentrated on revaccinating those working in the health services and in international traffic and those travelling to countries where smallpox was still endemic. Efforts were also made to reduce the health risks of vaccination by such measures as improved vaccines, obligatory postgraduate training of all physicians carrying out vaccination, and legal protection for individuals in the case of damage to health caused by vaccination.

His country would support the continuation of WHO's smallpox eradication programme and adopt the necessary measures as circumstances required. The ultimate success of the programme would depend on how far the concerted efforts of all countries could prevent outbreaks in the future. His country was willing to make available to WHO its experience in a number of fields. The first was in the use of formalin-inactivated vaccines and of human immunoglobulin to protect and reduce complications in persons belatedly subjected to primary vaccination. The second, based on almost 20 years of experience, was in the exact evaluation of health damage following smallpox vaccination. The third was in information on antibody levels induced by smallpox vaccination; vaccination was compulsory in his country at the ages of 2, 9 and 16 years as part of a schedule that also included immunization against tuberculosis, poliomyelitis, measles, tetanus, diphtheria and whooping cough. Information was also available on the immunological status of high-risk groups such as physicians and nurses, who were subjected to regular vaccination every three years.

Dr WATKINSON (Canada) said that his country would continue to support the WHO smallpox eradication programme. Efforts to eradicate the disease had met with considerable success, and as a consequence Canada had been able to relax its vaccination requirements since 1972, demanding vaccination certificates principally from travellers entering Canada from endemic or infected areas. Although no case of smallpox had been reported in Canada since 1962, provincial health authorities still encouraged maintenance vaccination as a desirable public health measure.

His delegation fully supported three measures as essential to any global programme of protection against smallpox: immediate notification and full international coordination in the event of the introduction of smallpox; maintenance of an alert surveillance system and appropriate vaccination programmes by all countries; and institution of special programmes to ensure that transmission had been interrupted in areas where no cases were recorded by the reporting network.

His country would support the programme through voluntary contributions of potent, stable vaccine.
Dr ELOM (Cameroon) said that his country had not had a single case of smallpox for four years. It was nevertheless maintaining vigilance since, before the launching of the eradication campaign with the assistance of USAID, his country had suffered from sudden inexplicable outbreaks of smallpox every eight to nine years.

The eradication programme was being pursued on two levels: that of epidemiological surveillance and that of vaccination coverage and revaccination. A system for the detection and confirmation of all suspected cases had been established, using not only permanent health teams but also mobile control teams including trained male nurses. The teams were trained to diagnose smallpox and take samples of pustular fluid and send them under the proper conditions to reference laboratories. Those concerned were responsible for informing the Minister of Health of suspected cases and for launching immediate vaccination operations in the affected communities. Such operations called for close coordination and for the help of the appropriate laboratories.

An evaluation team had been created four years previously to undertake statistical surveys, and the team had found that the vaccination coverage was adequate, even in the areas that for geographical or sociological reasons were most at risk. That it was so was largely owing to improvements in vaccination techniques and to USAID help.

He thought that a recent meeting in Brazzaville sponsored by WHO, USAID and the African countries concerned to coordinate and realign efforts augured well for the ultimate success of the programme.

Dr GASHAKAMBA (Rwanda) said that smallpox control and the vaccination campaign had begun at about the same time in all the African countries and had given very satisfactory results. WHO might use the campaign as a model for the eradication of other communicable diseases. Malaria, for example, was far from being eradicated in Africa, and there was also the problem of typhus, an appreciable number of cases of which had been diagnosed in Rwanda in the past year, with probably others in adjacent countries. It was unreasonable for a single country to undertake an eradication programme in isolation, because the movement of people would make it ineffective. He hoped that neighbouring countries would cooperate with him in eradicating typhus and that WHO would provide assistance for that purpose.

Dr KASUGA (Japan) referred to the great successes achieved in smallpox control in Brazil, Ethiopia, Indonesia, and Sudan, but stressed that they had to be weighed against the 79% increase in the overall incidence of the disease in 1973 as compared with 1972, even though that increase was supposed to be owing to unusual factors in the two countries concerned. Was it realistic therefore, to say that global eradication could be achieved in the next two years? Naive optimism was out of place, so he would suggest that WHO should give top priority to smallpox eradication in India and Bangladesh.

The risk of complications from vaccination could still be somewhat greater than that of imported smallpox. Imported cases could be quickly detected by highly developed health services, as had been demonstrated when a case was imported into Japan from Bangladesh. Cost/benefit analysis, both in Japan and the United States of America had shown that periodic compulsory vaccination might be discontinued in those two countries. Further careful consideration was necessary, however, before a final decision could be reached on this question. Much remained to be achieved before any change was made in vaccination policy, e.g., the surveillance system had to be consolidated, health education strengthened, and cooperation with the areas where smallpox was still endemic further improved.

Professor CHU Chi-ming (China) reported that plans had been made for smallpox eradication after the founding of the People's Republic of China in 1949 and that eradication had been practically achieved by 1959, no cases of the disease having been confirmed since that date. Since the liberation, the highest priority had been given to the control of the most important communicable diseases, including smallpox. All efforts had been based on four basic principles of health policy. Medical and preventive teams had been sent out to the villages, mines, factories, frontier areas, and areas occupied by national minorities, to take therapeutic and prophylactic services to the workers and peasants. A nationwide campaign for the control of smallpox had been put into effect on a free-of-charge basis, and health and epidemic prevention stations then set up. Traditional and western medicine had been united by mobilizing the practitioners of traditional medicine to work side by side with those trained in western medicine. Workers, peasants, teachers, and students had been trained as part-time
vaccinators and health auxiliaries. The entire population had been vaccinated in 1953 and more than 800 million vaccinations had been carried out in the period 1950 to 1956.

The people had been fully mobilized to participate in mass campaigns. No health programme could be successful unless it was transformed into conscious action of the people. In remote areas, cases, where only a few occurred, would be hard to find if reliance was placed exclusively on professional personnel. It was therefore necessary to mobilize the peasants. In the eradication campaign emphasis had been placed on health education, and the campaign had also been closely linked with the land reform movement. Peasants had actively reported cases, helped in vaccination propaganda, and had thereby become activists in health movements.

The role of professional medical personnel had been fully developed. Such personnel had formerly been concentrated in the cities, but they had been encouraged to make contact with the people and their determination to serve the people had been aroused. Thus, when more vaccine had been needed, methods had been devised to increase production. In order to reduce undesirable side effects a careful choice of vaccine strains had been made, and later a bacteria-free tissue culture vaccine was developed. Because of the difficulty of cold storage in the villages, a freeze-dried vaccine had been prepared. After nationwide vaccination had been completed, the work had been consolidated by the integration of smallpox control into the general health services, e.g., measures were being taken to strengthen the quarantine and surveillance systems. Everyone now had to be vaccinated every six years between the ages of two months and 18 years, i.e., four times in all. The recent growth of health cooperatives and the barefoot doctor system was a further guarantee of the consolidation of smallpox eradication.

Dr HASSAN (Somalia) said that the smallpox eradication campaign had begun in Somalia in 1970 and 2,150,000 people had been vaccinated over the period 1970-1972. In 1972, five cases were imported from neighbouring countries, but there had been no secondary cases. He considered that the disease could be controlled and that special attention should be paid to frontier areas, since the people living in those areas were the most susceptible to communicable diseases and the most likely to spread them.

Dr CAMARA (Guinea) remarked that the last case of smallpox in Guinea had occurred in January 1969, and that the ending of the attack phase in 1971 had been followed by a maintenance phase in which, over two years, an average of one and a half million doses of vaccine had been used. Guinea was one of the few African countries producing freeze-dried vaccine, the annual output being about eight million doses. The high quality of the vaccine had been recognized by WHO, and large amounts had been given to Pakistan in addition to two million doses given to WHO for use in emergencies.

It was now clear that every country must remain on the alert, and that prudent optimism must be the rule. It was also necessary to continue studies on the monkeypox virus in order to determine its epidemiology and its pathogenicity to man. If it was found to be pathogenic, the monkey population could be a major reservoir of disease that could endanger the results so far achieved. Guinea would be willing, with the assistance of WHO, to carry out research in that field.

Dr ANSARI (Pakistan) reported that there had been a setback last year in the eradication programme in Pakistan, which had started in 1968. Nevertheless, there were no reported cases in the Punjab, North-West Frontier and Baluchistan. In Sind, Karachi was free of the disease, but some cases had been recorded in Northern Sind. It was hoped that it would be possible to contain the disease by the beginning of next year. As far as the importation of cases was concerned, they would welcome arrangements with other countries of the type that already existed with Afghanistan. They were now making a major national effort to control smallpox and would welcome all assistance towards that end.

Professor SENAULT (France) considered it necessary to avoid both excessive pessimism and excessive optimism about the programme. His delegation agreed with those delegates who had pointed out that excessive publicity should not be given to the reasons for which certain countries had abandoned vaccination. The recommendation that a study should be made on methods of providing audiovisual documentation on smallpox deserved support, as many doctors in countries from which smallpox had long ago disappeared were not familiar with the disease, and that led to delays in diagnosis. France would continue its own vaccination programme in spite of the fact that no cases of smallpox had been imported for many years.
Dr HENRY (Trinidad and Tobago) said that, although smallpox vaccination was compulsory in Trinidad and Tobago, it had not been enforced; no case of the disease had been reported for many decades. The main reason for vaccination had been to meet the requirements for overseas travel, but such requirements no longer existed, except for travel to endemic areas. The level of immunity was therefore falling. Following the 1972 poliomyelitis outbreak, however, the immunization programme had been revised, and as from September 1973 children attending a nursery or primary school would be required to have a valid certificate of vaccination against smallpox and poliomyelitis.

Dr GALAHOV (Union of Soviet Socialist Republics) considered that the smallpox eradication campaign was the first such campaign to approach a successful conclusion. However, it was necessary to exercise great care in fixing the length of subsequent phases of the programme, since any shortening of one of those phases might make it more difficult to complete it. Vigilance should not be relaxed on account of the success achieved and systematic vaccination should not be prematurely abandoned.

It would be useful to publish a monograph with contributions from experts concerned with smallpox eradication. The Executive Board could also usefully consider how the experience obtained in the programme could be used in the malaria eradication programme and in future campaigns carried out under WHO auspices. Finally, the collaboration of interested institutions should be enlisted for a more intensive study of monkeypox.

Dr SPAANDER (Netherlands) stressed the need for a well organized laboratory detection system, because of the continuing danger of the importation of cases of smallpox. He said that the strategy described in the last paragraph of page 3 of report A26/7 had been followed by his Government for more than twenty years. It was now offering a combined inactivated vaccine with very potent antigens against diphtheria, tetanus, pertussis and poliomyelitis to all children in the first years of life. Vaccination was not compulsory, but more than 95% of the newborn had been vaccinated. No case of any of those four diseases had been reported in 1972.

Dr SÁENZ (Uruguay) said that smallpox had not occurred in Uruguay since 1968, nor in Latin America as a whole for more than two years. Vigilance was still necessary, however, and systematic vaccination should continue. He agreed that it was not advisable to publicize the fact that certain countries had abandoned systematic vaccination programmes.

Dr BERNARD, Assistant Director-General, wished to refrain from elaborate comments as of the question covered the discussion. Credit for what had been achieved had to be ascribed to the governments concerned. The function of WHO, with its relatively modest resources, was primarily to assist national efforts, to develop the required operational methodology, to coordinate assistance from various sources, particularly regarding the supply of vaccine, and to effectuate the required transfer of knowledge and experience between countries where the disease was still prevalent and those where it had been eradicated. Smallpox eradication would, in the years to come, continue to be given the very first priority by WHO. While one could not forecast when eradication would be completed, it was always considered important to establish suitable targets in time. On the basis of progress to date and with appreciation of the task remaining, it seemed likely that eradication could be achieved in two years. Much, however, depended on the response of the individual countries involved; also, the versatility and flexibility of the virus must be kept in mind.

Dr HENDERSON (Smallpox Eradication) referred to the problem of monkeypox, and said that eight laboratories were now working on various strains of poxviruses, including three strains isolated from monkey kidneys that more closely resembled variola virus than others; that was in addition to the monkeypox virus mentioned in the report. Intensive work was continuing in many African countries in order to identify other cases, but the evidence to date indicated that those strains did not represent a reservoir of human smallpox.

A further problem mentioned was that of the surveillance necessary after a nil incidence had been achieved. The world could be divided up into four areas - South America, Africa, Asia and Indonesia - between which communication was comparatively slight and the chance of introduction of cases small. The term eradication could only be applied when the whole of one of those areas was free. Indonesia and South America were now free, but it was only possible to guess for how long intensive surveillance was absolutely necessary in those areas. Initially and empirically, a period of at least two years had been
decided upon. Experience over the last seven years had shown that it was never longer than eight months before an unsuspected focus appeared in an area under constant surveillance. The figure of two years thus seemed not unreasonable as it was three times the maximum eight-month period.

With regard to audiovisual materials, a series of slides was available on smallpox as it occurred in African and Asian patients, and had been widely distributed. Films had also been made in Yugoslavia on smallpox in Yugoslav patients in the recent outbreak. Additional slides or teaching aids on patients with atypical forms of the disease were being considered.

The meeting rose at 5.45 p.m.
THIRD MEETING

Tuesday, 15 May 1973, at 9.30 a.m.

Chairman: Dr S. PHONG AKSARA (Thailand)

1. SMALLPOX ERADICATION (continued) 

The CHAIRMAN drew attention to the draft resolution prepared by the Rapporteur, which read:

The Twenty-sixth World Health Assembly,
Having considered the Director-General's report on the smallpox eradication programme,
Appreciating the decisive contribution made to the global eradication effort by the many countries who have succeeded in eliminating endemic smallpox and recognizing with gratitude the efforts being made by those where the disease still exists,
Noticing with concern, however, that in some areas of the countries where endemic smallpox persists the situation presently appears more serious than in previous years,
Reaffirming, therefore, the necessity of making every possible effort to ensure the speedy progress of eradication and to maintain it where it is achieved,

1. REQUESTS all countries to give the highest priority to the smallpox eradication programme so as to interrupt transmission of the disease at the earliest possible time in the areas where it is still endemic and to prevent re-occurrence of the disease in countries from which it has been eliminated;
2. REQUESTS the Director-General to continue to give all necessary assistance to the countries concerned in order to support and accelerate national eradication efforts, to determine through independent evaluation whether eradication has actually been achieved, and to identify the additional resources both national and international which may be required for the successful completion of the programme;
3. THANKS the countries that have generously contributed to the programme, either bilaterally or through the WHO Voluntary Fund for Health Promotion, in the confident hope that continued support will be provided to the programme, especially during the critical years ahead.

Dr ZAMFIRESCU (Romania) proposed the insertion in operative paragraph 1, after the words "the highest priority to", of the words "active surveillance and".

Dr BERNARD, Assistant Director-General, suggested that the phrase "with particular emphasis on active surveillance" be added after the words "smallpox eradication programme" in that operative paragraph.

Dr ZAMFIRESCU (Romania) concurred.

Decision: The draft resolution, as amended, was approved.

2. QUALITY, SAFETY AND EFFICACY OF DRUGS: INTERNATIONAL INFORMATION SYSTEM ON DRUGS 

Dr MOLAPO, representative of the Executive Board, said that the Director-General had informed the Board that he had consulted experts and considered the establishment of an information system on drugs feasible provided that data on new drugs were supplied by the competent national bodies.

The question of the establishment of acceptable minimum requirements involved many aspects of drug control, to which the proposed information system would contribute substantially. It was a question that could be dealt with at a later stage. The Executive Board had adopted resolution EB51.R10 after a discussion in which several members had expressed the view that the proposed system would provide valuable information not currently available to national authorities.

Dr LAMBO, Assistant-Director-General, said that operative paragraph 3 of resolution WHA25.61, in accordance with which the Director-General had prepared the report in document

Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA26.29.
A26/8, raised two basic questions: that of the feasibility of the development of an information system on drugs, and that of the feasibility of the establishment by WHO of minimum requirements to ensure the quality, safety and efficacy of drugs.

On the first question, he said that it was only in recent years that scientific methods had been applied to the evaluation of new drugs for safety and efficacy; but there were already sufficient data to start an information system, and it was anticipated that more would soon be available. It was understood that only published data would be used. Modern methods of data processing and communications science would be applied as the system developed, and the main problem was to obtain reliable data and ensure their prompt transmission to WHO. The Director-General considered that, in order to confirm the possibility of the establishment of the proposed system, a two-year feasibility study would be necessary. The system could facilitate the introduction in Member States of useful new drugs, prevent the marketing of harmful ones, reduce unnecessary repetitive animal experiments and clinical trials, and promote the development of generally acceptable criteria for the safety, efficacy and quality of and information on drugs.

The second, more complex, question of the establishment of acceptable minimum requirements and the possible implementation of Article 21(d) and (e) of the Constitution involved many related aspects of drug control, which was the reason for its proposed deferment to a later stage.

The proposed information system was potentially valuable for both developed and developing countries. Recognizing the obvious difficulties in establishing a comprehensive system, the Director-General proposed that the feasibility study would be conducted for two years on a pilot basis and at minimum cost.

Dr ZAMFIRESCU (Romania), describing the measures taken by his Government for active surveillance of adverse reactions to drugs, said that a central committee for drug monitoring had been set up, with reference centres in all the university towns and drug monitoring centres in departmental hospitals. Information on possible adverse reactions were circulated to all clinics and to medical services for drug surveillance, and special staff were appointed in each medical unit. The committee secretariat was in the State Institute for Drug Control, and ensured collaboration between the national committee for drug monitoring and the drug control committee.

Drug monitoring in Romania involved the university clinics and departmental hospitals in intensive surveillance, and doctors working in smaller hospitals everywhere, in medical practices or in polyclinics were encouraged to supply relevant information to the committee. Steps had been taken for the checking of data by the national centre for drug monitoring or by the reference centres. Two issues of a three-monthly bulletin drawing the attention of doctors and pharmacists to possible adverse reactions had already appeared, and the Ministry of Health was preparing further documentation on the properties of various drugs. Audiovisual methods as well as printed matter were widely used; the circulation was usually some 35 000, and copies were distributed free to all doctors and pharmacists.

Romania was greatly in favour of the exchange of information between countries on adverse reactions. Technical Report Series No. 498 on the role of national centres in international drug monitoring and many other publications relevant to the subject published by WHO had already been found particularly useful.

Dr CUMMING (Australia) said that his country had been pleased to participate in a meeting convened by WHO to consider the proposal to set up an international system for information on drugs. The Australian participant had drawn attention to the danger of considering the safety of a drug separately from its quality, and he welcomed the inclusion of exchange of information on quality in the Director-General's proposal. Registration of drugs meant different things in different countries; in many countries it implied merely that a fee had been paid and perhaps that the ingredients of the product had been recorded. The possibility of developing a more comprehensive and detailed system of registration, including evaluation of the quality, safety and efficacy of the product, was currently being investigated. The definition of registration in section 3.4 of document A26/8 would be valuable in helping to avoid confusion.

Another question was what was a new drug; sometimes it was simply a variation of an old one, and the standards used for its evaluation might have changed, making it necessary that information be given on the data on which the evaluation of its safety and efficacy was based. A full exchange of information was also needed on drugs undergoing clinical trials as well as on those released for marketing.
His delegation supported the proposal for a feasibility study on the establishment of an information system as a logical first step towards the attainment of what it considered to be a worthwhile aim.

Professor HALTER (Belgium) said that drug control measures had developed very rapidly over the last 20 years and had resulted in the establishment in Belgium, of a registration system which was considered one of the strictest in Western Europe. Describing the registration scheme applied since 1 January 1973 in the Benelux countries, he said that it guaranteed free circulation of drugs between those countries only in so far as they conformed to strict requirements regarding safety, efficacy and absence of side effects.

The European Economic Community was also planning common measures for information on the possible side effects of drugs, and it was possible that a drug registration system would be developed for the Community.

The proposal in the Director-General's report was welcome, but it was not enough to collect information from laboratories, institutions or elsewhere; it would be necessary to establish institutions at the international level with the financial and technical means to do original work monitoring pharmaceutical products over and above the task of compiling and exchanging data. That should be the next stage; for the time being Belgium considered the present proposal satisfactory and would do everything in its power to help ensure its success.

Professor REXED (Sweden) said that the proposed WHO system was well timed as a measure further to help countries towards the proper use of drugs in health care. His delegation sensed a change of climate in the Health Assembly; some years earlier doubt and even opposition had sometimes been expressed as to the suitability of the involvement of an international organization in drug control. The emergence of a more positive attitude was very welcome, and WHO action was a heartening sign of further progress in the field. So were the successes of several international collaborative schemes for the registration of adverse reactions to drugs.

The Swedish National Board of Health and Welfare had established a permanent agreement with the United States Food and Drug Administration for the exchange of information and inspection reports on pharmacological production sites, with the collaboration of the industries concerned. The scheme had helped to reduce duplication, and a similar agreement was being negotiated with Canada; it was hoped that the bilateral cooperation would develop further.

The aims of the proposed WHO system were ambitious, but the administrative, legal and other difficulties should not be underestimated. The Swedish delegation wished to see particular importance given to increased control of drugs and their quality, and to the avoidance, through the exchange of information, of duplication in different countries. Those not yet able to establish their own control system and laboratories would obtain the essential objective information thanks to the participation of the more developed countries in the scheme.

His delegation and that of Canada had prepared a draft resolution for submission to the Committee at a later stage.

Dr KUPFERSCHMIDT (German Democratic Republic) said that since its creation his country had been giving much attention to the problem of the supply of effective and safe drugs to the population. Experience had led to the formulation of certain principles. Firstly, drugs must be limited in number, using medical requirements as the only yardstick; and the competent government agency must control the market. In the German Democratic Republic some 2000 drugs were available. Secondly, practising physicians must be kept informed of the choice of drugs through scientific, not commercial, channels; in his country diagnostic and therapeutic recommendations were distributed to every physician. Thirdly, protection of the population must begin before new drugs became available; clinical trials must be controlled by the State and permission to manufacture granted only after proper certification. The same should apply to drugs for export. Fourthly, standards of quality must be established by the government if excellent quality was to be guaranteed. Thorough control of the drug trade was essential. Fifthly, international nonproprietary names must be used as much as possible to prevent confusion among doctors and patients. Sixthly, drug advertising must be prohibited. And lastly, national notification systems for adverse reactions to drugs must be set up to monitor hazards.
The application of those principles in the German Democratic Republic had given the population a high degree of protection. His country had also gained experience in the standardization of laboratory diagnostic methods, which were to some extent applicable also to toxicology. The standardization of trials, he stressed, must include laboratory animals and must guarantee the purity of the test substances.

The German Democratic Republic supported all efforts to achieve a high standard of drug quality. Its pharmacopoeia laid down national standards of quality for all the drugs included. Together with the other countries of the Council for Mutual Economic Assistance, it contributed to the compilation of joint specifications for drug quality known as the Compendium medicamentorum.

The possibility of international agreement on the storage life of pharmaceutical products that were labelled with no specific shelf-life should be examined, in relation particularly to the coding of batches of drugs according to an international standardized system. Such a system had already been set up in the countries of the Council for Mutual Economic Assistance.

The German Democratic Republic had followed closely the efforts of WHO for the creation of a drug information system and had always observed WHO’s principles with regard to drug questions. It was willing to contribute to the solution of the question under discussion.

Dr ROASHAN (Afghanistan) emphasized the importance of considering the question of drug control from the points of view of the consumer and the practitioner. In the developing countries there was an increasing awareness of the need for economy in drug use and control of the numbers of competing products on the market. In some countries the doctor’s fee was twenty times lower than the cost of the medicine he prescribed. Drugs were often judged by their packaging rather than their effect, and shops concentrated on encouraging their use.

Afghanistan had for several years been concentrating on the development of a system of drug registration. The national formulary was open for the registration of all pharmaceutical products legally used in the producing country, provided that they were the subject of official documents from that country guaranteeing their safety, efficacy and quality after testing. It was recognized, however, that national drug control laboratories should be established or expanded to monitor imported drugs in the different environment of the importing country.

His delegation was in favour of a central information system provided by an international organization. Information on drugs should not be considered as confidential at any level; it was the right of the drug user and his doctor to know about the drug.

The developing countries, in contrast to the developed countries participating thus far in the WHO system, provided the Organization with an opportunity to assist in the organization of the economical production, registration, distribution and evaluation of drugs. Afghanistan had embarked on the formulation of legislation to govern the importation and distribution of drugs and ensure the control of their price. It looked forward to the production of its own drugs at lower prices.

International cooperation was necessary for the inspection of pharmaceutical production sites and the control of labelling. Those and other measures to ensure drug safety from production to distribution were particularly necessary for developing countries.

Dr PARMALA (Finland) said that the proposed information system offered drug registration and health authorities a practical method for the collection of supplementary data on the quality, safety and efficacy of new drugs, and through that system the expertise used in evaluating drugs in various Member States would be available to all participating countries. Finland supported the proposal made in the report for a feasibility study based on data collected during a limited period and would be glad to take part in that study.

Dr FARGELJ (Yugoslavia) said that his delegation supported the proposals made in the report of the Director-General. Yugoslavia had always paid great attention to the quality, safety and efficacy of drugs. An institution dealing with such problems had been founded more than 40 years ago in Yugoslavia, and since then a number of specialized institutions for drug testing and control had been set up, as well as a national authority for the registration of drugs and the coordination of the work of the specialized institutions. A new federal law
on the testing and registration of drugs had been promulgated in February 1973. The country's system of drug control and registration was complete, and Yugoslavia would therefore be able to comply with the requirements of the proposed international information system on drugs.

Professor RUDOWSKI (Poland) said that his country would be glad to submit to the proposed central register all the data required on new therapeutically active substances not so far applied for medical purposes. Poland would be glad to participate in the pilot project proposed by the Director-General.

He emphasized, however, that careful consideration must be given to the financial implications of the proposed programme. A detailed analysis of data processing and retrieval costs should be made, and the Director-General should be asked to study the financial implications and report to the Health Assembly.

Professor VON MANGER-KOENIG (Federal Republic of Germany) agreed that there should be a progressive extension of the existing services provided by WHO - the formulation of principles for the evaluation of the efficacy, safety and pharmaceutical quality of drugs; the dissemination of government decisions on the withdrawal or limitation of the availability of drugs; and the operation of the international system of monitoring adverse reactions to drugs. The proposed international information system on drugs would be an important addition to those services. The need for it was growing with the increasing variety of drugs, the disappearance of restrictions in the international drug trade, and the legitimate wish of the medical profession to make use of all available therapeutic possibilities.

Internationally acceptable criteria for the efficacy, safety and quality of drugs should also be further developed to enable national public health authorities to rely fully on the testing of pharmaceutical preparations in manufacturing countries. Only under such conditions could repetition of laboratory and clinical testing in the drug-importing country be to a certain extent avoided.

The Federal Republic of Germany exported drugs to all parts of the world. It therefore felt obliged to give physicians in other countries every possible guarantee of quality in the light of present scientific knowledge. Health protection must be given priority over commercial interests.

While his delegation fully agreed with the views and goals in the Director-General's report, it would have to examine the proposed international information system very carefully. His country would support the proposed feasibility system as a basis for the project and was willing to take part in the study. Member States should be informed, however, whether the cost of the proposed information system would be within reasonable and acceptable limits.

It was regrettable that in his country, as in others, the clearance of new products for marketing was delayed owing to the shortage of personnel. The proposed new system would impose new tasks on drug registration authorities; it was therefore of great importance to make a cost/benefit analysis of the proposed new system at the outset.

Dr MARTÍNEZ RODRÍGUEZ (Cuba) said that the Ministry of Public Health of his country had in recent years given high priority to drugs, a national body having been set up to revise legislation on drugs and establish standards for their production, import, distribution and labelling. At the end of 1972 the Ministry had set up a pharmaceutical department for the purpose of consolidating everything relating to the safety and efficacy of drugs.

The Cuban delegation was in general agreement with the proposed international information system on drugs. As regards the provision of information on new drugs, Cuba came under section 5.3 of the report, as it could not as yet provide the data under section 6.3.

Dr WEERATUNGKE (Sri Lanka) said that, with the increased incidence of iatrogenic diseases all over the world, his Government welcomed the proposal for an information system on drugs and the definition of criteria regarding the safety, efficacy and quality of drugs.

In an attempt to conserve Sri Lanka's foreign exchange, a State Pharmaceutical Corporation had taken over the importing of drugs in a phased manner. With the increasing variety of brand names and the various claims made by manufacturers for their products, physicians needed more guidance than ever at present. Sri Lanka hoped to introduce the use of generic names in prescriptions in place of trade names. With the backing of the Departments of Pharmacology of the University and the National Formulary Committee, physicians were being persuaded that the
use of the generic name was necessary, but trade interests continued to protest. The State Pharmaceutical Corporation therefore wished to be guided by a standard authority guaranteeing the standard of the drugs it imported.

In order to assess the claims and counterclaims of manufacturers, Sri Lanka was particularly interested in obtaining information in the field of pharmacokinetics concerning the bioavailability of drugs.

Professor HALBACH (International Union of Pharmacology) speaking at the invitation of the Chairman, said that in 1963 both WHO and the Union of Pharmacology had begun considering the problem of the evaluation of new drugs in man in a joint symposium on the occasion of the Second International Pharmacological Congress. That was followed by another symposium on mechanism of drug toxicity at the Congress of 1966. At the Fourth International Pharmacological Congress, the Council of the International Union of Pharmacology had drawn up and submitted to WHO a list of practical objectives for cooperation, and the Union had requested its members to be at the disposal of their respective national authorities when expert advice was required concerning drug efficacy and safety and therapeutics in general. Members of the Union had participated in WHO expert committees.

At the Fifth International Congress held in 1972, the Union had established a committee for the purpose of strengthening collaboration with WHO.

It was only logical that the two international bodies involved should cooperate closely, especially as further scientific progress had become possible through greater knowledge of subcellular molecular processes and as progress in applying appropriate therapy to the patient depended on the harmonious development of public health concepts.

The International Union of Pharmacology looked forward to further collaboration with WHO in relation, among other questions, to toxicology and continuing postgraduate education in therapeutics.

Dr SHRIVASTAV (India) emphasized the importance of the quality, efficacy and safety of drugs and referred to the high-pressure salesmanship from drug houses in the developed countries. He had had occasion to analyse drugs, particularly biologicals, imported after very limited tests on human beings, and he drew attention to the fact that the nutritional status of human beings in the developing countries had a great deal to do with the serious side effects and toxicity of some pharmacological products. For example, a certain type of measles vaccine which had no side effects in developed countries had serious reactions in India.

In an endeavour to provide medical assistance in rural areas, paramedical assistants, health assistants and "barefoot" doctors were being employed, and the Government was debating the question whether it would be possible to study the side effects of certain drugs on rural populations.

The Drugs and Cosmetics Act, 1940, regulated the import, manufacture, distribution and sale of drugs in India. All drugs imported were inspected at ports at the time of import, labels being scrutinized to see whether the particulars given on them conformed to the provisions of the Act. In addition, samples were taken and tested at the Central Drugs Laboratory. Biologicals and special products such as sera, vaccines, antibiotics, vitamins and hormones had to be imported into India under licence and the importer had to give an undertaking that the conditions of manufacture laid down by the Act were complied with.

Manufacturers had to meet a number of requirements. First, they had to employ adequately technically qualified staff; second, the proper specified conditions for manufacture had to be maintained; third, the necessary equipment and appliances had to be maintained; fourth, raw materials and every batch of the product manufactured had to be tested and records maintained; lastly, records showing the distribution of the product had to be kept.

Under the Drugs and Cosmetics Act control was exercised over new drugs, importers and manufacturers having to submit applications with medical literature giving details of the pharmacological and toxicity studies carried out with the drugs. Only those drugs whose efficacy was found satisfactory were permitted to be marketed in the country. Certificates of quality control were issued by the Indian Ministry of Health at the request of countries to which drugs were exported.
A system for the collection and dissemination of information on the safety and efficacy of new drugs could be used by the health authorities of Member States importing pharmaceutical products.

In order to meet high standards of manufacture and quality control and to ensure that drugs conformed to pharmaceutical standards, costly equipment would be required for testing the drugs and such equipment would have to be imported by India. He suggested that, in view of the difficult foreign exchange situation, WHO might consider creating a revolving fund for the purchase of such equipment by Member States using their own currencies. He also suggested that clinical pharmacological disciplines should be developed in universities where drugs needing clinical trials could be tested.

Dr CHRISTODOLIDES (Cyprus) said that the proposed system would greatly help small countries which, because they lacked financial resources and expert staff, had no system for determining the safety and efficacy of drugs. Furthermore, it would reduce to the minimum the introduction on the market of harmful drugs and would help standardize the criteria for drug registration.

Sir John BROTHERSTON (United Kingdom of Great Britain and Northern Ireland) approved of the proposal for a feasibility study of limited duration and said the United Kingdom Government would support it as far as practicable, in the same way as it had supported earlier efforts by WHO in that important field. However, one limitation was the need for participating governments to consider the confidentiality of information. Furthermore, the detailed procedures that had to be followed would result in delays in the distribution of information. Considerable demands would be made upon staff time in a field in which national commitments were expanding fast. Nevertheless, it seemed practicable to supply most of the 14 separate items of information included in section 5.1 of the report, which was the heart of the proposal for the feasibility study. His Government would have some difficulty in supplying quickly the information on side effects and adverse reactions; special storage conditions or handling precautions; and requirements for expiry date of the product. For new products, the adverse reactions would in time be notified to WHO as part of the existing arrangements for the supply of information.

The report went on to outline much more ambitious proposals for information that might be collected at a later stage after the feasibility study. He wished to sound a note of caution, as it seemed to him that some of the suggestions seemed to be difficult of implementation because of confidentiality and the volume of work involved. It seemed desirable to concentrate in the foreseeable future on establishing a working system of collection and circulation of information of the simpler and more basic kind indicated in section 5.1.

Professor TIGYI (Hungary) said that the scope of clinical pharmacology was constantly widening. Drugs that could be administered safely and offered a satisfactory degree of benefit in relation to risk were of importance to the populations of all countries equally. It was incumbent on all countries that had a highly developed pharmaceutical industry to see that such drugs were produced. Hungary had been among the first countries to recognize that, with the rapid progress of the pharmaceutical industry and the great number of new compounds produced, there was need for adequate machinery for objective assessment and effective control of new products. A network of clinicopharmacological units, directed by the Ministry of Health, had therefore been organized in 1967. Such units were already operating in 21 institutes at the national level. He considered it a basic principle that the more important institutes should have at their disposal appropriate methods for investigating new drugs and trying them out in preliminary clinical trials, and that they should develop uniform methods for systematic clinical investigations. Not only should the direction and coordination of those methods be uniform, but so too should be the objective evaluation of the results. The structure and organization of the network differed from those in other countries in that its direction and control were more concentrated. Not only did such a network give considerable protection to patients, but it also assisted the pharmaceutical industry. A representative of his country had been present at the clinicopharmacological symposium of WHO held in Heidelberg, at which the basic principles of clinicopharmacological work were elaborated. The guidelines worked out by WHO at that symposium were of great value and Hungary was ready to utilize them. His Government recommended that WHO should continue its efforts to achieve international coordination of clinicopharmacological work.

Dr KLIVAROVA (Czechoslovakia) said that the proposed information system on drugs would be extremely useful and have a beneficial effect on the quality, safety, and efficacy of drugs. In principle, it was available to producers and to the authorities of the countries that
imported or registered the drug in question. However, not all countries registered drugs and there were differences in the requirements of those that did so. At the same time, as it was agreed in principle to supply such information, it was necessary to agree on the data to be provided. Section 5.1.1 of the report stated what could be considered as the basic information required from official drug authorities. With regard to pharmaceutical information (section 5.2.1), it would be necessary to reach agreement, since such data might be based on pharmacopoeias with different quality specifications. Linking the international standards with the reference preparations established by WHO was essential. As for information on pharmacology, toxicology, and pharmacokinetics (sections 5.2.2 and 5.2.3), prior agreement on a uniform content acceptable to all was essential, as there were traditional differences between pharmacological schools as regards the number, type, and duration of laboratory studies in animals. All participating countries would have to agree also on clinical information (section 5.2.4).

Information on tests and trials of new drugs was undoubtedly interesting, but little of it had been published. Other types of information (section 5.3) would not be comparable and in some cases would be difficult to obtain.

The Czechoslovak delegation agreed with others that international registration of new drugs was needed and that a start should be made on supplying relevant information to Member States. A method should be worked out by WHO, which should also initiate the feasibility study in cooperation with Member States.

Dr FLEURY (Switzerland) said that pharmaceutical technology had made considerable progress in recent years and therapeutics had been enriched by the use of many new and highly active substances. However, public opinion had become aware of the dangers inherent in modern drugs. It was normal that governments should be expected to take protective measures and that those responsible for public health should base their efforts on the best available scientific information. Drug control had existed for many years at both the national and international levels, but the present situation seemed to be characterized by a number of coexisting disparate and insufficiently coordinated efforts. Thus there was much duplication between organizations and also between national authorities, resulting in the waste of available resources, time, and knowledge. The variety of scientific concepts and techniques necessary to research and to the production and control of drugs called for intensive coordination, and medical and pharmaceutical services should give their work an eminently international character.

Switzerland had participated intensively for many years at the European level in coordination activities in the pharmaceutical field. Thus a few months previously, it had ratified a convention for the mutual recognition of inspections covering the manufacture of pharmaceutical products signed in 1970 by the Member States of the European Free Trade Association, and at the same time had put into practice basic requirements for good manufacturing practices based on the work of WHO. Moreover, Switzerland also participated in the work of the Council of Europe, which elaborated conventions and resolutions for the harmonization of pharmaceutical legislation in the different Member States. For many years those concerned had been exchanging the basic data on the new drugs set out in section 5.1.1 of the report before the Committee. Accordingly, Switzerland was in a position to supply most of the information required under that section. The requirements under sections 5.2, 5.3, 5.4, and 5.5 could probably also be met after consultation with the bodies concerned.

In conclusion, he wondered whether it would not be preferable to proceed in stages - first to ask Member States for the basic information mentioned in section 5.1.1, then, after several years' experience, to introduce the complete registration system.

Dr NADERI (Iran), referring to the question of the expiry date mentioned in section 5.1.1 (xiv) with regard to new products, considered that products already on the world market and freely available to the public should also show an expiry date. In certain countries such an expiry date - in either coded or numerical form - was provided. However, it would be desirable to have an internationally agreed system so that any country would know exactly what was the expiry date of a product available on its market. A number of countries were now, in the light of new technical knowledge and pharmacological data, reviewing the registration of products that had been on the market for years. As a result, some products that had been freely sold in those countries had been withdrawn because they no longer met the criteria for safety and efficacy. In order to remedy that situation, his delegation, supported by the delegations of Bahrain, Jordan, Kuwait, Lebanon, Morocco, Senegal and Tunisia, submitted the following draft resolution:
The Twenty-sixth World Health Assembly,
Recalling resolutions WHA16.36 and WHA25.48;
Recognizing that the intensive studies carried out on the evaluation of the quality, safety and efficacy of drugs that have been prescribed and utilized for a considerable time have shown that a number of these drugs do not produce the therapeutic effects claimed for them and that in many cases their value in medicine is extremely doubtful;
Noting also that as a result of these studies some of the drugs have been withdrawn from the market in the producing countries by order of the national control authorities; and
Considering that all drugs made available to consumers should comply with adequate standards of quality, safety and efficacy and that the World Health Organization has a part to play in the collection and dissemination of information on drugs,
1. INVITES those Member countries which produce drugs to communicate to the World Health Organization any decision by the national control authority resulting in the withdrawal from the market of any pharmaceutical product manufactured within the country, and to indicate in the communication the name of the product, its composition, its dosage form, the name of the manufacturer and the findings of the studies which resulted in the decision that it be withdrawn; and
2. REQUESTS the Director-General to disseminate information concerning such decisions without delay and to institute the international information system on drugs which is at present under study.

Dr WORM-PETERSEN (Denmark) believed that the initial aim was realistic but there was a need for caution as to what could be achieved in the short and longer term. A continuous effort was needed to set the highest possible standards for drug quality, rules for prescriptions, and advertisements for drugs. The Danish Government had learned from many years experience that such an aim placed a heavy burden on the national drug administration, not only on the highly qualified clinical pharmacologists, toxicologists and other scientists concerned but also on qualified administrators, because of the extensive documentation that the pharmaceutical industries presented with applications for registration of drugs. It was thus the task of the administration to sort out what was essential from the documents if evaluation of the research on a particular drug was to have any serious meaning. Any duplication of such time-consuming control of pharmaceutical products was undesirable. Denmark therefore fully supported the Director-General's proposal for a two-year feasibility study.

His delegation realized that the proposed new activity would not, during the pilot study and probably for many years, lessen the burden of the participating national drug administrations. Obviously, if Denmark were invited to participate in the pilot study, it would mean even more work for the administration during the first few years, with very little feedback. However, he believed that long-term international cooperation in control of the quality and efficacy of drugs would be in the interests of all Member States and lead to better documentation based on the comparatively new but now highly developed science of clinical pharmacology. The proposed international centre might advance the use of universally accepted scientific methods of drug evaluation. The development of reliable documentation through an international organization would, it was to be hoped, reduce the amount of redundant documentation and make what was left more intelligible. His Government therefore supported the proposal of the Director-General and was prepared to play an active role in the feasibility study.

Dr ANSARI (Pakistan) fully acknowledged the efficacy of modern drugs, without which medicine would be handicapped. But physicians were concerned about iatrogenic diseases and drugs should not be used without control. His delegation welcomed the proposed system for the exchange and dissemination of information on drugs. In Pakistan, a generic system of drugs had recently been introduced and was well accepted by physicians, pharmacists, and the pharmaceutical industry. He hoped that the system could eventually be shared with other countries. More than ever, information was needed on the quality control and efficacy of drugs, as many manufacturers were now competing in the open market. Quality control laboratories existed, but an international system of data exchange would be most welcome. He felt that drugs that were in use all over the world should be scrutinized for safety by an impartial international agency such as WHO.
Dr PHOOKO (Lesotho) said that the problems of the safety, quality, and efficacy of drugs were ever present to those in charge of health services, some of whom had had to rely on the integrity of pharmaceutical firms in relation to the quality of drugs placed on the market and the claims made on behalf of them. Many countries had drug-testing laboratories and defective products could generally be spotted in time, but the thalidomide tragedy made it doubtful whether that was necessarily so.

The delegation of Lesotho supported the establishment of an international system of information on drugs, especially about their composition, indications and adverse reactions. If such information was provided by WHO for new products, it would reduce the number of experiments on animals and the multiplication of such experiments.

The Ministry of Health of Lesotho had started a confidential register of new drugs received from manufacturers. The system worked reasonably well in Government controlled institutions, but rather less so in other institutions. Motivation, rather than legislation, had been preferred in that respect.

Lesotho was on the verge of authorizing certain pharmaceutical firms to manufacture in the country, and the two-year study proposed by the Director-General would be of tremendous help in the formulation of a drug control policy.

Dr ABDALLAH (Egypt) said his country fully supported the proposed international information centre. He believed that it would be able to participate in the activities of that centre by supplying the data required on new drugs, especially those used to treat diseases prevalent in the Eastern Mediterranean Region and certain African countries. Egypt had a specialized section for drug registration; a drug control committee responsible for studying the medical and pharmaceutical aspects of new drugs submitted for registration; state drug control laboratories; a drug research and control centre, which evaluated the properties of locally produced drugs; and a law, promulgated in 1955, that specified the requirements for the registration and marketing of drugs.

He pointed out that the required information related to new drugs. The definition of new drugs given in section 3.2 of the report was too complex, and a more specific definition would be easier to follow.

Information on adverse reactions should be standardized for reliable, comprehensive analysis. For certain diseases it might be feasible to evaluate the gravity of the condition in relation to the potential adverse effects of the drugs available for its treatment.

The meeting rose at 12 noon.
QUALITY, SAFETY AND EFFICACY OF DRUGS: INTERNATIONAL INFORMATION SYSTEM ON DRUGS (continued)

The CHAIRMAN drew attention to the draft resolution proposed by the Iranian delegation and supported by others (see page 302), and to a second draft resolution proposed by the delegations of Canada and Sweden, which read:

The Twenty-sixth World Health Assembly,
Recalling resolutions WHA24.56 and WHA25.61;
Having examined the report of the Director-General on the feasibility of an international information system on drugs;
1. THANKS the Director-General for his report;
2. CONSIDERS that the implementation of an international information system providing data on the scientific basis and on the conditions of registration of individual drugs would be of considerable importance in the development of a more comprehensive approach to ensuring drug quality, safety and efficacy;
3. BELIEVES that the proposed feasibility study would provide the basis for assessing the potential value of such a system; and
4. REQUESTS the Director-General to develop the proposed feasibility study and to report to a future World Health Assembly.

Dr REOL (Spain) said that his country would welcome the establishment of an international information system for drugs, and of an international centre for drug information.

A tremendous effort was now being made in Spain to ensure that the drugs being marketed were both of higher quality and more effective. Amended provisions for the registration of drugs would be published this month; and the requirements were being brought into line with international criteria for registration. At the same time, the National Centre for the Control of Drugs was being expanded. This would enable the General Directorate of Health to evaluate drugs more effectively than was possible at the present time.

Spain was showing increasing interest in questions such as that of the value of certain drug combinations. It was hoped to set up two national committees, of which the first would be concerned with clinical pharmacology and the development of new regulations on clinical trials, and the second with drug evaluation and monitoring and with information on side effects. Contact had already been made with WHO in this connexion.

Dr BADDOO (Ghana) said that Ghana imported a large proportion of its drugs, although some were manufactured in the country. However, there were problems of high humidity and high temperature; these might not only reduce shelf life, but even cause decomposition. Potency might decrease, or the drugs might even become toxic. With the limited facilities available, not all drug samples could be routinely tested; the development of an international information system would go a long way towards filling the resulting gaps.

The aims of the international information system were acceptable to the delegation of Ghana, and it supported the proposal that a feasibility study should be carried out by WHO.

Dr CHAPMAN (Canada) commented that there was a tendency to try and cover all possible aspects of a question in the relevant resolution, with the result that the objectives then became so broad as to obscure the main intent. It would not be possible to supply all the information available on all drugs: in Canada, for example, some 25 000 drugs were on the market. The data on those drugs was stored in a computer and regular printouts were produced for each drug; each such printout was 6 inches thick. Clearly an impossible situation would result if all countries sent data of this type to WHO for collation and distribution. He was glad to see, therefore, that WHO was to be selective, at least initially, in its product coverage.
A further problem was that, in Canada, the data submitted by manufacturers when seeking to obtain approval of a new drug was confidential. Such data could not therefore be released without the agreement of the manufacturer. The summaries of the data on the approval of new drugs for marketing were most important in this context, and new drug monographs were available in Canada.

A summary of the legal requirements in force in each country would be very useful to WHO in drawing up guidelines. Without this, the variation in the data would be so great that valid comparisons would be impossible.

The proposal for a feasibility study was sound, and it was essential that such a study should be carried out before the information system was permanently established.

Dr TATTOENKO (Union of Soviet Socialist Republics) observed that the USSR had long had a system for the registration of drugs. There were uniform instructions with regard to testing, and also uniform requirements that had to be satisfied before an application from a manufacturer for the registration of a drug was approved. The definitions of terms such as "new drugs" were very similar to those given in section 3 of document A26/8.

His delegation considered that the proposed international information system would be most valuable. Nevertheless, the categories of information listed in section 5 were too wide, at least in the initial stages. The registration of drugs was a medico-legal procedure, and the authorities responsible were guided not only by the results of clinical trials, but also by economic, commercial and other considerations. In the initial stages, therefore, the information could be limited to data on drugs whose use was prohibited because they were dangerous, or had serious side effects and low efficacy. Such limitations of the scope of the system in the initial stages would make it possible to keep within the budget allocation. In the future, if the system was found to be satisfactory and if it was considered necessary, the volume of information could be increased. An increase in the volume of information should proceed in parallel with the unification of national registration procedures, as recommended by WHO.

Dr DAIMER (Austria) said that the Federal Ministry for Health and Environmental Protection, as the central health authority in Austria, would be prepared to participate in the international information system and to provide data, but only on new drugs developed in Austria for the first time. In order to reduce the administrative costs and to avoid duplication, information would not be provided on all new drugs registered in Austria, since most of these originated outside the country, particularly in the Federal Republic of Germany and in Switzerland. Information on such drugs should be provided by the countries concerned.

Dr JENNINGS (United States of America) emphasized that, of the many aspects of the dissemination of information on drugs, the most important was the welfare of patients. It was essential, therefore, that a careful beginning should be made; and it should not be expected that the international information system would solve all the problems of existing national systems, which differed greatly in approach and capability.

The United States delegation supported the draft resolution sponsored by Sweden and Canada and would cooperate fully in the proposed pilot study.

Dr ACUNA (Mexico) described the efforts being made in Mexico to improve the control of the quality, safety and efficacy of all drugs, whether imported or manufactured in the country. Stricter requirements had now to be satisfied before the registration of a new drug was authorized. Each new drug underwent laboratory testing, and clinical information was also required. In addition, sample drugs already on sale were tested annually and, in certain cases, more frequently.

The problem was that, every day more drugs were being manufactured, in many different forms and under many different names. The Mexican delegation therefore supported the proposal for the carrying out of a feasibility study.

Dr AL-ADWANI (Kuwait) pointed out that his country imported all its drugs, and would therefore be very interested in receiving information on efficacy and safety.

Reference had been made to the possible cooperation of drug manufacturers in supplying information to the international information system. In his experience, manufacturers did not readily provide such information, and he wondered whether Dr Lambo had any suggestions as to how it might be obtained from them. The possibility that WHO might certify drugs for the benefit of importing countries had been mentioned at the Twenty-fifth World Health Assembly. That might be a way of inducing manufacturers to supply the necessary information, but he wondered whether such a proposal was practical.
Dr FAKHRO (Bahrain) asked whether the details of information to be reported (section 5.1.1 of document A26/8) should not be amended to include; (1) information on any disparity between the requirements for drugs to be used in the manufacturing country and the same drugs when intended for export, particularly in respect of labelling; (2) information obtained from animal studies, since the results of such studies, especially in respect of teratogenicity, mutagenicity, and carcinogenicity, might affect the decision of the importing country, even where marketing had been authorized in the manufacturing country. Animal studies were so controversial that it was essential for information on them to be available as soon as possible.

Dr ARTEAGA (Honduras) thought that developing countries could collaborate in the proposed measures only in the clinical field, and then only to a limited extent. Developing countries were concerned with the question of quality control but they lacked staff and specialized laboratories. Moreover, such control was costly, and developing countries had many other public health problems. All that was possible was to maintain the requirement for drug registration. He therefore suggested a world quality control system for drugs under the aegis of WHO. It would be easier for developing countries to collaborate in such a system than to set up their own monitoring establishments. National legislation could then be introduced to authorize the use of only those drugs approved by WHO.

Dr SPAANDER (Netherlands) said that the Netherlands Government believed the proposed feasibility study to be of great importance, and would cooperate in carrying it out.

Professor PENSO (Italy) stated that Italian legislation on drug registration was very strict. For each new drug, the manufacturer had to provide a file containing all the information necessary for its evaluation. The Istituto Superiore di Sanità could repeat any tests that it considered necessary in order to assess the safety and activity of the product concerned. The information was fed into a computer, so that all the data on any registered product could be obtained at any time. Each new drug was announced in the official gazette, as was every drug deleted from the official list of approved products. Italy could therefore provide WHO at any time with all the information mentioned in document A26/8, and would be glad to participate in the feasibility study.

Mr TSUNASHIMA (Japan) explained that Japan, as both an exporter and importer of drugs, was always concerned with the problem of the quality, safety and efficacy of drugs. Japan had participated in the WHO drug monitoring system since 1972, and supported the proposals made in document A26/8. It would participate and cooperate in the feasibility study. He considered, however, that excessive detail should be avoided, otherwise there would be difficulties in implementation.

Dr SÁENZ (Uruguay) said that in Uruguay drug monitoring was the responsibility of the Ministry of Public Health. Many countries did not have the number of specialists necessary for the analysis of drugs, so that a WHO drug monitoring centre would be of great value. He considered the proposed feasibility study to be of great importance. His delegation would support the draft resolution sponsored by Iran and a number of other countries.

Dr WONE (Senegal) also supported the draft resolution put forward by the delegate of Iran. This was concerned directly with the situation of developing countries which imported almost all their drugs, and was intended to deal with the special problem of the continued distribution of certain drugs in importing countries after they had been withdrawn in the countries in which they were manufactured. Controls to prevent this could be introduced without difficulty in the early stages of the proposed measures. He thought that it would be possible to combine the two draft resolutions.

Dr LAMBO, Assistant Director-General, said that the proposed international information system on drugs undoubtedly had many facets, many implications, and was beset by formidable problems. He was grateful for the information given by members of the Committee on the technical and administrative activities that were taking place in their countries.

The first phase of the project seemed acceptable to all Member States. The Director-General was committed to pursuing an energetic, economic and dynamic approach. He was however aware of the difficulties and constraints - especially the legal, technical, administrative, organizational or financial problems and the need for confidentiality. But the Director-General and his staff were much encouraged by the positive and constructive response of members of the Committee and their observations, such as the need for caution, had been noted.
There was no doubt that the relevance and importance of an information system to public health work could not be overemphasized. The budgetary aspects of such a system had not been overlooked: he invited the Committee's attention to the last sentence of the Director-General's report, which read: "One of the aims of the proposed study is to determine the resources, including staff, required for an operational system, if its feasibility is confirmed."

As regards the difficulty of obtaining information from drug manufacturers, he recalled that it was proposed to collect information at first from national health authorities only. It might be possible to obtain information from manufacturers later. The Committee had also heard from Professor Halbach of the willingness of the International Union of Pharmacology to cooperate with the Organization.

He assured the delegate of Honduras that the participation of the developing countries would be welcome, at any level, even if the information they were able to contribute might at first be rudimentary. Such cooperation would enhance their standards and increase their awareness for the development of new sectors; it would also increase the Organization's awareness in rendering more specific assistance in order to obtain more relevant and systematic data.

All the comments of members of the Committee had been noted and the Director-General would take them into consideration in designing the whole study and in preparing his report to a future World Health Assembly.

Dr ALAN (Turkey) proposed that, whether or not the two draft resolutions before the Committee were combined, operative paragraph 4 of the draft proposed by the delegations of Canada and Sweden should be amended to request the Director-General to include in his report to the Health Assembly the findings of the feasibility study and their financial implications.

Dr KUPFERSCHMIDT (German Democratic Republic) supported that amendment.

Dr WONE (Senegal) suggested that the two draft resolutions might be combined, unless there was some opposition on principle.

Dr KOUROUNA (Guinea) said that the Director-General's report was of the greatest interest to his country in that the measures proposed would provide some guarantee of the quality, safety and efficacy of the wide variety of drugs that Guinea imported but did not manufacture.

The necessary control was a costly undertaking that developing countries could not often finance and so they had to rely almost exclusively on the manufacturers' assurances - a most unsatisfactory situation.

In his country there was a central drug laboratory which inter alia made the necessary toxicological examinations in cases of poisoning. It also exercised a rudimentary and therefore inadequate control over imported pharmaceuticals. His delegation therefore welcomed and supported the Director-General's proposals and requested WHO to assist developing countries in establishing, on their own territories, laboratories for the simple but effective testing of imported drugs.

Professor SENAULT (France) invited the Committee's attention to the financial implications of the Director-General's proposals which were given, in section 9 of the report, as US$ 50,000 for the feasibility study alone. In times of financial stringency, a choice might have to be made between the programme that had been established and subsequent proposals. He therefore joined the delegates of Turkey and the German Democratic Republic in proposing that the Director-General be explicitly requested to report on the financial implications, regardless of whether the two draft resolutions were combined or not.

Professor HALTER (Belgium) joined previous speakers in supporting the amendment proposed by the delegate of Turkey to the draft resolution of Canada and Sweden. Such an amendment was fully compatible with the rest of the text, which he could then support.

He considered that the other draft resolution introduced a different idea and should be kept separate.

Professor REXED (Sweden) said that the sponsoring delegations of the two resolutions were agreed on the importance of the proposed system providing information on withdrawal of registration. That it would do so was explicitly stated in section 5.1.2 of the Director-General's report. A long amendment to the resolution proposed by his own delegation and of Canada would unbalance what was deliberately intended as a simple text. He therefore suggested that the two draft resolutions should be kept separate but that they
be coordinated by amending the second operative paragraph of the Canadian and Swedish draft to read:

2. CONSIDERS that the implementation of an international information system providing data on the scientific basis and on the conditions of registration and withdrawal of individual drugs would be of considerable importance in the development of a more comprehensive approach to ensuring drug quality, safety and efficacy.

If the amendment proposed by the delegate of Turkey was accepted, operative paragraph 2 of the Iranian draft could be amended to read:

2. REQUESTS the Director-General to disseminate information concerning such decisions without delay and to make this information part of the proposed feasibility study on the international information system on drugs which is at present under study.

That combination of amendments would preserve the straightforward support intended in the Canadian and Swedish draft and bring the two resolutions into line while ensuring that the point about withdrawal of drugs was covered.

Dr ARTEAGA (Honduras) agreed that a measure designed to cover drug registration only would be a very mild response to the problem. It would be more practical to adopt a resolution enabling WHO to work towards the establishment of an international drug control centre or laboratory, to act in accordance with Article 21 (d) and (e) of the Constitution. Such an objective would mean substantial progress. A control centre was too expensive a project for the developing countries that were the consumers of exported drugs: but if the cost were borne by the producing countries it would be less of a burden in that those countries had a fundamental interest in the matter. It was particularly difficult for the developing countries to carry out drug control, since the capital from drug production went to the producing countries and control was commonly carried out jointly with national capital.

He therefore requested the sponsors of the resolutions to include a more specific reference to the establishment by WHO of a drug control laboratory or centre.

Dr HACHICHA (Tunisia) said that, as co-sponsor of the Iranian draft resolution, he agreed with the delegate of Belgium and others that the two resolutions were basically different and should be kept separate.

Dr CHAPMAN (Canada) agreed that the ideas behind the two draft resolutions were sufficiently different to justify the adoption of two resolutions. If the draft proposed by the delegations of Iran and others were amended as proposed by the delegate of Sweden, the Canadian delegation would be able to support it. He suggested that the Secretariat be requested to reword the drafts in the light of the discussion.

Dr NADERI (Iran) said that he could accept that suggestion, provided that he had an opportunity of seeing the text of his draft resolution before it was put to the Committee.

The meeting was suspended at 3.55 p.m. and resumed at 4.40 p.m.

Dr GURMUKH SINGH (Malaysia), Rapporteur, read out the draft resolution proposed by the delegations of Canada and Sweden, with the amendments to operative paragraphs 2 and 4 proposed by the delegations of Sweden and Turkey in the course of the meeting.

Decision: The draft resolution was approved.\(^1\)

Dr GURMUKH SINGH (Malaysia), Rapporteur, read out the draft resolution proposed by the delegation of Iran, supported by other delegations, with the amendment to operative paragraph 2 arising from the Turkish proposal and formulated by the delegation of Sweden.

Dr NADERI (Iran) feared that the amendment to operative paragraph 2 of the resolution, whereby information on withdrawals was to be made part of the proposed feasibility study on drugs, would have the effect of delaying even further the dissemination of that information. Whereas before it might have been accepted that the information could have reached Member countries by the end of 1974 at the latest, the proposed feasibility study would take three or four years, which meant that the information might not be received until 1976.

\(^1\) Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA26.30.
He suggested that in operative paragraph 2 the words "and to make this information part of the proposed feasibility study on the international information system on drugs which is at present under study" should be deleted and replaced by the words "and to put into operation the international information system on drugs which is at present under study".

Dr STUYT (Netherlands) said it was not clear from operative paragraph 1 of the resolution which drugs Member countries were being invited to report on. The phrase "those Member countries which produce drugs" could be taken to mean that the drugs envisaged were only those actually produced by Member governments, or alternatively only those produced within a Member country. Was a Member country not required to report the withdrawal from its own market of drugs not produced in that country?

Dr TATOCENKO (Union of Soviet Socialist Republics) agreed with the Netherlands delegate that the opening phrase of operative paragraph 1 needed clarification. He suggested that the phrase "may be dangerous to health or" should be added after the phrase "a number of these drugs" in the preambular paragraph beginning "Recognizing". This would take into account cases where drugs had been withdrawn from the market because they presented a definite health hazard.

Dr AL-ADWANI (Kuwait) suggested that in order to meet the concern expressed by the Netherlands delegate the first operative paragraph might be amended to read

1. INVITES Member countries to communicate to the World Health Organization any decision by the national control authority resulting in the withdrawal from the market of any pharmaceutical product, and to indicate . . . etc.

Dr THÉARD (Haiti) suggested that it might meet the wishes of the Soviet delegate if the words "if they are not even harmful" were added after the words "extremely doubtful" in the paragraph beginning "Recognizing". He further proposed that operative paragraph 1 should be split into two parts. The first part would invite Member countries which produced drugs to communicate to WHO the name of any product that had been withdrawn, its composition, its dosage form, the name of the manufacturer and the findings of the studies that had resulted in the decision that it should be withdrawn. The second part would invite Member countries which produced and used drugs to communicate to WHO any decision by the national control authority resulting in the withdrawal from the market of any pharmaceutical product.

Dr LAMBO, Assistant Director-General, said that in view of the protracted discussion on the text under consideration, he would like delegates to be aware that it added nothing new to what was already embodied in the two resolutions referred to in the draft, namely resolutions WHA16.36 and WHA23.48. He read out those two resolutions to the Committee.

Dr NADERI (Iran) said that, although resolution WHA23.48 mentioned the importance of taking into consideration the harmful effects of drugs, it did not make it sufficiently clear that Member States should communicate to WHO any decision on the part of its health authorities to withdraw a drug from the market. The proof of that was that his country had so far received no notification from WHO of any withdrawals of drugs on the part of any national health authorities. He thought that other Member countries were in a similar position.

Dr JENNINGS (United States of America) agreed with the Assistant Director-General that the proposed draft resolution contained nothing new. His delegation would be prepared to support it, however, in spite of the slight criticism of the Secretariat that was implied in calling once again for the prompt dissemination of information on withdrawals of drugs.

His own country had forwarded a number of reports of such withdrawals to WHO and was sure that they had been disseminated to all Member countries. If the intent of the resolution was merely to reaffirm the desire of Member countries to receive information of this kind, then the problem was merely one of drafting. But if the intent was to indicate that the information was not in fact being received, then the problem was a serious one which merited further discussion.

Dr FATTORUSSO, Director, Division of Prophylactic and Therapeutic Substances, said that since 1963 WHO had received communications regarding 110 different decisions and each time those communications had been transmitted to all Member countries, together with all the relevant information. He pointed out that WHO was entirely dependent, for transmitting such information, on the communications it received from its Members.

The CHAIRMAN suggested that all those who had proposed amendments to the resolution, together with its co-sponsors, should form a working group to meet the following day and prepare a revised text for consideration by the Committee.

It was so agreed.

The meeting rose at 5.25 p.m.
1. QUALITY, SAFETY, AND EFFICACY OF DRUGS: INTERNATIONAL INFORMATION

SYSTEM ON DRUGS (continued)

Dr. NADERI (Iran), Chairman of the Working Group established at the previous meeting, read out the following draft resolution proposed by the Group:

The Twenty-sixth World Health Assembly,
Recalling resolutions WHA16.36 and WHA23.48; and
Reiterating that all drugs made available to consumers should comply with adequate standards of quality, safety and efficacy and that the World Health Organization has a major role to play in the collection and dissemination of information on drugs,

1. INVITES Member countries to communicate to the World Health Organization any decision by the national control authority resulting in the withdrawal from the market of any pharmaceutical product and to indicate in the communication the name of the product, its composition, its dosage form, the name of the manufacturer and the findings of the studies which resulted in the withdrawal; and

2. REQUESTS the Director-General to disseminate information concerning such decisions without delay and to make this information activity part of the proposed feasibility study on the international information system on drugs.

Professor PENSO (Italy) said that although he supported the principle expressed in the draft resolution, he thought that it was partly a repetition of and partly in contradiction with the resolution sponsored by the delegations of Canada and Sweden that had been approved the previous day. That resolution had requested the Director-General to develop a feasibility study on an international information system providing data on the conditions of registration and withdrawal of drugs, whereas the draft resolution as now proposed would give the Director-General authority to organize an information service on the withdrawal of drugs that had been found ineffective or dangerous to health. The two resolutions thus covered the same ground but were to some extent contradictory.

He did not think it was necessary to establish a complicated information system regarding drugs that had been withdrawn by producing countries; it would be simpler for importing countries to require that every consignment of drugs should be accompanied by a certificate from the health authorities of the producing country stating that the product had been registered and was freely available in the producing country. For all drugs imported into Italy such an accompanying certificate was already required. The procedure was a simple and economical one, which produced the required results without the work and expenditure that would be entailed by the proposed information system.

Dr. CHAPMAN (Canada) could not entirely agree with the delegate of Italy; he felt that the present draft resolution covered a somewhat different area from the resolution sponsored by the delegations of Canada and Sweden that had been approved the previous day. Since the present draft referred to earlier resolutions on the same subject adopted by previous Assemblies, he suggested that, in operative paragraph 1, the words "continue to" should be added before the word "communicate". This would indicate that the communication of such decisions to WHO was a process which had already begun.

Professor PENSO (Italy) said that, in that case, it would be logical also to add the words "continue to" before "disseminate information" in operative paragraph 2.

Dr. NADERI (Iran) said he could accept the amendments proposed by the delegates of Canada and of Italy.

Dr. WONE (Senegal) considered that if those two amendments were accepted the resolution would become superfluous. If the Committee believed that the information in question was already being supplied promptly and regularly by Member countries, and if it believed that the Organization was disseminating that information without delay, then the resolution was meaningless and should be withdrawn. He considered that the amendments were not purely formal ones but had the effect of removing all force and meaning from the original draft resolution.
Dr NADERI (Iran) did not agree that the addition of the words "continue to" in operative paragraph 2 detracted from the force of the resolution, since in operative paragraph 1 Member countries were invited to communicate to WHO any decision by national control authorities resulting in the withdrawal of a pharmaceutical product. It had been stated the previous day that only 110 such communications had been received by the Organization in the course of 10 years, which was a clear indication that not all countries were in fact giving information on all withdrawals of their products. The wording of the resolution was relatively unimportant: what mattered was that it should be effective in inducing more countries to supply the information to WHO so that WHO could in turn disseminate it to Member countries.

Dr WONE (Senegal) considered that, if it was indeed the case that Member countries were not providing the required information, then the resolution should be differently worded. He suggested that a more appropriate formula might be:

"INVITES Member countries once again to communicate..."

He maintained his view that to invite such countries to continue to communicate information was pointless.

Dr TATOCENKO (Union of Soviet Socialist Republics) said that it would be in order to add the words "to continue" to both operative paragraphs, and his delegation would support the draft resolution with those amendments, which had already been accepted by the members of the Working Group. The amended wording to paragraph 1 proposed by the delegate of Senegal was, however, inappropriate, since the Health Assembly had not previously requested Member States to continue to forward information to WHO.

Dr WONE (Senegal) said that, in deference to the wishes of the majority, he would withdraw his proposed amendment.

Decision: The draft resolution as amended was approved.¹

2. INTERNATIONAL STANDARDS AND UNITS FOR BIOLOGICAL SUBSTANCES

Dr MOLAPO, representative of the Executive Board, said that the Executive Board at its fifty-first session had considered a report by the Director-General concerning international standards and units for biological substances. The report had recalled that, in accordance with Articles 2 (u) and 23 of the Constitution, WHO had a fundamental responsibility and authority for establishing and promoting the wide use of international standards for the quantitative measurement of substances used in prophylactic and therapeutic medicine. The report had pointed out that the number of international standards for biological substances continued to increase. There were many standards additional to those listed in resolution WHA18.7, several had been replaced, and a few had been discontinued, leaving a current total of 80 international standards. A new list had therefore been proposed to replace those recommended in resolutions WHA3.8 and WHA18.7.

After considering the Director-General's report and the proposed new list, the Executive Board had adopted resolution EB51.R13, proposing that the Twenty-sixth World Health Assembly recommend that Member States of the Organization should recognize officially the international standards and units enumerated in the new list, which would supersede the lists recommended in resolutions WHA3.8 and WHA18.7.

Dr LAMBO, Assistant Director-General, said that international standards for various biological substances were established by WHO in order to provide health authorities, manufacturers and other interested bodies with a means of measuring the activity of particular biological products. They also enabled the strength of a product to be expressed in terms of a single unit, the international unit for that particular biological substance. In order to make that possible, the international standard was used as a reference in a biological assay, the activity of the biological product being compared with that of the international standard.

International standards for biological substances were therefore measuring instruments; they were not intended to be used to assess other aspects of quality, such as toxicity or purity, since those aspects were covered by specifications and criteria. International standards were not themselves used for prophylaxis and therapy in humans.

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA26.31.
He drew the Committee's attention to the WHO publication Biological Substances: International Standards, Reference Preparations, and Reference Reagents, 1972, which contained lists of all the preparations of biological substances now available from WHO, including all the international biological standards listed in the resolution of the Executive Board. References to WHO publications or any unpublished working documents relating to each substance were also given.

Resolution EB51.R13 recommended that the Twenty-sixth World Health Assembly should adopt a resolution that would supersede and update the list of international standards and units recommended by the Eighteenth World Health Assembly in resolution WHA18.7.

Dr WORM-PETERSEN (Denmark) recalled that one of the recognized bodies for developing and distributing international standards adopted by WHO was located in Copenhagen.

The draft resolution proposed in resolution EB51.R13 differed from earlier resolutions adopted by the World Health Assembly on the subject by giving the Director-General power to authorize changes in agreed international standards after consultation with the Expert Advisory Panel on Biological Standardization or other experts designated to deal with standardization. His delegation supported that proposal as a step towards a simplification of the process of decision-making. He asked however whether the Expert Advisory Panel on Biological Standardization would normally be consulted, as hitherto, before the Director-General decided on changes or introduced new standards.

Dr ZAMFIRESCU (Romania) paid a tribute to the remarkable work done by WHO in promoting the widest possible use of international biological reference substances and in defining the corresponding international units.

The development of reference preparations had been the real beginning of WHO's important work on biological standardization, work that was essential not only for the institutions preparing such products but also for control authorities in all countries. A major operation had been launched by WHO, in accordance with its Constitution, to encourage national control authorities and research laboratories to establish the quantities corresponding to the minimum activity of each biological substance by reference to the international standard, and to define them in international standard units. The national standards then became a routine element that led to a progressive improvement in the biological products used in the prophylaxis, diagnosis and therapy of communicable diseases. Both producers and national control authorities in Romania had benefited from that work, which depended on coordination by WHO and on the development of working relations with the international reference laboratories. He expressed his gratitude for the help given by those laboratories, notably the Statens Serum Institut in Copenhagen, which supplied all the reference preparations requested of it with great willingness and promptness.

He suggested that special attention should be paid to the virus vaccines that had been developed in various countries and to the respective virus strains, particularly those used for attenuated live vaccines, and referred to specific methods for ensuring the control of such vaccines in the field. Investigations should perhaps be carried out with a view to designating other reference laboratories in order to meet the increased demand for international standards.

He welcomed the work done by the International Association for Biological Standardization, and drew attention to the new review, Journal of Biological Standardization, which followed the tradition of WHO in creating links between specialized laboratories in this field and stimulating their research. A number of international conferences to be organized with WHO support would shortly be held, notably the international conference on standardization of diagnostic materials in Atlanta, Georgia (United States of America) and the symposium on rapid methods and automation in microbiology, in Stockholm. Such meetings of specialists were complementary to WHO's work and were essential not only to promote further practical research in the field but also to widen the biological horizon.

Dr SPAANDER (Netherlands) said that his delegation was prepared to accept the draft resolution proposed in resolution EB51.R13. The quality and efficacy of laboratory control in therapeutic and prophylactic medicine were greatly strengthened by the use of reference standards and methods. Moreover, reference reagents of a biological nature, such as haemoglobin, were of great value in laboratory procedures. He hoped that one result of the forthcoming international conference on the standardization of diagnostic materials in
Atlanta would be that priority would be given to further work by WHO in that field, where there was an urgent need for more international cooperation. WHO could play a part by promoting and supporting specific symposia for diagnostic biological substances under consideration, or by making international collaborative studies. A somewhat different approach might have to be adopted from that which had been used hitherto by the Expert Committee on Biological Standardization. Although the discussion of standardization of diagnostic materials in relation to laboratory procedures and equipment might not be biological standardization in its strictest sense, his delegation felt that it was vital that WHO should expand its activities in this area.

Dr FELKAI (Hungary) said that WHO's work on the standardization of chemical substances was of ever-increasing importance. Valid biological and chemical standards could not be achieved unless uniform international standards were introduced, and this could only be done through WHO. Only WHO could provide the necessary collaboration between specialists and the necessary financial support for the work.

In Hungary, chemical standards had first been prescribed by the Sixth Pharmacopoea Hungarica, and all national standards were now based on WHO standards. He proposed that a WHO committee be established to deal with chemical and biological standardization which should make a yearly assessment of the most important requirements, and inform Member countries about its programme of work.

Hungary greatly appreciated the information on biological and chemical standards that had been provided by WHO specialists visiting the country. The close personal relations between the National Pharmacological Institute and laboratories in London and Solna (Sweden) were proof of the success of the work done by WHO in that field.

Dr TATČENKO (Union of Soviet Socialist Republics) said that the draft resolution submitted by the Executive Board was entirely acceptable. His delegation had always considered biological standardization to be one of the most important aspects of WHO's work, in that connexion his country was prepared to make available to WHO its laboratory facilities, which had hitherto not been utilized to the extent possible.

His delegation considered that, in addition to the work it was already carrying out on biological standardization, WHO should organize special studies for the purpose of standardizing methods of using international standards. Experience accumulated in recent years had shown that there could be considerable differences in the results obtained, depending on the methods used. It would be of great assistance to Member States if WHO would also publish a guide on the techniques and methods recommended for use at all stages of the production and control of biological substances.

Dr BANGHAM (International Society of Endocrinology), speaking at the invitation of the Chairman, said that in January 1973 WHO had established official relations with the International Society of Endocrinology (ISE), as a nongovernmental professional body. Although only recently recognized by WHO, endocrinology was as basic to medicine as physiology or haematology.

A resolution adopted by ISE at an International Conference of Endocrinology in 1972 had called on WHO to extend its role by promoting the international standardization of substances important in human clinical endocrinology. The need for standardization to ensure accuracy of dosage had long been accepted. The immediate need now was to extend such standardization, so as to ensure comparability of quantitative hormone assays in diagnosis and control of treatment. Much of the rapid recent advances in endocrinology derived from the use of the technique known as "radioimmunoassay", a form of saturation analysis which made it possible to measure the blood levels of many hormones. Since such measurements were now being widely used in diagnosis and disease management of patients, an extension of international control was called for.

The incidence and severity of diseases with an endocrine basis were likely to be immense in any country at a given time. Such diseases included reproductive diseases, diseases of metabolism including diabetes, thyroid diseases and osteoporosis, and various types of hypertension; they were beginning to exceed the major infective diseases in scale and cost to the community. Standardization was required not only in the interests of scientific research but also in the interests of public health; and international action was urgently needed to provide standards and control the quality of reagents - two essentials in ensuring accurate quantification.
Diagnostic hormone assays had already become a normal part of the investigation and management of patients in many countries. Because of their ease of application, speed and suitability for automation, those assays were appropriate for use by health services; but since the preparation of reagents required advanced technology, many countries would need to obtain them from commercial sources. Standardization was essential for the guidance of manufacturers of good reagents and for the exclusion of bad ones. It was especially important for small or developing countries that lacked the experience or resources to exert national quality control, but it was also vital for the control activities of more advanced countries. Only WHO had the authority to effect standardization on a worldwide scale.

Knowledge of endocrine systems had advanced rapidly in the last decade. New hormones had been isolated and characterized; several important peptide hormones had been synthesized and whole systems of factors controlling the release of pituitary hormones had been described and identified. Much of the physiology of reproduction had been elucidated. Those developments had brought about a new era of clinical and diagnostic potential, and new assays were being routinely applied in clinical medicine often within a year or two of their introduction. Radioimmunoassay had also become firmly established in fields outside endocrinology, including some in which there was bound to be great political pressure for the application of such tests, e.g. the tests for hepatitis B virus in blood and blood products.

So far only one country, the United States of America, had introduced legislation to control diagnostic tests, but the United Kingdom had just launched its own national radioimmunoassay service, and control would probably soon follow. Since the methodology was new, no country had yet formulated detailed technical specifications, but the International Atomic Energy Agency had organized training programmes and the discussion of the principles of the methodology, while the WHO Expert Committee on Biological Standardization had published guidance on manufacture and usage.

Thus in the public interest and for the guidance of government health authorities, WHO should, first, define minimum specifications for the manufacture and quality control of reagents in endocrinology; and, secondly, establish the requisite standards. The International Society of Endocrinology was willing to make available its resources of scientific expertise in the field of endocrinology; but only WHO possessed the means and commanded the authority to establish international standards.

Sir John BROTHERSTON (United Kingdom of Great Britain and Northern Ireland) supported the operative paragraphs of the draft resolution proposed in resolution EB51.R13. He also endorsed the suggestions made by the representative of the International Society of Endocrinology. There was a need for a definition of minimum specifications for the manufacture and quality control of reagents, and for the establishment of standards. The endocrine diseases were of great public health importance; it was therefore probable that the reagents would be widely used. Standards were needed for the guidance of manufacturers, and only WHO had the necessary authority to introduce such standards.

He drew attention to resolution WHA25.47 of the Twenty-fifth World Health Assembly, on the standardization of diagnostic materials. In view of that resolution, he expected that something would soon be done about endocrinological reagents. He shared the view that it was most urgent that such reagents should be standardized.

Dr SHRIVASTAV (India) agreed with the views expressed by the delegate of the United Kingdom, being himself a member of an expert panel and several committees. He referred to the words "or other experts designated" in the operative paragraph II.1 of the draft resolution proposed in resolution EB51.R13. This provision was of great importance in ensuring flexibility in the WHO biological standardization programme. International standards had often to be provided urgently or replaced quickly if continuity of the international units was to be maintained, and it was not always practicable to wait until the next Expert Committee on Biological Standardization was convened. If the international collaborative assay of the preparation had been completed and the size of the international unit had been agreed, experts could be consulted to ensure that the technical requirements had been fulfilled. If the Director-General was then in agreement, the standards could then be distributed for use by Member States. Which experts were consulted would depend on the nature of the preparation; but they could include experts who were not members of the advisory panel. A flexible approach should be adopted in the choice of experts.
COMMITTEE A: FIFTH MEETING

Dr CHAPMAN (Canada) said that his delegation fully supported the draft resolution in resolution EB51.R13.

He had listened with great interest to the remarks of the representative of the International Society of Endocrinology, and it did appear that action was required in the area of diagnostic materials for the radioimmunoassay of hormone preparations. In resolution WHA25.47, the Director-General had been requested to study the means of extending the work of WHO in the development of standards for diagnostic materials: he hoped that the problems mentioned by the representative of the International Society of Endocrinology would be included in that study.

Mr LASCURÁIN (Venezuela) drew attention to certain differences between resolution WHA18.7 and resolution EB51.R13: there were differences in nomenclature, as well as certain numerical problems. Thus in the case of old tuberculin, the second standard was given to only one significant figure, but the third standard was given to five significant figures. Resolution WHA18.7 spoke of "tetanus toxoid, plain", whereas resolution EB51.R13 referred only to "tetanus toxoid". In addition, there was the problem of conversion to British units. He wondered whether, in the case of anti-swine-fever serum, for example, the figure of 0.89 mg given in resolution EB51.R13 could not be rounded off to 0.9. The question of the number of significant figures to be used in an international standard was one of very great importance.

Dr LAMBO, Assistant Director-General, expressed his satisfaction at the way in which delegates had referred to the pre-eminent role of WHO in this field. There was a need for a well controlled and careful expansion of WHO's efforts, and for the exchange of information and experience. WHO was grateful for the assistance offered by national laboratories. He had noted the need for the publication of a manual or handbook on the methods used for the standardization of biological products.

The role of WHO could be expanded to accommodate a wide range of activities only if Member States were willing to collaborate in the work, if national laboratories and physical facilities could be used, and in particular if international experts were available. He welcomed the suggestions made by the representative of the International Society of Endocrinology.

Dr OUTSCHOORN (Biological Standardization), replying to the specific questions raised by the delegate of Denmark, explained that, in its biological standardization work, WHO sought advice and expertise wherever it was available. The Expert Advisory Panel on Biological Standardization was very important, but the advice of members of other expert panels had been sought. Consultants had also been called in where necessary. Where an expert panel in a particular field existed, no WHO work was done without constant reference to its members; and in the present case in addition to the Panel on Biological Standardization, reference was also made to the international laboratories for biological standards and to the participating laboratories for the standard concerned. The Director-General would continue to rely on all these sources.

With regard to the proposed manual, he would like to supplement the remarks of Dr Lambo by saying that the collection of material for it had already been started, but this was a task that would take some time. Guidelines for developing national laboratories for the control of biological substances were, however, already available. In addition, work was in progress on collecting and developing information on methods of assay.

In reply to the delegate of Venezuela, he explained that the standard for old tuberculin in resolution WHA18.7 was the second international standard. This had now been replaced by the third, which was a different preparation of different potency. In order to keep the international unit unchanged, therefore, the quantity of the preparation had to be changed. It was essential that the international unit, as a unit of biological activity, should not change, and that it should be used by all countries.

The number of decimal places was not related to the degree of accuracy of the assay. It was adopted in order to facilitate the statement or prescription of potency. There were 90,000 international units of old tuberculin per millilitre and two millilitres of the preparation in each ampoule. The ratio of these two quantities gave the figure of 0.01111 microlitres. This might sound complicated, but it made things easier for the user. The same principle applied to the other substances in the list.

Dr SPAANDER (Netherlands) said that WHO was in a particularly good position to bring
together all the international organizations concerned with the standardization of biological products. In addition to the International Society of Endocrinology there were a number of other associations that would collaborate. They included the International Society of Hematology, the International Society of Blood Transfusion, the International Federation of Clinical Chemistry, the International Society for Haemostasis and Thrombosis, the International Union of Immunological Societies, the International Committee for Standardization in Hematology, the International Union of Pure and Applied Chemistry and many others. WHO should take the lead but should bring those organizations together as needed.

Decision: The draft resolution proposed by the Executive Board in resolution EB51.R13 was approved.¹

3. WHO'S ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH

Agenda, 2.5

Dr MOLAPO, representative of the Executive Board, said that, at the fifty-first session of the Executive Board, the Director-General had submitted the interim report (document A26/9) giving the historical background and describing existing methods for implementing WHO research. The Executive Board had requested the Director-General to continue the study and present a full report to the Executive Board at its fifty-third session and to the Twenty-seventh World Health Assembly.

Dr KAPLAN, Director, Office of Science and Technology, said that the Director-General had submitted the interim report to a group of former members of the Advisory Committee on Medical Research and of temporary advisers. The group had met in February. The results of its deliberations would be studied by the Advisory Committee at its session in June 1973, which had on its agenda a discussion of WHO's role in the development and coordination of medical research. The subject was therefore under intensive and continuing study.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that resolution WHA25.60 marked a turning-point in WHO's work in the development and coordination of biomedical research. The interim report that the Director-General had submitted to the Executive Board in accordance with that resolution contained a summary of WHO's previous activities but, for obvious reasons, did not give a sufficiently detailed analysis of the present situation and did not provide much in the way of proposals for the further development of WHO's work. Since the Board's discussion on the report was before the Committee, he would confine himself to commenting on a few important points.

The development of medical research was of interest to all Member States without exception. Without it it was not possible to construct an effective system of health services, to eradicate smallpox, to carry out mass vaccination campaigns, to control tuberculosis according to modern methods or to understand the interrelationship of the environmental factors influencing human health. Effective control of communicable diseases could be achieved only when, through medical research, sound methods had been provided. In recent years the control and treatment of cholera had been radically changed by the application of the results of research, which had enabled the death rate from that disease to be drastically reduced.

Medical research was a responsibility of every physician, specialist, hospital and medical institution in all countries, in the sense that they were all bound to amass knowledge, analyse their own work, and seek solutions to their own problems. Research was not something carried out exclusively in laboratories; some of the most important results had been obtained from practical observation in the field. Present-day medical research was a world phenomenon and its achievements were linked with the work of many millions of scientists and practising physicians in different countries.

In recent years many books had been written and many discussions held on the results and perspectives of medical research, and one important conclusion was that a single, worldwide biomedical research front existed, systematizing the complex of knowledge about man and his environment and about disease and methods of treatment. Every aspect of man's contact with his environment was being studied, and there were grounds for expecting important developments in that field.

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA26.32.
Unfortunately, however, the scientific front was not moving forward evenly, for three reasons. First, medicine and biology had begun to develop more rapidly than other branches of science and technology. The biological revolution was beginning to replace the technological revolution. Secondly, different branches of medical research were developing at different speeds. Thirdly, there was a great difference in the rate of development of biomedical research in the various countries, and that difference had to be taken into account because the research possibilities of many countries, particularly the developing countries, were not as yet sufficiently developed, although they were of potential value to every country. To overcome such differences, specific corrective measures were needed.

There were a number of barriers to the development of biomedical research. One was the information barrier, the difficulty which scientists and practising physicians experienced in finding their way through the enormous number of scientific publications. There was also a methodological barrier—in other words, insufficient knowledge of how to coordinate efforts. Often research on a given problem was carried out in different countries with different methods; the results were not comparable, they were to a large extent useless, and much money was wasted. There was also a socio-ethical barrier. In many countries it was impossible to apply existing knowledge, and the result was disillusionment for scientists, practising physicians and health administrators. There was the serious question of the extent to which experiments on human beings were permissible. And, finally, there were the questions—which were becoming more and more important—of the social responsibility for medical research, the possibilities for its further development, and the utilization of such procedures as manipulation of the genetic code and interference with brain function.

His delegation considered that WHO should devote special attention to the methodology of international cooperation in medical research, to the coordination of national efforts and their stimulation by the provision of small subsidies, using all possible sources of financing. Efforts should be concentrated on basic international problems. Cancer was one of those, and his delegation intended to submit a proposal concerning cancer research.

His delegation was of the opinion that the role of the Advisory Committee on Medical Research should be intensified, and it was pleased to note that it would consider WHO's role in the development of biomedical research at its 1973 session. The Advisory Committee's report should be considered by the Executive Board at its fifty-third session, so that its conclusions could be fully utilized.

In its work in the medical research field, WHO should use the services of the nongovernmental organizations with which it had official relations. The fruitful collaboration of the International Society of Endocrinology provided an example of what such organizations could contribute.

His delegation proposed that the Director-General's report should be noted with approval, and that the Director-General should be requested to continue his efforts for the implementation of resolution WHA25.60. It also thought that it would be useful to intensify the role of WHO's expert committees and of the Advisory Committee on Medical Research, and it proposed that the Executive Board should be requested to consider the recommendations of that Committee at its fifty-third session.

Dr SHRIVASTAV (India) stressed the importance of medical research for the solution of the health problems of developed and developing countries. From the information supplied on the number of WHO contractual technical services, agreements and financial allocations (document A26/9, Annex I, Table 1), it appeared that during 1971 780 contracts had been concluded at a cost of US$ 2 819 000. On that basis, the average amount for each contract seemed too small. To obtain results, it might be necessary to increase the amount budgeted for research assistance.

In recent years considerable changes had taken place in research in many countries. More and more funds were being allocated to research. Since the problems differed in the developed and developing countries, priorities would have to be set accordingly. The need of the developing countries was for research on communicable diseases, whereas the developed countries were mainly concerned with noncommunicable and chronic diseases. In the light of the recent developments in medical research in the different countries, it was imperative to develop and strengthen WHO's activities further.

Biomedical research covered a wide variety of fields and included research on health practices. It had been observed that in many countries medical research was being carried out in such a way that it was not always possible to compare results or draw sufficiently
broad conclusions. It was therefore necessary to introduce a certain uniformity into research methodology to permit the results to be compared between countries.

Research priorities had to be decided both at the national level and when international cooperation was involved, at the international level. WHO had a vital role to play at the international level.

The dissemination of research results to countries, institutions or organizations should also be improved and given higher priority, since it would assist individual research workers and promote the advance of individual projects.

As far as his country was concerned, WHO financial assistance in the form of short-term consultants, fellowships, supplies and equipment had given added impetus to the development of Indian medical research, although the assistance had been rather meagre.

In order to give research activities further momentum, WHO should take an active part in developing a long-term programme in biomedical research within the framework of its existing programme.

In conclusion, he recalled that certain WHO research activities were sponsored from headquarters and others from the regional offices. In his experience there was sometimes a lack of coordination between those two types of activities. He did not intend to criticize but merely to suggest that those activities should be well coordinated and that the regions should be kept well informed of the activities undertaken from headquarters.

Professor HALTER (Belgium) said that the report before the Committee did not show clearly what exactly was happening in WHO's research efforts, what was being decided, and how certain decisions were being taken. In biomedical research it was necessary to consider the problems one by one. That would mean deciding in which fields research was proposed, then studying its nature and establishing the approaches according to whether a coordinating or stimulating role was being played. From his experience in his own country and from current efforts to coordinate research within the European Economic Community, it was clear that it was more and more necessary to avoid duplication. Costs were rising rapidly, and whenever budgetary difficulties were encountered the research budget was the first to be cut and difficult questions of priority arose. The report did not give clear answers to the many questions about priorities, trends and choices that arose in so vast a field, to which so relatively large a proportion of the Organization's budget was devoted. He was uneasy about the way in which the programme was being developed and unconvinced that the choices made were the best. He therefore suggested that an ad hoc body of the Health Assembly should be set up to study, with the Director-General and his staff, WHO biomedical research policies, trends and projects and help in the choice of priorities. The report showed that the Executive Board had not been able to take on that task, which in any case would be difficult for it owing to its structure.

He doubted whether the Organization should support clinical research; other bodies were doing that.

Research was necessary but costly, so he was anxious that the Organization should avoid duplication of effort, encourage coordination and joint research at the national and international level, and avoid dispersal of effort. Appropriate funds needed to be provided for research in certain cases, but in his own experience it had proved preferable to restrict the number of projects supported, giving instead adequate support to a few activities that everyone would consider to be important. The Organization might similarly consider fully supporting a few research activities that could be of decisive importance to the country concerned.

Dr GREVILLE (Australia) said that in Australia - a developed country with great natural resources - most communicable diseases had ceased to be a public health problem, but a disease pattern was emerging of the type that tended to affect the more affluent countries. It had therefore become necessary to devote a larger proportion of the gross national product to medical research.

Biomedical research and its development had become a costly activity in most countries and its financing more and more a government responsibility. Although expenditure on biomedical research had increased greatly in recent years, not only in Australia but throughout the world, there were grounds for wondering whether the priorities were well chosen. His delegation considered that research should be oriented towards the morbidity and mortality problems that gave governments concern about the wellbeing of their people.
Standards of living were rising all over the world and in consequence mortality rates were falling and the life expectancy increasing, bringing about an increase in degenerative diseases and in the health problems associated with old age. Research into their cause, prevention and treatment should be undertaken on a coordinated worldwide basis. In accordance with the last preambular paragraph and operative paragraph 2 (i) of resolution WHA25.95, WHO’s efforts should be directed towards research on morbidity and mortality problems.

Research ranged widely from basic research through developmental research to applied clinical research, and all of its aspects should receive sufficient emphasis. The results of basic medical research should be assessed and applied to the health problems of the community. To maximize the results and minimize the cost of research, some coordinating international system was desirable that would concentrate on important fields, redirect efforts being expended unnecessarily on duplicated research - thereby reducing the capital cost of equipment and facilities - and, by standardizing methodology, enable results to be obtained that would be comparable throughout the world.

To anyone subscribing to the objectives of WHO it would be obvious that research at all levels should benefit the whole of mankind. That biomedical research should be coordinated through WHO in the interests of orderly and economic advance was a proposal of great merit that received the full support of his delegation.

The DIRECTOR-GENERAL recalled, on the question of the general orientation of the WHO research programme, that from the very beginning that programme had been directly related to the Organization’s activities. It had been necessary to stimulate research in certain fields at certain moments because of gaps in knowledge and new problems arising in some of the most important fields of the Organization’s work. Vector control was perhaps one of the best examples. Members of the Committee would recall that in the early 1950s, when it was found that insects were becoming resistant to insecticides, and the WHO antimalaria programme was suffering, WHO had to look for new products and to stimulate research into the problem of resistance to meet the needs of the programme.

In 1958 the Eleventh World Health Assembly, in resolution WHA11.35, requested the Director-General to study the possibility of intensifying the Organization’s research programme. Two meetings of experts studied the whole of the Organization’s programme and its needs. They made a series of recommendations that were submitted to and approved by the Twelfth World Health Assembly in 1959.

The WHO research programme was based on the advice of the Advisory Committee on Medical Research and he hoped that, in their discussions, members of the Committee would not overlook the existence of that body. The Advisory Committee, which had a membership of about 18 scientists of the highest standing in medicine and medical research, met yearly and was supported by the meetings of the numerous scientific groups in all fields of the Organization’s activities, whose reports it received. He requested members of the Committee to bear that situation in mind from the beginning of their discussion.

He would of course be the first to welcome any better solution but he felt that the research programme should be evolved at the scientific level and should be protected by the Advisory Committee on Medical Research, the Executive Board should review the programme and of course the Health Assembly would be provided with any information it needed.

In connexion with the suggestion by the delegate of Belgium, he pointed out that WHO had only a little over US$ 5 000 000 for its modest research programme and so should have no illusion about its impact at the world level. The Organization could only stimulate and coordinate the efforts of others.

Research was one of the major fields of activity laid down by the Health Assembly in the fifth and current general programme of work for a specific period. He submitted that, among the important fields of research activity, one type sometimes tended to be neglected. WHO was able to stimulate research in fields not of interest to the rich countries though extremely important to the developing countries. He had in mind - by way of illustration only - the problems of parasitic diseases. Few countries with the possibility of carrying out research had any interest in diseases such as onchocerciasis or trypanosomiasis, although some were slightly interested in schistosomiasis or filariasis. And so there, only WHO could take the lead, with other international organizations, in stimulating that type of research. Even private industry was not at all interested, owing to lack of market for the results,
Unless WHO had the support of governments and could stimulate governments to use their influence to obtain new solutions for those problems, those problems would be disregarded in the world of today. He recalled the dismay at the time when one of the largest countries in the world with one of the strongest research programmes had decided to finance research into problems only of direct interest to itself. It was fortunate that that policy was not continued long, because the money, the brains, the installations, the resources were not necessarily found where the problem existed; indeed there were areas, where very little could be done without international cooperation.

In conclusion, he urged members of the Committee to consider ways in which the research programme might be improved but, in so doing, not to overlook the need for it to be evolved at the highest scientific level. The intervention of politics would lead to very serious difficulties in the implementation of the programme.

The meeting rose at 5.30 p.m.
1. FIRST REPORT OF THE COMMITTEE

Dr GURMUKH SINGH (Malaysia), Rapporteur, read out the draft first report of the Committee.

Decision: The report was adopted (see page 514).

2. WHO'S ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH (continued)

Professor RUDOWSKI (Poland) said that WHO's role in the development and coordination of biomedical research was a complex one requiring vision and a realistic approach. It was unnecessary to stress the importance of biomedical research in WHO activities. The Director-General's report (document A26/9) contained much information about scientific developments in many fields of health, but the Polish delegation agreed with the delegations of the Union of Soviet Socialist Republics and India that serious consideration should be given to research priorities. Recent WHO programmes had included investigations ranging from the molecular to the clinical, epidemiological and operational level and covering identification of the most important health problems; and they demonstrated WHO's role as an international coordinating body in research.

He could not support the Belgian delegate's proposal at the fifth meeting that an ad hoc committee of the Assembly should be set up to consider research priorities. The Advisory Committee for Medical Research and the various WHO expert committees and groups laid down adequate guidelines for WHO research policy and the evaluation of completed research, its effectiveness, and its practical application. Research on health problems in large agglomerations, the biology of human reproduction, food and nutrition, and the development of basic health services could therefore be expected to be intensified, and should not be limited by the financial difficulties of WHO, as his delegation had stressed at the Twenty-fifth World Health Assembly. He suggested that research funds should be increased in future WHO budgets in order to support wider research in selected fields of health and to provide grants for scientists and for the training of research workers.

Professor TIGYI (Hungary) emphasized the importance of biomedical research and of WHO's role in coordinating and supporting it. Research needed to be increased if the rapid development of basic biology was to be followed up.

Hungary, as a small country, was especially interested in fostering international scientific cooperation, and much of its long-term programme for the period 1971-1985, in which experts of the Academy of Sciences and the Ministry of Health participated involved links with WHO. Hungary took part in BCG vaccine control and salmonella, shigella and rubella surveillance programmes coordinated by WHO, and cooperated with the World Influenza Centre. Its oncological research programme and that of WHO were closely connected, and help had been given and received in connexion with cancer epidemiology and the examination of carcinogenic substances.

The Hungarian delegation considered that the coordination by WHO of biomedical research was one of the most important tasks of the Organization, and it therefore supported the proposal that the problem should be placed on the agenda of the fifty-third session of the Executive Board and also on that of the Twenty-seventh World Health Assembly.

Dr KLIVAROVÁ (Czechoslovakia) said that, as the interrelationship of the biomedical and natural sciences increased, it became essential to integrate biomedical research policy into overall scientific and technological planning. Biomedical research, moreover, should be developed according to the requirements of public health and the most important scientific disciplines.

Czechoslovakia was one of the most highly developed countries as regards the organization of medical care. The economic and cultural development of the country made the intensive development of science, including medical science, and technology not only possible but imperative. Biomedical research was an effective factor in the improvement of the quality of medical practice and her country devoted large sums to it.

The Czechoslovak delegation considered that WHO's authority could be used even more effectively in the development of coordinated worldwide medical research without the need for
additional funds. Most Member States were willing to supply WHO free of charge with the results of their research and to accept its coordinating role. WHO should, however, develop its contacts with national institutes, consult with them, advise them - particularly as regards methodology - provide them with the information they required, and assess their efforts to improve international coordination. The transmission to WHO of the results of medical research was in fact one of the ways in which Member States made voluntary contributions to the Organization. The Czechoslovak health authorities were ready to provide such information on request. Her delegation considered that the development of biomedical research could be one of the most important responsibilities of WHO headquarters; however, the regional offices should also have responsibilities in that field.

With regard to the interim report, her delegation considered that too large a part was devoted to the historical background. It would like the Director-General to formulate an overall WHO policy and to determine the subjects of research on which attention should be concentrated, the ways in which WHO could provide assistance, how national research centres could be associated with the work, how coordination could be achieved, how the evaluation of results could be carried out, and how the relevant information could be communicated to Member States. It was hoped that all those points would be covered in the Director-General's next report.

She supported the proposal of the Belgian delegate for the establishment of a committee of the Health Assembly to consider the role of WHO in the development and coordination of biomedical research. That committee would be able to work out guidelines for the programme, determine priorities, and draw up recommendations for implementation of the programme within the limits of the regular budget.

Dr RACOVEANU (Romania) said that most countries were making considerable efforts in medical research; in his own country there were about 6000 research workers, either full-time or part-time. WHO should be in a position to assimilate the results of national research and utilize them on an international scale. Consequently, WHO should in the first place continue and develop its help to national research on priority problems in public health. With a little support from WHO, certain countries, such as Romania, could make useful contributions to research in a number of fields.

In the second place, WHO should seek to improve the dissemination of information on research and on results achieved in Member States, thus helping to prevent duplication of work and enabling countries to reorientate their research efforts. Consideration might be given to the institution of a special section in the Bulletin of the World Health Organization providing a review of research results of special importance to public health obtained from all over the world.

In the third place, WHO's contacts with national research coordinating bodies should be expanded by organizing an exchange of information with them. Finally, the national, regional and international reference centre network should be developed so that the results of research could be applied at the regional and national level.

WHO publications bringing together the results of research, such as Health Hazards of the Human Environment, were very useful for the future orientation of WHO's activities, and he hoped that syntheses of medical research would be given an important place in the future. They would be valuable to Member States in the development of their research activities and would expand the role of WHO in helping scientific and technological projects.

Dr SOOPIKIAN (Iran) said that progress in the theory and practice of medicine depended on research. In the past there had been a tendency to distinguish between fundamental medical research and applied or clinical medical research. It was probably truer to say at present that there were four types of biomedical research: molecular or microscopic research, the unit of study being far smaller than the living organism and often smaller than the cell; clinical research, the unit of study being normally one person; epidemiological research, the unit of study being usually one disease (or a group of diseases) in its community setting; and systematic operational research, dealing with whole communities and the whole mosaic of sources of morbidity, mortality and disability and employing time projections over shorter or longer periods. Much unutilized knowledge existed on the last of those types of research, and he urged WHO to give it high priority because of its vital importance for the health of the masses of the people.
Professor Renger (German Democratic Republic) considered it most important that WHO should prepare a long-term programme of biomedical research. The starting points for the planning of that programme should be international tendencies in the development of biomedical research, the results already achieved by WHO, and worldwide priority tasks for preserving and promoting health. In addressing itself to those tasks WHO should work with existing international scientific centres, agencies and associations. It would thus be possible to interest leading scientists in working out effective and feasible long-term programmes and in taking part in them.

His delegation considered that available manpower and funds should be concentrated, with a higher degree of international division of labour and cooperation, on the following fields: infectious and parasitic diseases; demographic development, in particular family planning, infant mortality, mother and child health and the health of adolescents; environmental influences on health; and cardiovascular diseases and cancer. Research training, international cooperation in establishing effective science and health information systems, and national health service development were fields of special importance. A programme covering those fields would enable WHO to work towards higher-quality and more effective solutions to internationally important problems.

His country had many thousands of scientists, physicians, and technical staff working in seven biomedical institutes of the Academy of Sciences, 14 institutes of the Ministry of Health, and nine medical schools, all of which were capable of acting as WHO reference centres in their respective fields. Medical research in his country was supervised by the Ministry of Health, and particular attention was devoted to the immediate introduction of the results of research into medical practice. The German Democratic Republic was prepared to put all its experience at the Organization's disposal for the development of biomedical research.

Dr Singh (Fiji) felt that, in view of the financial position of the Organization, the biomedical research programme should continue at the present level. By granting small sums to individual scientists working on subjects of interest to the Organization, a large number of fields were covered. Averaging the expenditure did not reflect the true cost of the project concerned or necessarily bear a direct relationship to the results obtained, the stimulus being more important than the sum involved. In his opinion, collaborative research should be concentrated on those fields requiring multinational effort that WHO was particularly well placed to sponsor and encourage.

The current arrangements for advising the Director-General on medicine research policy—the Advisory Committee on Medical Research and the expert committees and other groups—seemed satisfactory, though they might need review. To superimpose an ad hoc committee of the Health Assembly might prove an unwieldy solution and defeat the intentions of the Health Assembly.

Sir John Brotherston (United Kingdom of Great Britain and Northern Ireland) said that the WHO biomedical research programme was important for many reasons, and not least for the increasing support and understanding that it had elicited from the international community of research workers. All delegates should help mobilize interest in the WHO programme among their colleagues working in biomedical research.

The Advisory Committee on Medical Research might be regarded as representing the international community of scientists and its function was to advise the Director-General directly. It might however be useful if those promoting support for WHO among research workers in Member States could be more directly informed of the Advisory Committee's work. That would be achieved if its reports could be made available regularly to the Executive Board and the Health Assembly.

At a time when the scale and impact of medical research had been developing at such a rate that established traditional arrangements for its support and control were under critical review in many Member States, the arrangements that had served well at earlier stages in WHO might also need review and strengthening to meet the considerable responsibilities outlined in the interim report.

Professor Corradetti (Italy) said that the Director-General's report showed how difficult it was for WHO, in the face of so many requirements, to make the best possible use of its limited funds. During the discussions in the Executive Board, Professor Aujaule had expressed the view that the Organization had entered so many fields of research that priorities were no longer clear. Dr Venediktov had agreed with him, and in the Committee there had been
a measure of support for that view. There were two main views about research - that of the developing countries, which advocated research on communicable diseases, and that of the developed countries, which advocated research on noncommunicable diseases; but they were not necessarily conflicting if priority was given to urgent problems and to problems such as malaria and parasitic diseases that would probably otherwise be neglected. As even the urgent fields of research could not all be explored at the same time, WHO should draw up a list of those requiring immediate attention.

His delegation opposed any major centralization in the planning, conduct and control of research, since that would entail bureaucratic management and divert funds from research proper. Also, research workers needed their freedom.

In view of the small WHO budget for biomedical research, the Organization could only stimulate research. By means of small grants to individual workers, that purpose had been achieved over the years. Unless the funds available to WHO were greatly increased there need be no change in that policy and attention could be concentrated on determining priorities.

Dr AUJOUJAT (France) said that no decisions were possible on the basis of the interim report, only a fruitful exchange of views. From the diverging opinions expressed during the discussion so far, it would seem premature at present to try to determine priorities or propose structural innovations.

He stressed the importance of remembering how limited were the funds available to WHO - a fact that seemed to have been overlooked at times - and the consequent importance of carefully chosen priorities. He would also like to be sure that all members of the Committee fully appreciated the role played by the Advisory Committee on Medical Research ever since it had been established by the Twelfth World Health Assembly. In his opinion it had functioned so well that it was impossible to say that WHO's work in biomedical research had been conducted in a manner that the Health Assembly would not approve.

As regards general policy, he felt that clinical and basic research should not be undertaken; nor should research that existing national or international bodies could undertake. In that connexion, he fully supported the principles formulated by the Director-General at the fifth meeting, particularly that the WHO research programme should be linked with the Organization's aims. It was the essential function of WHO to stimulate research in fields that might otherwise be neglected, paying special attention to the needs - often for research on communicable diseases or public health or operational problems - of countries unable to carry out their own research.

Dr ELOM (Cameroon) said that Member States, and especially the developing countries, were looking to biomedical research, both basic and applied, for solutions to the many problems facing their public health services. Programmes being implemented in the developing countries could achieve success only if new knowledge became available. The fields of greatest concern were the communicable diseases and genetic, nutritional and neoplastic diseases. Problems of the environment, of vector ecology, and the organization of public health services deserved attention, as also studies of traditional local remedies, which might save some importation of drugs. The list was by no means exhaustive.

In relation to the role of WHO in the development and coordination of biomedical research, the interim report reflected priorities in the developing countries. Those countries would particularly welcome a strengthening of the system of grants to individual research workers and small units in university or public health laboratories. They could carry out valuable research and had the advantage of being available for priority work at the national level, whereas the major centres - all situated in the developed countries - had other priorities. That situation would continue to prevail for some time.

He wondered what assistance was contemplated in the training of research workers and in the form of supplies and equipment, and how it could be obtained. His country would be glad to receive assistance for such organizations and institutions as the Yaoundé University Faculty of Science and the University Centre for Health Sciences.

His delegation expressed the hope that the activities planned would be carried out with increased vigour and determination, since they were on the right lines.

Dr STUYT (Netherlands) stressed the importance of coordination of research. All members of the Committee who had been engaged in research would be aware of the waste of time, energy and money that could occur through ignorance of what was being done elsewhere. WHO could do, and in fact already did, much useful information work and that should be continued. He would commend for priority attention the cardiovascular diseases, which had reached epidemic proportions.
He agreed with the Director-General that WHO should support only projects which could not, or would not, be carried out otherwise. In that connexion, he would agree that WHO should also promote training in experimental medicine and biomedical research.

Referring to the paragraph on the moral and ethical implications of medical research (document A26/9, Annex 1, page 6), he said that in modern medical and surgical practice it was most important that general humanitarian principles should always clearly apply, especially where experiments on human subjects were concerned. He was convinced that members of the medical profession would never forget that there were certain ethical rules that must not be overlooked; WHO had however a clear role in keeping those principles in the foreground of medical preoccupations.

Dr LEKIE (Zaire) emphasized that some countries had considerable wealth and material resources and could allocate those resources according to their needs; but others, whose needs were even greater, had almost no wealth or resources at their disposal. He urged WHO to reorientate its programme so that research was concentrated on areas where the developing countries were facing immense problems, e.g. the problem of communicable diseases, which they were unable to resolve on their own.

He fully supported the remarks made by the Director-General at the previous meeting.

Dr ARTEAGA (Honduras) suggested that in developing countries WHO should encourage joint committees of the health authorities and the universities in the matter of biomedical research. Research was costly, and it was wasteful of resources for it to be pursued separately by different institutions using different methods and aiming at different objectives. It was evident from what had been said by previous speakers that coordination of the various research institutions was easier to achieve in the socialist countries, but in many Latin American countries it was difficult to attain since the academic institutions were unwilling to allow any eroding of their authority. WHO could therefore play a very useful role in this area. For those working in public health it was a matter of concern to see major efforts being devoted to research projects that bore no relation to the main health needs of the country.

He recognized that WHO had limited funds available for research on its own account. It could, however, play a valuable role in advising on the integration of research activities being carried out in Member countries.

Professor REXED (Sweden) said that guidance in the task of evaluating and strengthening the research activities of WHO was provided by a number of resolutions adopted by earlier Health Assemblies and Executive Boards. As far back as the Second World Health Assembly, it had been stated in resolution WHA2.19 that: (1) research and coordination of research were essential functions of the Organization; (2) first priority should be given to research directly relating to the programmes of the Organization; (3) research should be supported in existing institutions and should form part of the duties of field teams supported by WHO; and (4) that WHO should not consider the establishment under its own auspices of international research institutions. Those principles were as valid today as when they had first been enunciated and, together with the more elaborate principles laid down in 1958 and 1959 and the comprehensive resolution WHA25.60 adopted in 1972, provided excellent guidelines for future work.

Although all members of the Committee would agree that research should be one of WHO's first priorities, they should remember that there were considerable limitations on WHO's possibilities for carrying out research. Since there were no prospects of increasing the Organization's research budget for some years to come, a way must be found to make the best possible use of what was available. It was important to recognize that there were certain things that WHO could not do. It could not take on the role of a global medical research council, since it had neither the resources nor the individual expertise to fulfil such a role. Nor could it hope to be a kind of universal coordinating agency for all kinds of research; experience had shown it was difficult enough to direct and coordinate research within a single institution.

However, WHO could define priorities for research that were closely related to its work programme; it could identify the areas where there was a real need for research, and then try to coordinate the work done in those areas. An example of such a priority was research on epidemiology and communications science - the next item on the Committee's agenda. Although WHO itself could not do all the work required, the report it had prepared (document A26/10) would be useful reading for countries that wished to carry out such research.

WHO had also a coordinating role to play in specific and limited areas where research was seen to be required. When an area had been defined, WHO could establish collaborative research and promote research by national institutions and groups. Once coordination work had started, then it would be easier to obtain financial support for specific types of
research from individual countries or aid-giving institutions. An example of that kind of approach was the Expanded Programme of Research, Development and Research Training in Human Reproduction, to which countries had contributed generously once the priority need for it had been established by WHO. It would be useful to examine the methodology of coordination that had been used in this type of programme, so that the experience gained could be used in other areas where WHO had identified a high priority need.

Another useful role for WHO would be to develop research centres in countries where little research was as yet being done. As had been pointed out by the delegate of Zaire, many countries needed to build up their research work but did not have the resources to develop the necessary institutions themselves. WHO could help by obtaining specific support from agencies in other countries, perhaps by persuading universities and research institutes to accept special responsibility for building up research centres in countries where they were needed. For the coordination of research, the setting up of a planned system of reference, research and training centres was a method that had proved its worth and should be continued.

He felt that the Advisory Committee on Medical Research needed to find more effective ways of advising the Organization so that the fullest possible use could be made of the help it had to give.

There was no need to establish any new machinery within WHO for the directing and supporting of research. The machinery already established should however be re-evaluated, so that it could perform its work more efficiently and flexibly than hitherto.

Dr LEAVITT (United States of America) believed that WHO should focus attention on the need for a more sophisticated analysis of the programmes of the Organization. It should take a more realistic look at its current research priorities, particularly as they related to the international research efforts of Member countries. And it should do more to promote an interchange of information on national research interests, budgets, and health priorities, so that Member countries could see their own work programmes in better perspective.

The United States had already begun an intensive campaign against cancer and cardiovascular diseases which were the two major killer diseases among its population. It was also supporting research in communicable diseases, infant mortality, environmental diseases, arthritis, metabolic diseases, and other important areas. His Government would continue to examine its objectives in terms of its research priorities, and to make the necessary adjustments in its support structure. One of the most important factors to be taken into account in making such adjustments would be the research being undertaken by other Member countries, and also by international organizations such as WHO, whose coordinating role was of such importance.

WHO should take the lead in defining the principles on which the scientific investigation of biomedical problems should be based. Methodologies could then be developed by the specialized units which would facilitate the exchange of scientific data and enable national authorities to take action to protect human health and safety. He agreed with the delegate of the USSR that international agreement on basic scientific principles and on standard methodologies would help to avoid needless and expensive duplication and hasten the solution of health problems throughout the world.

He fully supported a more comprehensive definition of the term "biomedical research", since a wider interpretation would encourage WHO to increase its efforts to apply research methodology to the problems of the planning, training and utilization of health manpower in both the economically advanced and the developing countries of the world.

One of the chief obstacles to the provision of essential health care services was the shortage, maldistribution, high cost and inefficient use of trained health manpower. In most countries, the approach to that problem had been based on traditional attitudes, an empirical approach, or the transfer of costly and elaborate systems from one country to another without any scientific testing of fundamental hypotheses or use of evaluation methods.

New scientific techniques for manpower planning, educational research, task analysis and manpower development were now being developed, and WHO should be in the forefront of such research. The Organization had a notable record in sponsoring health manpower research but it should be given higher priority within the total WHO research programme.

He endorsed the remarks made by the Netherlands delegate regarding the need for WHO to play a leading role in considering the ethical and legal issues involved in biomedical research. The United States was greatly concerned with those issues, and would be ready to collaborate closely with WHO in helping to define them.

The Advisory Committee on Medical Research had performed a useful role since its establishment in 1959. During the past 14 years, however, the research interests of the Organization had greatly expanded and its operations had become more complex. It was therefore doubtful whether a single meeting of the Committee in the course of a year was sufficient to meet WHO's need for advice on its overall programme of biomedical research.
He suggested that the Committee should hold more frequent meetings, or alternatively that it should create working subcommittees to consider specific problems in depth. He did not think that an ad hoc group appointed by the Health Assembly would suffice for the purpose.

Dr ACUÑA (Mexico) said that, as a developing country, Mexico had greater need of research than had the developed countries, and for this it needed not only research workers but research institutes. Under the programme of the Regional Office for the Americas, a number of centres had been established for research into the major problems of the Region, centres such as the Institute of Nutrition of Central America and Panama, the Pan American Zoonoses Centre and the Pan American Centre for Foot and Mouth Disease; a Pan American Centre on Human Ecology was also planned. Those institutes showed the value not only of coordinating research but of uniting the resources of several countries at regional level to carry out research on the problems of greatest importance to the region.

Biomedical research was of the greatest importance to developing countries, and help from WHO was essential to ensure that resources from other countries or from private institutions were properly channelled; and that manpower trained abroad could return to the developing countries to apply their knowledge of research techniques.

Dr KAPLAN, Director, Office of Science and Technology, said that the comments and suggestions made by members of the Committee would be taken into account in WHO's continuing study on the subject, which was to be submitted to the Executive Board at its fifty-third session, and to the Twenty-seventh World Health Assembly.

(For continuation, see summary record of the tenth meeting, section 3.)

3. RESEARCH IN EPIDEMIOLOGY AND COMMUNICATIONS SCIENCE

The CHAIRMAN recalled that resolution WHA25.48 had requested the Director-General to report to the Twenty-sixth World Health Assembly on WHO's research activities concerning epidemiology and communications science and on the medium and long-term programmes envisaged in that field.

Dr MAHLER, Assistant Director-General, introduced the report (document A26/10), the first part of which was concerned with major developments in WHO's programme in epidemiology and communications science and the lines along which the programme was developing, while the second contained brief accounts of specific research projects.

Epidemiology had undergone a process of rapid development affecting its focus, scope and methodology. From being initially concerned with specific diseases and with their causation and distribution, it was now focused on multidisease patterns and on health in the total ecological context. That concern with the quality of human life had meant that epidemiology now involved the social sciences, systems analysis, operational research, economics, and computer technology.

As a consequence of that continuous evolution, a data-processing group had been set up at WHO headquarters in 1963, and had been provided with computing facilities in 1966. A resource group in epidemiology and communications science had been established in 1967 and a project analysis group in 1969. The purpose of the resource group was to accelerate the existing trend and to act as a catalyst in the development of new trends and new ideas, in the introduction and testing of new methods, and in promoting the multidisciplinary approach. The groups had helped to introduce modern concepts into most WHO programmes.

Research should be orientated towards the solution of problems; that was in line with the structural changes going on in WHO, and the Director-General had made it possible to create greater flexibility in the mobilization of resources in those programme areas where it was most needed. There was a continuing interest in the identification of new methods so as to improve research endeavours and routine programmes. All efforts would converge on the basic aim of delivering more effective health care to more people.

Epidemiological research should provide the necessary input for the development of information systems that had significance for the health programmes of countries. Epidemiological research, from the simplest to the most sophisticated, was justified, if it was geared to the provision of information that would enable the decision-maker to make better decisions. Decision-makers must, of course, be motivated to use such information. They would then be motivated to make greater use of objective, rather than impressionistic, evidence.

Even in routine or so-called "research" activities, the collection of information was not always guided by any clear statement of objectives; or it had objectives unrelated to the needs of the consumers; or its implementation was out of proportion to available resources or responded to traditional or obsolete schemes that nobody had had the courage to change. The question to be asked was "what for?" rather than "what?" And the need was for action rather than for bureaucratic self-defense. That was the way in which the priority areas in epidemiological research had been developed in WHO.
Dr EL IMAM (Sudan) said that a new area of concern for his country was the development of health services for workers. A reference was made in document A26/10, page 12 (fifth paragraph), to research on health problems in small-scale industries and in agricultural work. He would be interested to hear what results had been obtained.

Dr HEMACHUDHA (Thailand) was particularly interested in field research of an operational nature that would lead to the solution of problems. He too was interested in the research mentioned by the delegate of Sudan, and would be glad to hear what results had been obtained.

Dr JEANES (Canada) also expressed his interest in the results of the research mentioned on page 12 of document A26/10.

Dr DAIMER (Austria) said that the Austrian health services had to deal with problems arising from modern technology and modern ways of life. These included the deterioration of the environment, health hazards from industry and new chemical products, health hazards due to food, drug consumption, population movement, the increase in morbidity and mortality from cardiovascular diseases and cancer, and road accidents. There was also the growing problem of the elderly. The key issues in providing health care were (1) the great shortage of nurses, and (2) the tremendous increase in the cost of delivering health services without, it seemed, a corresponding increase in efficiency and effectiveness.

The Austrian Government had reacted to this situation by establishing, in 1972, a Ministry for Health and Environmental Protection, and by setting up in January 1973 a Federal Institute of Public Health, the tasks of which were in accordance to WHO's research programme, especially as regards epidemiology and communications science. The Ministry hoped to receive support in developing and improving its health information systems and in promoting research and training in public health. It also knew that it could receive support and advice from the accumulated experience and knowledge available in WHO, and from the numerous research projects that WHO had carried out or promoted.

The WHO research programme for the period 1969-1972 covered many of the problems that Austria faced in operating its health system, and in developing strategies to meet the needs of both the sick and the healthy.

Dr ANSARI (Pakistan) said that he was speaking for a developing country that would be only too eager to use scientific methods in its health services, since its financial resources were limited and must therefore be used to obtain maximum benefit for the people.

He asked whether there could be a common data-processing system, proposed by WHO, that could be computerized. He also referred to the resources wasted on the training of doctors who then left the country. He would be glad to have suggestions as to how that brain drain could be dealt with.

Dr RADOVANOVIC (Yugoslavia) reported the good results obtained thanks to a research programme similar to that of WHO in the eradication of endemic syphilis, malaria, and trachoma, and the progress made in finding better methods of eradicating typhus. Because of the unknown etiology of endemic nephritis, he suggested that this problem should be included in future research.

It was in the interest of the developing countries that the communicable diseases should not be forgotten in the WHO research programme, and that efforts should be made to increase the efficacy of vaccines, sera and chemoprophylaxis. In this connexion, he hoped that Yugoslavia would make a good contribution by its work on an effective vaccine against dysentery. In the field of noncommunicable diseases, he hoped that future research would deal with the early diagnosis and control of diabetes; in Yugoslavia, in the Vojvodina, in particular, a diagnostic method for this disease had been tested on the entire population. With the above-mentioned suggestions, therefore, his delegation accepted the epidemiological research programme of WHO as being extremely useful for the developing countries.

(For continuation, see summary record of the eleventh meeting, section 1.)

The meeting rose at 5.30 p.m.
SEVENTH MEETING

Friday, 18 May 1973, at 9.30 a.m.

Chairman: Dr S. PHONG AKSARA (Thailand)

1. REVIEW AND APPROVAL OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1974

Agenda, 2.2

Consideration of the comments and recommendations of the representative of the Executive Board and of the Director-General; Recommendation of the amount of the effective working budget and budget level for 1974 and examination of the projection of the budget estimates for 1975

Agenda, 2.2.1 and 2.2.2

The CHAIRMAN invited the Committee first of all to consider the effective working budget and budget level for 1974; examination of the projection of the budget estimates for 1975 would be held over until the draft resolution on the amount of the effective working budget and budget level for 1974 had been approved. He drew attention to the report of Committee B to Committee A (see page 517), and to the working paper to which was annexed the draft resolution on the effective working budget and budget level for 1974, with a blank space for insertion of the amount of the effective working budget. The draft resolution read as follows:

The Twenty-sixth World Health Assembly DECIDES that:

(1) the effective working budget for 1974 shall be US$ 

(2) the budget level shall be established in an amount equal to the effective working budget as provided in paragraph (1) above, plus staff assessment and the assessments represented by the Undistributed Reserve; and

(3) the budget for 1974 shall be financed by assessments on Members after deduction of the reimbursement from the United Nations Development Programme in the estimated amount of US$ 2 000 000.

Dr MOLAPO, representative of the Executive Board, introduced the report of the Executive Board on the proposed programme and budget estimates for 1974, contained in Official Records No. 207. In accordance with established practice, the Standing Committee on Administration and Finance of the Executive Board had made a detailed examination and analysis of the proposed programme and budget estimates for 1974 (Official Records No. 204). The Standing Committee had also discussed certain matters of major importance and made some suggestions, due regard having been taken of resolution WHA5.62. The Executive Board had then carried out its own review of the proposed programme and budget estimates, taking into account the findings of the Standing Committee.

As mentioned in Chapter I, paragraph 1 of the Executive Board's report, the Director-General had submitted an effective working budget amounting to US$ 100 250 000. However, in the light of subsequent developments, the proposed effective working budget amounted to US$ 106 328 800. It was apparent from the information contained in Chapter I, paragraph 6, that more than half of the total increase proposed by the Director-General in respect of 1974 was required for the maintenance of the 1973 staff level as well as for other continuing requirements, together with the modest expansion in the Organization's activities mentioned in paragraph 2 of that same chapter. The Board's detailed analysis of the proposed programme and budget estimates was contained in Chapter I. He drew particular attention to resolution EB51.R17, which contained a resolution recommended to the Twenty-sixth World Health Assembly for its adoption on the Voluntary Fund for Health Promotion.

Chapter II referred to various matters of major importance considered by the Board. As would be noted from paragraph 2, the Board was satisfied that the budget estimates were adequate to enable WHO to carry out its constitutional functions in the light of the current stage of its development and that the annual programme followed the general programme of work approved by the Health Assembly, in keeping with the requirements of resolution WHA5.62. He drew special attention to Part 3 of Chapter II, containing the recommendations of the Executive Board for the proposed effective working budget level for 1974. The Board, in resolution EB51.R24, had recommended an effective working budget of US$ 100 250 000. However, in view of the possibility of further developments prior to the World Health Assembly, the Executive Board had requested its Ad Hoc Committee to consider any additional requirements that might arise. As would be noted from the contents of the second report of the Ad Hoc Committee


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as well as from the statement made by the representative of the Executive Board to the Health Assembly, the Director-General had submitted a report to the Executive Board on the situation existing as a result of monetary developments in February of the current year, and the effective working budget accordingly proposed for the consideration of the Health Assembly amounted to US$ 106 328 800.

The DIRECTOR-GENERAL, presenting his comments and recommendations for the consideration of the Committee, stated that the total amount of the effective working budget proposed by him for 1974 as shown in Official Records No. 204 amounted to US$ 100 250 000. As all were aware, the international monetary developments which had occurred in February 1973, i.e., after the preparation of the budget estimates for 1974, had made it necessary for him to present additional budgetary requirements for 1974 amounting to US$ 6 078 800, thus increasing the total amount of the proposed effective working budget for 1974 to US$ 106 328 800.

The factors involved in the budgetary problems resulting from international monetary developments and from accelerating inflationary trends in many countries of the world were well known to all and had been discussed at considerable length in recent sessions of the Executive Board and the Health Assembly; they were also outlined in the report of the Ad Hoc Committee of the Board. Following the devaluation the previous February of the US dollar in relation to gold and the adjustments made in the exchange rates of certain other currencies used by the Organization to pay for its activities, a recalculation had been made of the estimated cost of the proposed programme for 1974 contained in Official Records No. 204. Based on the latest information available concerning the rates of exchange between the US dollar and the currencies primarily used by the Organization, for example, Swiss francs and the currencies of several of the countries in which regional offices were located, it could now be estimated that the implementation of the proposed programme for 1974 would cost US$ 106 328 800. He would emphasize that, as in the case of the revised estimates for 1973, that recalculation took account only of the minimum additional requirements relating to the main items of expenditure and only in so far as they could be determined on the basis of known factors.

The increase over the 1973 budget, as adjusted by the supplementary estimates for that year, was thus US$ 9 645 900 or 9.97%.

In considering the budget for 1974 it was extremely important to bear two additional factors in mind, namely, the accelerating inflationary trends in many countries as well as the unsettled character of the international monetary situation, which meant that it was not possible to foretell whether further adjustments to the parities of the currencies used by the Organization would occur in the days or months to come; naturally, that would affect the Organization's budget as it had done in recent years.

The spectre of the continuing erosive effects of inflation was a source of concern to many governments as, indeed, to all international organizations, which were faced with the need for a substantial increase in their resources for that reason alone. In some countries the rate of inflation was now approaching a level of almost 10% on a projected annual basis, WHO's host country, in common with others, had in the past few years experienced an accelerated rate of inflation, the annual increase in living costs rising from an average of 1.5% between 1950 and 1960 to 6.9% in 1972, with of course a serious impact on the budget of the Organization which incurred about 35% of its expenditure there. The world was passing through a period of economic instability and the general feeling was that fluctuations in currency exchange rates would continue for some time to come. In the meantime, the Organization was facing the problem of needing ever more dollars to meet its obligations in a number of different currencies.

He had laid particular stress on those factors because of the extremely serious impact they had on the Organization's budget and because of the remarks made by delegations on previous occasions regarding the desirability of stabilizing WHO's budget. Indeed, a comparison between the approved budget, for say, 1971 with that approved for 1973 showed an increase of US$ 18 632 000 or 24.77%. However, if one were to take into account the various international monetary developments, the Organization's budget over that same period had in effect sustained a loss of some 5% in purchasing power instead of the increase he had mentioned. In that connexion, he referred to the situation of the staff of WHO, whose pay in terms of actual purchasing power had not risen commensurately with the rise in the cost of living since 1971. In some cases it was actually loss in 1973 as compared with 1971. He hoped that the Health Assembly would bear that consideration in mind as it related to staff morale. He also mentioned the fact that some countries were paying less for the dollars they bought; that factor also should be taken into account.

He was fully aware of the significant increase in assessments which would be required to meet the new proposed effective budget level of US$ 106 328 800. That increase was also influenced by the fact that no casual income was available to help finance the budget for 1974 as all casual income had been used to assist in financing the supplementary estimates for 1973. Much as he understood and sympathized with those delegations which might object to the increase proposed, he hoped that the Health Assembly would recognize two important considerations: first, that the original proposals for 1974, as contained in Official
Records No. 204, were quite conservative as compared with 1973 and provided for hardly any real increase, and secondly, that the additional amount now required for 1974 resulted from circumstances entirely beyond the Director-General's control and would simply serve to enable the Organization to carry out the same programme as originally proposed and recommended by the Board.

The decisions taken by the Health Assembly at previous sessions had enabled WHO to maintain a sound financial position and he hoped that that would continue. In view of the unsettled international monetary situation and all the other factors to which he had referred, he considered it important that an effective working budget for 1974 in an amount of not less than US$ 106 328 800 should be approved by the Health Assembly.

Mr FURTH, Assistant Director General, drew attention to the note by the Director-General to which was annexed the draft resolution on the effective working budget and budget level for 1974 for consideration by the Committee. The text followed that of the draft resolution adopted the previous year with regard to the effective working budget and budget level for 1973. Members would recall that, in accordance with Rule 70 of the Rules of Procedure of the Health Assembly, a decision would have to be taken by a two-thirds majority.

Dr SHRIVASTAV (India) congratulated the Director-General on his clear exposition of the budgetary situation. The Director-General had referred to an actual loss of some 5% in the Organization's budget between 1971 and 1973 as a result of inflationary trends. In that connexion, he himself would welcome clarification as to which aspects of the Organization's activities had borne the brunt of that reduction in terms of purchasing power, i.e., whether there had been cuts in staff or in field work, for example.

On the question of the scale of assessments for 1974, he expressed some doubt whether, in view of the grave financial situation, particularly as it affected such countries as Bangladesh, it was indeed appropriate for the assessment of the United States of America to be reduced from 30.82% to 29.28%, although he was of course fully aware of the decision already taken to the effect that the assessment of a single contributor should not exceed 25%. He did not know whether any other country, such as the USSR or the United Kingdom, for instance, would be affected, but it seemed to him that the current situation did not warrant any lessening of the burden on wealthy countries.

Dr TATOCENKO (Union of Soviet Socialist Republics) said that the proposed effective working budget for 1974, exceeding as it did US$ 100 million, represented an enormous rise over the past 10 years. In 20 years the Organization's budget had increased tenfold, which was greatly in excess of the increase necessitated by inflation. His delegation had constantly emphasized that the rate of increase in WHO's budget was far greater than the rate of increase in the national income of a number of States and in the sums that they devoted to health services.

In recent years the financial position of the Organization had been complicated by the international monetary crisis, which had resulted in supplementary budget estimates of a magnitude unprecedented in the Organization's history. His delegation had many times stated that WHO's additional financial requirements should be covered by improvement of financial procedures, by economies, and not by increasing the rate of growth of the budget and assessments on Members.

The constant increase in WHO's budget, particularly at a time of financial crisis, did not serve to improve the effectiveness of its work; on the contrary, it gave rise to additional difficulties. In recent years the Health Assembly had taken a number of decisions calculated to improve and modernize WHO's work, but the increase in staff and in the number of consultants reflected in the budget seemed to indicate that those decisions were not being implemented.

It appeared, also, that there had been in the majority of cases no serious attempts to evaluate the Organization's continuing and completed programmes.

The excessive rate of increase in the budget seemed to stem from the fact that the Organization was changing its basic functions. Unfortunately, WHO had not yet become the coordinating centre in the field of health that it was called upon to be; that could be seen from the relatively paltry sums allocated to the development of medical research in the 1974 budget estimates. On the other hand, more than half the regular budget was devoted every year to direct assistance to countries. No other specialized agency spent such a large proportion of its budget on that aspect of its work. Certainly, direct assistance to countries was an important part of WHO's work but, in his delegation's opinion, it should be carried out according to the system adopted by UNDP.

His delegation was opposed to the figure proposed for the effective working budget for 1974 and would vote against the draft resolution before the Committee.

At the same time, his delegation considered that, in view of the monetary crisis and the uncertainty regarding the future of the international monetary system, it was
essential to look without delay into the methods of financing the Organization's work. An increase in the number of national currencies in which contributions could be paid would improve WHO's financial stability, and would also be in conformity with the principles of international cooperation in the provision of technical assistance adopted in the United Nations system. His delegation had presented a draft resolution on the subject, which would be considered under the relevant agenda item.

The delegate of India had referred to the question of possible changes in the percentage assessments of some Members, including the USSR. In that connexion he referred that delegate to the remarks made by the delegate of the USSR when the scale of assessment had been discussed in Committee B (see page 437).

Dr HIDDLESTONE (New Zealand) recalled that his delegation had in the past expressed its concern regarding recent large increases in WHO's budget, which entailed corresponding increases in Members' contributions. His delegation did, however, recognize that increases were necessary if worldwide services were to be maintained and extended directly and indirectly through the administrative efforts of adequate well-qualified staff. It therefore supported a modest annual growth rate as being in the best interests of WHO, since it ensured the orderly development of the Organization, which in turn helped to promote its effectiveness. In view of the extraordinary international monetary developments, which the Director-General had had to take into account, the increases proposed appeared to be the minimum required for effective functioning of WHO programmes. His Government was reluctant to contemplate any reduction in WHO's programme and headquarters activities. The Director-General had already reduced or deferred programmes because of financial circumstances beyond his control and any further reductions would be detrimental to the effectiveness of the Organization. The fact that the supplementary estimates for 1973 would absorb the resources available from casual income was a regrettable but inevitable result of that financial situation. His delegation therefore concurred with the Executive Board's recommendation that casual income for 1974 should not be further depleted. It proposed that the effective working budget for 1974 should be $106,328,800.

Mr TOPA (Poland) emphasized the need for WHO to have a realistic budget and for the best use to be made of available funds. While his delegation fully appreciated the immense scope of public health needs, it was essential that due account should be taken of the budgets of the other specialized agencies, since individual countries were faced with a heavy burden arising out of their international commitments. It was important that the growth rate of the WHO budget should not exceed the average growth rate of the national income of Member States.

It would appear that monetary crises were likely to recur. It did not, however, seem equitable that his country should have to pay for inflationary trends in other countries, and he would support the suggestion of the delegate of the Soviet Union that the possibility of using other currencies and the resources of countries should be fully investigated. A working group might be set up by the Executive Board to consider the question.

Dr CHAPMAN (Canada) was convinced that the effective working budget level proposed was necessary in order to cover WHO's programme. He regretted that there would be no casual income available as an additional resource. While every effort should of course be made to improve financial procedures, it did not seem to him possible to justify any reduction in the proposed level of activity for WHO. His delegation would accordingly support the draft resolution, with the insertion in the first operative paragraph of the amount of US$ 106,328,800 as the effective working budget for 1974.

He pointed out that his country had not been able to buy US dollars at a cheaper rate, so that Canada's contribution would in fact be increased.

While concurring with all those delegations which, when the effective working budget came to be considered, stressed the need for the Organization to be given the means to fulfil its functions effectively, Dr ALAN (Turkey) felt that it was nevertheless essential to view the situation realistically and to recognize the difficulties encountered by certain countries in meeting their obligations to international bodies. The needs of WHO had to be weighed in the balance with the possibilities open to its Members. Within the context of the general economic situation, his country was finding it increasingly difficult to bear the burden of its contribution to the WHO budget and it was therefore not in a position to support the figure for the effective working budget proposed by the Director-General.
Dr ARNAUDOV (Bulgaria) said that his delegation had already expressed its views concerning the proposed effective working budget for 1974. The Executive Board had proposed US$ 100 250 000, but the Director-General was now requesting a larger sum, on account of the devaluation of the US dollar. The international monetary crisis, which had already given rise to substantial supplementary budget estimates for 1972 and 1973, was still developing and would cause further financial difficulties.

The constant rise in WHO's budget was not accompanied by a corresponding improvement in the effectiveness of its work. Attempts should be made to use the Organization's internal resources to the best advantage. Attention should be concentrated on the most important problems, the solution of which was the key to successful development in the field of health. Those key problems, in his delegation's opinion, were clearly indicated in the fifth general programme of work.

His delegation would vote against the effective working budget proposed for 1974 and it supported the proposal made by the delegation of Poland.

Dr EHRLICH (United States of America) said that his delegation had carefully studied the question of the budget level for WHO for 1974, taking into account the level of the programme and cost increases recommended by the Director-General, as contained in Official Records No. 204. The United States had followed closely the debate on the budget that had taken place in the Executive Board in January, and his delegation had given close consideration to the recommendation of the Ad Hoc Committee of the Executive Board with regard to the effects of recent currency fluctuations.

In preparing the programme and budget the Director-General had been faced with the worldwide problem of inflation and had had to estimate what provision should be made to cover potentially substantial cost increases during the coming year. The problem of cost increases had been further aggravated by the devaluation of the dollar and the fluctuation in the value of other currencies.

Problems resulting from cost increases due to inflation and from currency fluctuations were not unknown to many governments represented at the Assembly, including his own. All governments, in fact all enterprises and even all delegates present at the Assembly had had to face the problem; they were living in a period of rising costs, limited resources and financial stringency. The United States Government, and no doubt the governments of many other Member States, had met the problem of cost increases in two ways: by the elimination or postponement of activities of lower priority and, as a last resort, by seeking additional revenue. There was nothing new or revolutionary about that concept, which applied to international organizations as much as to governments. The United States greatly appreciated the efforts made by the Director-General to absorb the cost and find economies in the administration and operation of WHO-assisted programmes. Nevertheless, it felt that, in a period of rising costs, currency fluctuation and financial stringency, a further effort was required to find other resources to help meet the cost of the 1974 programme in order to avoid too sharp an increase in the assessments on Member States. He did not have in mind any damaging reduction in the proposed programme for 1974, but was thinking of the use of exceptional resources such as the terminal payments appropriation foreseen for 1974 and the balance of the Terminal Payments Account for 1973 over and above the portion already allocated to meet the supplementary budget estimates for 1973. Miscellaneous income in the form of assessments on new Members for part of the year 1973 and possibly interest on the US$ 11 million Terminal Payments Account would add up to approximately US$ 3 million. Further funds could be found through the use of other miscellaneous or casual income.

In brief, his delegation believed that the 1974 budget could be set at a total of US$ 103 million, and it was prepared to vote for a budget at that level, recognizing that, as the Director-General had pointed out, no precise forecast could be made as to the amount needed for the proposed programme. Experience had shown that the programme content would change. That factor was both a challenge and an opportunity to effect viable changes and savings.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) agreed with the delegates of Canada and New Zealand that the programme should be maintained at the proposed level. The Executive Board had recommended a budget evaluated in a currency that was worth less at present than when the Board had made its recommendation.

He sympathized with the remarks made by the delegate of the United States, but did not see how the Director-General could make such adjustments without reducing the Organization's programme. The suggested methods of obtaining additional funds to meet the costs of the
programme did not seem to have been worked out in detail, and the United Kingdom delegation could therefore not support the United States proposal, but would support the proposal made by the delegate of Canada.

Dr SIDERIUS (Netherlands) supported the programme for 1974 as proposed by the Director-General and recommended by the Executive Board in its resolution EB51.R24. It was important that the WHO programme should not become the victim of such external factors as the monetary situation, for which the Organization was not responsible. WHO had chosen a restrictive budgetary policy during the past few years, and it might even be asked whether that had in fact been the right choice in view of the continuously increasing tasks in the health field. His delegation supported a steady, if limited, increase in the budget. The real growth in the budget was only of the order of 2-1/2% - a minimum, in view of the demands. He supported the proposed effective working budget.

Dr MORK (Norway) regretted that monetary developments made it necessary to increase the proposed budget estimates by an additional US$ 6 078 800 over the amount recommended by the Executive Board when it had considered the estimates in January.

In view of the need (in the developed as well as in the developing countries) both to solve traditional health problems and to prevent new threats to health from arising, and considering that many of those problems could be solved only through international cooperation, his delegation felt that the proposed programme did not represent any expansion of WHO's activity. It was also opposed to any reduction in WHO's programme. It therefore supported the proposed effective working budget.

Professor FERREIRA (Brazil) said that it was impossible for countries both to expect more international help in dealing with their health problems and not to accept that that necessarily entailed an increase in the Organization's budget. He hoped that there would be no reduction in the provision for headquarters activities, an important part of the Organization's programme accounting for some 30% of the budget; it would be regrettable if WHO should lose some of its high-level technicians as a result of such restrictions. He supported the effective working budget proposed.

Dr MARTÍNEZ RODRÍGUEZ (Cuba) said that for several years the delegation of Cuba had warned against the danger of the Organization's budget increasing at a rate that was out of proportion with the growth of the gross national product of the majority of Member States. The international monetary crisis had necessitated increases, and consideration should be given to ways of covering those increases by making economies without prejudice to programmes. Moreover, it was important that the increases should be used above all for the benefit of the programme, and not for administrative expenses. The Executive Board - or a special committee set up for the purpose - might study the possibilities of Member States paying part of their contributions in national currency in the form of salaries of personnel and teams working in the programmes.

In view of the fact that the increase in the budget would be reflected in particular in an expansion of the programmes in the developing countries, his delegation would support the proposal for a budget of US$ 106 328 800.

Dr KLIVAROVA (Czechoslovakia) said that, as the head of her delegation had already stated, Czechoslovakia was opposed to the constant increase in WHO's budget - a percentage increase that was far higher than the percentage increase in any country's health budget. At the Twenty-fifth World Health Assembly, during the discussion on the projection of the budget estimates for 1974, the Czechoslovak delegation had voted against a proposed level of US$ 100 million and had asked that its views be taken into consideration in the preparation of the programme and budget estimates. But the increase in the budget was actually more than 13%. Czechoslovakia was not prepared to pay for the US dollar crisis. The Czechoslovak delegation fully supported the proposal made by the delegate of the USSR that the Director-General consider the possibility of governments paying their contributions in currencies that were more stable than the US dollar, preferably national currencies. Czechoslovakia could not support the proposal for a budget of US$ 100 250 000, and would therefore naturally vote against the proposal for a budget of US$ 106 328 800.
Dr SOOPIKIAN (Iran) said that his delegation would vote in favour of a budget of US$ 106 328 800, which would only serve to maintain WHO's present programme and not to increase it. As had already been pointed out, the increase was in fact artificial. Delegates who were not prepared to support the budget should indicate which particular parts of the programme might be deleted. Member States were responsible for the activities of WHO, an international organization; if they were not prepared to pay, how could the Organization's activities be financed?

Dr TOTTIE (Sweden) said that the Swedish delegation was fully aware of the difficulties arising from the international monetary situation. Sweden had always strongly supported WHO's work especially in the developing countries, and believed that an orderly expansion should be maintained. It supported the proposal for a budget of US$ 106 328 800.

Dr RACOVEANU (Romania) said that, now that WHO had almost reach universality, efforts must be intensified to stabilize the budget and, at the same time, to find satisfactory solutions to the problem of monetary fluctuations. It should be possible for WHO to reduce its administrative expenses and effect economies in various activities without prejudice to its effectiveness and programme of assistance to countries. Stabilization should also facilitate the introduction of a biennial budget.

Dr ZOLLER (Federal Republic of Germany) fully supported the Organization's proposed programme and, although aware of the financial difficulties arising from international monetary developments, he would not wish to see any reduction or change in it. Clearly, an increase of some US$ 6 million in the estimates would create difficulties. His delegation was opposed to the whole of the increase being charged to Member States in the form of additional assessments; a compromise should be found, with an effort being made by the WHO Secretariat as well as by Member States. There were possibilities of raising extra funds from casual income and from the Terminal Payments Account, as well as through rationalization and concentration on priorities within WHO's work, as in previous years.

Bearing in mind the need for WHO to maintain the level of its work, his delegation would support the proposal for a budget of US$ 106 328 800.

Dr AVILES (Nicaragua) said that the Director-General tried to ensure that the Organization's programmes were planned, financed and executed according to a strict system of priorities. The cost/benefit ratio of the programmes should always be borne in mind, for the final purpose of the Organization was to buy health, and to buy health a budget was required. If the Organization's budget were to be in any way reduced, its programme would suffer; a deterioration in health would result, and countries' own budgets would have to be increased in order to cope with the situation. That applied to all countries, regardless of the stage of their development. For example, the arrival of a case of smallpox in a developed country where the disease had been eradicated might involve the country in controlling the focus in the expenditure of a sum of money exceeding the amount of its contribution to the Organization. Developed countries themselves thus benefited from the money spent on communicable diseases in other parts of the world. Another example had been provided in Nicaragua, during the recent earthquake. The emergency assistance provided so speedily by WHO had prevented the outbreak of disease, for the disaster had left some 400 000 people without water or sewerage; not a single case of typhoid fever or of other gastrointestinal diseases had occurred.

In fact, efforts should be made to increase WHO's budget in order to improve the general state of health in the world, which, in turn, would bring economic improvements. Both developing and developed countries should therefore support the proposed budget.

Professor HALTER (Belgium) said that certain countries had taken special measures in connexion with the international monetary fluctuations. His Government had made a voluntary contribution in 1972 to the Organization to compensate for the decline in the value of the US dollar against his national currency. He had hoped to be able to make a similar arrangement in 1973, but he had been asked why Belgium should be the only country to make such a contribution. He found that situation particularly discouraging, and hoped that other governments might be able to make a similar gesture to that made by the Belgian Government in 1972, in order to allow the Organization to develop its activities.
There were certain fields in which WHO could play a decisive role - for example, in environmental health. The Belgian Government had recently been asked to pay its contribution to the new organization set up by the United Nations Conference on the Human Environment. It would indeed be an irony if the countries that were now hesitating to support the development of WHO's programme readily paid their contributions to the new organization, to the prejudice of activities that rightly fell within the domain of WHO.

It was generally agreed that WHO was one of the best managed of the organizations of the United Nations family, and its Members should try to ensure that its possibilities were not limited.

His delegation would support the proposed budget of US$ 106 328 800.

Dr VASSILIOPOULOS (Cyprus) supported the proposal for a budget of US$ 106 328 800, which seemed to him to be fully justified. He was confident that the Director-General had taken all factors into account in preparing it.

Dr CAYLA (France) congratulated the Director-General on the way he had dealt with the difficulties arising from the international monetary crisis. The proposed programme had been well drawn up, but the increase in the budget was very considerable and exceeded the amount foreseen. Perhaps some economies could be made or, if not, some means found of financing the increase other than increasing the assessment on Members. Otherwise the French delegation would have to support the proposal made by the United States delegate for a budget of US$ 103 000 000.

Dr IBRAHIM (Iraq) supported the programme and budget, which had been well prepared. His delegation would vote in favour of the proposal for a budget of US$ 106 328 800.

Dr VIOLAKIS-PARASKEVAS (Greece) said that the Director-General's report clearly demonstrated the Organization's needs. All were aware of the need to promote public health work and to maintain the Organization's programme at a certain level. As shown in Appendix 3 of Official Records No. 207, the percentage increase was allocated mainly to work on non-communicable diseases, environmental health and health manpower development. The Greek delegation was also well aware of the effects of the international monetary situation. It supported the proposal for a budget of US$ 106 328 800.

Dr JAKOVLJEVIĆ (Yugoslavia) said that the Yugoslav delegation, for the reasons expressed by previous speakers, would give full support to the proposed budget.

Dr ZUNIGA (Chile) recalled that at the Committee's previous meeting the delegate of Zaire had spoken of the countries of the world as being divided into the "haves" and "have-nots"; the latter being the countries that placed the greatest hope in the Organization's work. The delegation of Chile did not want to limit those hopes, and would support the proposal for a budget of US$ 106 328 800.

It supported the proposal of the delegation of Cuba that a study be made of the possibility of part of Members' contributions being paid in national currency.

Dr MORA (Colombia) said that the way in which the Organization's budget had been prepared in the past had made it possible for WHO's work to be so successful. His delegation fully supported the proposed effective working budget and considered that it would ensure the success of the Organization's future activities - in particular, in developing countries.

Professor CANAPERIA (Italy) appreciated the difficulties that the Director-General had had to face as a result of the international monetary crisis. He supported the proposed programme, which was the minimum that could be envisaged in such an important field as the promotion of health, and therefore also the proposed budget. There was, of course, the problem of the repercussions on the contributions of Member States, but he hoped that the Director-General would be able to find additional financial resources from other funds available to WHO.

Dr BADDOO (Ghana) shared the concern about the international monetary situation. Should there be any further deterioration, he hoped that the Director-General would take the appropriate measures to maintain the programme so that there would be no undue repercussions on Member States, particularly the developing countries. His delegation supported the proposal for a budget of US$ 106 328 800.

Dr FELKAI (Hungary) said that, as already stated by the chief delegate of Hungary during the general discussion on the Annual Report (see page 163), his delegation was opposed to an increase of more than 5% in the budget.

Dr KASUGA (Japan) said that his delegation would support the effective working budget as proposed. It felt, however, that a study should be made of possible means of obtaining additional resources to meet at least part of the increase rather than simply to increase the assessment on Member States.
Professor HUANG Chia-szu (China) said that, while his delegation would vote in favour of the effective working budget for 1974, it had certain reservations. It was opposed to assistance being given to the Lon Nol Government, since Prince Norodom Sihanouk was the legal representative of Cambodia. It was also opposed to assistance being given to the Saigon Government, since the Provisional Revolutionary Government was the chosen representative of the people of South Viet-Nam.

He also said that, when the Democratic People's Republic of Korea was admitted as a full member of WHO, the Organization should reconsider the services and assistance provided to South Korea.

Dr ADEOYE (Nigeria) supported the budget for 1974 as proposed by the Director-General. Membership of WHO was increasing and therefore WHO's programme must expand, and how could it expand if the budget was not increased?

Mr BEN ACHOUR (Tunisia) said that, in view of the number of programmes of WHO and their usefulness both to developed and to developing countries, it was reasonable to support the proposed budget. Ways and means of finding additional resources might be sought, and wealthier countries might be asked to make voluntary contributions.

Dr HENRY (Trinidad and Tobago) said that in view of the monetary problems facing the Director-General, his delegation would vote in favour of the effective working budget of $106,328,800 which, on the basis of the Director-General's proposals to the Ad Hoc Committee of the Board, was an increase of only 7.76% over the previous budget, inclusive of the supplementary estimates.

Dr ANSARI (Pakistan) supported the proposed effective working budget. It was somewhat paradoxical that the Health Assembly should compliment WHO on its programme and yet oppose the budget needed to carry it out. He reminded the Committee that cost/benefit studies were being carried out by WHO and that the results of such studies would be conveyed to Member States at a later date.

Mr FINDLAY (Sierra Leone) said that, far from attempting to question the proposed effective working budget, delegations should sympathize with the Director-General, who had been faced with a very difficult task in preparing it in an atmosphere of financial uncertainty. Delegations should think of ways and means of meeting the extra expense caused by fluctuations in world currencies. The international monetary situation had caused havoc in the Organization's finances, and Member States that had asked for their assessments to be reduced should defer their request for the time being. His delegation supported the proposed budget of US$ 106,328,800.

Dr RAMZI (Syrian Arab Republic) said that his delegation had in previous years supported the budget estimates submitted by the Director-General because it thought that the developing countries would profit from a logical expansion of the budget. However, in the light of the continuing monetary crisis and certain tendencies to expansion in WHO programmes, it would vote against the proposed effective working budget for 1974.

The DIRECTOR-GENERAL expressed his thanks to the delegations that had supported his proposals and also to those that had made constructive criticisms and suggestions.

In reference to a statement he had made earlier that the Organization's financial resources under its regular budget were in effect 5% less in 1973 than they had been in 1971, the delegate of India had asked how that reduction had been dealt with. The answer was that in 1971 he had taken the decision to freeze the filling of all vacant posts for three to four months in order to save money for the Organization's most urgent tasks. At the same time he had made cuts in interregional activities - especially meetings - and in the research programme. In 1972 he had imposed another month's delay on the filling of new posts, made cuts in headquarters and interregional meetings and other activities and postponed some research activities. At the same time, as the situation had been extremely serious, the budgetary provisions for the Terminal Payments Account had been reduced from 8% of net salary to 6%, and the 2% had been used to maintain the programme. In 1973 he had informed the Ad Hoc Committee of the Executive Board that some unavoidable expenditures, such as those entailed by the increase in the education grant and pensionable remuneration and the rise in the cost of contractual services, had to be absorbed and that therefore it was necessary to look again into the possibility of postponing some activities. Up to the present he had done his best not to reduce the Organization's field programme.

He thought that consideration should be given to the information he had provided, because comments had been made regarding the need for more economies and for examining the programme with a view to postponing certain activities. That had been done for the past three years; any further reduction in the programme would handicap it seriously and it would be extremely difficult not to cut the field programme.

It had been several times suggested that WHO's field programme should be financed entirely...
from UNDP funds. He thought that that suggestion reflected a misunderstanding about WHO's functions. WHO was the only agency of the United Nations system with a regional structure for giving direct assistance to governments. When provision had been made in the Constitution for the establishment of regional offices, it had not been the intention that only central technical services should be financed from the regular budget. Direct assistance to governments was a most important function of WHO, whereas that was not the case in other agencies of the United Nations system, and it was not surprising that more than 60% of the regular budget was used for that purpose. He hoped that he had dissipated the misunderstanding; direct assistance to governments was a constitutional obligation of WHO and only a change in the Organization's Constitution could make the Director-General reduce it in order to expand the headquarters programme.

Another suggestion made had been that the Organization should accept payment of contributions in currencies other than United States dollars or Swiss francs. In his view, that was a matter for study by the Executive Board. WHO was not the only agency facing that problem. It was, however, certain that the Organization could not accept payment in currencies that were not normally convertible, because that would limit its liberty in the recruitment of personnel and in the development of programmes. His own view was that WHO would not be able to find a solution to the problem by itself. It had been discussed in the Administrative Committee on Coordination, and it was certain that the United Nations General Assembly and the Advisory Committee on Administrative and Budgetary Questions would have to look into it and to try to find a solution that would serve all the organizations of the United Nations system.

He thanked the delegate of Canada for his remark; as he had said, the devaluation of the United States dollar did not result in any economy for Canada, which continued to buy its United States dollars at the same price as previously.

The problem of how to finance the budget was a difficult one to solve. There was no wish to increase assessments on Members if other solutions could be found, but they would have to be such as not to affect the financial stability of the Organization. WHO had the soundest financial position of any organization in the United Nations system. The practice, instituted by his predecessor, Dr Brock Chisholm and the Assistant Director-General, Mr Siegel, who preceded Mr Furth, of limiting the effective working budget to the amount of contributions likely to be received and placing the others in the Undistributed Reserve had been a wise one that he had himself most willingly continued. It was thanks to it that the Health Assembly had been able only a few days previously to write off the debts of China without creating an impossible situation for WHO.

The suggestion had been made that the shortfall could be covered by anticipated casual income. In his opinion it would be a mistake to spend in advance money that might not be received; it would not solve the problem and would create a difficult situation for years to come. There would be no casual income for helping to finance the 1975 budget and, if further financial crises occurred, there might be none for financing supplementary budgetary estimates for 1974.

He would have great hesitation in recommending acceptance of the suggestion to use for financing the 1974 budget money that should normally be placed in the Terminal Payments Account, because that would create an unsound financial situation and would create problems in the future. His successor was going to find it very difficult to maintain the financial stability of the Organization. The time when WHO could count on large amounts of casual income had passed, and even greater financial crises might well occur in the next few years; his successor, therefore, would have many problems, and he did not think that it would be right to add to them.

The CHAIRMAN said that a vote would be taken by a show of hands on the proposal by the United States and French delegations that the figure of US$ 103 000 000 should be inserted in paragraph (1) of the draft resolution on the effective working budget and budget level for 1974.

Decision: The proposal of the United States and French delegations was rejected by 97 votes to 7, with 11 abstentions.

The CHAIRMAN put to the vote the proposal of the New Zealand delegation that the figure of US$ 106 328 800 should be inserted in paragraph (1) of the draft resolution on the effective working budget and budget level for 1974.
Decision: The proposal of the New Zealand delegation was approved by 96 votes to 10, with 10 abstentions.¹

Dr EHRlich (United States of America) said that his delegation, in voting against the figure of US$ 106 328 800, was not against the level of the proposed programme but rather against the method of financing the programme. It felt that there were practical alternatives by which the rapid rise in assessments on Member governments could be reduced.

Dr SHRIVASTAV (India) said that he was pleased that none of the field programmes had been reduced in order to achieve the 5% economy in the budget. He asked whether, now that the higher figure of US$ 106 328 800 had been approved, it would be appropriate for a Member State to ask for its assessment to be reduced.

Mr FURTH, Assistant Director-General, said that the scale of assessment for 1974, which reflected the reduction in the assessment of the largest contributor to the WHO budget, had been adopted by the Health Assembly on 17 May 1973. Whether it was proper for the Assembly to adopt or not to adopt the scale was not for him to say, since the decision had been taken by Member governments which had voted on the relevant draft resolution following the principles adopted by the same governments in the United Nations General Assembly.

Examination of the projection of the budget estimates for 1975

The DIRECTOR-GENERAL said that, when Committee A had considered in 1972 the tentative projection of the budget estimates for 1974, he had mentioned that it was his aim to bring about a gradual rather than a drastic slowing down of the increase in the Organization's budget. Members might also recall that he had expressed the hope that Member States would bear in mind their desire to slow down the rate of increase in the Organization's budget when studying project activities at the regional level, because much of the programme and budget he had proposed had been based on those same country proposals.

If allowance was made for the effects of the international monetary situation and of the growing inflation in many countries, he thought it would be agreed that the tentative projection for 1975 shown in Official Records No. 204, reflecting an estimated increase in the budget of 6.6%, represented a continuation of his effort to slow down gradually the rate of annual budget increases.

An increase of about 6% in the budget level for 1975 seemed to him to be reasonable, the more so since it was likely ultimately to represent no real increase when it was considered that the so-called continuing requirements accounted for about 5% of the annual increase in the budget. Such an increase in the budget for 1975 did not take into account any unusual developments, including monetary ones.

Dr SHRIVASTAV (India) suggested that the Committee might in future propose that the assessments of Member States should be voted on by the Health Assembly after a decision had been taken on the total budgetary requirements. He bowed to the decision of the Health Assembly concerning assessments, but he was sure that delegates would appreciate the point he had made.

Dr KIVITS (Belgium) agreed with what the Director-General had said. His delegation felt that his successor should be allowed a certain amount of flexibility in relation to the functioning and the programme of the Organization, and that the Health Assembly should indicate its awareness of that.

2. SECOND REPORT OF THE COMMITTEE

Dr GURMUKH SINGH (Malaysia), Rapporteur, read out the draft second report of the Committee.

Decision: The report was adopted (see page 514).

The meeting rose at 12.25 p.m.

¹ The draft resolution thus completed was transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.33.
EIGHTH MEETING
Friday, 18 May 1973, at 3.45 p.m.
Chairman: Dr S. PHONG AKSARA (Thailand)

DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1974

The CHAIRMAN reminded the Committee that the Health Assembly had adopted the second report of Committee A, including the resolution on the proposed effective working budget level for 1974. The Committee could therefore proceed to a detailed review of the estimates. He proposed that it should go through Official Records Nos. 204 and 207 section by section.

General Considerations

Dr TATOCENKO (Union of Soviet Socialist Republics) drew the attention of the Committee to the draft resolution submitted by his delegation, which read:

The Twenty-sixth World Health Assembly,
Noting the progress in the development of WHO international health programmes;
Recognizing the need for further improvement of assistance to developing countries in the field of health; and
Taking into account the additional difficulties in financing of WHO activities arising from the international monetary situation;

1. CONSIDERS it expedient to show in the WHO Programme and Budget the technical assistance component as a separate section aiming at wider and more flexible utilization of all sources of financing, as well as technical, material and other sources available; and
2. REQUESTS the Director-General and the Executive Board to study, in the light of the provisions of Article 5.5 of the WHO Financial Regulations, the possibility of financing WHO activities in currencies other than US dollars and Swiss francs, and to report thereupon to the Twenty-seventh World Health Assembly.

In view of the successful development of WHO's programme, and recognizing the need for further improvement in the assistance to developing countries, the delegation of the Soviet Union considered that it would be wise to show the technical assistance component as a separate section in the programme and budget estimates. That would help delegates to identify the relevant projects more easily and to acquaint themselves more fully with that aspect of the Organization's work.

Paragraph 2 of the draft resolution related to the wish expressed by some delegations that the possibilities be explored of using currencies other than US dollars or Swiss francs for financing WHO's activities. It had been stated in Committee B that the question of using other currencies for the payment of contributions was being studied by the Administrative Committee on Coordination; nevertheless, it was felt desirable for the Director-General and the Executive Board to consider the matter in relation to WHO activities. The draft resolution did not prejudge the issue but merely provided for the results of the study to be presented to the Twenty-seventh World Health Assembly.

His delegation believed that its proposal would facilitate a wider and more flexible use of all resources for financing technical assistance and also, perhaps, the use of contributions in kind.

Dr KLIVAROVÁ (Czechoslovakia) expressed the support of her delegation for the draft resolution sponsored by the USSR.

The CHAIRMAN suggested that consideration of the draft resolution should be left until the end of the discussion, to which the delegate of the USSR agreed (see page 359).

Dr MOLAPO, representative of the Executive Board, said that the Executive Board, during its examination of the proposals for 1974, had also considered the progress reports on the malaria and smallpox eradication programmes. It had also selected a certain number of country and intercountry programmes for studying in depth, with particular reference to a comparison between the results expected and those achieved. The results of this study were included in the Board's review of the regional programme proposals.

Dr DE CAIRES (United States of America) said that he had selected for special comment the parts of the operating programme that showed a proposed increase, or decrease, of 5% or more by comparison with 1973.

Under Communicable Diseases, Bacterial Diseases showed an increase of 9.2%. That was justified, in his opinion, for a programme area of high priority, in view of the considerable morbidity and mortality due to those diseases.

Smallpox showed an overall decrease of 11.2%, accounted for by significant decreases in the programmes for Africa and South-East Asia. There would be a significant saving from the decrease of five posts.

The overall increase of 11.2% for Environmental Health was spread over a very large number of projects.

In the case of Occupational Health, the increase was relatively small in absolute terms although the proposed allocation was double that approved for 1973. He considered that the increase was justified in view of the importance of developing occupational health activities within basic health services.

Radiation Health showed a modest increase of 9.8%. The programme in the main was aimed at the safer use of diagnostic and therapeutic radiation, which he thought justifiable.

Nursing showed an increase of 11.4%, or US$ 325,000, due to gradual changes in a number of projects. Major decreases were proposed in nursing projects in India, Egypt and Iraq. With an overall reduction of eight posts, there seemed to be a significant downward trend in staffing and he wondered whether that was opportune during a drive to increase and improve the delivery of basic health services. Moreover, was the emphasis on postbasic training justified?

Under Noncommunicable Diseases, relatively minor changes in a number of programmes were expected to result in an overall increase of 12.2%, the major increase being at headquarters. Dental Health was a relatively small programme so that the proposed 8.7% increase represented only $48,258. He welcomed the increase proposed for fellowships for dental nurses in New Caledonia; that type of post would improve preventive care especially for the younger age groups.

Mental Health showed an increase of $180,674, or 19%.

For Health Manpower Development, an overall increase of 13% was proposed. The general trend seemed to be to increase the number of fellowships and the amount allocated for medical education. It was noticeable that the major part of the increase was for medical education, although the avowed trend was to train more auxiliary personnel. Some concern might however be felt at the relatively large increase in "unspecified" fellowships.

Vital and health statistics showed an increase of 10.7% and six new posts were proposed. He thought it unusual that only $5,000, out of the $6,344,470 proposed for Assistance to Research, should go to a programme of such high priority.

Operating Programme - Headquarters

Communicable Diseases (section 4)

Professor CORRADETTI (Italy) commented on the recent decision to bring together malaria and parasitic diseases in the same division. That would lead to closer cooperation and greater knowledge of the corresponding problems and techniques. The attempt to eradicate malaria had stimulated progress, not only in respect of malaria itself, but also in that of other parasitic diseases; and the experience gained in the struggle against malaria should help to avoid errors in future attempts to control other diseases.

The reorganization did not mean any lessening of interest in malaria on the part of WHO. Indeed, in the Introduction to his proposed programme and budget estimates for 1974, the Director-General had declared that "malaria continues to be a matter of priority in the WHO programme"; and he had expressed concern that some international and bilateral agencies had reduced the financial assistance given to malaria eradication. The Director-General had also pointed out that the training of malariologists with a broader background of ecology and tropical diseases was a matter of urgency, as was further research. The Italian delegation agreed with all these statements.

Professor Corradetti drew the attention of the Committee to the results of a WHO consultation on the training of malaria staff, published in the WHO Chronicle for December 1972, pp. 559-562. Its conclusions were that postgraduate training should be organized as part of an existing university course, leading to a qualification such as a diploma in public health, a diploma in tropical medicine and hygiene, or a master's degree in public health. The experts at the meeting had been greatly concerned at the shortage of training facilities, and they had recognized that the type of all-round postgraduate training needed was not available anywhere in the world today. Moreover, young doctors were not attracted by the study of
parasitic diseases, because of the field work under difficult conditions that it involved and the low status of parasitologists. If the necessary steps were not taken by governments, universities and WHO, experts in malaria and parasitic diseases would soon practically disappear.

At previous Health Assemblies, the Italian delegation had repeatedly stressed the need for research both in malaria and in parasitic diseases in general. He wished now to place the emphasis on basic research, since that alone could provide new solutions. Recently, for example, it had been found that Toxoplasma gondii, the pathogen of toxoplasmosis, a disease that could infect the fetus and cause brain damage, went through a sexual reproduction cycle in the intestinal epithelium of the domestic cat. That discovery, which provided the key to future action against toxoplasmosis, was the product of basic research in protozoology. The Italian delegation hoped that WHO would intensify its assistance to such research on malaria and other parasitic diseases.

Environmental Health (section 5)

Dr AL-AWADI (Kuwait) referred to his experience of a joint environmental health programme in Kuwait. He considered that there was a danger, as other specialized agencies became involved in that field, that the role of WHO might decrease in importance. In his view, WHO should continue to play a major role in environmental health.

Dr SHRIVASTAV (India) stressed the fact that the activities of WHO and of the other specialized agencies concerned with the human environment were coordinated in such a way as to avoid duplication and to ensure the better use of the available funds, expertise and resources.

Dr PAVLOV, Assistant Director-General, thanked the delegates of Kuwait and India for drawing attention to the priority due to environmental health.

The Organization's relations with the United Nations Environment Programme were described in the Director-General's report on agenda item 2.7 and he would reserve his remarks until that item was before the Committee.

Strengthening of Health Services (section 6)

Dr SOOPIKIAN (Iran) noted that the work of the Division was programme-oriented and that it was studying new methodologies for the analysis of health delivery systems. The Division was rendering very valuable services to Member States, assisting them with the analysis of their health delivery systems.

Dr TATOCENKO (Union of Soviet Socialist Republics) asked for more information on how the work of the Division was organized since it was not divided into units. The point might be dealt with during the discussion on research in epidemiology and communications science (see page 372).

Dr DE CAIRES (United States of America) noted that under Strengthening of Health Services was shown the largest number of posts: 1534 in the field, 92 at headquarters, and 91 in the regional offices. That distribution of personnel showed a proper balance and was a credit to the Organization's up-to-date approach to its work.

Noncommunicable Diseases (section 7)

Health Manpower Development (section 8)

There were no comments.

Other Activities (section 9)

Offices of the Assistant Directors-General (section 9.1)

Dr TATOCENKO (Union of Soviet Socialist Republics) noted that not all aspects of the work of the former Programme Evaluation unit were entrusted to the Headquarters Programme Committee. In that connexion, he wondered whether the change made did not reflect adversely on the evaluation work of the Organization.

Dr MAHLER, Assistant Director-General, in the absence of Dr Bernard, Chairman of the Headquarters Programme Committee, replied to the question raised by the delegate of the USSR. WHO had from its very inception been endeavouring to solve the problem of evaluation methodology, and it had been the subject of a series of organizational studies. The Director-General had come to the conclusion that it would be necessary to establish a single focus within the Organization where evaluation methodologies could be synthesized. There already existed within the Organization a fairly elaborate evaluation structure: at country level,
there were the WHO representatives, specifically charged with the task of continuous evaluation of the technical assistance programme; at regional level there were also fairly elaborate evaluation units; and finally at headquarters level the main focus for evaluation was the Headquarters Programme Committee. However, it was not enough to have a structure; the essential was to have the relevant methodologies to put into that structure. The function of the Headquarters Programme Committee, therefore, was to develop evaluation methodologies that would eventually converge towards better information systems at all levels of the Organization. Those systems would enable Member countries to receive more explicit information on how far WHO was succeeding or failing in the various programme areas.

Over the past two years, thanks to this new orientation, a more systematic and professional approach to evaluation was being used. The Projects Systems Analysis group had been very active in that connexion. The Director-General also intended to make a vigorous attempt to improve the country programming process, which related the overall WHO assistance programme to the social and economic development programmes in each individual Member country. That process should make it possible to obtain a feedback of information on the programme areas given priority by the World Health Assembly in the general programme of work for a specific period.

He believed that it had been most useful to bring a concentrated effort in one focus to bear on methodological development in the field of evaluation. As pointed out by the delegate of the USSR, there was always the risk of the conflict of methodologies, and it was important to ensure that the same methodology was used in all evaluation efforts. He believed that was now beginning to be done with some measure of success.

Office of Science and Technology (section 9.2)

There were no comments.

Prophylactic and Therapeutic Substances (section 9.3)

Professor PENSO (Italy) informed the Committee that the "Good Practices in the Manufacture and Quality Control of Drugs" recommended by the Health Assembly had been included in the new edition of the Italian national pharmacopoeia. The standards recommended by WHO had thus become compulsory for the Italian pharmaceutical industry. The inclusion of such standards was an important step in the evolution of pharmacopoeias, which traditionally had been intended for the pharmacist and today, with the development of the pharmaceutical industry, must reflect the evolution of modern pharmaceutical technology.

One problem was to decide which substances or pharmaceutical preparations should be included in the pharmacopoeia. At the present time, the International Pharmacopoeia did not include a good number of biological products, no sera or vaccines, nor any blood derivatives. He wondered whether the reasons for their exclusion were still valid; and whether diagnostic substances, of which many were subject to the same regulation as drugs, should not also be included - as they were already in the European Pharmacopoeia.

In his view a pharmacopoeia should be a Code, i.e. a legal instrument that registered and set standards for all pharmaceutical products recognized for use in medicine. He therefore suggested that the Director-General should review the role of the International Pharmacopoeia and its content, particularly with a view to the inclusion of biological substances, and report in due course to the Health Assembly.

His delegation supported the present trend towards integration in the Organization's programme. Where the Division of Prophylactic and Therapeutic Substances was concerned, the control of diagnostic substances might be included among its responsibilities, its name becoming "Division of Prophylactic, Therapeutic and Diagnostic Substances". Such a move would reflect current scientific trends.

Dr LAMBO, Assistant Director-General, in reply to the points raised by the Italian delegate, said he had noted with interest that the requirements for Good Practices in the Manufacture and Quality Control of Drugs, as recommended by the Health Assembly, had been included in the Italian Pharmacopoeia. Those requirements were also included in the supplement to the International Pharmacopoeia, published in 1971, and constituted an integral part of WHO's programme in the field of quality control of drugs.

Concerning the inclusion of further biological substances or products in the International Pharmacopoeia, the question was under review in connexion with the revision of the International Pharmacopoeia that was now being carried out.

He would agree that diagnostic substances administered to man called for the same approach as prophylactic and therapeutic substances. That approach had been clearly stated during the discussions of the Committee on item 2.4, and would be fully taken into account in the development of the Organization's programme.
Health Statistics (section 9.4)

Dr AMMUNDSEN (Denmark), referring to the International Classification of Diseases, drew the Committee's attention to the fact that in many countries use was now being made of hospital statistics based on individual registration and computerized techniques. It would be very difficult, as well as very costly, to introduce such techniques into the hospital world, and she urged WHO to take those difficulties into account and not make too many changes in the system for the time being.

Dr PAVLOV, Assistant Director-General, said that the unit concerned with the classification of diseases was now working on the ninth revision of the Classification. It was the intention to convene an expert committee, which would prepare the final version of that classification, for submission in 1975 to the International Conference on Classification of Diseases. In the future it was probable that use would be made of computerized techniques.

Office of Publications and Translation (section 9.5)

Dr TOTTIE (Sweden) recalled that some years previously a study had been made of how the distribution of important WHO publications could be stimulated. He wondered if that study had had any results, and whether interest in WHO publications had been increased.

Dr PAVLOV, Assistant Director-General, said the Office of Publications and Translation, which included distribution and sales, had been very active in that field. The Chief of the Office would give further information on that question.

Dr MANUILA, Chief, Office of Publications and Translation, said that a questionnaire on publications sent out by the Director-General to Member States had received 57 replies, many of them dealing with the subject of distribution in detail. Since then WHO had been in direct contact with all governments that had made general comments or specific suggestions, all the questions had been answered, and as far as he knew all the points raised had been dealt with.

Dr MUSTAFA (Iraq) recalled that the previous Health Assembly had adopted resolution WHA255O on the use of Arabic. He was informed that no action was to be taken in 1973 regarding the introduction of Arabic translation facilities, and asked whether it was expected that such facilities would be introduced in 1974.

Dr PAVLOV, Assistant Director-General, said that the resolution in question referred to the use of Arabic as an official language at the Health Assembly. It therefore concerned interpretation facilities, which came under a different part of the budget from the one at present under consideration (see opposite page).

Dr SAENZ (Uruguay) said that it was of great importance to many countries outside Europe to receive WHO publications in good time, in particular the Bulletin, the Chronicle, the Monograph Series and Public Health Papers. Unfortunately many of these arrived late. Although he realized the difficulties involved, he wondered whether it might not be possible to have them forwarded through the regional offices rather than sent direct from headquarters in Geneva. There had been a progressive deterioration in the reliability of the mail services both in developing and developed countries, with the result that much important documentation was delayed. He asked whether the Secretariat had given any thought to ways of solving this problem.

Dr MANUILA, Chief, Office of Publications and Translation, said that the problem of delay in the dispatch of publications had long been of concern to the Secretariat and was under constant study. With regard to publications which had to arrive in Member countries by a specific date, as was the case with certain volumes of the Official Records, WHO was obliged to use airmail service, which, although it was costly, was the only way of ensuring that documents arrived in time. As far as other publications were concerned, WHO could not, unfortunately, improve on the existing situation; distribution was dependent on the efficiency of the postal services of the various countries. It was also subject to customs regulations, which sometimes made difficulties in relation to dispatch in bulk. The Bulletin and similar publications had therefore to be sent direct to recipients.

The meeting rose at 5.35 p.m.
Operating Programme - Headquarters (continued)

Coordination (section 9.6)
There were no comments.

Interpretation (section 9.7)

The DIRECTOR-GENERAL, replying to a question at the eighth meeting by the delegate of Iraq regarding the use of Arabic at the next World Health Assembly, said that funds had been included in the 1974 budget for that purpose.

Common Services (section 9.8)

Other Costs (section 9.9)
There were no comments.

Regional Offices (section 10)

Dr DE CAIRES (United States of America) recalled that at the present and earlier Health Assemblies there had been some discussion of the different roles of headquarters, the regional offices and field staff. The United States delegation had made a preliminary study of the balance between "coordination and supervision" on the one hand and "operations" on the other, using the distribution of personnel as a parameter. Although the needs for coordination of the different programmes varied widely, some distinction could reasonably be made between staff with obviously coordinating responsibilities and operational staff. A comparison of the posts at regional offices and those in the field, for the three years 1972-1974, showed that, in all regions except Europe (where there were special circumstances), the ratio of field staff to regional office staff was 4:1 - a striking finding in view of the differences between regions in health problems, geographical conditions, communications, etc. The common denominator for that uniformity was clearly headquarters coordination.

The Director-General, during a discussion on regionalization of the Organization, had warned of the danger of fragmenting WHO's work: if the process was carried too far there might be a collection of regionalization activities, without coherence or central direction. His own findings corroborated that warning and pointed to the need for headquarters to play a coordinating role.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland), referring to Official Records No. 207, page 19, paragraph 79, concerning fellowships, said that out of the total of over 2000 fellowships awarded by WHO, almost 1000 fellows studied in the United Kingdom. His delegation considered the fellowships programme to be very valuable and hoped that the United Kingdom in the years to come would be able to play a significant role in that part of the Organization's activities.

Regional Activities

Africa

Dr QUENUM, Regional Director for Africa, drew the attention of the Committee to pages 20-22 of Official Records No. 207, which showed clearly that the budgetary estimates for the African Region corresponded to the Region's objectives, both immediate and long-term. Fifty per cent. of the estimates was devoted to strengthening of health services; 22% to training of health personnel; 19.5% to the control and eradication of communicable diseases. While only 5% of the regular budget was devoted to environmental health activities, that proportion rose to 11% if account was taken of various funds made available to the Organization. Three per cent. of the budget estimates was for various other activities such as vital and health statistics, mental health, dental health, and prophylactic and therapeutic substances.
The evaluation of current programmes showed that there had been substantial progress in such fields as development of national health personnel, health coverage of the population by strengthening the basic infrastructure, and surveillance and control of communicable diseases. But the results achieved would be compromised if national and international resources continued to decrease. Only lengthy and sustained efforts would enable the Organization to carry out two of its essential aims in Africa, namely (1) to assist Member States to define the most rational and effective means of developing their own health services, and (2) to make recommendations for the optimal development of those services after a study of the planning, organization and analysis of the socioeconomic system and the health services themselves.

The budget estimates submitted for the African Region represented the minimum necessary to meet the fundamental health needs of that Region.

Dr ELOM (Cameroon) referred to the overall decrease of US$ 1,215,515 in the budget for the African Region (Official Records No. 207, page 21, paragraph 55), which was due to the fact that allocations from UNDP were decreasing. The Board's report suggested that that situation had arisen because in the country programmes sufficient priority was not given to health within the framework of general socioeconomic development; and that the responsibility therefore lay with Member States. It was true that under UNDP country programming procedures Member States were responsible for deciding priorities, but national health administrations were not always well placed to ensure priority for health programmes as opposed to other programmes of socioeconomic development. He wondered therefore whether WHO could not make a thorough study with UNDP of the possibility of establishing coordinated health programmes, which Member States could then take into account when drawing up their general programmes.

He emphasized the need for closer collaboration between the UNDP resident representatives and WHO representatives in the African Region.

Dr LEKIE (Zaire), referring to project Zaire 1801 (Smallpox eradication), described on page 171 of Official Records No. 204, said that his Government had requested five technical operations officers but that only four had been allocated. He noted that, in the 1974 budget also, the number still stood at four. The project had originally been concerned only with smallpox eradication and tuberculosis control, but had since been expanded: the surveillance personnel would now be used for surveillance of yellow fever, cholera and other diseases as well.

The Government of Zaire had agreed, at the request of the Regional Office two years earlier, to send one of the technical operations officers to Botswana, because of urgent problems which had arisen there; but it had done so on the understanding that the transfer was only temporary. He therefore asked that consideration should be given to allocating five instead of four technical operations officers to project Zaire 1801.

Dr QUENUM, Regional Director for Africa, said that the Regional Office, through the WHO representatives, always cooperated closely with UNDP in country programming; but the essential coordinating role rested with Member States, who themselves decided what priority health should be given in overall socioeconomic planning.

He had taken note of the comments of the delegate of Zaire.

The Americas

Dr HORWITZ, Regional Director for the Americas, said that he had reported to the fifty-first session of the Executive Board on the ten-year health plan for the Americas for the period 1971-1980, which had been formulated in October 1972 by the III Special Meeting of Ministers of Health of the Americas as a part of international development strategy. On the basis of the experience of the past decade, the plan identified the present decade's most frequent problems and established goals and methods for the hemisphere and procedures for achieving them. The common problem of the Americas could be seen in the 40% of the population that had no access to even minimal health service. The solution lay in increasing coverage as much as geography, human resources, and budget requirements permitted. That situation affected 105 million inhabitants, who would number at least 120 million by 1980. But attending to their rights as regards the prevention and cure of common diseases did not mean reducing, in quantity or quality, the services provided to the 180 millions who benefited today.

Governments were currently formulating their national goals in terms of regional goals, as part of the planning process. The basic concept was that, to the degree that local units were expanded, it would be possible to implement action to reduce the incidence of priority problems. In effect, the Ministers had agreed on a rural strategy that was based
on the presence of a health auxiliary coming, where possible, from the place in which he served; supervised, when conditions allowed, by professional nurses; and supported as an expansion of his work by organized community participation. In addition, the training of practical attendants would help to improve the coverage of the health service. The picture was completed by what was termed a "rural internship" of one or two years, which health science graduates underwent before they were licensed to practice.

He drew attention to the vigorous trend toward community participation that was occurring in various countries of the Region, with highly favourable consequences for the implementation of a variety of health activities. There was general agreement on the importance of expanding such participation, and of progressively incorporating the leaders and members of both urban and rural groups into all phases of health work - from planning to programme execution. In some cases - rural water supply was a conspicuous example - such participation included the making of financial contributions.

By Resolution XIII of the Regional Committee for the Americas, twenty-fourth session/XXI Meeting of the Directing Council of PAHO, the ten-year health plan became the Organization's policy for the Americas and the master-plan for the activities of the Regional Office. In their annual assessment, carried out as part of the system of quadrennial projections, the governments would determine what cooperation they expected from the Organization in meeting national goals and contributing to the goals of the hemisphere. The PAHO/WHO programme and budget estimates for 1974 might undergo some changes in content in particular countries, while remaining within the figure approved by the Health Assembly and the PAHO Governing Bodies. The present formulation was in accordance with the proposals which governments had seen fit to make. As shown in Official Records No. 204, page 123, the regular WHO budget for the Americas for 1974 totalled $ 9 713 851, which represented an 8.2% increase over the previous year. The proposed UNDP funds, according to current calculations, would total $ 6 905 471, which was $ 312 547 less than the sum mentioned in Official Records No. 204. Official Records No. 207 mentioned some of the projects already approved, most of which were aimed at improving health infrastructure, i.e. manpower and technical resources, research, planning as a process, and other components that permitted implementation of preventive and curative activities.

As regards the United Nations Fund for Population Activities, he was confident that it would be the principal source of financing for regional, intercountry, and national projects in 1974; he was requesting an allotment of approximately $ 2 500 000. No less than eight governments had presented their requests to that body, confident that PAHO/WHO would be the executing agency.

The funds provided by PAHO totalled $ 27 616 476, and the total budget for 1974 amounted to $ 45 495 215. It was proposed that the whole of the money should be invested in a single functional programme, regardless of the source of funds. Under the WHO classification, 29.1% would be allotted for disease control; 44.2% for strengthening of health services; 7.6% for development of manpower resources; 12.4% for environmental sanitation; and 6.7% for other activities. That basic distribution showed how governments are becoming more and more interested in increasing the yield of the capacity of their diverse resources, i.e. in raising the production and productivity of the infrastructure. Most of the countries had the knowledge and technical experience to resolve the specific problems that arose. The most frequent limitations were the result of deficient organization and administration of the services responsible for bringing the techniques within the reach of those they were intended to benefit.

Official Records No. 207 (pages 22-28) contained a detailed account of the principal activities to be carried out in 1974. He would complement that information by describing some further activities that had been developed. A regional seminar on epidemiological surveillance of communicable diseases, including the zoonoses, was being organized for the end of 1973. It was justified by the need to keep the hemisphere free of smallpox, to keep Aedes aegypti out of countries from which it had been eradicated, and to maintain freedom from malaria, rabies, poliomyelitis, and measles in countries that had reached the maintenance phase. There was a movement under way in the Americas to achieve useful levels of immunity against infectious diseases or to control them and prevent their transmission.

A mission composed of consultants from the United Kingdom was assisting the Brazilian Government in drawing up a research programme on Chagas' disease on the basis of coordinated studies carried out by various institutions in the country.

The Regional Office was cooperating with the Department of Tropical Medicine of Harvard University and the Wellcome Trust in studies on schistosomiasis and Chagas' disease.

The opening up of the Trans-Amazonian Highway had shown the urgent need for studies on the microbial species and vectors common in that region. The Organization was cooperating with the Government of Brazil and the Walter Reed Institute for that purpose.
Thanks to the contribution made by the Government of Venezuela, an international centre for training and research in leprosy and related diseases had been set up.

The first six series of poliomyelitis vaccine produced by the National Virological Institute of Mexico had been submitted for testing to the British Medical Research Council. If the results of the tests conformed to WHO standards, it would be possible to have no less than 70 million doses of those products by the end of 1973.

The Governments of the Region had resolved to provide potable water to 80% of the urban population and to 50% of the rural population by 1980, (over the past decade such services had been provided to 70% of the urban population and to 24% of the rural). Sewage services would be provided to 70% of the urban population and 50% of the rural population by the same date. The Regional Office was cooperating with governments in that connexion. In rural areas new techniques were being used to accelerate the installation of facilities in communities, with the active participation of their members; and financing for such facilities was being obtained through revolving funds and external capital credits.

In urban areas emphasis was being placed on the modernization of administrative methods in the institutions responsible for water and sewage services. That was only part of the work of the Regional Office on environmental problems: it intended to carry out progressively the recommendations of the United Nations Conference on the Human Environment. In that connexion he referred to three projects: a proposal for a centre for human ecology and health, submitted to the Government of Mexico; the control of environmental pollution, including air, water and soil pollution; and a programme of environmental administrative services. It was hoped that funds would be forthcoming for those projects from the United Nations Environment Programme and from UNDP. All the projects would be coordinated with the Pan American Centre for Sanitary Engineering in Buenos Aires.

The 136 health services projects for 1974 came under the ten-year plan to improve the quality and quantity of services in health centres and hospitals; and the activities to be developed varied with the different governments. Some programmes were designed to improve coordination and others to set up bases for an integrated health service; certain projects related to "progressive patient care"; and a group project was geared to expanding the systems for maintenance of equipment in various health establishments.

In Latin America and the Caribbean area, 70% of the hospitals with more than 100 beds were administered by professional staff who had had no administrative training. It should be noted that there were 13 854 hospitals, giving 867 243 beds at an average cost of $12 000 per bed. The programme of training of hospital administrators was, therefore, justified as were the activities of the Latin American Centre for Medical Administration in Buenos Aires, which gave instruction inter alia in modern administrative techniques, in the analysis of health services systems, and in the financing of the health sector.

In April 1973 the results of the inter-American investigation of mortality in childhood had been published; it had evaluated 35 000 deaths among children of under five years old in 15 rural and urban areas of the hemisphere. It should be borne in mind that most of the countries covered by the investigation were young societies, in which the proportion of those under 15 years of age was between 40 and 50% of the population, and where mothers and children together totalled 63%. Using an ecological approach, the publication showed objectively the interdependence of the factors contributing to morbidity and mortality among mothers and children. Of all those factors, nutritional deficiency appeared to be the most serious for the cases analysed. When it coincided with low birth weight, both imperilled the growth and development of the newborn. The more serious the mother's malnutrition, the more uncertain the future of her children; and the greater their number the graver the risk to the mother. Confirmation had been obtained of the synergism between infection and nutritional status - which justified the priority given to programmes of specific immunization. Breast feeding, the mother's level of education, and the availability of potable water in the home all had a direct bearing on the reduction of the incidence of various diseases, mental retardation and mortality. It would be logical to expect an inverse correlation between mortality in children and their perinatal care, and also the prenatal care of the mother. The research carried out provided the strongest possible support for programmes of maternal and child care, family planning, nutrition, and education in the various disciplines related to mortality in children under five years old.

In April 1973 a study on medical education in Latin America, covering 138 medical schools, had been published; it contained an analysis of the teaching/learning process of physicians. The information provided by the study would serve as a basis for the Organization's training programme in human resources for health.

The 45 projects for the development of human resources forming part of the 1974 programme were designed to modernize teaching methods; to facilitate information to students and graduates (in this connexion the textbook programme and the project for a regional library of medicine should be mentioned); to increase the ability of the auxiliaries responsible for the prevention and treatment of disease in rural areas; to intensify the short courses on modern
methods and techniques for professional staff; to expand medical practice in rural and urban communities for students prior to their graduation; and to set up a system of association of the institutes in the Americas, for advanced training and research, to be called the Pan American Health University.

The Governments of Brazil and Mexico had, with the cooperation of PAHO, set up a Latin American Centre for Educational Technology in Health, in which modern audiovisual methods of teaching would be used to facilitate the self-instruction of students as well as the self-evaluation of the knowledge acquired.

Referring to resolution EB51.R43, on health measures related to the earthquake in Nicaragua, he said that recently a WHO/PAHO mission had prepared, in collaboration with the Government of Nicaragua, a detailed programme for the rehabilitation and reconstruction of the health services of Managua; and had defined the steps to be taken for the construction of a 400-bed hospital to be used for the care of patients referred by other institutions in the country, as a teaching hospital and as Managua's major health centre. PAHO/WHO would cooperate with the Government in drawing up the functional and building programme, in pursuit of resolution EB51.R43.

Mr PANTOJA (Brazil) congratulated the Regional Director for the Americas and his staff on the way in which they had assisted various health programmes in Brazil.

Dr ECHEZURÍA (Venezuela) said that much of the programme of the Region was devoted to the training of staff at various levels to serve in the different programmes. Of the 20 projects in Venezuela not all were strictly medical in character: for example, there were projects in veterinary medicine education, air pollution, and a national system of maintenance and engineering of health care facilities - the latter being carried out with the assistance of UNDP.

With the help of PAHO a second course on epidemiological surveillance was being given in Spanish in Venezuela for professional staff from the various countries of the Region.

Among the intercountry programmes, he referred to the Latin American Centre for the Classification of Diseases (AMRO 6707), founded in 1955 with the cooperation of the Government of Venezuela for the purpose of training staff in the use of the International Classification.

Dr CHAPMAN (Canada) said that his delegation had been pleased to hear the Regional Director emphasize the development of health services for those population groups that did not yet have services available to them; that very pressing problem in the Region had been given particular attention by the Health Ministers at their recent conference.

He welcomed the progress made in improving and developing the production and control of biologicals in a number of the countries of the Region. For the area to become self-sufficient in biologicals of a satisfactory quality would greatly contribute to the control or eradication of disease.

The Canadian delegation fully supported the programme for the training of hospital administrators, a programme which should assist the more efficient operation of that particular part of the health care system.

Dr HORWITZ, Regional Director for the Americas, expressed his appreciation to the delegates of Brazil, Canada and Venezuela for their helpful suggestions.

Thanks to a very substantial contribution from the Canadian Government, a conference would be held in Ottawa on the planning of human resources geared to obtaining greater productivity of health manpower.

South-East Asia

Dr GUNARATNE, Regional Director for South-East Asia, introducing the estimates for his Region, said that the total requirements for the South-East Asia Region under the regular budget for 1974 were approximately US$ 10 800 000. In 1974, the strengthening of health services would take up approximately 42% of the budget, development of health manpower 7%, disease prevention and control 32%, promotion of environmental health 13%, and other activities 6%.

It would be noted that an increasing proportion of the South-East Asia budget was being devoted to the strengthening of health services and to environmental health. In 1972 the strengthening of community health services had received attention in several ways. It had been noted with concern for some time that too often governments viewed health care services for the population purely from the point of view of services delivered under government auspices and did not take into consideration the total facilities available in all sectors, public and private, for service to the community. With a view to formulating guidelines to assist Member governments in the delivery of efficient overall medical care, a three-day discussion group on that subject had met in April 1972 and had been attended by senior national administrators from the countries of the Region.
In the newest Member country, Bangladesh, rural health services continued to receive special attention, and there had been crash training programmes for 500 auxiliary workers and 300 doctors, to assist in laying a solid foundation for the integration of health services at sub-district (thana) level. Bangladesh had received considerable help in tackling its tremendous health problems, and sound plans were being laid for the future.

Health services in Indonesia and Nepal were being assisted by multidisciplinary health teams with a view to evolving an improved pattern of rural health services. As a result of efforts to strengthen health planning in the countries of the Region, nearly all governments had established health planning units in their health ministries, and they were functioning effectively. The main emphasis had been laid on enabling the countries to teach health planning in their own national institutions. The use of modern administrative and management techniques in the delivery of health services was of continued interest, and the resources of the Organization were being utilized to assist health ministries in that respect.

The shortage, quality, and maldistribution of health manpower continued to be major problems requiring WHO assistance. Through group educational activities, the Regional Office had stimulated several Member governments to move towards the community orientation of their health services, and that community approach was being incorporated into the training programmes for health personnel. Two medical-teacher training centres had been established during the past two years in the Region with support from WHO.

An experiment in continuing education was being introduced in 1973. A three-day refresher course on the care of the newborn would be held at two centres in Indonesia for members of the medical and nursing professions nominated by local medical associations. If that course was successful, consideration would be given to supporting national teams to give such continuing education in their own countries. Other short courses on topics of concern to the South-East Asia Region were being prepared. The teaching of human reproduction, family planning, and population dynamics in medical schools had received considerable impetus from courses given to teams of teachers from medical schools. Guidelines for the teaching of those subjects had been prepared and formed the basis of curriculum development in that field.

There had been some setbacks in the control of some communicable diseases such as smallpox. However, since 1 March 1973, Nepal had been officially declared non-endemic for smallpox, all outbreaks that had occurred in the country since July 1972 having been due directly or indirectly to cases imported from neighbouring countries. In Indonesia, where the last case had occurred in January 1972, pilot projects for simultaneous vaccination with BCG and smallpox vaccine were going on. Burma, Sri Lanka and Thailand were free from smallpox.

In keeping with the increase in importance of non-communicable diseases in the Region, greater stress was being laid on the control of cancer and cardiovascular diseases, and on the promotion of mental health.

Although WHO assistance in environmental health had hitherto been concentrated on basic sanitary services and the provision of water supplies, the problem of environmental pollution was becoming of increasing concern as a result of rapid population growth, unplanned urbanization, and industrialization. The United Nations Conference on the Human Environment in Stockholm in 1972 had brought into sharp focus the urgency of dealing with the worsening situation; and WHO assistance would be extended to developing pollution control measures by strengthening the environmental health services and the associated national institutions for training and research.

An important event during 1972 had been the first seminar on air pollution to be sponsored by WHO in South-East Asia, which had taken place in India towards the end of 1972.

Looking back over 25 years it was clear that although much remained to be done, considerable progress had been made in a wide variety of health fields.

In conclusion, he emphasized that the basic aim of the Regional Office was to work in closer collaboration with governments in a joint effort to promote health through agreed programmes. He was confident that they would achieve that objective.

Dr BAIDYA (Nepal) emphasized that a focus of communicable disease in any part of the world was a danger for all countries. His delegation hoped that the Regional Office would do its utmost to coordinate programmes in the different countries of the Region so as to obtain the best possible results. The control of communicable diseases was impossible without improving environmental sanitation, and he was pleased to note that satisfactory progress was being made in that field.
Professor KHALEQUE (Bangladesh) was pleased to note that the Regional Director had taken into account the short-term and long-term problems of Bangladesh and that the projects for that country covered smallpox, malaria, family health, rural health services, and crash programmes for the training of personnel.

Dr SHRIVASTAV (India) drew attention to one important omission from the comments of the Regional Director, namely the attempt to evolve a health charter for South-East Asia. A decision had been taken at two regional meetings, in Rangoon and Colombo, and the Regional Office had called two special meetings in Delhi in that connexion. Special emphasis had been laid on the development of reliable vital statistics, a survey of the state of different diseases in countries of the Region, the development of national and regional plans, and also the development of detailed planning at country level throughout the Region.

Dr GUNARATNE, Regional Director for South-East Asia, replying to the delegate of India, said that the health charter for South-East Asia had not been forgotten.

Europe

Dr KAPRIO, Regional Director for Europe, said that the total level of expenditure under the regular budget proposed for 1974 for the Region was US$ 5,563,706 before the increase just approved by the Health Assembly. Details of the distribution of the budget between major appropriation sections were given in Official Records No. 207, Chapter I, paragraph 171, page 33.

In that connexion he referred to the comment of the delegate of the United States of America concerning coordination and administrative problems. In the European Region the staff were mainly coordinating staff, because most projects and programmes concerned countries that had their own staff. There would, for example, be close operational cooperation in 18 pilot areas in cardiovascular diseases in 1974 for some 5 territories. The numbers of staff should be compared not only with the numbers of WHO field staff but also with the numbers of those persons who worked very closely with WHO coordinated inter country programmes.

At the twenty-fifth anniversary of the Organization it was appropriate to recall that the European Regional Office had been established by its first Regional Committee in 1951 and had started its formal activities in Geneva on 1 February 1952 with Dr Begg as its first Regional Director. The office had moved to Copenhagen in June 1957 to the location of the former WHO Tuberculosis Research Office, where a new building had been added. After Dr Begg's early death in 1956, Dr van de Calseyde served as the next Director from 1957 to 1967.

Since the return to international cooperation of a number of countries in Europe, the programme and budget of the European Office had grown continuously. Thanks to the generosity of the Danish Government the Copenhagen Office now had excellent new facilities, complete with a conference hall, to support the implementation of its programme.

Immediately after the Second World War, Europe had benefited greatly from international assistance. Many delegates were familiar with the work of UNRRA and with that of the Interim Commission of WHO, which had developed several projects of benefit to European countries. A special European office had been in operation before the Regional Office was established in 1952. The health conditions of Europe had been very bad in many places.

The health situation as it now stood could be assessed from information collected for 1971 from 27 Member States in the Region. Of the other five, one was very small with an old population and in the other four the current field programmes were directed mainly through country programming and were activities that still needed to be developed with international field staff. Although the major health problems still showed wide variation between Member States, the general health situation showed a favourable trend over the past two decades. Taking into account the 27 countries for which the data covering the total population were available, there had been a continuous decline in mortality that had resulted in an increase in the length of life expectancy at birth up to a median of 74 years for women and 68 years for men. Ten years ago the corresponding median figures were about two years lower. The increase in life expectancy was reflected in the age structure of population. In the majority of European countries the age group over 60 years of age accounted for over 15% of the total population, and in a few for more than 20%.

The most spectacular decline in mortality had occurred in the younger age groups. In the last decade the median of the infant mortality rate had decreased from 30, with a range from 13 to 90, to about 20, with a range from 11 to 50, per 1000 live births. There were 5 countries in Europe with infant mortality rates of less than 13.
Another important trend in mortality concerned the pattern of causes of death. The decline in deaths from infectious and parasitic diseases had continued. The tuberculosis mortality rate had dropped to a negligible level in a few countries, but the median value was about 10 times higher than the lowest rate, while the highest rate exceeded the median fourfold.

As the number of deaths from diseases of infectious origin decreased, the proportion of deaths from degenerative diseases, accidents, violence, and suicide showed an opposite tendency. At present cardiovascular diseases accounted for more than half of the total number of deaths in about 10 Member States, and in 10 others for more than 40%. The age-adjusted mortality rates per 100,000 population ranged from about 300 to 800 for males, about two-thirds of all Member States having rates above 500. In females the corresponding rates ranged from about 250 to 600, half the Member States having rates above 400 per 100,000. Malignant neoplasms were recorded as causes of death in about 20% of total deaths, and the death rates ranged from about 100 to 250 per 100,000.

The information on morbidity was less complete than on mortality. Some of the notifiable acute communicable diseases had disappeared and others were disappearing from the European scene. Nevertheless, in some countries the number of annual reported cases of typhoid fever reached several thousand, and of diphtheria several hundred. There was no apparent change in morbidity from infectious diseases caused by viruses (upper respiratory infections, influenza, hepatitis).

While the diseases associated with infectious agents still remained one of the main problems, there had been a definite shift in the importance of pathological conditions determined by the combination of genetic, environmental and behavioural factors. In children and adolescents the most important health problems were congenital disorders, accidental injury, malignant neoplasms, and mental and social maladjustment, often manifested later as alcoholism drug dependence and suicide. In older persons the most important health problems were chronic degenerative diseases, including mental diseases.

In the overall morbidity picture there were some pandemics that could be prevented, at least theoretically. For example, traffic accidents caused close to 100,000 deaths and perhaps 3 million injured per year in Central and Western Europe. Some delegates had probably seen the French television programme in which all the 16,800 inhabitants of one small town had played death by lying in the streets to demonstrate vividly the yearly death toll in France from traffic accidents.

Again, lung cancer was a growing epidemic and continuous increases could be expected as long as more women and younger children started to smoke. In that connexion, people in the other regions should be reminded that the tobacco industry was making approaches to new markets, equating smoking with the modern way of life. Ischaemic heart disease had started to increase in the 1950s in several European countries and the tendency has not yet levelled off everywhere, especially in middle-aged males. There were hopes that prevention might be possible, but much research was still needed.

Alcoholism was not always reported as the official cause of mortality, but together with alcohol misuse it caused more and more problems in many countries. The film "Health begins at home" had shown how that alcohol misuse was considered a serious health hazard in the USSR and how systematic health campaigns had been started. If Chinese health promotion campaigns were applied in Europe, it might perhaps be appropriate to destroy cigarette packets, eliminate strong alcohol and even jettison cars instead of fighting flies and mosquitoes. The idea appeared Utopian for the moment, and in the meantime the new managerial skills available had to be used to provide for enough medical care and rehabilitation for the large number of casualties caused by the present way of living.

The programme of the European Region was modest and selective and concentrated on a few major long-term activities, but it was still flexible enough to meet several ad hoc demands from Member States. The need of the majority of the European countries for permanent international advisory services at the national level was limited. Therefore the Regional Office served mainly as an information centre and organized joint regional activities in fields such as cardiovascular diseases, environmental health, mental health, and health manpower development. Continuous basic activities were the strengthening of health services and health information systems, including epidemiological methodology and the utilization of the computer in medicine and public health.
In conclusion, he paid a tribute to the outgoing Director-General and to his successor. He thanked Member States of the European Region for their support to the programme. Several voluntary contributions had made it possible to keep it going in spite of the monetary crisis. He also reiterated his thanks to the Danish Government for the new facilities they had provided, which had shown their suitability in the first year in operation.

Dr TOTTIE (Sweden) said that his delegation was particularly interested in long-term planning and progress in the fields of cardiovascular diseases, mental health, education of medical personnel, and the human environment. Member States in Europe were pleased to receive health workers from all countries of the world as WHO fellows. He expressed the hope that exchanges of personnel would continue to develop.

Professor PACCAGNELLA (Italy) said that the WHO approach to family health focused mainly on family planning, maternal and child health, and nutrition, personal relationships within the family being neglected in spite of their increasing importance. WHO should consider the mental and social wellbeing of the family as well. All over the world the structure of the family was changing and was assuming a nuclear character. In his and other European countries family consultation centres had developed to fill gaps in health and social services, and consideration was being given to integrating them into the future health and social units or the health services. A study of their objectives and methods would be interesting and valuable, since they included psychologists and sociologists as well as physicians. It was evident that there would be implications for education in medical and health personnel training schools.

Dr RACOVEANU (Romania) said that, although it had the smallest resources of all the regions, the Regional Office for Europe had a fairly large programme in several fields, including environmental health, strengthening of health services, development of health personnel, and noncommunicable diseases. His Government supported the important programme of postgraduate education proposed, and would be pleased to participate in it to the extent of its capacity.

Professor HALTER (Belgium) remarked that it was 10 years since the Member States in western Europe had expressed the wish that the Regional Office should establish links with other regional organizations in Europe in order to improve coordination in matters of health. For a long time the Regional Office had been represented on the Council of Europe; there seemed to have been difficulties in establishing relations with the European Economic Community, though they now appeared to be developing well. The Regional Office should be congratulated on what had been achieved and also on establishing relations with organizations in eastern Europe.

Dr DAIMER (Austria) said that over the last few years there had been an interesting development in the Regional Office's programme, its limited resources in manpower and money being focused on certain important subjects, most of them forming part of long-term programmes. All countries in the Region should give increased support to regional programmes, in particular the long-term programmes, perhaps by taking responsibility for certain meetings or by increasing the participation of national institutes in them. His delegation supported the increasing emphasis on applied research projects and would be pleased to help with them. The policy of separating applied research projects from services rendered to Member States on request should be continued.

Dr RADOVANOVIĆ (Yugoslavia) said that the Regional Office for Europe always consulted Member States about the establishment of priorities in its programme and took due account of the interests of both developing and developed countries. His delegation supported its programme and budget estimates for 1974.

Dr DE CAIRES (United States of America) recalled that in his earlier remarks concerning the ratio of regional office staff to field staff he had specifically mentioned the unique nature of the European Region. The ratio of 1:4 in the other Regions could not, and should not, be expected to apply in the European Region.
Dr VIOLAKIS-PARASKEVAS (Greece) appreciated the efforts of the Regional Office to ensure the success of WHO projects in Greece, in particular that for the control of environmental pollution. The increase of 7.15% in the budget compared with 1973 was reasonable.

Dr BERNARD (Malta) said that, although there were still public health problems in Malta, the situation had improved. The improvement had in part been due to two projects that had received WHO support.

Dr STUYT (Netherlands) pledged the active cooperation of the Netherlands in the Regional Office programme for 1974. He drew particular attention to recent developments in medical education - changes in the curricula, the growing integration of the basic sciences, and new ideas on postgraduate education - which made coordination essential in that field, as the free interchange of medical workers was of great importance and it was necessary that the final product should be the same everywhere.

Professor LEOWSKI (Poland) said that Poland and many other countries were prepared to cooperate in research into the different aspects of the utilization of health services, since their experience would be useful, not only within Europe but also outside. The only limitations to the extension of cooperation were financial.

Dr AUJOULAT (France) pointed out that, although the reproach was made that the programme of the European Region was oriented towards the problems of industrialized countries, such as cardiovascular diseases, mental health, drug dependence, environmental health, and especially the training of personnel, those problems would one day affect other regions.

He was pleased to note that the Regional Office would continue its policy of offering postgraduate education to personnel of other regions.

Sir John BROTHERSTON (United Kingdom of Great Britain and Northern Ireland) said that the Regional Office's programme had become a front runner for the Organization as a whole. The delegate from France had referred to the relevance of the programme on degenerative diseases. Another example of its relevance could be seen in the application of social and management sciences to health planning.

Dr KAPRIO, Regional Director for Europe, thanked the delegates for their comments. He was sure that they would be able to follow up some of the detailed questions at the next meeting of the Regional Committee.

Eastern Mediterranean

Dr TABA, Regional Director for the Eastern Mediterranean, said that the total proposed level for operations under all funds of the regional programme, which had been prepared in close consultation with governments, amounted to US$ 17 434 328. The funds under the regular budget showed an increase of 8.3% as compared with 1973, although the UNDP component and other funds showed a decrease. In that connexion, he pointed out that the UNDP component should not be taken as a final figure; indeed, since publication of the budget document some additional projects had been approved, for the most part in environmental health and training of health manpower.

Two hundred and forty projects had been proposed for 1974 as compared with 226 in respect of 1973, and the main areas of activities were evident from the summary of field activities provided in Official Records, No. 204, page 395. Progress with regard to malaria and smallpox eradication, both of which had been discussed earlier in the Committee, was satisfactory. As the Region was developing very rapidly, it was being faced with many new problems arising out of such trends as industrialization, urbanization and increasing population, and the Regional programme included activities with a view to meeting the new problems that accompanied those developments.

The majority of countries had national health planning, and all but four were basing action within the framework of long-term health plans. A very important problem was the need for an improvement in statistical and information services with a view also to establishing future needs, and WHO was rendering assistance in that field. The expansion of health manpower was of primary importance and education and training consequently constituted an important activity within the Region, accounting for approximately one-third of funds directly, but in fact a considerably larger number of activities often included training under other headings. The main objective was to prepare health personnel in adequate numbers to help promote national health services. The question of managerial techniques was relevant and had been covered in the Technical Discussions at the present Health Assembly. In assisting in strengthening health manpower at all levels, the Organization at all times kept
in mind the principle of national relevance. Aid was also being given through the Regional Office to various faculties in the Region, and it was likely that WHO would continue to provide that kind of assistance. Increasing emphasis was being laid on teaching community medicine, and every effort was being made to strengthen cooperation between ministries of health on the one hand and universities on the other. Work was being done on a regional basis also to improve teacher training, the regional teacher training centre at the Pahlavi University, Shiraz (Iran), having begun work in 1972. The high level of interest shown in that regard was gratifying and there had been considerable demand for workshops and seminars on that subject. Training of other categories of health personnel was also continuing. Increasing attention was at the same time being given to the extremely important question of establishing clearly defined educational objectives in keeping with needs. It was obvious that, with economic development, there would be an increasing demand for health services, and it was therefore essential to ensure that the population knew how to make the best use of the help available. Six hundred and eighty-seven fellowships had been granted for 1972 and a system of evaluation was in force. Specially designed studies were also being carried out with a view to assessing long-term needs. The emphasis laid on health manpower development included a full realization of the need for a team approach, which could best be achieved by training institutes covering a wide range of activities. Examples of such institutes were those in Democratic Yemen, Libya and Yemen. Assistance was also being given in revising curricula where necessary.

Cooperation with other international agencies was essential in the light of the Organization's responsibilities as a coordinating body in the field of health, and the Regional Office was providing assistance to governments in preparing requests as well as in the implementation of projects. In view of the vast new problems arising daily, and taking into account the absence in many countries of adequate information, WHO had a vital role to play in developing the mechanism for studying priorities. The Organization had a responsibility to help countries to define their health objectives as well as to respond to the requests for assistance put to it, and the Regional programme was framed with those considerations in mind.

He thanked all countries in the Region for their constant and unfailing collaboration.

Dr. VASSILIOPOULOS (Cyprus) congratulated the Regional Director on his presentation of the proposed regional programme and budget, and particularly on the emphasis laid on education and training. He also expressed appreciation for the work done by the Regional Office on communicable diseases and on improving health services.

Dr. ROASHAN (Afghanistan) emphasized the need for closer cooperation and coordination between WHO and UNDP. WHO had an important task to play in endorsing the validity of requests for health assistance made by countries to other agencies.

Dr. ATEEK (Yemen) stressed the great difficulties facing individual countries in meeting health needs when demands for services were numerous and resources limited. His country was therefore particularly appreciative of the advice given by the Regional Office and its help in providing health services in Yemen.

Dr. ANSARI (Pakistan) said that the Region was beset by many difficulties since new problems were being superimposed upon the old, such as the diseases characteristic of an industrialized society and, above all, the population explosion. The help extended by WHO was of great value to his country.

Dr. TAJELDIN (Qatar) expressed his appreciation of the services rendered by the Regional Director and his staff in various fields of activity, in particular fellowships and the training of health personnel as well as the advice given on a wide range of matters.

Dr. AL-AWADI (Kuwait) said that, quite apart from the problem of smallpox, the Region, and particularly the Gulf area, was now encountering new problems arising out of its fast developing industrialization, which was moreover progressing at an irregular pace. Pollution, for example, would soon be a grave problem, and he hoped accordingly that WHO would take due account of the need for action to meet industrial hazards, etc.

In connexion with the project in Kuwait for pollution control in the working environment, he pointed out that it was being financed by funds-in-trust.

Dr. SOOPIKIAN (Iran) said that the emphasis laid on training by the Regional Office was fully in line with the objectives of his own country. His delegation fully supported the proposed programme for the Region.
Dr IBRAHIM (Iraq) said that the Regional programme was well conceived and his country would cooperate with it to the fullest extent. He endorsed the need for health measures to deal with the problems of rapid industrialization and looked forward to action in that direction.

Projects relating to malaria and to rural health in Iraq had made satisfactory progress. A central laboratory for public health had been set up in 1972 and WHO assistance to it would be welcome.

Dr HATEM (Lebanon) said that Lebanon, which had established a virology service in its central health laboratory, was almost the only country in the Region to report regularly to WHO on the incidence of virus diseases. It would be of great value if similar virology services were developed elsewhere in the Region. A laboratory for the quality control of drugs had been instituted in Lebanon with the aid of the Regional Office. Other countries in the Region would no doubt be interested and could request help from the Regional Office in starting a similar centre.

Dr ABDULHADI (Libyan Arab Republic) approved of the emphasis placed on health manpower development, which was of immense importance to his country, and referred to the cooperation between countries in the Region in that regard. He stressed the importance of the role of WHO representatives in the various countries, and particularly emphasized the need for cooperation at the interregional level in respect of communicable diseases.

Dr TABA, Regional Director for the Eastern Mediterranean, both on his own behalf and on behalf of the Regional Office and field staff, thanked the delegates who had spoken for the appreciation they had expressed. He assured them that all the constructive and pertinent points raised would be borne in mind in planning and executing the regional programme.

The meeting rose at 12.35 p.m.
Regional Activities (continued)

Western Pacific

Dr DY, Regional Director for the Western Pacific, said that the proposed programme and budget estimates for the Region covered 205 projects, of which 124 were continued from 1973. Thirty-five projects or phases of projects would be completed in 1974. The chief guidelines followed in preparing the regional programmes had been the priorities set by governments, the extent of the development of existing health services, the financial and economic resources of governments, and the availability of trained manpower.

Continued assistance would be given to national health planning activities, the promotion of coordination between specialized and general health services, and the more effective integration of special programmes into the basic health services.

The continuing high prevalence of communicable diseases indicated the need for greater attention to that field, particularly at local level, and, since many of those diseases were the result of poor hygiene, continuing emphasis would be given to the improvement of rural water supplies, sanitary waste disposal, vector control, environmental pollution, food hygiene and sanitation. Another important task was the strengthening and further development of epidemiological services and surveillance.

The activities proposed in the field of health laboratory services were part of the long-term regional programme that had been approved by the Regional Committee. The aim was to develop a coordinated laboratory system at regional, national and local level.

Under the general heading of family health, family planning was being increasingly interrelated with maternal and child health, nutrition, and public education for health. WHO had been asked by an increasing number of governments to help with the planning of their programmes and the formulation of their requests to the United Nations Fund for Population Activities.

In the field of development of health manpower, requests for consultant services to advise on the formulation of postgraduate courses, rather than for assistance in the development of undergraduate departments, were increasing. Plans to improve training had borne fruit with the agreement of the Australian Government to establish a regional teacher training centre in Sydney. Seminars and courses were now being arranged, and after 1975 it was hoped that some countries would begin to establish national centres.

The proposed programme and budget estimates were the result of a continuous dialogue with governments. That dialogue was carried out at national level by the WHO representatives, through visits of regional advisers, and through special missions composed of senior staff in the regional office. Such visits allowed the programme to be discussed at country level with senior health officials, and provided WHO with some measure of assurance that the assistance it was providing was meeting country needs and could be absorbed by the country concerned.

Sir William REFSHAUGE (Australia) said that his country appreciated the emphasis placed by the WHO Regional Office on family planning within the Region. His Government, with the help of major voluntary organizations in Australia, was expanding family planning activities.

Following agreements between WHO, UNDP, and the Australian Government, a regional teacher training centre for health personnel had been established at the University of New South Wales. The centre was part of a global plan developed by WHO in 1969 to meet the need for a greatly increased output of efficiently trained health personnel. Staff members at the centre had received valuable preparatory training at the University of Illinois, United States of America, the interregional training centre for the global plan. WHO and UNDP were supporting the centre by providing education consultants to advise and assist in establishing its courses and research activities.
The first course would be a two-week workshop in June 1973, to be attended by deans and educational leaders from medical centres of the Western Pacific Region. The workshop would provide an opportunity for discussion of the basic concepts involved in the education of health personnel and the organization of regional and national centres.

Other activities during the current year would include a two-week course in September for medical teachers from Australia, Fiji, New Zealand and Papua New Guinea, to create interest and to assist in medical education at subregional or institutional level. There would also be a four-week workshop in November and December for future part-time teachers and others interested in medical education from all areas in the Western Pacific Region. In February 1974 the centre was to convene a meeting of deans of medical schools of the Region, at which changes in medical education during the past decade and the role of teacher training in health education would be considered. The establishment of an association of medical schools in the Region and its incorporation into the World Association of Medical Schools would also be discussed. Finally, the centre was preparing a twelve-month master's degree course in health personnel teacher training, to be held in 1974.

His Government appreciated the help the Regional Director and his staff had given in establishing the centre, which constituted an important step forward in medical education in the Region.

Dr THIEME (Western Samoa) said that the exchange of information between his Government and WHO and WHO's continuous evaluation of projects under way in his country were invaluable in ensuring that assistance was provided where it was most needed and at a level where it could be successfully absorbed. He expressed his appreciation for WHO's assistance in the successful conclusion of the second phase of a filariasis control project, which had reduced the incidence of filariasis from 20% to under 1%.

Dr TRAN MINH TUNG (Viet-Nam) was glad to note that special emphasis had been placed on communicable diseases, intestinal and parasitic infections, the training of personnel in vector biology and control, and family health.

Only a very small part of Vietnamese territory was occupied by Communist forces from North Viet-Nam, and only about 100,000 out of its population of 18 million were still in the hands of Communist troops. The only government in South Viet-Nam was the Government of Saigon, which had been a recognized Member of WHO for more than 20 years.

Dr SUMPAICO (Philippines) said that a number of Member countries of the Western Pacific Region were small developing countries with the problem of communicable diseases in common. He was therefore glad to note that a large part of the activities included in the Regional Director's programme were directed against that group of diseases. He was grateful for WHO aid to his country in the development of health services, health manpower training and maternal and child health programmes, including nutrition and family planning. His Government particularly appreciated the help given in the development of health laboratory services, including the establishment of a freeze-dried BCG vaccine production centre in the Philippines to serve, in cooperation with UNICEF, the needs of the Region's tuberculosis programme.

His country appreciated WHO's prompt assistance in providing culture media and laboratory equipment and supplies for the production of vaccines and sera during the severe floods of 1972. No epidemics had followed upon that disaster, chiefly because of the efforts of his country's health personnel and the support of WHO and other countries through the Philippines National Red Cross.

The programme presented by the Regional Director would be invaluable in furthering his country's progress in such fields as environmental health, occupational health and non-communicable diseases, all important components of its health programme.

Dr SUON SOPHEAK (Khmer Republic) said that, although his country had been at war for some time, WHO's activities there had continued undiminished. In certain sectors those activities had been affected by the war, but a number of new ones, including projects for the rehabilitation of the handicapped and for water supplies and drainage, had been successfully implemented. Other important projects included the organization of medical care and the training of health personnel, projects that would be invaluable in tackling the heavy task of postwar reconstruction in the medical field. His delegation was gratified to note that there had been a significant increase in the allocation made to his country as compared with the previous year. His Government supported the proposed programme and would continue to collaborate closely with the Regional Office.
Mr TSUNASHIMA (Japan) expressed his appreciation of the work done by the Regional Office and of the dynamic approach to the programme planned for 1974. He regretted that it had not been possible to include in the programme and budget for 1974 any programme proposals for the People's Republic of China. His country welcomed the People's Republic of China to membership of the Western Pacific Region, and hoped to learn much from its remarkable achievements in the field of public health.

Dr TOW (Malaysia) said that health services in Malaysia had vastly improved as a result of WHO assistance, and he looked forward to further cooperation with the Regional Office.

Dr KWA Soon Bee (Singapore) said that Singapore’s priority needs were in family health and environmental and occupational health, and in those fields WHO had provided invaluable help in the form of advisory services, fellowships and technical assistance. Another priority need was in health manpower, and WHO had given assistance in developing specialization as well as by providing an adviser on the management of hospital services and a team of specialists in project systems analysis.

Dr DY, Regional Director for the Western Pacific, in reply to the point raised by the delegate of Japan, said that, since the programme and budget had to be prepared two years in advance, there had not been time to include any programme proposals in respect of the People’s Republic of China. However, he hoped to be able to discuss the question with the delegation of that country.

He thanked the various delegates who had paid tribute to the work of the Regional Office.

Interregional activities

Dr ZOLLER (Federal Republic of Germany) drew attention to the importance of health education as a prerequisite for the effectiveness of all public health activities. He suggested that the Director-General, when selecting items suitable for programme review, might choose health education as an appropriate subject.

Dr WEERATUNGE (Sri Lanka) said that his country was now in the process of carrying out a health manpower study and would welcome information from other regions that would help it in making changes in the curriculum of training programmes so that its manpower could be better deployed. Experience gained by other regions in other fields, such as environmental health and family health, at both national and regional level would also be helpful. An interregional dialogue was vital in fields where countries were confronted with emergency situations, and was most valuable in indicating how ongoing programmes might be modified.

Voluntary Fund for Health Promotion

The CHAIRMAN drew the Committee’s attention to the resolution recommended by the Executive Board in EB51.R17 to the Assembly for adoption.

Decision: The draft resolution was approved.¹

General Considerations (continued from the eighth meeting)

The CHAIRMAN said that, before proceeding to the consideration of agenda item 2.2.4, he would ask the Committee to turn to the draft resolution sponsored by the delegation of the USSR appearing in the summary record of the eighth meeting (see page 340).

Dr CHAPMAN (Canada) said that the resolution dealt with a most complex problem; the world monetary system and the current monetary crisis. In his view the first part of operative paragraph 1 was acceptable, but he doubted whether the second part could be put into effect. It would be extremely difficult to evaluate as proposed the funds incorporated in certain technical assistance. If a Member country provided an expert, would it determine his value and count it as part of its contribution? In the same way, if equipment was supplied to WHO, would the country concerned place a value on it?

With regard to operative paragraph 2, the Director-General had already informed the Committee that the United Nations was at present studying that problem. It would therefore be inappropriate at the present time to request the Director-General and the Executive Board to carry on a parallel study. It would be preferable to request them, after the United Nations study had been completed, to consider how any proposals made in it could be applied to WHO.

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA26.39.
Dr SHRIVASTAV (India) said that the budget increased from year to year without any corresponding increase in activities. The draft resolution was welcome because it asked for a study of methods of increasing WHO’s resources by using other currencies, at least in certain regions, with a view to solving WHO’s financial problems. If the United Nations study covered the same field, however, it would be preferable to await its completion and so avoid duplication.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) said that it would be useful to identify the technical assistance component of projects if it could be done. The possibility of using other currencies should be studied, but account should be taken of the results of the United Nations study. He suggested that a drafting group should be convened to reconsider the wording of the draft resolution.

Professor HALTER (Belgium) said that, in view of the uncertainty about the implementation of programmes and budgets that had prevailed for a number of years, it would be difficult not to agree with the principles enunciated in the draft resolution. To meet the point made by the delegates of Canada and the United Kingdom about duplicating the study being carried out by the United Nations, he suggested adding in operative paragraph 2, after the words "Executive Board," the words "taking due account of the study being carried out at the United Nations". Otherwise he had no objection to the draft resolution, which merely implied the examination by the Assembly in 1974 of the budget estimates in a possibly more regionalized form.

Professor LEOWSKI (Poland) supported the draft resolution. He emphasized that it merely requested the Director-General and the Executive Board to study the possibility of financing WHO activities in currencies other than US dollars and Swiss francs.

Dr CAMARA (Guinea) also supported the draft resolution. It involved for the developing countries the question of the rational utilization of the assistance received by them. Nationals of developing countries should be involved at all stages of projects that concerned them. In Guinea, for example, projects had been carried out that had cost about US$ 1 300 000, but only US$ 200 000 had been invested in equipment. The rest had gone in the elaboration of the projects, feasibility studies and salaries for experts. If assistance was to be really worth while, it must take the form of equipment and not merely of studies for projects that, unfortunately, were very often never implemented.

Dr TATOCENKO (Union of Soviet Socialist Republics) said that several years of study had been devoted to the problem of technical assistance, but perfection had not been reached and not all the possibilities were being fully utilized. New needs and problems were arising that could be solved more effectively by the use of new resources. Technical assistance was already being provided in a number of forms - services of experts and consultants, fellowships, supplies and equipment - but still other forms were needed. He believed that to show the technical assistance component as a separate section in the programme and budget would be a useful first step towards the improvement of WHO's technical assistance programme.

With regard to the remarks of the delegate of Canada, he thought that the second part of paragraph 1 of the draft resolution would facilitate the achievement of the resolution's fundamental purpose, which was to increase the sources of technical assistance. As the delegate of Canada was aware, certain forms of material assistance were already being provided - for instance, by the World Food Programme - and the phrase "technical, material and other resources" in the draft resolution did not relate to any basically new forms that would be unacceptable.

With regard to the proposed study of the possibility of financing WHO activities in currencies other than US dollars and Swiss francs, it had been suggested that that would duplicate the study now being carried out by the United Nations. In his view, it would supplement it rather than duplicate it; WHO had special functions and duties not performed by other organizations. Nevertheless, he would accept the suggested reference to the work of the United Nations, although he was sure that, even without mentioning it, the Director-General would take it into account. His delegation was prepared to participate in a drafting group.

The DIRECTOR-GENERAL said that the discussion had made it clear that what was meant by the term "technical assistance component" in paragraph 1 of the draft resolution was direct assistance to governments. The intention of that paragraph was that assistance by experts, supplies and equipment, fellowships, grants, etc. should be shown separately in the programme and budget estimates.
It would, he thought, be premature at this stage to comment on the remarks of the delegate of Guinea. He did not believe, however, that WHO's assistance could be measured only in terms of supplies and equipment; feasibility studies were extremely important because they enabled it to be determined whether implementation of projects was possible. He realized that in some cases supplies were needed more than advice, but in many cases the contrary was true, since some countries had all the necessary resources and required only technical support. The question would have to be analysed in detail, but that would be done by the Board in its forthcoming organizational study.

If he understood rightly, the object of the delegation of the USSR in presenting its proposal was to make it possible to see what proportion of the budget was allocated to direct assistance to countries. That delegation had put forward a number of interesting arguments and it was to be hoped that its proposal would facilitate the provision of bilateral assistance to supplement the resources of WHO's regular budget. It would be extremely useful to have a more coordinated approach, for all were concerned to avoid the wastage of money that could occur in the absence of information concerning all sources of assistance available. The amount spent by WHO on direct assistance to governments was only a fraction of that provided from bilateral sources, and better cooperation between WHO and the countries providing bilateral assistance could not but be beneficial to all.

Finally, in relation to paragraph 2 of the draft resolution, the Director-General and the Executive Board, in reporting to the Twenty-seventh World Health Assembly, would take due account of the report on the subject that would be submitted to the General Assembly of the United Nations at the end of the year.

Dr GEORGIEVA-BACVAROVA (Bulgaria) supported the proposal that the Director-General and the Executive Board should study the possibility of financing WHO activities in currencies other than US dollars and Swiss francs.

Dr CHAPMAN (Canada) made it quite clear that Canada was in no way opposed to technical assistance; such assistance was in fact provided by Canada. His delegation was ready to participate in the drafting group.

Dr CAMARA (Guinea) proposed that the word "effective" should be added in operative paragraph 1 of the draft resolution, so that it would read: "... wider and more effective and flexible utilization of all sources of financing".

Dr SHRIVASTAV (India) thought that, even in technical assistance, it should be possible to use the currencies of the region concerned. Thus, if an expert provided by India were to work in Burma, Indonesia or Sri Lanka, it should be possible to use the local currencies. It might perhaps be worth examining the question at the regional level.

Professor HALTER (Belgium) said that, if the Committee were now to discuss a suitable formulation, a great deal of time would be lost. He had no objection to a drafting group, but considered it unnecessary, especially after the clear statement made by the Director-General. He thought that a decision could be taken on the draft resolution, and that the Director-General and the Executive Board could be requested to report to the Twenty-seventh World Health Assembly.

Dr AL-AWADI (Kuwait) supported the draft resolution. It was a step towards making programmes more precise and more easily studied. Safeguards were also needed against difficulties arising from currency problems.

Dr DE CAIRES (United States of America) said that it would be useful if the technical assistance component of the WHO programme and budget could be readily identified. It was already so to a large degree, but the Director-General and the Executive Board might be asked to see what could be done to make identification even easier.

With regard to the use of currencies other than the US dollar and the Swiss franc, he thought that the problem was too complex at present to do other than request the Director-General and the Executive Board to study the United Nations report, explore its applicability to WHO, and report to the Twenty-seventh World Health Assembly.

Mr FURTH, Assistant Director-General, expressed his agreement with the views of the delegate of Canada, namely that this draft resolution dealt with two very complex matters.
With regard to operative paragraph 1, it seemed clear from the discussion and in particular from the Director-General's statement that "technical assistance" was to be understood as direct assistance to governments. He thought that it would be rather difficult for the Secretariat to identify the technical assistance component of WHO programmes more extensively than was being done in the Programme and Budget Estimates. For example, on page 123 of Official Records No. 204, the table identified the direct technical assistance component of WHO programmes from all sources of funds under the heading "Field Activities". The global totals were given in the middle column of the table on page 125 of the same volume. Reference could also be made to the tables beginning on page 126 and that on page 133. There were also other summary tables, e.g., that on page 41, where field activities were again shown for each subject heading, and for the Regular Budget, the Voluntary Fund for Health Promotion, and Other Sources.

He felt, therefore, that a substantial amount of the information called for was already available in the budget document. It was difficult to see how else to identify the technical assistance component. The whole subject of budget presentation had been reviewed in detail by the Executive Board last year, and comprehensive proposals had been made in a document of nearly thirty pages. The Twenty-fifth World Health Assembly had decided that the budget should be more programme orientated, and that the necessary changes should be made by the Director-General in the 1975 budget. If delegates were not satisfied with the definition of technical assistance given by the Director-General, he would be glad to know whether it should comprise only project costs, or whether certain headquarters elements should be included. For example, in smallpox eradication, should the coordinating and directing headquarters unit and the regional advisers be included as technical assistance? Those problems could be considered to fall within the scope of the future organizational study to be carried out by the Executive Board on the interrelationship between the central technical services of WHO and programmes of direct assistance to Member States. Any new definition of technical assistance resulting from that study could be taken into account in presenting the budget estimates.

Regarding operative paragraph 2 of the draft resolution, it was important to distinguish between two problems: the currency in which the budget estimates were presented and in which Member States were assessed, and the currencies in which contributions were payable.

Obviously the same currency or unit of value had to be used for both estimates and assessments, and the point was of direct relevance to the current monetary fluctuations. All the organizations in the United Nations system, including WHO, had been carrying out a joint study of the problem since September 1972, and it was hoped that a report would be ready for submission to the Advisory Committee on Administrative and Budgetary Questions (ACABQ) and the General Assembly in the autumn. The Director-General would study the matter further from the WHO viewpoint, when the results of the study were available.

However, the problem of the currencies in which contributions were payable had little to do with monetary fluctuations. The Director-General had reported on that subject at least six times in the past 25 years, during which 18 resolutions had been adopted by the Executive Board and the Health Assembly. Basically the currency of payment of contributions was governed by Financial Regulation 5.5, which stipulated that contributions should be paid in US dollars or Swiss francs "provided that payment of the whole or part of these contributions may be made in such other currency or currencies as the Director-General, in consultation with the Board, shall have determined". The Second World Health Assembly, in resolution WHA2.58, established the basic principle that "contributions to the operating budget in currencies other than US dollars and Swiss francs be accepted, on the basis that all Member governments shall have equal rights in paying a proportionate share of their contribution in such currencies as may be acceptable". That principle was reiterated in virtually every subsequent resolution on the subject, and still applied. As a first step, the Fifth World Health Assembly, by resolution WHA5.20, authorized the Director-General to accept contributions in pounds sterling, to the extent that sterling could be utilized by WHO. In a further step, the Executive Board, by resolution EB51.141, authorized the Director-General "subject to appropriate arrangements being concluded, to accept a proportion of the contributions to the regular budget in the currencies of those countries where regional offices are established and in such amounts as he shall have determined can be fully utilized by the Organization". That resolution also expressed the hope that those Members who were in a position to do so would continue to pay their contributions in US dollars or Swiss francs, thus making it possible for other Members to pay a larger proportion of their contributions in other currencies. Under that resolution the amount receivable in currencies of the countries where regional offices were established had to be apportioned pro rata to their percentage assessments among the Members wishing to pay in such currencies. Therefore, as one or more of the larger contributors opted to pay in those currencies, the amounts payable in the same currencies, by the other contributors, particularly the developing countries, were relatively small. Moreover, as WHO no longer converted US dollars to obtain local currencies, in so far as its needs in those currencies
could be met from contributions, a situation arose that was judged unsatisfactory by two of the countries where regional offices were located - Egypt and India - which felt that WHO should purchase their currencies with US dollars, or other convertible currencies. The matter was therefore taken up again at the thirty-sixth session of the Executive Board and further studied at the three subsequent sessions. The Board then adopted resolution EB39.R30 now in force, which eliminated the option to pay in the currencies of Egypt and India and requested "the Director-General to report on this subject to a future session of the Executive Board at such time as it is considered necessary or desirable to review this decision". There had been little change in the situation since.

It should be noted that the Organization was able to be of some assistance to Member States with hard currency difficulties through the operation of the Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training. It was recognized in resolution EB38.R16 that the Organization would require maximum flexibility to arrange an exchange of currencies between those accepted in payment of contributions and those received in the operation of the Revolving Fund in order to provide the maximum assistance to Members from that Fund. In fact the Fund was now being used to such an extent that many of the local currencies that the Organization required for its operations in certain countries were being supplied through the Fund.

Although the option to pay contributions in the currencies of countries where there were regional offices created no particular difficulties for the Organization, the extension of the option to other currencies would make it difficult for the Director-General to operate the programme effectively, unless all Member States permitted WHO to purchase their national currencies with any other currencies accepted by WHO. In the absence of that facility the availability of local currencies - rather than the health needs of Member States - might have to influence programme planning. But how remote that facility remained seemed clear when it was considered that there were still certain Member States that refused to accept even their own national currencies in payment by WHO for equipment and services.

The proposal before the Committee seemed attractive, but he doubted whether the ministries of finance of most developing countries would find it acceptable, for the reasons appreciated at the time by the Governments of Egypt and India. For example, a developing country contributing at the minimum rate in its national currency or other non-convertible currencies would save US dollars or other convertible currencies in the amount of its contribution, but it would lose the increase in its foreign currency reserves now obtained when WHO purchased with US dollars the local currency it required to pay for WHO programmes within that country. As the latter amount was generally larger, sometimes considerably so, than the contribution to WHO, the result would be a net loss of convertible currencies for the country concerned.

Since 1967, when the currency of contributions was last considered, Member States continued to have the option to pay their contributions, under agreed arrangements, in the currencies of the Congo, Denmark, the Philippines and the United Kingdom, in addition to US dollars and Swiss francs. Approximately 83% of the Organization's expenditures were in those six currencies. The 67 other currencies used represented only the remaining 17% of expenditures. In recent years fewer Member States had been paying contributions in pounds sterling, CFA francs, Danish kroner or Filipino pesos: in 1972 five had paid in pounds, three in CFA francs, one in kroner and none in pesos; in 1973 six had paid in pounds, one in kroner and none in CFA francs or pesos.

He doubted whether the study of the Administrative Committee on Coordination would have direct relevance to the perennial question of currencies in which contributions to WHO were payable and therefore, if the Assembly so wished, the Director-General would study the question again in the light of the ACC study and report to the Board at a future session.

Dr ARTEAGA (Honduras) thought that the draft resolution was of minority interest only, in that it was likely to benefit only a few Member States and not those that held no convertible currencies. Improvement of the convertibility of national currencies was more a matter for the International Monetary Fund than for the Health Assembly.

Dr TATOCENKO (Union of Soviet Socialist Republics) said that, although the term "technical assistance" had been in use for a long time, there seemed to be no agreed definition for it. During the discussions on the effective working budget the Director-General had said that 60% of the Organization's budget was spent on technical assistance, but unfortunately it was difficult to find out quickly from the documentation provided how that figure had been arrived at. Mr Furth had referred members of the Committee to a large number of tables from which the information could be derived. The difficulty was thus the more apparent and the need for a provision such as that contained in his delegation's draft resolution all the more obvious.

His delegation agreed that "technical assistance" meant, basically, direct assistance to countries. However, certain forms of direct assistance should not be classified as
technical assistance in the budget estimates. It was difficult to decide where some of them should be shown. The adoption of the draft resolution would again help to clarify the situation.

Paragraph 2 of the draft resolution merely requested the Director-General and the Executive Board to study once again the question of the currency of contributions. Certainly, the matter had been discussed a number of times and been the subject of many resolutions, but the fact that it had again been brought up confirmed its importance. Now that the Organization had reached maturity it might perhaps be possible to solve the problem once and for all.

Mr. Furth had recalled that provision already existed for paying contributions in certain currencies other than US dollars or Swiss francs. Incidentally, one of the countries making a large contribution to WHO had not taken up that option.

His delegation's proposal seemed the more acceptable since WHO was apparently already studying the question of currency of contributions. Moreover, his delegation would like to know what recommendations the Director-General had made in the Administrative Committee on Coordination. In view of the Assistant Director-General's statement, it was to be feared that they had not been particularly comforting. His delegation had not been convinced by the Assistant Director-General's arguments, many of which it was in a position to refute. It would, however, wait for the results of the study to be made in the United Nations, which it requested should be communicated to the Health Assembly in due course.

The CHAIRMAN suggested the establishment of a Working Group to amend the draft resolution in the light of the discussion. The Group might consist of the sponsors and the delegations of Belgium, Bulgaria, Canada, Guinea, India, Kuwait, Poland, the United Kingdom of Great Britain and Northern Ireland, the United States of America and any other interested delegations.

It was so agreed. (For continuation, see summary record of the eleventh meeting, section 2.)

2. APPROPRIATION RESOLUTION FOR THE FINANCIAL YEAR 1974

Dr. Molapo, representative of the Executive Board, said that the Board's comments were contained in Chapter II, paragraphs 21 and 22, of Official Records No. 207. The text of the draft Appropriation Resolution for the financial year 1974 appeared on pages 7 and 8 of Official Records No. 204. It was the same as that approved by the Twenty-fifth World Health Assembly for 1973 except that the titles of Appropriation Sections 6, 7 and 8 had been changed as decided by the current Health Assembly.

At the CHAIRMAN's request, Dr. Christensen, Secretary, read out the proposed draft resolution, as follows:

The Twenty-sixth World Health Assembly

RESOLVES to appropriate for the financial year 1974 an amount of US$ 119,864,890 as follows:

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I. ORGANIZATIONAL MEETINGS</td>
<td>World Health Assembly</td>
<td>700,850</td>
</tr>
<tr>
<td></td>
<td>Executive Board and its committees</td>
<td>417,430</td>
</tr>
<tr>
<td></td>
<td>Regional committees</td>
<td>147,300</td>
</tr>
<tr>
<td></td>
<td><strong>Total - Part I</strong></td>
<td><strong>1,265,580</strong></td>
</tr>
<tr>
<td>PART II. OPERATING PROGRAMME</td>
<td>Communicable diseases</td>
<td>18,554,196</td>
</tr>
<tr>
<td></td>
<td>Environmental health</td>
<td>9,364,880</td>
</tr>
<tr>
<td></td>
<td>Strengthening of health services</td>
<td>26,365,560</td>
</tr>
<tr>
<td></td>
<td>Noncommunicable diseases</td>
<td>4,190,297</td>
</tr>
<tr>
<td></td>
<td>Health manpower development</td>
<td>11,253,101</td>
</tr>
<tr>
<td></td>
<td>Other activities</td>
<td>17,401,732</td>
</tr>
<tr>
<td></td>
<td>Regional offices</td>
<td>8,985,947</td>
</tr>
<tr>
<td></td>
<td><strong>Total - Part II</strong></td>
<td><strong>96,185,713</strong></td>
</tr>
</tbody>
</table>
B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the period 1 January to 31 December 1974, in accordance with the provisions of the Financial Regulations.

Notwithstanding the provisions of this paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1974 to Parts I, II, III, IV and V.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between the sections in Part II (Operating Programme) up to an amount not exceeding 10% of the amount appropriated for the appropriation section from which the transfer is made. Any such transfers required in excess of 10% may be made in accordance with the provisions of Financial Regulation 4.5. All transfers between sections shall be reported to the Executive Board at its next session.

D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of reimbursement from the United Nations Development Programme in the estimated amount of US$ 2,000,000 thus resulting in assessments against Members of US$ 117,864,890. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members who require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization.

Decision: The draft Appropriation Resolution for the financial year 1974 was approved.1

3. WHO'S ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH

(continued from the sixth meeting, section 2)

Professor HALTER (Belgium) introduced a draft resolution which read as follows:

The Twenty-sixth World Health Assembly,
Having considered the Director-General's report to the Executive Board and its annexes;

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA26.41.
Considering the importance of the Organization's role in the development and coordination of biomedical research and the Assembly's desire that the programmes should develop in as realistic and effective a direction as possible,

1. NOTES with thanks the Director-General's report; and

2. REQUESTS the Director-General to continue the study and present a full report to the Twenty-seventh World Health Assembly, including suggestions on the means to be adopted in order to enable the Assembly to keep a closer watch on the evolution of those programmes.

The draft resolution followed the general lines of Executive Board resolution EB51.R12, the only addition being the final clause of operative paragraph 2. He would prefer that clause to read in the English version "including suggestions on the means to be adopted in order to enable the Assembly to follow more closely the evolution of those programmes." That wording was nearer to the French text and would exclude the idea of control or criticism implicit in the English translation.

Sir John BROTHERSTON (United Kingdom of Great Britain and Northern Ireland) said that the rewording of the last clause suggested by the delegate of Belgium met a criticism he would have made of the text. He proposed that the text should be amended further to enable both the Executive Board and the Health Assembly to follow more closely the evolution of the Organization's biomedical research.

Dr TATOCENKO (Union of Soviet Socialist Republics) agreed with the proposal of the delegate of the United Kingdom that a reference to the Executive Board should be included in paragraph 2 of the draft resolution.

His delegation had two further amendments to propose. The first was to include a reference to resolution WHA25.60 in the first paragraph of the preamble, so that it would read:

"Having considered the Director-General's report to the Executive Board on the implementation of resolution WHA25.60, and its annexes;"

The second amendment concerned paragraph 2, in which his delegation would like to include provision for the recommendations of the Advisory Committee on Medical Research to be presented to the Twenty-seventh World Health Assembly. It was proposed that that paragraph be reworded to read:

2. REQUESTS the Director-General to continue the study and present a full report to the Twenty-seventh World Health Assembly, including, on the one hand, the recommendations of the Advisory Committee on Medical Research and, on the other, suggestions on the means to be adopted in order to enable the Executive Board and the Health Assembly to follow more closely the evolution of those programmes.

Dr KAPLAN, Director, Office of Science and Technology, pointed out that the Director-General's report mentioned in the first preambular paragraph should be described as an interim report. Resolution EB51.R12 had requested the Director-General to report back to the Board at its fifty-third session as well as to the Twenty-seventh World Health Assembly. The draft resolution needed to be amended accordingly to bring it fully into line with resolution EB51.R12.

Professor HALTER (Belgium) accepted all the proposed amendments.

Decision: The draft resolution was approved, as amended.1

The meeting rose at 12.25 p.m.

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA26.42.
ELEVENTH MEETING

Monday, 21 May 1973, at 2.30 p.m.

Chairman: Dr S. PHONG AKSARA (Thailand)

1. RESEARCH IN EPIDEMIOLOGY AND COMMUNICATIONS SCIENCE
   (continued from the sixth meeting, section 3)

The Committee had before it a draft resolution submitted by the delegations of Afghanistan, Brazil, Egypt, Iran, Madagascar, Malaysia and Yugoslavia, which read:

   The Twenty-Sixth World Health Assembly,
   Having reviewed the report of the Director-General on research in epidemiology and communications science; and
   Emphasizing the importance of the application of operations research technology as well as epidemiological and communications science in development of alternative delivery systems,

1. COMMENDS the Director-General for the new approaches taken and the work accomplished or in progress;

2. NOTES that the programme is being more clearly focused on the analysis of the health delivery systems with the ultimate goal of increasing their efficiency and effectiveness;

3. REQUESTS the Director-General to continue the programme in its different aspects and along the lines indicated in the report; and

4. RECOMMENDS that the programme be periodically reviewed in order to ensure:
   (a) its application to the development of health services;
   (b) its effect on the improvement of health status of masses of populations of the Member States;
   (c) its impact on the best use of the available resources;
   (d) its promotion of national capability for such research.

Dr TATOCENKO (Union of Soviet Socialist Republics) said that the report under consideration would have been even more useful had it shown the results for each item of research. He thought that the reorganization of the Division of Research in Epidemiology and Communications Science might usefully be indicated in the draft resolution before the meeting by inserting, after the first preambular paragraph, an additional paragraph reading:

"Taking note of the reorganization of the Division of Research in Epidemiology and Communications Science".

The object of the proposed amendment was to draw attention to the further steps to be taken by WHO to develop its work in that field.

He also proposed that, in view of the discussion that had taken place on the role of WHO in the development and coordination of biomedical research, the words "as an integral part of the overall WHO programme in biomedical and medicosocial research" be added at the end of operative paragraph 3.

In conclusion, he emphasized the value of that type of research.

Dr KASUGA (Japan) said that, in 1972, the Ministry of Health and Welfare of Japan had established a new programme of research on specific diseases whose causes were not very clear and that were difficult to cure. Diseases once difficult to cure - tuberculosis, leprosy, syphilis, cholera, and typhoid fever, for example - had as a result of advances in medicine become curable. The interest of physicians and of the general public had subsequently focused on the new "hard-to-cure" diseases and on diseases that had existed since Antiquity but had been newly highlighted. There were also completely new diseases; these, which were classified as autoimmune and neuromuscular, required prolonged medical care; they tended to leave mental and physical disabilities; and their victims had difficulty in returning to society after cure. In addition to its programme for "hard-to-cure" diseases, the Ministry conducted research on handicapped children, cancer, cardiovascular diseases, and other problems.
During the year 1973, the Ministry had specified 20 diseases for its research programme, including SMON disease, Behçet's disease, aplastic anaemia, multiple sclerosis, progressive systemic sclerosis, dermatomyositis, sudden deafness, pituitary disorders, Buerger's disease and Hashimoto's struma.

A comprehensive programme of free medical services, including hospitalization and rehabilitation, for persons suffering from "hard-to-cure" diseases had also been initiated in 1972.

Professor LEOWSKI (Poland) said that, at the Twenty-fifth World Health Assembly, his delegation had emphasized the importance of working out epidemiological methods and communications science techniques that could be applied to the present and future needs of public health and medical science. However, if one examined the various research projects conducted over the last four years and described in document A26/10, no very clear conception emerged of what was meant by "research in epidemiology and communications science" or what type of programme should be listed under that heading.

His delegation was very satisfied with certain of the projects presented, especially the quantitative study of the dynamics of various epidemiological factors involved in the transmission of malaria (page 6), and the study of a systems analysis approach to tuberculosis control (page 8), which would probably find the answer to important methodological questions arising in that type of research. He also expressed satisfaction with various projects connected with operational research and mathematical models in epidemiology. However, it was not clear what new knowledge on epidemiological methodology could be expected from many of the programmes described in Part II, section 1, of document A26/10 as having research components of the type under consideration, representing as they did traditional epidemiological research on the geographical distribution and control of communicable and parasitic diseases.

He was not opposed to such studies, which were important for WHO and its Member States, but he wondered whether they should be planned and coordinated under the heading "research in epidemiology and communications science". But he believed that there might in the past have been some overlapping in the planning and implementation of WHO research projects. He asked if the Director-General would explain future plans in that respect, and especially how the development of epidemiological methods and techniques applicable to operational research and to public health as a whole would be ensured in the future, bearing in mind the effectiveness of WHO's work as a whole.

Poland would be happy to offer its active cooperation in WHO's research in epidemiology and communications science, provided that it could be better informed about future plans. He therefore proposed that in operative paragraph 3 of the draft resolution the word "continue" be replaced by "present".

Dr STUYT (Netherlands) said that the multidisciplinary approach to research adopted by WHO had already given good results. The detailed programme was highly impressive, both in extent and in quality - in fact, it contained a large part of the most important activities of WHO.

Drawing attention to the short paragraph on venereal diseases (page 9), he observed that it was not enough to emphasize diagnosis and treatment: ways must be found of influencing social and behavioural factors by way of prevention.

Although it was not the moment to discuss environmental health, he would refer to the WHO publication Health Hazards of the Human Environment, which was already a classic in its field.

He had been somewhat disappointed that so little attention had been given to the diagnosis, treatment, and prevention of ischaemic heart disease. Epidemiological studies in that field were of the highest importance, since cardiovascular degenerative diseases now constituted the most terrible epidemic in history. His delegation naturally supported the Kaunas-Rotterdam study and strongly recommended that it be expanded.

He reiterated the statement that he had made at the seventh plenary meeting, in which he had placed the responsibility for family planning in the hands of the family itself and there alone. Finally, he suggested that research into the sequelae and complications of induced abortion had acquired such importance that the notification of results should receive priority.

Dr SHRIVASTAV (India) said that, even in certain responsible quarters, there was a feeling that biomedical research could be conducted only in well organized research laboratories and institutes, and that the discipline dealt primarily with sophisticated subjects such as molecular research, cancer research, virology, and organ transplants. He himself however took the firm view that health practice research was even more important, especially to the developing countries. He was therefore glad to see that WHO had given it due importance.

As other delegates had observed biomedical research on health practice was in some respects more difficult to carry out in the field than in the laboratory, because of the many variables
in a field situation, and also because it was a type of research that dealt primarily with human beings and communities and required a new methodology such as that of the behavioural or social sciences. It also involved economics, and educational and cultural factors. To illustrate his point, he cited examples of research on epidemiology and communications science as conducted in India, e.g., the work done at the Tuberculosis Chemotherapy Centre, Madras, in developing an effective, nontoxic, and practical drug regimen that could be used in mass domiciliary treatment; the Bangalore study on the preventive value of BCG vaccination against tuberculosis; the epidemiological and immunological studies being conducted in Bihar and New Delhi; and the study being made in Narangwal and other villages of the delivery of health services in rural communities. Those studies threw considerable light on the Indian pattern of comprehensive health services and the deployment and utilization of medical and auxiliary personnel.

Professor HALTER (Belgium) thought that the most important feature of the document was that it reported on the almost infinite variety of subjects with which WHO was concerned. He thought however that an organization with limited resources such as WHO should rather concentrate on specific sectors in which it could exert a greater effort, even if that meant abandoning some activities or leaving them to other organizations.

Faced with the multiplicity of subjects covered, he wished to ask the Director-General or his staff which of the items listed were specifically dealt with, encouraged, and financed by the research division itself and which were handled by other divisions of WHO.

He thought that the draft resolution before the meeting could be linked in some way with the problems of biomedical research in general. Thus the first preambular paragraph could mention the resolution on WHO's role in the development and coordination of biomedical research, which had been approved earlier that day.

Dr BAIDYA (Nepal) said that the results of the studies listed in the report would be very useful to health planners in both developing and developed countries. His own country eagerly awaited those results, to assist it in developing its basic health services which operated through a network of comprehensive health care centres. The various specialized programmes were integrated at the level of those centres in order (a) to maintain their achievements, (b) to initiate new programmes, and (c) to extend maternal and child health and family planning services to the entire country.

Dr RACOVEANU (Romania) fully appreciated the need to develop research in epidemiology and communications science and willingly associated himself with the draft resolution before the Committee. However, he would propose a small addition, to be inserted after operative paragraph 4(d), asking the Director-General to report to a future Health Assembly on the progress achieved by WHO and its Member States in research in epidemiology and communications science. He thought that it would be useful to review periodically the progress made in that important sector of medical research.

Dr ALAN (Turkey), referring to the publication Health Hazards of the Human Environment, said that he had found it so interesting that he was translating it into Turkish. As indicated in its preface, it was a reference work for public health administrators. He hoped that data on the health risks on which knowledge was still lacking would be published as they became available in order to keep that excellent work up to date.

Dr TOW (Malaysia) said that his delegation fully supported the specific WHO research programmes in epidemiology and communications science that had been carried out or were in progress. Such research was of particular interest to Malaysia - a developing country with many unsolved health problems and limited resources. Furthermore, the task of providing adequate health services for the rural areas, in which about 70% of the population lived, was a huge one. His country was faced with the problems of determining the extent and distribution of diseases, setting priorities, planning health programmes, and meeting the criteria of cost/effectiveness.

WHO was helping Malaysia to establish a unit to carry out epidemiological research, by devising better ways of collecting and reporting statistical information, carrying out serological surveys, and building up surveillance systems. The Organization had also assisted in developing a standard methodology for the evaluation of Malaysia's tuberculosis control programme, and had supported a two-year operational research study on the delivery of rural health services. Project systems analysis had been carried out, also with WHO aid, to devise an optimum health care system, based on cost/benefit studies for a new economic development area. Further research activities in epidemiology and communications science were being considered with a view to improving the preventive and curative services.

His delegation therefore fully supported and endorsed the report before the Committee and hoped that WHO would continue its efforts to improve and expand its research programme in epidemiology and communications science, particularly in the developing countries.
Dr HACHICA (Tunisia) said that document A26/10 contained material of concern to developing and developed countries alike. It revealed the extent of morbidity, analysed the most widespread communicable diseases, and described methods of elaborating systems for the operation of health services based on modern techniques. Some of those techniques were difficult to apply in the developing countries because they required resources that were beyond the means of those countries. Moreover, the practical utility of some of the techniques, e.g., those using mathematics and engineering, was not entirely proved. He realized the importance of such techniques for modern statistics and planning. But it was a pity that, in a system bringing together psychologists, sociologists, engineers, mathematicians, and other specialists, the role of the physician was so small. His country would therefore continue to apply simpler methods, without however rejecting the others when they became available.

While admitting the value of operational research, and especially of cost/benefit and cost/effectiveness analysis, he thought that its objective was no more than an improvement in the quantity and quality of health services. That presupposed the training of health workers at all levels, especially auxiliary staff; the strengthening of national programmes for the control of the main hyperendemic communicable diseases; and the application against some of them of the methods that had been used so successfully in the smallpox eradication programme.

In Tunisia various studies on pathological processes had been undertaken in collaboration with WHO experts, and the data obtained on epidemiological characteristics, the dynamics of infection, and evaluation techniques, had been extremely useful to his country, particularly in solving short-term problems. His Government favoured short-term research. It needed, for example, more information on population dynamics and control, to which it had accorded high priority.

For those reasons, his delegation would have wished to see in the report before the meeting references to the documentation on the problems reviewed. The second paragraph on page 12 of document A26/10 referred to environmental health problems that were of concern to all countries. In view of the increasing interest in such problems, his delegation would have liked more detailed information so as to be able to contribute more effectively to the development of an appropriate information system.

He drew attention to a study, carried out in his country with WHO assistance, on the utilization of health services. The findings had resulted in the elaboration of a simple and inexpensive methodology that was applicable to similar situations in other developing countries. He wondered if that methodology had been examined by other countries and, if so, what they thought of it.

His delegation would be grateful if the results of the studies mentioned in document A26/10 could be published in the Bulletin or in some other specialized periodical.

Dr AL-AWADI (Kuwait) hoped that, once WHO had perfected a methodology for health care research, it would be made available to as many countries as possible for purposes of comparative study. Different countries had different health problems and the same methodology was not applicable everywhere.

He thought that WHO should carry out a comparative study on the effects on health of fasting, e.g., during Ramadan, which was celebrated by about 500-600 million Moslems all over the world. It had been observed that the prevalence of certain diseases increased, and that of others decreased, during fasting. It might be useful for a pilot project to be undertaken, in different groups under different conditions, to ascertain to what extent those effects constituted authentic changes in the health pattern of individuals. In Moslem countries, physicians were frequently confronted with the problem of whether or not to allow their patients to break their fast. Although the problem had religious and legal implications, he hoped its medical and epidemiological aspects could be investigated.

Professor PACCAGNELLA (Italy) said that the list of research projects in the report had a value in itself in that it showed what the current trends in epidemiology were. It was known that epidemiological diagnosis was to preventive medicine what clinical diagnosis was to therapeutic medicine. His delegation was anxious to know the results of the various projects as soon as they were available.
Dr SOOPIKIAN (Iran) emphasized that there was much scientific knowledge available that was not being properly used in the various countries for the health of the population. There were a number of variables that determined health and medical care in a country; they included the morbidity-mortality pattern, the pattern of individual and community response to disease and disability, the state of medicine, the ability to finance health services, the organizational pattern of health services, and the type and numbers of health manpower. Iran’s fifth five-year plan provided for a three-fold increase in resources. The Iranian Government firmly believed that planning for health services should be based on a well-designed epidemiological study and on operational research. For that purpose the health services development research project had been launched in one of the regions of Iran. Its main objective was to discover, and to test, better ways of solving multiple health problems through an effective and efficient national health delivery system. The main features of the research project were (1) its holistic approach, requiring a balanced development of the whole system; (2) the development of measures that would fit in with national policies and broad national objectives and could be extended to the rest of the country with appropriate modifications; (3) the attention given to existing constraints in the health system; (4) the development of alternative delivery systems from which the eventual course of action could be selected.

The study covered an investigation of the status of community health; of the functions of the existing health services; and of the social status of those services. The sociological and technological analyses were designed to be carried out in a period of one year. In the second phase of the project, two years were allowed for implementation of the measures selected in one region of the country.

The total annual cost of the project would be about 0.25% of the total expenditure on health services in Iran. Any improvement in productivity or efficiency of the order of 0.25% or more would repay the investment. It was expected that the increase in operational benefits would far exceed that figure.

The co-sponsors of the draft resolution before the meeting, of whom he was one, accepted the amendments proposed by the delegates of Belgium, Poland, Romania and the Union of Soviet Socialist Republics.

Dr VIOLAKIS-PARASKEVAS (Greece) considered that research in epidemiology and communications science should be combined with research on the biomedical sciences, developed in accordance with the requirements of public health and the most important scientific disciplines. The early diagnosis and control of diabetes should be included in the research programme on noncommunicable diseases. And the various types of research should be carried out by existing institutions and should be supported by WHO field teams.

WHO should play a leading role in defining the principles on which research should be based. It should endeavour to improve the dissemination of information on the results of research obtained in Member States, thus helping to prevent duplication of work and enabling countries where necessary to reorient their research work.

Dr MAHLER, Assistant Director-General, suggested that those delegates who had detailed technical questions to ask should take them up later with him or with his colleagues, since it would be difficult for him to answer them in the short time available at the present meeting.

Replying to some of the principal questions raised, he said that the Organization was obviously a victim of its past. WHO had a glorious past as far as the communicable diseases were concerned; and some of the developments within the field of epidemiology and communications science stemmed from initiatives in individual communicable diseases. That fact was reflected in the report before the Committee, and it partly explained why the report, on the whole, gave the fragmented appearance of a lot of scattered efforts inside the Organization.

There was perhaps another reason why the Organization was unable to bring sufficient explicitness to the question of what was really meant by "research in epidemiology and communications science". Ten years earlier it would have been virtually impossible to speak about research on the improvement of the delivery of health care to people: most members of expert committees and scientific groups strongly rejected the very idea of research in that
Perhaps the developments that had taken place within the Organization had been a kind of conflict between a strong drive in the communicable diseases area and a reluctance by the health care area to accept methodologies which the Organization had been successfully applying in the area of communicable diseases.

There was a tendency to believe that mathematical gymnastics would provide health care to people. They would not. And it was important to note that WHO had never believed that they would. Managerial methodologies could only accelerate the delivery of health care if there was a strong political and social will to provide such care. As had been pointed out, unless there was at all levels in Member States the will to provide such care an operational research project would serve no purpose; in fact it might do more harm than good.

Over the past five or six years, under instructions from the Executive Board and the World Health Assembly, the Organization had given increasing attention to the vital question of providing health care. The Director-General had established various foci in the Organization in order to promote methodological improvements in that field. He felt therefore that the report before the Committee was a reflection of the way the Organization would like to proceed. By the recent, internal restructuring of the Organization the Director-General had emphasized that health care to all peoples in all Member States must be the principal objective of WHO; and that everything else the Organization was trying to do was related to that overriding priority.

It was clear that this had been a weak area in WHO's work in the past for a number of reasons. First, confusion had existed - not only within WHO but outside it - as to the best planning, management, evaluation and information methods. Without an adequate critical mass of multidisciplinary expertise the Organization would be unable to assist Member States in making progress, and for that reason the Secretariat had been concentrating resources by merging various kinds of units and divisions, precisely in order to provide such a critical mass of expertise.

Replying to questions asked by the delegates of the USSR and Poland, he said that the Secretariat hoped within a relatively short time to be able to report to the World Health Assembly on the long-term orientation of this programme.

Replying to a question raised by the delegate of the USSR during the discussion of the programme and budget estimates for the Division of Strengthening of Health Services regarding a possible new approach to a unitless structure in WHO, he said that the emphasis was now being placed on programmes rather than on structures. There were four programme areas which the Secretariat had selected, believing them to be key areas of activity for that Division. They were (1) planning of health services, (2) development of health services, (3) functioning of health services, and (4) health services information systems. In those four areas efforts were being made to develop methodological approaches that were sufficiently simple and comprehensible to be useful for adaptation to any given Member State's local, social and economic situation. Each of those areas had a senior medical officer, assisted by a senior scientist, who was responsible for the development of the programme and particularly for identifying research projects relating to that particular programme. The rest of the Division constituted a multidisciplinary resource group, the advantages of which were that at any time resources could be mobilized for specific programmes and projects where the need was greatest. There were thus no artificial structural barriers to resources being drawn upon. Such a flexible type of resource group permitted the Organization to make available multidisciplinary expertise not only for the strengthening of health services but for other parts of the Organization and also for regional offices and field projects.

It was easy to make structural changes but much more difficult to make human beings work within the changed structure. It was perhaps too early to say whether the programme approach was more effective and efficient. He thought, however, that the Organization's experience over a relatively short period already showed that it would become increasingly possible to make better use of its limited resources in that way.

In reply to questions asked by certain delegates, he said that the Organization was trying to establish a register of the research being carried out in the field of health practice research, both inside and outside WHO. It was hoped that within a relatively short time such a register would be of service to individual countries who wished to develop their own national ability to promote research.

Dr CHRISTENSEN, Secretary, read out the draft resolution, including the amendments submitted by the delegates of Belgium, Poland, Romania and the Union of Soviet Socialist Republics.

Decision: The draft resolution, with its amendments, was approved.

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA28.43.
2. DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1974
(continued from the tenth meeting, section 1)

Dr. SHRIVASTAV (India), Chairman of the Working Group set up to consider the draft resolution on agenda item 2.2.3, read out the following draft resolution which it had proposed:

The Twenty-sixth World Health Assembly,
Noting the progress in the development of WHO international health programmes;
Recognizing the need for further improvement of assistance to developing countries in the field of health;
Taking into account additional difficulties in financing of WHO activities arising from the international monetary situation; and
Considering that WHO should aim at wider, more flexible and effective utilization of all sources of financing, as well as technical, material and other resources available;

1. CONSIDERS it expedient to show the technical assistance component more clearly in WHO programmes and budgets; and

2. REQUESTS the Director-General and the Executive Board to study, in the light of provisions of Article 5.5 of WHO Financial Regulations and of the current Administrative Committee on Coordination (ACC) Study, the possibility of financing WHO activities in currencies other than US dollars and Swiss francs, and to report thereupon to the Twenty-seventh World Health Assembly.

Decision: The draft resolution was approved.

3. PROBLEMS OF THE HUMAN ENVIRONMENT

General Considerations

The DEPUTY DIRECTOR-GENERAL said that the Director-General's report (document A26/11) indicated the items of interest to WHO arising out of the United Nations Conference on the Human Environment and the steps taken subsequent to its recommendations which had been confirmed by the General Assembly of the United Nations in December 1972. Apart from specific recommendations for action, some of which were already being implemented, the Committee might be interested in the institutional and financial arrangements for international cooperation on environmental matters, annexed to the document (resolution 2997 (XXVII) of the General Assembly). In addition, the steps taken by WHO and the United Nations Environment Programme (UNEP) were outlined.

The first session of the Environment Coordination Board under the ACC (Geneva, 9 April 1973) had marked the beginning of formal cooperation on environmental questions among members of the United Nations family within UNEP. The Board's broad functions would be to be consulted by and to advise the Executive Director of UNEP on (a) programme policy involving common guidelines and priorities for action on major environmental issues; (b) the use of resources and their implications for major policy matters; and (c) relations between organizations.

Following the Board's meeting an Interagency Working Group had been established to develop the monitoring programme envisaged by UNEP as part of its "Earthwatch" programme. The Group was helping to prepare for the first Governing Council meeting of UNEP in Geneva in June 1973; tentative proposals for pre-programming would be submitted, relating mostly to consultant work and meetings in preparation for the second session of the Governing Council in March 1974. It was hoped that the pre-programming activities would be undertaken by the various agencies with funds provided by the Environment Fund.

The Interagency Working Group on Monitoring was also charged with the preparation of comprehensive medium and long-term proposals for a five-year period for submission to an intergovernmental group convened by UNEP for February 1974. The intergovernmental group would refer the proposals to the second session of the Governing Council in March 1974.

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA26.40
Resolution WHA25.58 requested the Director-General to adapt and reinforce, as appropriate, the Organization's long-term programme in the field of environmental health, in the light of the results of the Stockholm Conference as it affected the competence and constitutional responsibilities of the Organization. Document A26/11 reflected the particular attention given to the establishment and promotion of international agreement on environmental health criteria on the known effects of environmental pollution, particularly pollution of air, water, food and places of work, and radioactive contamination. Such criteria were basic to action for the planning of abatement programmes, for the establishment of standards, and for the evaluation of environmental control programmes. The role of WHO was to bring together the available scientific information, evaluate it, and assist governments in applying it to environmental health programmes.

Drawing attention to the second paragraph of section B.2. of document A26/11, on environmental health criteria, he said that the Scientific Group on Environmental Health Criteria had met since the preparation of the document, with the financial assistance of UNEP, and had made recommendations to the Director-General on priorities and programme planning. WHO would consequently give particular attention in the next few years to the establishment of criteria and standards regarding eight substances while other substances would be the subject of preliminary assessment by expert groups. The Director-General appealed to all delegates to give particular support to the proposed collaborative programme, since active participation to provide data on those substances was essential to its success.

It had to be re-emphasized that there was no substitute for basic sanitation. The lack of a safe water supply, inadequate sanitary disposal of liquid and solid wastes, unhealthy housing, and absence of food sanitation and sanitation at places of work, continued to be the most important environmental health problems in the developing countries. While the Organization was well aware of the hazards of chemical pollutants and physical factors in the environment, the large majority of people in many countries were still affected by the "biological" pollution resulting from those inadequacies. Environmental sanitation was therefore in the forefront of WHO's programme, which gave emphasis to direct assistance to governments in the planning and implementation of national programmes and improved projects.

Professor HALTER (Belgium) expressed his delegation's satisfaction with the work of WHO in the field of the human environment, in particular its relations with the United Nations over the Stockholm Conference. WHO was especially concerned with factors in the environment that affected human health, and - in addition to the pollution of air, water and soil - he would draw particular attention to factors affecting the food chain, to the effects of noise and vibrations, and to ionizing radiations. There was no special item relating to the latter on the agenda of the present session, but the effects of radiation should remain among the primary preoccupations of WHO.

It was most important that countries should have well qualified personnel in sufficient numbers to carry out the research, monitoring and law enforcement work required by programmes to improve the environment.

Dr RADOVANOVIC (Yugoslavia) said that he hoped the measures described in document EB26/11 were only the first step in the long-term programmes of WHO and FAO. His country was especially interested in collaboration among Member States of WHO to develop criteria for the quality of air, water, soil and food, and standards for occupational hygiene. In Yugoslavia, following the adoption of laws governing protection of the air and water, legislation was being prepared that required the development of relevant international criteria. A Federal Council for environmental protection had already been created, and some of the republics had similar councils; it was intended to carry through measures down to the community level and to mobilize the population for the realization of the programmes. Legislation had also been passed prohibiting the advertisement of tobacco and tobacco products as well as smoking in public places. More than 10 conferences on environmental questions had been held in Yugoslavia in 1972, and in October 1973 an international conference organized by the Yugoslav Association of Medical Societies, the Medical Association of the United States of America and the World Medical Association was to be held in Primosten.

His delegation attached particular importance to WHO's assistance to developing countries in improving environmental health services in ministries of health and other national bodies by providing technical consultants and taking part in the implementation of programmes. It was hoped that in the future that form of assistance would be increased,
and that WHO would henceforth represent the view that environmental protection should remain the responsibility of health authorities in each country, as there was a tendency in some countries for it to become a purely technical matter, directed by the technocrats.

Dr SANCHEZ FERNANDEZ-MURIAS (Spain) said that, in order to ensure effective international measures, the work of other organizations concerned with the human environment might well be based on those carried out by WHO. Economic considerations constituted a major obstacle to the monitoring, prevention and control of pollution. Objective data about concentrations and the effects of contaminants must be collected before reaching decisions on standards and criteria. Hastily reached conclusions had already demonstrated the need for caution and for proper collaborative studies on the harmful effects of chemical agents; economic resources had been wasted; and the credibility of earlier, perfectly valid work initiated by governments for the detection of toxic substances had been damaged. WHO should therefore give particular attention to Recommendation No. 81 of the United Nations Conference on the Human Environment regarding the speeding-up of studies in order to establish standards for environmental protection.

His delegation also approved the proposal for a system for monitoring of the environment, in developing which Member States should take into account the methods of demonstration and analysis worked out by WHO in order to ensure compatibility of results.

Spain was including in its third economic and social development plan measures against environmental pollution and this would facilitate investment in the health infrastructure. Legislation on air pollution control passed in December 1972 provided for an expanded network for the monitoring of air pollution, whose findings could be forwarded through the national reference centre to the WHO system.

The Spanish delegation supported the draft resolution on WHO's human health and environment programme, particularly as it related to the collection of data on the effects of pollution as a basis for guides to quality.

He urged that agreement be reached on terminology in environmental health. There was confusion regarding guides and criteria, for example, and WHO should provide guidance on the proper usage.

Professor LEOWSKI (Poland) said that a most important problem facing the medical sciences was the evaluation of the influence of complex environmental factors on the distribution of the chronic conditions known as social diseases, which included cardiovascular diseases and cancer. Data were required on the effect on the etiology of those diseases of various physical, chemical, biological and social factors operating separately in different combinations. To plan and implement the necessary measures would be a complex task requiring an analysis of the action of many environmental factors and an observation of several physiological and pathological parameters affecting the population in question. Any research project in that field would have to be of long duration, since the early detection and diagnosis of chronic diseases was extremely difficult. It was expected that the Scientific Group on Environmental Health Criteria would indicate the priorities and provide the elements for a detailed plan of action over the next ten years.

Research work on environmental health required not only careful planning, based on pilot studies but also full international participation. Careful coordination was essential, as was a precise and comprehensive methodology. His delegation considered that that would be the most important task of WHO in years to come.

A special Ministry of Environmental Protection had been established in Poland two years earlier. In June 1973 the Second Congress of Science would be held in Warsaw; one of its main aims would be to determine the direction research programmes would take in the next twenty years; social and economic development of environmental health and nutrition would be discussed, and one of the committees would deal with problems. The Deputy Prime Minister would outline the developments requiring the active participation of scientists, and the Vice-President of the Polish Academy of Sciences would describe the research programme of the scientific community. The discussion would provide the first opportunity in the history of Poland for establishing joint governmental and scientific programmes of social and economic development, covering all aspects of health and environmental protection.

1 Reproduced on p. 394.
Dr RACOVEANU (Romania) said that the Stockholm Conference had introduced new preoccupations for WHO in fields that had already been of concern to the Organization for 10 or 15 years, namely: establishment of criteria for environmental health, determination of the health effects of exposure to pollutants, and improvement of health conditions through environmental measures. New findings had of course required a change in attitudes. In particular, the seminar organized by the Regional Office for Europe had shown that a system providing information on the environment would be inadequate if it did not include data showing environmental influences on health as well as data on environmental change. It could be seen from the WHO publication Health Hazards of the Human Environment that the task would not be easy. Indicators must be found for changes in health due to environmental pollution and studies to that effect were being carried out in Romania under the WHO/UNDP projects Romania 3102 and EURO 3114. It was proposed to use the data collected in those projects and in similar studies to constitute a "data bank" that would allow the comparison of effects in follow-up studies. He quoted similar programmes of the United States Environmental Protection Agency.

Problems of the environment were increasing in a number of developing countries, where industrialization and urbanization were progressing more rapidly than they had done in countries now heavily industrialized. Romania itself had changed rapidly in the last 25 years: its urban population had increased from 20% to 49% of the total population and was expected to reach 90% in the next twenty years. The parallel economic development required the solution of social and health problems arising from the environment. Recent draft legislation incorporated measures to ensure a healthy living and working environment. Provision was made for protection of the air, water, soil and natural resources. The functions of the central authorities were laid down; the Ministry of Health being responsible for monitoring health status as related to changes in the quality of the environment; establishing limits for exposure to harmful agents; drafting measures, in collaboration with other ministries, for the protection of seaside resorts and spas; and monitoring the environment and the exposure of the population to pollutants.

The meeting rose at 5.30 p.m.
TWELFTH MEETING
Tuesday, 22 May 1973, at 9.30 a.m.

Chairman: Dr S. PHONG AKSARA (Thailand)

1. ANNOUNCEMENT CONCERNING THE DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA: MEMBERSHIP OF WHO

The CHAIRMAN informed the Committee that confirmation had been received from the United Nations of the deposit on 19 May 1973, by the Democratic People’s Republic of Korea, of the instrument of its acceptance of the Constitution of WHO. As from that date, the Democratic People’s Republic of Korea had become a Member of WHO and its delegates were therefore entitled to take their seats at the Health Assembly. He welcomed them and extended to them his warmest congratulations.

2. THIRD REPORT OF THE COMMITTEE

Dr GURMUKH SINGH (Malaysia), Rapporteur, read out the draft third report of the Committee.

Decision: The report was adopted (see page 514).

3. PROBLEMS OF THE HUMAN ENVIRONMENT (continued)

Professor BERNDT (German Democratic Republic) promised his country’s active cooperation in the programme for the human environment, particularly in elucidating further exposure limits of air and water pollutants; in developing an effective monitoring system for air and water pollution and for noise; in investigating the environmental factors that were potentially dangerous to health, especially as regards occupational diseases; and in developing long-term programmes to alleviate hazardous environmental conditions, including radiation protection.

In his country, the protection of flora and fauna, the rational utilization and protection of natural resources, and water and air pollution control were provided for in the Constitution. By law, the common responsibility for the protection of the environment lay with all governmental economic and social organizations and institutions.

Long-term measures were already being taken. Thus joint research groups dealing with the control of air and water pollution had been established. The Ministry for the Protection of the Environment and Water Supply, the Ministry of Health, the competent industrial ministries, the meteorological service, the Academy of Sciences, and the universities were all collaborating in those activities. There were, besides, close connexions with the countries of the Council for Mutual Economic Assistance.

The German Democratic Republic was prepared to coordinate its research capacities to solve the problems of environmental health within the scope of WHO’s programme, and to cooperate actively in that programme.

Dr MARTÍNEZ RODRÍGUEZ (Cuba) said that, in his country, a national commission consisting of the Ministry of Health and other bodies had been set up 18 months previously and had analysed the recommendations of the United Nations Conference on the Human Environment. Cuba had the classical problems of developing countries, to which two other problems had lately been added: that of the use of fertilizers and pesticides in agriculture (the basis of Cuba’s economy), which had increased tenfold in the last five years; and the problem posed by the installations of the steel industry in the mining region of the eastern province.

The Ministry of Health had given priority to four basic programmes: (1) expansion of the national network of monitoring stations for atmospheric pollution; (2) protection of water supplies; (3) standardization and control of the use of chemicals in agriculture; and (4) industrial health and protection. In addition, the permanent programmes, such as those dealing with water supplies and the disposal of sewage and wastes, had been intensified.

Cuba was conscious of the perils of industrialization and mechanization. However science and technology were helping it to emerge from a state of underdevelopment and were valuable aids to the preservation of human health; they could not be allowed to develop into an element that endangered health.
His delegation hoped that, through the coordinated efforts of all countries and the collaboration of the United Nations specialized agencies, the problems raised in document A26/11 could be solved.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) said that a point, made in the Deputy Director-General's introduction could not be too strongly stressed, namely: that what was important to the health of the world was not so much protection against the effects of chemicals used in industry or agriculture as the provision of water supply systems, and especially drainage, to populations living in areas where such facilities did not exist. Before getting involved in the higher science of environmental protection, WHO should emphasize that that was the greatest need of the world at present.

Whereas criteria for safety in environmental contamination were necessary, caution should be exercised in using them. For instance, when a limit had been set to the presence of a particular chemical or gas in the atmosphere, that did not mean that it was therefore permissible to allow the level to be increased everywhere up to that limit. In addition to setting limits, WHO ought to be studying the best practicable means of dealing with industrial effluents or reducing the emission of anything that could build up to a dangerous level of contamination, e.g. the emission of sulfur oxides into the atmosphere. His country had long been concerned about the development of criteria unless they were expressed in terms of permissible levels in all circumstances. Immense improvements had been made in the atmosphere of London and many other cities in his own country simply by reducing the suspended solids emitted from industrial and domestic flues.

He emphasized the important point made by the delegate of Poland about the relationship of certain environmental factors to the incidence of chronic disease. The curious geographical distribution of some forms of cancer was well known, but the Polish delegate had emphasized the possibility that the development of atherosclerosis and certain processes inherent in aging could be accelerated by environmental factors that had not been fully identified. There was evidence, as yet unconfirmed, that persons regularly supplied with soft drinking-water had a higher mortality from ischaemic heart disease than those living in hard-water areas. That important observation should be further investigated since, if confirmed, it could have a considerable effect on health and on the measures taken to provide adequate water supplies. Moreover, in areas where the water supplies were deficient in fluoride, children were exposed to a greater danger of dental caries. That had been confirmed, and measures could be taken to redress the situation if only people could be persuaded that they were desirable. Another factor requiring investigation was exposure to lead. It was known that moderately increased exposure produced higher levels of lead in the blood of those exposed to it at work or perhaps as a result of water supplies delivered by lead pipes. Although those higher levels did not produce lead poisoning, they were known to produce biological changes; and it was not known whether the biological changes might not be factors in the development of chronic disease. The field stressed by Professor Leowski was one in which research workers might well be more active.

Dr CHRISTODOULIDES (Cyprus) said that, in the furtherance of social, industrial and technological development, man had neglected his natural environment and failed to consider seriously the potential dangers of technological development. Only recently had he come to realize those dangers and to give the matter the consideration that it deserved. At a conference held in Tokyo in November 1971, experts from four of the world's largest cities—London, New York, Chicago, and Tokyo—had declared that, unless pollution was conquered the future of humanity would be swept away in a deluge of wastes, polluted water, smoke, toxic gases, and radiation; and that, despite the rapid progress of medical science, pollution might not only cause deformities in unborn children but also stunt the healthy growth and development of the young.

The year 1970 had been designated by the Council of Europe as environment conservation year. In its Convention on Human Rights, that international agency had stated that every person had the right to clean air. The Environmental Pollution unit of WHO, after four years of preparatory work, had set up a system of 34 air-pollution monitoring stations throughout the world.
No serious air pollution problem yet existed in Cyprus, since industrial development had not progressed far enough: there was little heavy industry and the few existing factories were located away from inhabited areas. Domestic heating as a source of pollution was not a serious problem, but the internal combustion engine was giving cause for concern to both the authorities and the public.

According to an expert who had studied the situation in Cyprus a few years previously, the average amount of sulfur dioxide per head per year was in the region of 5 kg — which was negligible from the health point of view. Cyprus had legislation governing the height of chimneys and flues, and regulating the exhaust of motor vehicles, but such legislation was far from being effective. Two health inspectors had been trained in England to check emissions from chimneys and motor vehicles.

He quoted Sir Julian Huxley's words at a conference for the conservation of rare species of animals in Africa: "Remember that human beings are also part of the ecology. The human species, with all its faults, needs conserving too".

Professor YANG Ming-ting (China) said that the human environment indeed posed important problems. The people of China and most countries in Asia, Africa, and Latin America had suffered the common plight of subjection to imperialist aggression and oppression: they were very poor and their environmental sanitation was rudimentary. After Liberation, the Chinese Communist Party and the People's Government had made great efforts to change that situation. The improvement of environmental sanitation in Shanghai would illustrate his point.

Shanghai was the largest industrial city in China. Before Liberation, it had been ruled by imperialists, bureaucrats, and compradors who had ruthlessly exploited the workers and caused them to live in insanitary conditions. With the development of industry, following Liberation, there had been an increase in waste water and refuse. By self-reliance and arduous struggle, a series of hygienic measures had been taken to deal with the situation.

First, environmental sanitation had been improved and new houses had been built for the workers. About one million workers had previously been squeezed into slum areas. In the largest slum, Yao-shui-long, located along the Soo-chow Creek, the workers' shabby huts had been built between factories, and air was filled with smoke and poisonous gases discharged from factories. Large quantities of industrial wastes used to flow into the creek, polluting the water supply. As a result, epidemic diseases were prevalent in that area and the death rate reached 19.7 per 1000. More than 300 such slum areas had existed in Shanghai. After Liberation, the Chinese Communist Party and the People's Government had concerned themselves with the living conditions of the workers. Since 1950, funds had been appropriated every year to build houses. Over one million workers and their families had moved to new quarters with electricity, tap water, and modern sanitary facilities, and where trees and lawns had been planted to form a green belt. Another example was the improvement of the environmental sanitation in Chao-chia-pong - a creek that had once been wide, deep, and navigable. After the occupation of Shanghai by the imperialists, waste water was discharged into the creek day and night, making it the biggest stinking ditch in Shanghai. The workers lived in squalor along its banks, and many lost their health and even their lives. After Liberation, new dwellings, accommodating more than 1000 families, were built and a wide conduit was laid down to drain the waste water from the creek. The ground was levelled, some 100 000 trees were planted, and a wide boulevard, three kilometres long, was built.

Secondly, old factories had been transformed and rational city planning had been initiated. In old Shanghai, most of the factories had been poorly equipped, industrial technology was backward, and working conditions insanitary. Wastes of all kinds were discharged without any treatment. Such factories, numbering more than a thousand, polluted atmosphere and poisoned the water supplies. After Liberation, many of the small and dangerous factories had been merged into large ones and had been moved to newly planned industrial districts far away from the city proper, in fact small industrial towns. When factories were constructed facilities for production and for waste treatment were designed and built at the same time, so as to prevent environmental pollution from the outset.

Thirdly, Soo-chow Creek had been cleaned to protect the city's water supplies, since it was the main branch of the Huang-poo River, the source of Shanghai's surface water supply. Most of the small factories along the creek were moved to the new industrial districts, but the remaining larger factories had greatly increased their production. As a result,
industrial waste water and domestic sewage had also increased, thus making the quality of the water in Soo-chow Creek even more polluted. The Chinese Government had taken the following measures: (1) mobilization of all plant and factories along the banks of Soo-chow Creek to recover the useful materials from wastes, e.g., the papermills had found ways of turning their black liquid into fertilizers and most of the chemical factories had taken measures to recover waste acid, alkali, and other useful materials, such as chromium, cyanide, etc., from the waste water, thus greatly reducing the amount of pollutants in their effluents; (2) construction of irrigation systems with a preliminary treatment plant to process waste water for farm irrigation; (3) repeated dredging of the creek-bed and removal of the silt (430 000 tons in 1968 alone). By those comprehensive measures, the quality of the water in the creek had been greatly improved. The programme was still in progress.

Fourthly, industrial technology had been improved and pollution had been reduced or eliminated. The Kwang-ming electro-plating factory had originally used poisonous sodium cyanide in its processes and 450-600 tons of poisonous waste water containing 45 milligrams of cyanide per litre were discharged daily. After repeated experiments, a non-cyanide bath method had been developed and applied with success. The Liao-yuan chemical works, which produced caustic soda and chlorine, had formerly released large quantities of waste acid in the process of manufacturing hydrochloric acid. That waste acid corroded equipment, damaged conduits, and - worst of all - polluted river water. The workers of the factory had successfully designed a new installation containing three sets of hydrochloric-acid-absorbing towers, so that no acid was left in the waste.

The examples that he had given illustrated how environmental sanitation in Shanghai had been improved. There were still many problems to be solved, for example, certain projects in the field of multipurpose utilization of industrial wastes were still not very effective, much hard work remained to be done to improve the water in Soo-chow Creek. China would review its experience periodically in order to overcome its shortcomings and further improve environmental sanitation in Shanghai.

Dr KLIVAROVÁ (Czechoslovakia) said that, during the past two decades, Czechoslovakia had developed its sanitary-epidemiological service and had accumulated much experience in that respect. That service had developed standards and rules for the use of the State sanitary inspection services. The work of the sanitary-epidemiological service was based on a solid legal structure and on the expertise provided by research institutes and the sanitary-epidemiological stations. In Czechoslovakia no factory, house, school or hospital could be built without the permission of the sanitary-epidemiological service. The introduction of new products on to the market also had to be approved by that service. Czechoslovakia's non-participation in the United Nations Conference on the Human Environment did not mean that it was indifferent to the gradual degradation of the environment. It was prepared to cooperate in any international environmental health programme, provided that it was scientifically sound and realistic. The Czechoslovak sanitary-epidemiological service was following with great interest the development of the scheme for continuous international monitoring of all factors harmful to the environment and to human health. Czechoslovakia's scientific workers were engaged in such work and were elaborating methods for determining the role of air pollution in the deviation from normal of certain indicators, for example, retarded ossification and blood disorders in children. The results of those studies had been presented at meetings organized by the Regional Office for Europe.

The material submitted by the Director-General provided an excellent basis for a broad discussion of the matter. It would, however, be desirable to focus attention in the future on the health rather than the technological aspects.

Dr VIOLAKIS-PARASKEVAS (Greece) said that Greece was among the countries in which projects for the control of environmental pollution were in operation. The Greek Government had allotted high priority to the UNDP project on environmental pollution control in the metropolitan area of Athens for which WHO was the executing agency and from which favourable results were expected. The purpose of the project was not only to develop a comprehensive programme of environmental pollution control in Athens, but also to act as a pilot project that would help to solve similar problems in other areas of Greece.

The problems of the human environment demanded a continuous dynamic approach and did not warrant complacency. She stressed the urgent need for WHO to develop as soon as possible
criteria and guides for the various types of environmental pollution. Such guides and criteria were acutely needed by countries like Greece, which were in the process of rapid and intensive industrialization and urbanization and could not wait until research had elucidated the dose response relationship of the various pollutants; and they would help countries to establish national or regional standards according to local conditions and needs. The Greek Government believed that joint country and intercountry programmes on environmental pollution and control in the European Region could be developed to advantage.

Dr WEERATUNGE (Sri Lanka) said that his country had to face the problems not only of the developing but also of the developed countries. Rural pollution resulting from lack of basic sanitary services was still a major hazard, while growing urbanization and industrialization presented their own pollution problems.

There was still time to avoid large-scale pollution if prompt action was taken. Local government authorities, which had to operate under increasing financial constraints, often tended to lose sight of the pollution problem. It was important that they should be aware of the dangers that threatened the environment, since it was they who would be responsible for the implementation of the necessary legislation. Since it would be too costly to provide specialists in environmental pollution to advise local authorities, attention must be given to the teaching programmes in medical schools. To add training in environmental subjects to an already overburdened curriculum would not help unless medical students were made aware of the real priorities. They must be adequately briefed so that later, as medical officers in the field, they would be capable of advising on pollution problems. Proper planning at grass-roots level could avert many a national disaster.

There had been a great deal of discussion of pollution at national, regional and international levels, but it had not yet resulted in action being taken that was adequate to cope with the magnitude of the problem. The bureaucratic formula, "Action is being taken", was not enough. What was needed was a proper follow-up, the continuous evaluation of ongoing programmes, and their modification where necessary in the light of new evidence. The necessary machinery for implementing the decisions taken should be set up as soon as possible. He was sure that WHO would be able to help in establishing such machinery.

Mr LASCURAÍN (Venezuela) said that in studying the Organization's documentation on environmental health he had been struck by the marked divergencies of terminology, not only between Spanish and English but also between other working languages. Such divergencies might tend to confuse public health personnel: a standardized terminology was essential in order to enable them to carry out their work. He suggested that WHO should study the possibility of preparing a glossary of environmental health terms.

Venezuela was doing its best to meet the challenge presented by environmental health. It had to deal with the basic health problems characteristic of hot climates while at the same time coping with the effects of increased urbanization, the drift to the cities, industrialization, and an ever-growing transport problem - developments which brought in their wake pollution of every kind.

Recent increases in the national budget allocations for environmental health were an indication of the importance which his country ascribed to that sector. An operational unit had been set up that was responsible for the work of 22 national environmental health programmes, principally directed at improving sanitation in rural areas. In addition, a Bill had been introduced the previous year for the conservation and improvement of the environment. In 1972 Venezuela had played an active role in the United Nations Conference on the Human Environment in Stockholm, and had also taken part in the III Special Meeting of Ministers of Health of the Americas in Santiago, Chile - a meeting that had made recommendations for a ten-year development plan for the Americas in the field of health. It had collaborated in the work of the Committee of Experts set up by the Pan American Sanitary Bureau to establish standards in environmental health matters. Finally, it had set up a research centre in environmental health in 1972.

The problem of the progressive degradation of the environment had reached such a point in Venezuela that measures had to be taken immediately to channel development activities into directions that were less harmful. Both the Government and private industry were engaged in operations that would cause environmental damage unless control machinery were set up to protect soil, water, air and energy resources.
By 1974 the total area under irrigation in his country would be 149,000 hectares; unfortunately, irrigation provided a habitat for disease vectors, and thus led to a deterioration in the quality of the environment. Venezuela had imported 9.6 million litres of insecticide in 1970; only two of the plants which processed that insecticide were equipped to treat industrial residues, so that a large part of the residues were discharged into the drains. Another serious problem was that of refuse collection: the rapid growth of the urban population had meant that refuse collection services could not keep pace with needs - and small villages were often without services of any kind.

Industry was expanding in Venezuela at an average annual rate of 12% per annum, and half of that industry was located in Caracas; Caracas was thus faced with a serious air pollution problem, particularly since it also had to absorb the fumes from one-third of the country’s motor vehicles. In 1972 the Government had made plans for a new town outside the metropolitan area of Caracas to take some of the city’s overspill population, as well as part of its industry and trade. Certain newly developed large industrial complexes in the country constituted a threat to water resources, such as Lake Maracaibo and the Orinoco River.

All these problems had led his Government to include in its technical cooperation programme a pollution control project, which had been approved by the United Nations Development Programme in 1971. The Pan American Sanitary Bureau and WHO had appointed an interim technical adviser for the programme in 1972, and he had provided most effective assistance. The project would make it possible to determine the factors affecting the quality of the environment, and to recommend control measures. There would be a central office for the collection of data from stations monitoring pollution levels of international importance, in accordance with the recommendations of the United Nations Conference on the Human Environment.

Professor PACCAGNELLA (Italy) said that the problems of the human environment were accorded high priority in many countries, not only by specialists but by the general public. The basic reason was the realization that, once bacteriological and virological pollution had been controlled, its place was taken by chemical and industrial pollution. That realization had come as a shock to an affluent society.

He welcomed WHO’s long-term programme in environmental health, which would help countries either to avoid critical pollution situations or to prevent their negative effects where they had developed. His delegation supported the plans put forward in document A26/11 for improvement of basic environmental health and sanitation, establishment of environmental health criteria, environmental monitoring, and control of chemical, physical and biological pollutants and hazards.

WHO had first begun to consider air and water pollution problems 20 years ago; today its role in that field was of primary importance, and had been endorsed by the Stockholm Conference.

Among the activities mentioned in document A26/11 he would emphasize the strengthening of programmes in collaboration with other agencies to reduce the harmful effects of agricultural chemicals. In Italy the risk to health from such chemicals was higher in developing rural areas than in industrial areas, since they were frequently kept in houses, and whole families of farm workers were exposed to their toxic effects. Moreover fewer medical services were available in country areas.

His delegation particularly appreciated WHO’s role in establishing and promoting international agreement on criteria for the quality of air, water, food and the working environment. Those criteria would serve as a scientific basis for any preventive action that might be undertaken by health authorities.

The effect of environmental problems on human health was complex and delicate, and should be investigated by qualified specialists: any attempt at a solution that did not have the backing of professional expertise might well produce harmful effects.

Dr Al-AWADI (Kuwait) said that there was a tendency to think of environmental health only in terms of water supplies and sewage disposal. His country suffered from more complex problems of environmental pollution, which were of considerable concern to his Government. The development of large refineries in the Gulf area, where the world’s oil resources were mainly concentrated, was not only killing fish in the sea but also causing severe atmospheric pollution, aggravated by the extreme differences in temperature between night and day. He hoped that the studies on air pollution being carried out in the developed countries would take into account the special circumstances of industries located in arid zones.
Although atmospheric pollution was the chief hazard to human health in Kuwait, the danger was insufficiently realized, and he hoped that WHO would play a leading role in helping to combat it.

He supported the emphasis laid by the delegate of Greece on the establishment of criteria and standards by which pollution could be measured. Kuwait had hitherto been obliged to use United Kingdom and United States pollution standards, which were not applicable to its particular climatic conditions. He urged WHO to take steps as quickly as possible to establish pollution criteria, so that developing countries that were in process of becoming industrialized would be fully aware of the hazards they were creating.

Dr. Felkai (Hungary) said his country’s health regulations already included provision for the prevention of environmental pollution. However, technological progress and the experience of industrially developed countries in pollution prevention were factors that were being increasingly taken into account by Hungarian public health experts. Pollution prevention was a matter not only of public health but of social policy, and as such was the responsibility of the State.

Antipollution measures in Hungary had chiefly been directed towards the more rational use of fuels. The development of heating by natural gas and also of long-distance heating had already produced noticeable effects. Tests carried out in the new suburbs of Budapest had shown a decrease of dust content in the air of 30%, a decrease of 17% in sulfur content and a decrease of 55% in sulfur dioxide content over the last few years. A clean air zone had been introduced in the inner districts of Budapest from which the use of conventional fuels would progressively be eliminated.

The growth of industrial and agricultural production brought with it a considerable increase in the demand for water, but also led to increasing pollution of water supplies. The solution of that problem - by eliminating pollution at its source - was of particular concern to the pollution experts. In Hungary, a large part of the surface water was already considerably polluted. A protection policy was being applied to reduce that pollution and at the same time protect supplies as yet unaffected.

The problem of wastewater disposal was in part microbiological. Wastewater could, in the course of irrigation and dessication, interfere with the soil’s natural process of self-purification; and the matter was further complicated by the increasing use of herbicides and insecticides.

Clearly the most important task was the expansion of planned protection measures. In Hungary, the growth of industry, the increase in traffic, and the rising demands for consumer goods had led to a situation in which the main need was for action in the technological rather than the health field. WHO, by publicizing the latest results achieved in the fight against pollution, and also the measures introduced by individual countries, could do much to promote the work of specialists in all countries, including his own.

Dr. Shrivastav (India) said that in his country, although some areas were already industrialized, others remained predominantly rural. India was thus still in a position to be able to learn from the experience of the developed countries.

The Indian Government had established a National Committee on the Human Environment under the Ministry of Science and Technology, on which were represented health workers, agriculturists, zoologists, botanists, ecologists and industrialists. India’s delegation to the United Nations Conference on the Human Environment had been headed by no less a figure than the Prime Minister, who had a special interest in environment problems. Two Bills were now before Parliament, one relating to water pollution and the other to air pollution; they would be enforced uniformly throughout the country, but their implementation would be left in the hands of local authorities. He was somewhat concerned as to how successful that enforcement would be.

India was very dependent on surface water supplies, since it had no large underground reservoirs. A large number of insecticides had been used during the Green Revolution, and the monsoon cycle tended to carry those insecticides into streams and shallow wells, thus polluting the supplies of drinking-water. The levels of insecticide found in human fat in India were high compared with those in other countries, and the National Committee was therefore giving special emphasis to the control of the use of insecticides. However, control at national level was not enough; there should also be control at international level to curb the indiscriminate sale to developing countries of insecticides that had been found highly toxic and dangerous in use.

Two matters were of particular concern to the developing countries. The first was that the strict control of pollution might cripple the development of industry and have a harmful
effect on the economy. Governments and international agencies must therefore advise existing industries as to the methods whereby effluents could be brought within the permissible limits. New industries could be told what to do; but that was not possible with those already established, which therefore needed different technical advice.

The second was that of the development of recycling processes for solid and liquid wastes, which were too valuable merely to be thrown away, as was the practice in the developed countries. In Leningrad, he had seen a plant that was capable of converting 95% of solid wastes into agricultural manure; investment in the whole process was 10 roubles per ton, while the value of the recovered manure was nearly 8 roubles per ton. A process of that type would be of great value to countries such as India.

Nor should it be forgotten that overpopulation and slums, with the consequent poor sanitation, were also a factor in pollution. Pollution control in large cities should not be neglected, and in this connexion the improvement of housing was important.

At the United Nations Conference on the Human Environment, India had played a leading part in emphasizing the useful role played by WHO and other specialized agencies. The work of WHO in the field of the human environment should be strengthened by the provision of more funds and by better coordination with the United Nations Environment Programme (UNEP).

Dr BERNARD (Malta) said that environmental problems in Malta had been tackled fairly successfully and considerable progress made. Piped water supplies were now available almost everywhere, and the sewerage system covered about 80% of the country. There was legislation on foodstuffs, occupational health, and the environment. Phase 1 of a joint WHO/UNDP programme on water supplies had been completed, but phase 2 was still hanging fire.

He noted that no specific reference had been made in the meeting to seawater. There was deep concern in Malta at the oil washed up on its shores. He would welcome measures to eliminate this environmental hazard.

Dr THIEME (Western Samoa) said that he was the delegate of a small developing nation that was concerned mainly with the improvement of basic environmental health and sanitation. Assistance had been provided by WHO and UNICEF in developing rural water supply schemes; the areas concerned had shown a decrease in infectious diseases in the child population. Assistance had also been given with projects for solid waste disposal, which had led to a reduction in worm infestation. He was satisfied with the progress made in improving basic environmental health and sanitation. Great concern was now being felt, however, at the pollution of the air in the Western Pacific Region from atmospheric nuclear testing, and his delegation fully supported the draft resolution on the urgent need for suspension of testing of nuclear weapons.1

Mr GOERKE (Federal Republic of Germany) thought that the adjustments required in the programme on the environment were well expressed in the draft resolution on WHO's human health and environment programme2 of which his delegation was one of the co-sponsors.

Dr MENOKPOR (Ghana) said that nothing could replace basic environmental and personal hygiene, namely: clean housing, good drinking-water, and clean food. Ghana, like most developing countries, was mainly affected by the biological pollution of water and food, and most of the diseases prevalent in the country were waterborne or foodborne, e.g., dysentery and typhoid, or were diseases due to poor housing and overcrowding, such as tuberculosis. The main concern therefore was to provide the rural population with good drinking-water and proper waste disposal facilities. With aid from international agencies, the Government had begun the construction of rural water supply systems, but in some cases the rural population had themselves been responsible for such schemes, through communal labour and voluntary financial contributions helped by Government technical advice.

In the field of housing, only a few Ghanaians were in a position to build decent houses for themselves. The Government had therefore undertaken a phased programme to build low-cost houses that the average Ghanaian could buy on hire purchase.

Disturbing evidence of industrial pollution was now being noticed in Ghana. Moreover, with the Government's policy of self-reliance in agriculture, farmers were being mobilized

1 Reproduced on p. 386.
2 Reproduced on p. 394.
to produce more, and as a result the use of pesticides was increasing, with the inevitable adverse consequences.

Dr CAMARA (Guinea) emphasized that the problem of the environment was not only a problem of the industrialized countries. If environment was understood in the sense of all the external factors that affected man, then the countries of Africa, Asia and Latin America could be said to have suffered the worst pollution as a result of colonialism. One of the aspects of the global strategy for the improvement of the environment was therefore the concerted effort of all peoples to achieve the liberty and dignity of those still under colonialist and racist domination. The worst type of pollution was the pollution of man's conscience and the absence of liberty and dignity.

Environmental pollution in African cities was a consequence of overpopulation, which had made the available hygiene, water supply and waste disposal facilities completely inadequate. Conakry, for example, had 120,000 inhabitants in 1958, but the last census had given a figure of 450,000. The result was the hazards of faecal and waterborne diseases, as well as parasitoses and tuberculosis. Guinea was rich in iron ore and bauxite deposits, and numerous plants for the exploitation of these resources were being constructed. Detailed standards had been drawn up in connexion with these plants, and measures taken to prevent or control the pollution that might result. He hoped that WHO could play a coordinating role in that connexion.

Dr TOW (Malaysia) reported that Malaysia had embarked on a policy of industrialization as part of its development programme, and had established more than 10 industrial zones throughout the country. That could clearly lead to environmental pollution of increasing severity if nothing was done to check it at an early stage. Other sources of pollution included effluents from existing latex-processing factories, coconut and palm oil mills, and food-processing plants. There was also biological pollution by sewage, soil pollution by solid and liquid wastes (including those from tin mining), a radiation hazard from the use of medical and dental X-ray equipment, pollution from agricultural pesticides, air pollution from motor vehicles and the burning of solid wastes, and noise pollution.

Emphasis should be placed on the application of simple hygienic measures and on environmental sanitation, which were of far greater importance than sophisticated methods for the control of chemical and other effluents.

In Malaysia, more than 60% of the population lived in rural areas where environmental sanitation was poor. Waterborne diseases therefore accounted for a large proportion of the morbidity and mortality; in fact, gastroenteritis occupied fourth place among the ten major causes of admissions to government hospitals.

He was gratified to see that the first main role assigned to WHO by the Stockholm Conference was that of "improving health by improving environmental sanitation". With the assistance of WHO, Malaysia had completed a pilot environmental sanitation project aimed at providing potable water supplies, sanitary latrines, and wastewater and refuse disposal systems. Plans had been drawn up for a national environmental sanitation programme, which would be expanded to cover the rural population as a whole. The expected completion date was 1980, and the programme was financed very largely from national sources. The aim was to eliminate waterborne diseases, such as cholera, typhoid, dysentery and gastroenteritis.

Malaysia was not unaware of the dangers of industrial pollution. An Environmental Quality Act had been introduced, together with the necessary organization and structures for implementation. There was also a Radioactive Substances Act (1968), and the Food and Drugs Ordinance was being updated.

He hoped that WHO would continue to assist the developing countries with environmental sanitation until such time as sufficient local expertise was available.

The DEPUTY DIRECTOR-GENERAL said that the Secretariat was very encouraged by the interest shown by so many delegates. The remarks and suggestions made had been carefully noted.

Urgent Need for Suspension of Testing of Nuclear Weapons

The Committee had before it the following draft resolution proposed by the delegations of Australia, Bolivia, Chile, Colombia, Ecuador, Fiji, Japan, Malaysia, New Zealand, Nigeria,
Peru, Philippines, Poland, Sierra Leone, Thailand, Uruguay, Western Samoa and Yugoslavia:

The Twenty-sixth World Health Assembly,

Conscious of the harmful consequences for the health of present and succeeding generations caused by the contamination of the environment resulting from nuclear weapons testing;

Recognizing that fallout from nuclear weapons tests is an uncontrolled and unjustified addition to the radiation hazards to which mankind is exposed;

Expressing serious concern that nuclear weapons testing in the atmosphere has continued in disregard of the spirit of the treaty banning nuclear weapons tests in the atmosphere, in outer space and under water;

Recalling the Constitution of the World Health Organization and in particular the following principles:

(1) that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social conditions, and

(2) that the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States;

Conscious also of the special responsibility of members of the United Nations family of organizations to express their concern, in the areas coming within their respective competences, about the implications for present and future generations of mankind of continued nuclear weapons testing;

Further recalling that the World Health Assembly in resolution WHA19.39 of May 1966 called upon all countries to cooperate in preventing an increase in the level of background radiation in the interests of the health of the present and future generations of mankind;

Noting with regret that all States have not yet adhered to the treaty banning nuclear weapons tests in the atmosphere, in outer space and under water, signed in Moscow on 5 August 1963;

Further recalling resolution 2934 A-C (XXVII) of the United Nations General Assembly of 29 November 1972 and Principle No. 26 of the Declaration of the United Nations Conference on the Human Environment that man and his environment must be spared the effects of nuclear weapons and all other means of mass destruction;

Further noting that certain Member States of the World Health Organization have in several fora expressed their overwhelming opposition to nuclear weapons testing, and especially to testing which exposed their peoples to radioactive fallout;

Further noting and endorsing the views expressed by such bodies as UNSCEAR and the ICRP that any avoidable increase in the level of ionizing radiation in the atmosphere is unjustifiable and constitutes a long-term danger to health,

1. EXPRESSES its deep concern at the threat to the health of present and future generations and at the damage to the human environment which results from any increase in the level of ionizing radiation in the atmosphere,

2. CONDEMNS therefore all nuclear weapons testing which results in such an increase in the level of ionizing radiation in the atmosphere and urges its immediate cessation,

3. INVITES the Director-General of the World Health Organization to bring this resolution to the attention of the Secretary-General of the United Nations with a request that he inform all Member States of the United Nations of its contents.

Sir William REFSHAUGE (Australia) said that the most severe threat to the environment at the present time was that of the pollution of the total environment as a result of the atmospheric testing of nuclear weapons. The delegation of Australia took the view that any unnecessary increase in ionizing radiation was completely unjustifiable.

As a party to the partial test ban treaty, and as a country that for many years had argued in favour of the universal application of that treaty, Australia had long been opposed to all forms of testing nuclear weapons, and especially to atmospheric testing in the Pacific region.

The efforts to negotiate a treaty that would prohibit all nuclear weapons testing had culminated at the last General Assembly in the adoption of resolution 2934 A-C (XXVII), which called for a halt to all atmospheric testing. The dangers of such tests had been stressed at the United Nations Conference on the Human Environment, which had adopted Principle No. 26. This declared that man and his environment must be spared the effects of nuclear weapons and all other weapons of mass destruction.
In spite of all the protests that had been made, the expressions of opinion by Members of the United Nations, and the work of the Disarmament Committee, only limited progress had been made towards a comprehensive test ban that would have the support of all the nuclear weapons powers.

Nuclear weapons testing in the atmosphere in the Pacific was a health hazard to the peoples of that part of the world, and was without any compensating health benefits to them. Indeed, in the long run, it was a danger to the health of all peoples. The most recent protest against those tests was that made at a meeting of the South Pacific Forum, which adopted a joint declaration that included inter alia the statement: "They reaffirm their strong opposition to these tests, which exposed their people, as well as their environment, to radioactive fallout against their wishes and without benefit to them, and which demonstrated a deplorable indifference to their future wellbeing.

The concern of the people of Australia was not simply because of the possible effects on themselves and their country. It also arose from fears about the possible effects on the environment of the whole Western Pacific Region, of which Australia was a part. That those fears were justified was shown by reports that had been released giving the results of fall-out monitoring programmes conducted in the area.

The Health Assembly had considered the hazards resulting from nuclear weapons testing on many previous occasions. The most significant statement appeared in resolution WHA19.39, adopted in May 1966 by the Nineteenth Health Assembly. It recognized the mounting concern of world opinion at the harmful effects to present and future generations resulting from the increase in the levels of radiation to which man was exposed from nuclear and thermonuclear weapon tests, superimposed on other sources of radiation; and noted that "the effects of any increase in radiation exposure may not be fully manifested for several decades in the case of somatic disease and for many generations in the case of genetic damage". In its principal operative paragraph, the resolution called upon all countries to cooperate in preventing an increase in the level of background radiation in the interests of the health of the present and future generations of mankind.

That call had not been heeded. The Australian delegation therefore believed that it was proper for the Health Assembly to concern itself with the threat to the environment posed by the continued testing of nuclear weapons in the atmosphere.

Dr. HIDDLESTONE (New Zealand) said that the technological achievements of man were formidable, but so were their potential for irreparable harm. The technological achievements with the greatest potential for harm were those associated with the atmospheric testing of nuclear weapons.

Continued atmospheric testing in the Pacific had given rise to a widespread feeling of disquiet and alarm. The testing had been carried out in defiance of General Assembly resolutions and in total disregard of repeated objections and appeals by the many countries affected. Apart from the latest decision of the General Assembly, which called for a halt to atmospheric testing, the United Nations Conference on the Human Environment had adopted a declaration that man and his environment should be spared the effects of nuclear weapons. A similar decision had been taken in June 1972 at the International Labour Conference.

It had been established that the radiation released by nuclear weapons tests, and particularly those conducted in the atmosphere in the Pacific, was one of the causes of air and water pollution in New Zealand. The New Zealand National Radiation Laboratory had conducted radiation monitoring programmes throughout New Zealand and in the Pacific Islands to the north since 1965. Although the levels did not yet constitute a public health hazard, there was no question but that the risks existed, especially for the future. In addition, there was also the possibility of a nuclear accident with all its horrific consequences.

The Government of New Zealand accepted the recommendations of the International Commission on Radiological Protection that there should be no exposure to radiation without some compensatory benefit. New Zealand received no benefit from atmospheric nuclear testing, and the population was being exposed unnecessarily to a risk that was not of their choosing. Accordingly, the New Zealand Government wished to see an end to all nuclear tests, and particularly those that gave rise to an increase in the level of ionizing radiation in the atmosphere.

The concern of the New Zealand delegation was not purely parochial. It was in the interests of world health at large that the Health Assembly was being asked to speak out against acts that unnecessarily jeopardized the health and welfare of man. The New Zealand delegation was therefore pleased to co-sponsor the draft resolution before the Committee.

It appreciated that the World Health Assembly was supposed to be concerned only with health matters and that political issues were outside its purview. For the reasons outlined, however, the atmospheric testing of nuclear weapons was undeniably a health matter that medical men could ill afford to ignore.

The meeting rose at 12.30 p.m.
THIRTEENTH MEETING

Tuesday, 22 May 1973, at 3.55 p.m.

Chairman: Dr S. PHONG AKSARA (Thailand)

PROBLEMS OF THE HUMAN ENVIRONMENT (continued)

Agenda, 2.7

Urgent Need for Suspension of Testing of Nuclear Weapons (continued)

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) said that the delegate of New Zealand had stated at the twelfth meeting that the radioactive fallout from nuclear weapons tests in the Pacific did not yet constitute a health hazard, but the draft resolution stated in the first preambular paragraph that it was. He therefore suggested that the paragraph should be amended to read:

"Conscious of the potential harmful consequences for the health of present and succeeding generations which may arise from any contamination of the environment resulting from nuclear weapons testing."

The final phrase of the last preambular paragraph should also read: "...atmosphere is unjustifiable and constitutes a potential long-term danger to health."

In operative paragraph 1 the penultimate line should be amended as well to read "... generations and at the damage to the human environment which may be anticipated from any increase..."

Sir William REFSHAUGE (Australia) considered that the harmful results from nuclear testing had been clearly demonstrated in reports. Nevertheless, he would accept the amendments suggested by the United Kingdom delegate, provided that his co-sponsors agreed.

The CHAIRMAN said that as he saw no objections from the co-sponsors of the draft resolution he presumed that they agreed to the United Kingdom delegate's amendments.

Mr RABUNO (Fiji) said that the increasing degradation of the environment and its adverse effects on the health of present and future generations made it necessary for the Health Assembly to support the resolution adopted by the United Nations General Assembly in setting up the United Nations Environment Programme. His delegation was confident that the programme laid down in resolution WHA24.47 would include planning for improved water supplies, sewage disposal facilities and improved health care services, especially in countries where those problems existed in their most acute form and where improvements were most needed.

Referring to the United Nations Conference on the Human Environment which had assigned to WHO the task of monitoring and research on the effects of pollutants in air and water, he expressed the hope that WHO's programme in that connexion would include studies on the effects of ionizing radiation on health. It was widely acknowledged that human beings were being subjected to increasing doses of such radiation as a result of modern medical technology and increased travel. The people of Fiji felt deep concern and anxiety at the nuclear tests carried out in the Pacific, and his delegation agreed with other speakers who had expressed their concern at the pollution of the atmosphere by such tests. Fiji's proximity to the testing area meant that it was in a very different position from other countries whose delegates were participating in the discussions.

His delegation therefore warmly supported the draft resolution.

Dr SENCER (United States of America) suggested that as the preamble referred to the treaty banning nuclear weapon tests in the atmosphere, in outer space and under water, which his Government had signed, the words "in the atmosphere" should be added at the end of the title of the draft resolution and at the end of the first and fifth preambular paragraphs. If those amendments were accepted his delegation would support the draft resolution.

Dr HIDDLESTONE (New Zealand) suggested that the final phrase of operative paragraph 1 should be amended to read "which may be expected from any increase in the level of ionizing radiation in the atmosphere."

Sir William REFSHAUGE (Australia) had no objection to the United States or New Zealand delegates' amendments.

Professor HALTER (Belgium) said that, as the treaty banning nuclear weapon tests referred to "tests in the atmosphere, in outer space and under water," he was somewhat surprised at the United States delegate limiting his amendment to the atmosphere only. Had the United States Government changed its intentions with regard to that treaty?
Dr SENCER (United States of America) said that his Government did not propose to change its stand on the proliferation of nuclear weapons. The amendment was intended to meet the particular purpose of the draft resolution before the Committee.

Dr ONDAYE (Congo) unreservedly supported the draft resolution, as his delegation considered that nuclear weapons were a permanent danger, not only because of the radiation hazards they entailed but also because of the anxiety and fear of war they brought to all mankind. The powers that were undertaking nuclear tests should realize that their first duty was to maintain peace. The tests were a further manifestation of the desire to dominate the world that had been expressed at various times by the slave trade in Africa, imperialism, colonialism and neocolonialism. It was regrettable that the human race had a tendency towards self-destruction, especially when it reached a certain degree of technological progress. People should help one another, not for their own selfish interests but for the good of humanity as a whole. The best weapons were knowledge, understanding, tolerance, social justice, equality and friendship between peoples.

His delegation opposed the United States amendment, which changed nothing so far as the problem of peace and human health threatened by nuclear weapons was concerned.

Dr ADEOYE (Nigeria) said that the developing countries were the most likely to be the victims of the effects of nuclear weapons testing in the atmosphere, in outer space and under water. Those countries were already confronted with enormous health problems and could not afford to have the health hazards of radioactive fallout added to them. His delegation therefore supported the draft resolution.

Dr PAREJA (Argentina) supported the aims of the draft resolution but felt that the arguments adduced by the delegate of Australia in its favour were not reflected in the text. In addition, he suggested that in the second preambular paragraph "uncontrolled and unjustified" should be deleted. As the third preambular paragraph failed to take into account the important work done by the United Nations system of organizations, in particular the various resolutions adopted by the United Nations General Assembly, it should be amended to read as follows: "Expressing serious concern that nuclear weapons testing in the atmosphere has continued in disregard of the many resolutions of the United Nations General Assembly whose purpose is to obtain a complete and total ban on nuclear weapon tests in all media," In the seventh preambular paragraph the words "Noting with regret" should be replaced by "Recalling" and the following words should be added at the end of the paragraph: "and deploring further, that the determination expressed by the parties which have acceded to this treaty to continue negotiations with a view to obtaining a complete suspension of all nuclear weapon tests has not yet attained the desired results;". Finally, in operative paragraph 1, the word "avoidable" should be inserted after the words "from any."

Professor REXED (Sweden) said that his Government was against the testing of nuclear weapons in any form. He therefore fully supported the original text of the draft resolution, which in many ways was stronger than was now proposed. However, he accepted the amendments suggested except those of the United States delegate. The whole idea behind the fifth preambular paragraph was that the various organizations of the United Nations system had a special responsibility for observing and expressing concern at the effects of such testing, whatever the type. The United States amendment should be put to a separate vote.

Dr OLAFSSON (Iceland), supporting the Swedish delegate's statement, suggested that nations wishing to carry out nuclear testing should do so on their own territory in order not to contaminate the environment in other countries.

Mr TSUNASHIMA (Japan), one of the co-sponsors of the draft resolution under discussion, accepted the amendments suggested by the United Kingdom and United States delegates.

Dr CHAPMAN (Canada) said that the wording of the original draft resolution was almost identical with the position taken by the Canadian Government at various international meetings dealing with nuclear testing. The Canadian Government was opposed to nuclear weapon testing in all its forms, and therefore to the United States amendment.

In operative paragraph 2, he suggested that it would be better to use the word "Deplores" rather than "Condemns".

Sir William REFSHAUGE (Australia) said that the fact that the draft resolution had been submitted by 18 Member States was an indication of the widespread concern felt at nuclear weapon testing. However, in a spirit of compromise, his delegation would accept the amendments proposed. He understood that his co-sponsors would in the same spirit accept the amendments.
Dr MONTERO RUIZ (Peru) said his delegation could not agree to WHO's refraining, as a technical Organization, from condemning action that was bound adversely to affect health. The Stockholm Conference had been categorical in stating as an aim that man and his environment should be freed from the effects of nuclear weapon testing. The draft resolution of which his delegation was a co-sponsor referred to the international efforts to prevent nuclear tests of bodies not directly responsible for the protection of health. WHO should a fortiori come out clearly in favour of their abolition. It was not just a matter of avoiding an increase in radiation, but of fulfilling the basic principle of public health administration that any preventable threat to health should be totally eliminated. He appealed to Member States to support the resolution without amendments.

Mr ESPINO (Panama) proposed that the United States delegate's amendment should be voted on first, that of the delegate of Argentina second, and that of the delegate of Canada third.

Professor CANAPERIA (Italy) said that his delegation had always supported the aim of ending nuclear atmospheric tests of any kind anywhere in the world, and he therefore supported the draft resolution in substance. He supported the proposal to substitute "deplores" for "condemns" in operative paragraph 2, and he proposed the deletion of "immediate" in that paragraph. With those changes the draft resolution would accord better with the resolutions of the General Assembly of the United Nations to which reference was made in the preamble.

Sir William REFSHAUGE (Australia) could not accept the proposal to delete the word "immediate", since immediate cessation was wanted. Nor could he accept the amendments proposed by the delegate of Argentina. He asked the delegate of Peru to reconsider his decision not to accept the amendment proposed by the delegate of Canada.

Dr STUYT (Netherlands) agreed with the statements of the delegates of Australia and New Zealand underlining the health aspects of the testing of nuclear weapons. Although he was, in principle, against discussions of a political nature in specialized agencies of the United Nations such as WHO, he felt obliged, now that political issues were involved, to make his position clear. He expressed his full agreement with what was stated in the second operative paragraph of the draft resolution in so far as it reflected the opposition against nuclear weapons testing, in particular against testing which exposed people to radioactive fallout. He furthermore stated his Government's preference for a cessation of all nuclear tests, including those carried out underground, not only because of the dangers to the environment, but certainly also within the framework of a limitation of the qualitative nuclear arms race. He supported the resolution with the amendments proposed by the delegates of Canada, the United Kingdom and the United States.

Dr RADOVANOVIC (Yugoslavia) opposed the amendments proposed by the United States delegate for the reasons stated by the delegate of Sweden.

Dr ARNAN (Israel) fully supported the original draft resolution and regretted any weakening of the wording. However, even with the amendments proposed, the present draft resolution still had a task to fulfil, and his delegation would therefore support it.

Dr TOW (Malaysia) supported the resolution and had no objections to the amendments proposed by the delegates of the United States and the United Kingdom. His Government was against nuclear testing everywhere.

Professor HALTER (Belgium) supported the draft resolution with the amendment substituting "deplores" for "condemns" and the amendments proposed by the United Kingdom delegate, which corresponded better to the actual scientific position. He could not accept the United States delegation's amendments limiting the resolution to testing in the atmosphere only.

Dr HERBST (Federal Republic of Germany) supported the draft resolution with the amendment proposed by the Canadian delegate, which would permit more delegations to vote for it. He urged members of the Committee to concentrate on the substance rather than on the words.

Dr AMMUNDSEN (Denmark) agreed with the delegate of the Netherlands that the Health Assembly was not the place to discuss a political issue. She supported the draft resolution with the amendments proposed by the United Kingdom and Canada and opposed the amendment of the United States delegate.

Professor AUJALEU (France) said that, although the draft resolution did not specifically
designate any country, there was no doubt that it was essentially directed at the tests
carried out by France in Polynesia. Any doubt was removed by the amendment proposed by the
United States delegate.

His delegation would oppose adoption of the draft resolution. France had submitted to
the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR) several
detailed reports on the results of measurements of radioactivity in different areas of the
world made by its observer posts following nuclear tests made in Polynesia. In 1969 UNSCEAR
had noted that the radioactivity in the atmosphere contributed by the tests of France and China
represented only 2% of the total attributable to nuclear tests up to that time and that the
global radioactive fallout had passed its maximum before France had made its tests and despite
the tests, had continued to fall regularly in level since 1964. The tests made by France in the
Pacific were never questioned by UNSCEAR, nor were any special remarks made on reports
submitted during 1970 and 1971. Measurements made by other countries, among them New Zealand
and Australia, showed that the level of radiation was less in 1970 and 1971 than it had
been before.

His Government had paid particular attention to protecting the seas and their resources
and coastal populations. The tests were atmospheric and the consequent contamination of the
sea was very low and limited to a zone of some 100 nautical miles around the explosion.
Controls made in migrating fish had never revealed radioactive contamination in edible parts;
indeed all the controls made had shown that the living resources of the ocean were protected.
He quoted a series of figures to support his argument that, although the risks could not
be said to be absolutely zero in the strict scientific sense of the word, they were extremely
low. The soil in Australia contained five times less strontium than the soil in France, and
of that minute quantity only a tenth was derived from nuclear tests. Natural levels of
radioactivity in the soil ranged from 100 mrem per year to 1800 or even as high as 2500 mrem per
year in some parts of the world. Ionizing radiation from medical sources was around 50 mrem
per year. The fallout from nuclear tests was 2-5 mrem per year in the northern hemisphere
and 1 mrem in the southern hemisphere. Of that 1 mrem only 0.2 mrem was due to the French
tests. Those figures corresponded to the genetic doses calculated according to the rules
adopted by UNSCEAR. The argument that doses were cumulative and had a genetic effect was not
scientifically valid in respect of small doses, as recent studies had showed. In Cornwall,
for example, the drinking-water contained 30 times as much radium-226 as in Wales; but the
mortality rates for cancer and leukemia were lower in Cornwall. Again, a flight from Oceania
to Europe involved the absorption of cosmic rays at high altitudes corresponding to 50 times
the annual radiation from the French tests. He hoped that he had now provided enough
figures to enable the Committee to reach a decision based on facts.

Dr HEMACHUDHA (Thailand) supported the draft resolution as amended by the United Kingdom
and United States delegates. He did not object to the amendment proposed by Canada if the
majority of delegates wished it.

Dr AVRAMIDIS (Greece) said that his country, as a signatory of the 1963 agreement, was
opposed to nuclear testing and favoured the draft resolution, though he would have preferred
an appeal to all countries to ban nuclear weapon tests of all kinds. He supported the
Canadian and Italian delegates' amendments in the interest of having the largest possible
majority in favour of the resolution.

Dr JIRON (Chile) said that his delegation, as a sponsor of the draft resolution,
opposed the amendments proposed by the delegates of the United States of America and Canada,
which would only weaken it. In relation to the remarks made by the delegate of France, he
wondered why, if the tests were as harmless as was claimed, they were to be made 10 000 miles
from that country's territory and not on the Mediterranean coast.

Dr CHEN Hai-feng (China) reaffirmed his country's wish for the complete prohibition and
destruction of nuclear weapons. China was compelled to make tests under the threat of the
super-powers and developed nuclear weapons solely for defence and to break their monopoly of
those weapons. The number of tests carried out in China was limited and they had been made in
the deep interior of the country. Due consideration had been given to climate, wind
direction and other factors. Measures had been adopted to prevent pollution affecting the
people of his own and other countries and therefore no harm had been caused.

China would at no time and in no circumstances be the first to use nuclear weapons. It
was ready to stop tests at any time, but that could only be done when countries possessing
nuclear weapons agreed to prohibit and destroy them. His delegation would therefore oppose
the draft resolution.
Dr ARTEAGA (Honduras) said that no amount of subtle argument could prove that nuclear tests were harmless to health. It was discouraging to see doctors taking up the arms of dialectics for the cause of nuclear tests carried out by their countries. The draft resolution should be adopted unanimously, and the delegates of testing countries should intervene with their governments to stop the damage. It would be distressing if a political forum like the United Nations showed more zeal for the health of mankind than the specialized agency concerned with health.

Dr SENCER (United States of America), in view of the opinions expressed, withdrew the amendments he had proposed. His delegation would abstain from voting on the resolution since it did not take account of the good faith of those working on the test ban treaty.

Sir William REFSHAUGE (Australia) said that after listening to the remarks of the delegate of France he felt that the intent of the resolution should be clarified. Expert bodies had examined the risks of low doses. A report of the International Commission on Radiological Protection stated:

the assumption is made that down to the lowest level of dose, the risk of inducing disease or disability increases with the dose accumulated by the individual. This assumption implies that there is no wholly safe dose of radiation. The Commission recognizes that this is a conservative assumption and that some effects may require a minimum of threshold dose. However, in the absence of positive knowledge, the Commission believes that the policy of assuming a risk of injury at low doses is the most reasonable basis for radiation protection.

Again the 1972 report of the Advisory Committee on the Biological Effects of Ionizing Radiation of the National Academy of Sciences of the United States stated:

It is unlikely that the presence or absence of a true threshold (dose) for cancer in human populations can be proved. If the intent of authorities is to minimize the loss of life that radiation exposure may entail, they must indeed be guided by such estimates and will not rely on notions of threshold.

Those statements could not be ignored. Atmospheric nuclear tests inevitably released radioactivity. Fallout would contaminate land, sea, and the food of animals and man and would irradiate man externally and be incorporated in body tissues. If there were no more tests there would be no more contamination; that was the central issue of the draft resolution. His delegation would accept the amendments proposed by the United Kingdom and Canadian delegates although the latter might require a separate vote. The United States delegate had withdrawn his amendment. His delegation did not accept the amendments proposed by Argentina, which might also require a separate vote.

Dr PAREJA (Argentina) said that in his attempt to save time he had perhaps not explained his delegation's proposed amendments fully enough. He was not clear what the Australian delegate's objections to them were.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that his country was in favour of the prohibition of the manufacture, stockpiling, testing and use of nuclear, bacteriological, chemical and other weapons of mass destruction and considered such weapons to be a threat to the environment. He supported the draft resolution.

After some discussion, Dr AL-AWADI (Kuwait) proposed an adjournment of the debate.

Decision: The proposal to adjourn the debate was adopted by 63 votes to 7, with 2 abstentions.

Professor AUJALEU (France) asked for his delegation's abstention to be recorded in addition to the two already recorded.

After a further exchange, the DIRECTOR-GENERAL explained that, following the adoption of a proposal to adjourn the debate, under Rule 61 of the Rules of Procedure no further discussion was possible.

The meeting rose at 6 p.m.
FOURTEENTH MEETING

Wednesday, 23 May 1973, at 9.5 a.m.

Chairman: Dr S. PHONG AKSARA (Thailand)

PROBLEMS OF THE HUMAN ENVIRONMENT (continued)  
Agenda, 2.7

Urgent Need for Suspension of Testing of Nuclear Weapons (continued)

Mr ALZAMORA (Peru) pointed out that the General Assembly of the United Nations, the Conference on the Human Environment, and ILO had condemned nuclear tests. It would be regrettable, indeed incomprehensible, that WHO, the organization that should be and was the most concerned with the problems of human health and safety, should confine itself merely to deploiring them. It would be a serious backward step in the developing action within the framework of the United Nations against the hazards of nuclear explosions. He therefore appealed urgently to his fellow sponsors and to all peace-loving countries that supported the aims and principles of WHO to reject the amendment proposed by the delegate of Canada.

Professor HALTER (Belgium) said that WHO had expressed its views on nuclear testing on a number of occasions, particularly in resolutions WHA13.56, WHA14.56 and WHA19.39. The word "condemn" had not appeared in any of those resolutions, although they had referred to a series of large-scale tests about which European nations had been gravely concerned owing to the widespread effects on the atmosphere. The use of the word "condemn" in the draft resolution would appear to be making a distinction between different countries and different situations. His Government was in favour of abolishing nuclear tests and, indeed, nuclear weapons. It would not however be appropriate to use a word which had not been employed in recent United Nations resolutions on the subject. He therefore supported the proposed Canadian amendment.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) formally moved the closure of the debate on the draft resolution under discussion.

Dr BUSTAMANTE (Ecuador) opposed the motion to close the debate. The Peruvian delegate had stated that it would be a backward step merely to deplore what the United Nations had condemned. The Belgian delegate had stated that the General Assembly of the United Nations had not condemned but merely deplored nuclear tests. It seemed that some clarification was required.

Decision: The motion to close the discussion on the draft resolution was carried by 57 votes to 2, with 12 abstentions.

The CHAIRMAN put to the vote the Canadian delegate's amendment to the draft resolution.

Decision: The amendment was adopted by 40 votes to 22, with 11 abstentions.

The CHAIRMAN put to the vote the Italian delegate's amendment to the draft resolution.

Decision: The amendment was rejected by 45 votes to 4, with 23 abstentions.

The CHAIRMAN put separately to the vote the Argentine delegate's amendments.

Decisions:

(1) The amendment to the second preambular paragraph was rejected by 52 votes to 3, with 20 abstentions.
(2) The amendment to the third preambular paragraph was rejected by 51 votes to 3, with 22 abstentions.
(3) The first amendment to the seventh preambular paragraph was rejected by 58 votes to 2, with 17 abstentions.
(4) The second amendment to the seventh preambular paragraph was rejected by 51 votes to 3, with 23 abstentions.
(5) The amendment to operative paragraph 1 was rejected by 55 votes to 1, with 20 abstentions.
(6) The Argentine delegate's amendments were therefore rejected as a whole.

The CHAIRMAN put to the vote the draft resolution as amended.

Decision: The draft resolution, as amended, was approved by 68 votes to 4, with 9 abstentions.¹

¹ Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.57.

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WHO's Human Health and Environment Programme

The CHAIRMAN drew the Committee's attention to the draft resolution entitled "Problems of the Human Environment" which was proposed by the delegations of Bahrain, Bangladesh, Belgium, Canada, Denmark, Finland, France, Federal Republic of Germany, India, Indonesia, Iraq, Ireland, Kuwait, Luxembourg, Madagascar, Mexico, Netherlands, Portugal, Romania, Sierra Leone, Sweden, United States of America, and Yugoslavia, and which read:

The Twenty-sixth World Health Assembly,
Recalling resolutions WHA24.47 and WHA25.58;
Noting the United Nations General Assembly resolution 2997 (XXVII);
Considering that WHO, which by virtue of its Constitution is the specialized agency concerned with health, should make a substantial contribution to the coordinated environment programme of the United Nations system by assuming leadership in the health aspects of the programme and by assisting governments in
(a) the improvement of environmental quality through the provision of adequate and safe water supply and wastes disposal facilities,
(b) the monitoring of pollutants harmful to health in air, water, food, soil and the working environment,
(c) the development of criteria and primary standards for the protection of man's health from harmful environmental influences, and
(d) the promotion and coordination of appropriate research;
Drawing attention to the continued existence of biological pollution, particularly in some developing countries, as a result of inadequate environmental sanitation and community water supply facilities;
Renewing its invitation to governments and other bodies, particularly the United Nations Environment Programme, to provide additional resources which would enable WHO to extend its environmental health programme, as described in the Director-General's report;
Emphasizing that the solution of environmental health problems depends on an interdisciplinary approach and coordination between many programmes,

1. THANKS the Director-General for his report and endorses the action taken to reinforce and implement the Organization's long-term programme in environmental health in accordance with resolutions WHA24.47 and WHA25.58 and the recommendations made by the United Nations Conference on the Human Environment;
2. RECOMMENDS that governments:
   (1) provide adequate resources and infrastructures for national environmental health programmes;
   (2) participate in the WHO long-term programme in environmental health, particularly in the formulation of environmental health criteria by contributing reviews on national research related to the health effects of environmental pollution and other environmental agents;
   (3) take an active part in WHO programmes on the monitoring of levels and trends and the health effects of environmental factors in air, water, food, soil and the working environment; and
3. REQUESTS the Director-General:
   (1) to accord high priority in the programme of the Organization to the implementation of the long-term programme in environmental health, emphasizing
      (a) the assessment of the effects of environmental conditions on health,
      (b) basic sanitation, with particular stress on safe water supplies, and other methods of environmental control,
      (c) the development of systems for the monitoring of pollutants that may be harmful to health in air, water, food, soil and the working environment,
      (d) the early identification of hazards and prevention of their effects;
   (2) to provide assistance to Member States in assessing environmental health conditions, in the planning and implementation of environmental control programmes, and in obtaining suitable technology;
   (3) to study and develop a coordinated programme for the assessment of the effects on man of biological, chemical and physical agents in the environment, including new and potentially hazardous substances used in the home, in industrial production and in agriculture, to prepare new WHO criteria documents on the environmental health effects of such agents, and to bring the existing criteria documents regularly up to date;
(4) to promote, strengthen and coordinate research on the health effects of environmental pollutants, particularly the combined and long-term effects, and to develop protocols for experimental and epidemiological studies, a uniform terminology and agreed definitions, in collaboration with national institutions and interested agencies;

(5) to continue to collaborate with other international agencies, particularly the United Nations Environment Programme and the United Nations Development Programme;

(6) to accept and make full use of resources, not only from the regular budget of the Organization but also from the United Nations Environment Fund and from voluntary contributions, in accordance with paragraph 3(d) of resolution WHA24.47; and

(7) to report to the Twenty-seventh World Health Assembly on progress achieved in the implementation of the Organization's long-term programme in environmental health, including collaboration with and within the United Nations Environment Programme.

Dr STUYT (Netherlands), introducing the draft resolution, said that its title could lead to the misconception that the problem area of WHO was the environment and that other fields had no problems. On the other hand, the implementation of resolutions WHA24.47 and WHA25.58 had already resulted in a programme, the details of which had become more concrete after the Stockholm Conference in 1972. The recommendations of that Conference and the resolutions of the United Nations General Assembly had distinctly influenced the form and scope of the environmental health programme of WHO. Since WHO had started work in the environmental field, therefore, and was no longer discussing problems, he suggested that the title of the resolution should be "WHO's programme for human health and environment".

In the Netherlands, health and the environment had for more than two years been under the undivided responsibility of a single cabinet minister, who had discovered that the various environmental issues were not confined to his own domain but affected all sectors of the community. However, the overriding importance of human health and wellbeing placed great responsibility in his hands and obliged him to institute effective mechanisms for coordination and collaboration. Human beings, like all other living organisms, were an inseparable part of their environment and it was clearly impossible to control environmental conditions without due regard to the protection of health.

He therefore welcomed the initiative already taken by WHO in, inter alia, preparing the essential basic criteria in documents such as Air Quality Criteria and Guides for Urban Air Pollutants. The results and recommendations of the preparatory meeting of experts in November 1972 had shown that that part of the programme was well under way. In Europe, other international organizations such as the Common Market, ECE, and OECD had urged collaboration with WHO and were awaiting the results of WHO's activities in that field. One forthcoming event that might have a direct impact on further implementation of the environmental health programme of WHO was the first meeting of the Governing Council of the United Nations Environment Programme (UNEP). He believed that WHO should not hesitate to proceed further with its tasks, as directed by the World Health Assembly and stimulated by the resolutions of the United Nations General Assembly. As many other international agencies also had important tasks in the environmental field, coordination with and within UNEP was urgent so as to realize an effective division of labour.

International cooperation on concrete environmental issues necessitated clearly defined objectives with emphasis on a multidisciplinary and multinational approach. By virtue of its constitutional responsibility for health, WHO had to make a substantial contribution towards coordinating national and international activities in that field.

If the other sponsors of the draft resolution agreed, a few minor changes might be made to improve the clarity of the draft resolution: first, the insertion in the third preambular paragraph, subparagraph (c), of the words "guides or" before "primary standards"; secondly, the substitution of the words "health hazards" for "hazards" in operative paragraph 3(1)(d); and thirdly, the insertion of the words "and other environmental factors" after "pollutants" in the first line of subparagraph (1)(c) and in the second line of subparagraph (4) of operative paragraph 3.

Professor HALTER (Belgium) found the amendments acceptable.

Dr SAUTER (Switzerland) said that his Government, convinced that WHO's activities in the field of the environment were of fundamental importance for the future of mankind, fully subscribed to the principle and spirit of the draft resolution before the Committee and to the draft resolution on the development of environmental manpower that the Committee would shortly be considering. More than one institution in Switzerland could contribute at the international level to solving the problems concerned.

The draft resolutions were somewhat negative in that they mentioned tasks consisting in merely observing the noxious effects of pollutants and preventing the hazards resulting from them. His delegation would have preferred the draft resolution under discussion to be more positive and constructive, and it proposed that some mention be made of the promotion of research aimed at replacing procedures that polluted the environment by others that caused less pollution, e.g., the replacement of chemical by biological means in insect control, with a mention of WHO's activities in that field so far.

Dr CHAPMAN (Canada) said that WHO undoubtedly had an important role to play in dealing with the health aspects of the problems of the human environment, and his delegation supported the programme. However, as the field was extremely complex, it was essential to coordinate the whole United Nations programme on the environment in order to make progress and ensure the optimum utilization of resources. The words "within the United Nations Environment Programme" were therefore very important, and WHO should take full account of UNEP's coordinating responsibility. The development and extension of WHO's programme should take place within the framework of a coordinated worldwide programme, of which the health aspects formed an important part.

The draft resolution also invited UNEP to provide additional resources to enable WHO to extend its programme. Canada supported that proposal, provided that the funds were not used to finance existing programmes. However, if UNDP and WHO agreed that a new project was desirable or that a project should be extended into a new field - e.g., the development of criteria and guides relating to specific environmental pollutants - it would be appropriate for WHO to utilize UNDP funds for that purpose. In the long run, however, WHO should have control of its own programmes within the framework of the coordination established, and so it should be recognized that those programmes should eventually be brought into the Organization's regular budget.

The Canadian delegation considered the draft resolution very important and supported the amendments proposed by the delegate of the Netherlands.

Dr STUVT (Netherlands) thought that the amendment proposed by Dr Sauter extended the scope of the draft resolution beyond what was originally intended. However, if the Swiss delegate maintained his amendment, he would accept it.

Dr TABIBZADEH (Iran) said that development projects such as dam building, irrigation, and agricultural improvement schemes might change the ecological characteristics of the human environment. Certain development projects had produced unfavourable changes in the ecological and epidemiological status of the areas in which they had been implemented, and so had harmed the environment. It was therefore necessary that the health aspects of those changes should also be taken into consideration before such projects were implemented. In Iran, a coordinating committee had been set up, with the participation of the ministries concerned, to consider those points before development projects were implemented. He therefore suggested the inclusion of an additional subparagraph under operative paragraph 2, reading: "(4) protect the human environment from any harmful effects due to the implementation of development projects".

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that he was somewhat concerned about the proposed amendment, the intention of which was not clear to him. Since the subject under discussion was so important, he thought that the Committee should have the proposed amendments to the draft resolution in writing or, alternatively, that the authors should agree on a revised draft resolution.

Professor AUJALEU (France) said that the French delegation, as co-sponsor of the draft resolution, accepted all the amendments proposed and was particularly in sympathy with that proposed by the Swiss delegate. The Iranian delegate's proposed amendment was too restrictive in that it mentioned only the human environment, rather than the natural environment. He therefore wondered if it would not be better to refer to the natural environment and any effects dangerous for man.
Professor HALTER (Belgium) thought that the various amendments proposed had changed the
fundamental concept of the draft resolution. It was linked with two resolutions of previous
Health Assemblies and the intention had been to confine it to a limited number of points with
a view to strengthening the Director-General's position for the forthcoming discussions with
the United Nations. The sponsors had wanted to avoid topics included in previous resolutions.
The Swiss and Iranian delegates' amendments were covered by resolutions WHA24.47 and WHA25.58.
The minor amendments proposed by the delegate of the Netherlands were reasonable and based on
discussions at the present meetings. The introduction of new amendments might prolong the
debate unduly.

Dr KLIVAROVA (Czechoslovakia) said that it was difficult to take a decision on amendments
presented verbally and it would be better if they could be submitted in writing. She
therefore supported the proposal of the delegate of the USSR.

Dr SAUTER (Switzerland) said that, although he had merely intended to show that WHO had
more constructive tasks than appeared from the present wording, he was prepared to withdraw
his amendment.

Dr TABIEZADEH (Iran) also withdrew his amendment.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that all the amendments proposed
should be taken into account. He was not opposed to the draft resolution but would abstain
from voting because among all the amendments suggested, he could not tell what he was supposed
to be voting on.

Professor REXED (Sweden) deplored the way in which technical, medical, and factual
discussions were being curtailed instead of the necessary time being devoted to them. It
seemed that there was good reason for reforming the working of the Assembly.

Dr CHRISTENSEN, Secretary, said that the Swiss and Iranian delegates had proposed
amendments and then withdrawn them. He read out the draft resolution as amended by the
delegate of the Netherlands.

The CHAIRMAN put to the vote the draft resolution as amended.

Decision: The draft resolution, as amended, was approved.1

Development of Environmental Manpower

On behalf of the co-sponsors - the delegations of Belgium, Cameroon, Ivory Coast, France,
Luxembourg, Netherlands, and Zaire - Professor HALTER (Belgium) introduced the following
draft resolution:

The Twenty-sixth World Health Assembly,
Recalling resolutions WHA21.20 and WHA23.35 concerning the training of health
personnel and resolutions WHA24.47 and WHA25.58 concerning the human environment;
Referring to Recommendation No. 7 of the United Nations Conference on the Human
Environment held in Stockholm in June 1972, which stresses the need to institute
specialized training programmes in regard to environmental matters;
Considering that the prevention of the hazards resulting from harmful environmental
factors requires the participation of very different types of personnel responsible for
a large variety of tasks within the health services, other bodies, industry and research;
Aware of the complexity, diversity and extent of the health problems that these
hazards entail and which are frequently more than national in scope, in both developed
and developing countries;
Recognizing the need to provide the various categories of health and environmental
manpower with common multidisciplinary knowledge, thus ensuring the unity of views that
is indispensable for public health purposes,

1. RECOMMENDS that Member States:

(1) introduce or strengthen teaching of the health sciences within training
programmes for the various categories of environmental manpower;
(2) give priority to the use of such manpower within the institutions responsible
for planning and carrying out coordinated programmes to promote health and to
improve the human environment as well as at all operational levels;

1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as
resolution WHA26.58.
2. REQUESTS the Director-General:

(1) to assist Member States to determine their requirements for environmental manpower in connexion with health;

(2) to provide assistance and means of coordination for the preparation and implementation of programmes at the regional and inter-regional levels for the training of specialists in health, human ecology and environmental sciences and technology;

(3) to contribute to those training programmes in so far as budgetary resources permit, by providing fellowships and qualified teaching staff and by organizing long-term and short-term courses, seminars and other meetings in order to promote the acquisition of skills and the exchange of knowledge and information, on the basis of a systematic approach to the planning of training;

(4) to continue to collaborate with other intergovernmental institutions and with the nongovernmental organizations concerned with a view to coordinating the various aspects of the training programmes; and

3. ASKS governments and other sources for voluntary contributions with a view to the rapid establishment and development of programmes for training environmental manpower.

He said that WHO had been active for many years in the field of health personnel training and in the dissemination of ecological knowledge. Nevertheless, many countries were faced with practical and legal problems in relation to the environment that needed special knowledge of the problems involved. Schools of sanitary engineering had existed for many years, but a more specific training in environmental health was now necessary, in relation to the application of standards, criteria and guides. The draft resolution was intended to request Member States and the Director-General to undertake activities that were more realistic in character, not only teaching the philosophy of the environment but also training engineers, physicists and others to appreciate the health problems of the environment and to act accordingly. Such training should be introduced or strengthened not only in the health services but also in the research departments responsible for the design and installation of equipment for controlling pollution. It was also necessary for research workers to be trained to look for ways of replacing certain techniques by others that caused less pollution or gave rise to less dangerous pollutants.

Professor AUJALEU (France) referred to developments in the field in Europe, so effectively supported by the Regional Office for Europe. A number of European universities were now trying to develop a common course in ecology, and the project provided a model of international cooperation, the role of WHO being essentially that of coordinating the curricula and providing teaching staff. Those taking the first course at Geneva had included a factory manager, a number of architects, teachers (especially science teachers) from secondary schools, psychologists, factory medical officers, an engineer from CERN, factory inspectors, and works consultants. It was thus not a question of teaching students a profession, but rather of making people who already had a profession aware of the problems of ecology.

Dr RACOVEANU (Romania) proposed that in operative paragraph 2(2) the words "to provide assistance" should be replaced by "to extend the assistance provided", since WHO was already providing assistance, and at the end of operative paragraph 2(3) the words "and by studying the possibility of designating international and regional centres for the training of environmental manpower" should be added.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that he failed to understand the amendment proposed by the delegate of Romania. What was meant by international and regional centres? Were they reference centres or teaching institutions? He also thought that the wording of operative paragraph 3 could be improved; in its present form it seemed unacceptable from the procedural point of view.

Dr RACOVEANU (Romania) explained that the expression international and regional centres did mean reference centres, because such centres always provided training.

Professor HALTER (Belgium) had no objection to the amendment proposed by the delegate of Romania. The words "other sources" in operative paragraph 3 meant governments and nongovernmental bodies. In western Europe, for example, the oil industry devoted certain resources to environmental research.
Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that his previous comment had apparently been misunderstood. His point had been merely that governments, i.e., Member States of WHO, should not be placed in the draft resolution on the same footing as "other sources".

Professor FERREIRA (Brazil) supported the draft resolution. In Brazil, there were three or four schools of sanitary engineering and highly qualified personnel were available, but the infrastructure was inadequate. There had been no difficulty in obtaining finance from international banks for major construction works, but it was impossible for small villages to solve their sanitary problems since finance was not available for them. It was of fundamental importance to train medium-grade personnel to assist the university-trained specialists.

Professor HALTER (Belgium) suggested that operative paragraph 3 should be reworded as follows: "ASKS governments for voluntary contributions with a view to the rapid establishment and development of programmes for training environmental manpower, which could also benefit from contributions derived from private sources".

Dr VENEDIKTOV (Union of Soviet Socialist Republics) accepted the rewording but thought that the reference should be to "other sources" rather than "private sources".

Professor HALTER (Belgium) had no objection to "other sources".

Decision: The draft resolution, as amended, was approved.

Drought in Africa

On behalf of the co-sponsors - the delegations of Chad, Guinea, Mali, Mauritania, Niger, Upper Volta, and Senegal - Dr WONE (Senegal) introduced the following draft resolution:

The Twenty-sixth World Health Assembly,
Considering the unprecedented drought that is affecting a number of African countries and is seriously endangering the conditions of the human environment in that part of the world;
Considering the serious undernutrition that is already affecting the millions of inhabitants of the areas concerned as a result of the enormous losses of crops and livestock;
Concerned by the threat of imminent famine in these countries in the coming weeks and months;
Aware that the problems of undernutrition, morbidity and mortality arising from this natural disaster are directly within the field of concerns and activities of WHO, which has always been concerned with the protection of the human environment; and
Considering the serious budgetary limitations that will affect the States concerned on account of the very marked reduction in taxable goods and the virtual cessation of exports;
1. REQUESTS the World Health Organization to use its moral standing and statutory powers to submit and support a request for immediate and substantial assistance in the way of food for the threatened countries from the appropriate bodies of the United Nations family (FAO, UNDP, WFP, etc.);
2. URGES Member States to provide or continue to provide the African States affected with assistance in the way of food; and
3. REQUESTS the Director-General to implement any prophylactic and therapeutic measures that may be required if the situation becomes worse.

An unprecedented drought affected certain African countries in the region known as the Sahel. Certain aspects of the problem did not fall strictly within the scope of the agenda item now under discussion, but he hoped that such purely formal considerations would be overlooked in the light of the imminent threat of famine in the area concerned. It was necessary to provide help as quickly as possible to large numbers of people whose very existence was in danger.

Dr CAMARA (Guinea) said that the ultimate objective in improving the environment was to safeguard human life at the highest possible level of health. In vast areas of Africa at

1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.59.
present, the environment had become hostile and deadly to man, animals and all life. Without water, life could not exist, and millions of people were now finding out how true that was. If there was an outbreak of cattle disease or if 20 people died of cholera the alarm was sounded and WHO immediately sent epidemiologists and medical supplies to help the country concerned. In the same way, WHO had provided assistance after the earthquake in Chile. What should WHO do now in the face of a situation in which hundreds of people were starving, cattle dying, and crops failing? WHO could not leave to other organizations the initiative in taking action to save human lives. It had a role to play, and he was therefore convinced that the draft resolution would receive general approval.

Dr SHRIVASTAV (India) supported the draft resolution, but thought that it should be made more comprehensive and not be confined to African countries. There were other parts of the world where drought was equally severe; in the western part of India, for example, the monsoons had failed for three years in succession and a near-famine situation prevailed, bringing in its wake the threat of cholera, smallpox, and parasitic infections. He suggested that in the first preambular paragraph the word "African" should be deleted and that "in that part of the world" should be amended to "in various parts of the world".

Dr WONE (Senegal) accepted those amendments. His delegation's concern was that aid should be sent wherever it was needed.

Dr KIVITS (Belgium) supported the draft resolution. His own country had signed agreements with a number of the countries affected by the disaster and had shown its concern by concrete action.

Dr AUJOULAT (France) was glad that the co-sponsors of the resolution had called attention to the serious situation that had arisen in Africa. It resulted not from any damage to the environment caused by human activity but from a change in the environment itself, so that it had become hostile to human life, and in the opinion of experts the desert was gaining ground in that region. The situation was much more tragic than had been presented in the Press; in fact, the draft resolution presented by the African countries understated it. Nutritionists had made a survey of the affected areas and had found that peasants were living on less than a tenth of the amount of food normally considered essential to support life. The majority of the population were farmers and herdsmen and were entirely dependent on their livestock, but many had lost up to 80% or 90% of their herds and with it their interest in life.

He had visited the area and had seen at first hand the work being accomplished under the auspices of FAO and the World Food Programme, as well as the substantial amounts of aid contributed by some of the more privileged countries. Unfortunately, such aid often arrived too late, because after it had arrived in the country there was often not enough transport to take it to the remote areas where it was most needed. There had also been a failure to estimate how much aid would be required, since it had not been foreseen that the drought would persist for so long; thus the supplies provided for Mauritania had only been sufficient to meet one quarter of the actual needs. It had also not been foreseen that foodstuffs with a high fat and protein content should have priority over other types of foodstuffs in order to combat malnutrition.

Although the appeal launched by FAO was meeting with a generous response from all parts of the world, WHO should be aware that the famine was likely to have harmful effects on health both in the long and in the short term. The population would be left vulnerable to all kinds of diseases, and there would be an urgent need for vaccines and medical supplies. The resolution might be made more forceful by requesting the Director-General in operative paragraph 3 to take action immediately, as measures were urgently required.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) also supported the draft resolution. It was clear that, owing to the serious ecological consequences of the drought, the situation in Africa was critical. He suggested that one concrete step the Health Assembly could take would be to request the Regional Director for Africa to prepare quickly a report on the situation in the area. The report would be of help to Member countries and to international organizations in determining what action they could take.

With regard to the text of the resolution, he was not entirely clear about the implications of the phrase "taxable goods and the virtual cessation of exports" in the last preambular paragraph.

Dr SHRIVASTAV (India) agreed with the delegate of the Union of Soviet Socialist Republics that the phrase in question was not entirely appropriate. He suggested that a better wording might be "in their economic and other resources".

Dr ARTEAGA (Honduras) supported the Indian delegate's amendment to the first preambular paragraph. There was a parallel drought situation in Central America, notably in Honduras.
Dr WONE (Senegal) had no objection to the amendments proposed. He supported the proposal by the delegate of the Union of Soviet Socialist Republics that the Regional Director should be requested to prepare a report on the situation for transmission to Member States and international organizations.

The DIRECTOR-GENERAL said that both the Regional Office for Africa and the Regional Office for the Eastern Mediterranean - the latter because the situation was serious in the south of Sudan - were taking steps to help the affected countries and the Regional Directors had contacted the WHO representatives in those countries. WHO, which was working in full cooperation with the United Nations, had already received a contribution from the Government of Switzerland towards meeting any request that might be made by Sudan for equipment, vaccines, antibiotics, etc.

The United Nations had set up a programme of assistance to the south of Sudan, with the Director-General of FAO as coordinator, and WHO was keeping in touch with FAO in order to provide any necessary assistance in the health field.

The Organization's resources were, of course, limited, but he had no doubt that, if WHO could provide Member States with information on the situation, they would make available the funds required. In the meantime, WHO was providing assistance as part of some of the projects being implemented with funds from the regular budget in the two regions concerned.

WHO had been providing assistance in the south of Sudan for more than a year already and there would be no difficulty in obtaining the necessary information on the situation and in taking whatever relief measures were possible. He did not believe, however, that the situation in all the countries concerned - which he feared was partly man-made - could be remedied easily. A long-term programme of coordinated assistance from the international organizations and all governments that could afford to help would be needed.

Mr ESPINO (Panama) thought it would weaken the effect of the draft resolution if, as suggested by the delegates of India and Honduras, it were made applicable to all parts of the world. He proposed that the resolution should be left in its original form.

Dr JADAMBAA (Mongolia) supported the draft resolution. He suggested that the final operative paragraph should be amended to read "REQUESTS the Director-General to implement the essential prophylactic and therapeutic measures required".

Dr SHRIVASTAV (India) reiterated his view that, in keeping with the character of WHO as an international organization, the draft resolution should be broad enough in scope to cover all countries of the world affected by drought. The Organization, as it was already doing in many parts of the world, could help to alleviate the situation by supplying vitamins to especially vulnerable sectors of the population, such as pregnant mothers and young children, and by supplying vaccines and serum. He agreed that WHO could not of itself provide a complete solution; there had been a complete change of climatic conditions in India, in which deforestation had led to successive failures of the monsoon, and long-term measures such as reafforestation, improved irrigation facilities and the deepening of river-beds and wells were called for.

Dr CAMARA (Guinea) said that, although he had the fullest sympathy for those suffering from calamities in other parts of the world, it was the African countries who were appealing for help in the resolution under consideration, and it was to their needs that WHO was being invited to respond. He stressed that the situation was an extremely urgent one, and unless prompt action was taken many would die.

Dr BAIDYA (Nepal) supported the amendment proposed by the delegate of India. There had been severe famine in western Nepal due to the failure of crops over the past two years, and mass migration from the mountains to the plains had led to a danger of epidemics.

Dr SUMPAICO (Philippines) fully supported the draft resolution, but felt it should not be confined to the effects of drought. In order to take into account the wider sphere in which WHO could and did provide assistance, he suggested that in the first preambular paragraph the word "drought" should be replaced by "natural calamities".

Dr WONE (Senegal) feared that diluting the draft resolution to the extent proposed would eventually leave the Committee with a text that would satisfy no one. What was under discussion was not an abstract philosophical question but an actual emergency affecting the lives of thousands of people. The Committee ought not to give the impression that it was hesitating to provide the aid that was needed, and he urged Members to give unanimous support to the draft resolution as amended by the delegates of France and India.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) agreed that if the resolution were made too general in scope the immediate situation that had prompted it might be lost sight of. He proposed that, in order to make clear that WHO was aware of the emergency
situations existing in other countries, an additional preambular paragraph should be inserted, which would read "Remaining mindful of the desperate needs of other areas".

countries, an additional preambular paragraph should be inserted, which would read "Remaining mindful of the desperate needs of other areas".

Dr ALAN (Turkey) supported that proposal.

Professor FERREIRA (Brazil) said that the draft resolution rightly laid the chief emphasis on the plight of African countries. However, in order to cover the needs of other countries suffering from similar disasters, he suggested that the words "and other" should be added after "African" in the first preambular paragraph, and that in operative paragraph 2 the phrase "and other countries" should be added after "African States".

Dr KIVITS (Belgium) said that the Committee had already spent too much time on discussion of the resolution. He proposed that the debate should be closed and the resolution put to the vote.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that it would be better to circulate the text of the amended draft resolution so that it could be considered at the next meeting. He did not think it appropriate that a vote should be taken at the present stage.

The DIRECTOR-GENERAL suggested that, since there was no time to vote on the proposed amendments to the draft resolution individually, a working group should be set up to prepare a revised text for later consideration by the Committee. He reminded delegates that the Committee still had to deal with the item concerning cancer research.

The CHAIRMAN proposed that a Working Group should be established, consisting of the co-sponsors of the draft resolution, with the addition of the delegates of India, France, Mongolia, the Union of Soviet Socialist Republics, the United Kingdom, and any other interested delegates to prepare a revised text of the draft resolution.

It was so agreed. (For continuation, see summary record of the fifteenth meeting, section 2.)

The meeting rose at 12.45 p.m.
1. PROGRAMME OF INTERNATIONAL COOPERATION IN CANCER RESEARCH

Dr. Lambo, Assistant Director-General, introducing the Director-General's report (document A26/12 and Add.1), emphasized the importance of cancer research for all Member States, including the developing countries. The rising incidence of cancer and the increasing numbers of the world population reaching the age groups at greatest risk had made cancer a major public health problem even in countries at present more concerned with nutritional and communicable diseases. Whereas research was being carried on mainly in the advanced countries, the greatest need for assistance, particularly with cancer prevention, was likely to be in the developing countries.

He outlined the development of the Organization's cancer research programme from the establishment of facilities within the Secretariat by the Interim Commission of WHO in order to permit preliminary studies. The Second World Health Assembly had expanded the WHO programme in health statistics to include the registration of cancer cases. During its first ten years the Organization's contributions to cancer research had been directed mainly to coordination of statistical studies, the standardization of definitions and nomenclature and, on the repeated advice of the Health Assembly, the encouragement and coordination of national efforts. Programmes in cancer had always been an element in WHO's research programmes for the strengthening of national health administrations, the training of professional and auxiliary personnel, services to research, and the improvement of communications between scientists, especially through the organization of meetings and training courses and through scientific publications. WHO's programme was expanded from 1958 onwards to include the histopathological classification of tumours by body site, the promotion of limited studies in epidemiology and geographical pathology, and the development of a cancer control programme covering techniques of prevention and early diagnosis, methods of treatment, rehabilitation and professional and public education.

Upon the establishment in 1965 of the International Agency for Research on Cancer (IARC), which was primarily concerned with epidemiology and the study of the environmental factors that might be involved in the etiology of cancer in man, some of WHO's activities had been transferred to the Agency. They were outlined in the last two paragraphs on page 3 of document A26/12.

In its cancer programme, WHO did not duplicate the vast amount of work done elsewhere, but concentrated on those aspects to which its unique international character particularly suited it. Assistance and advice to governments in the organization of cancer control activities, coordination of research through the vast network of international reference centres, international evaluation of certain procedures relating to cancer control, dissemination of information, the training of research workers through the fellowships programme, the provision of grants for the exchange of research workers, and cooperation with international nongovernmental organizations such as the International Union Against Cancer (UICC) were prominent elements in WHO's cancer programme. Some examples of recent collaborative research were described on pages 4, 5 and 6 of document A26/12.

In examining WHO's programme of cancer research, the Committee had to consider how best to deploy existing resources to provide every possible assistance to Member States. The need was to rationalize and integrate all funds, whatever their source, within a well-designed framework of international cooperation. WHO would continue to concentrate on the aspects for which its international character particularly fitted it, with a view to determining and controlling the causes of the disease and improving its detection and treatment, leaving the basic aspects of epidemiological research to IARC.

The CHAIRMAN drew the Committee's attention to a draft resolution on long-term planning of international cooperation in cancer research, presented by the delegations of Bulgaria, Czechoslovakia, German Democratic Republic, Hungary, Poland, Romania, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, and United States of America.

The draft resolution read:
The Twenty-sixth World Health Assembly,
In view of the exceptional importance for national and international health of cancer as a major cause of mortality at all ages and of morbidity in all countries;
Recognizing that work on cancer absorbs a substantial and increasing part of the financial and other resources of Member States and of their research institutions and that cancer patients absorb a high proportion of the treatment facilities;
Realizing that the problems of cancer are extremely complex and are unlikely to be fully elucidated by any one country or by the uncoordinated efforts of many countries;
Conscious of the ever increasing possibilities for international cooperation, both governmental and nongovernmental, in the study of the causes and mechanisms of malignant disease and in the development of programmes for its treatment and prevention;
Believing that such coordinated international action is essential if the elucidation of the problems associated with cancer is to be accelerated;
1. CONSIDERS
   (1) that the main effort in cancer research should be made by the national research organizations of Member States but that their activities should be coordinated and uniform methodology should be used wherever possible; and
   (2) that such coordination can best be achieved through an integrated, comprehensive programme to which institutions of Member States may adhere to the extent that they so desire and which would cover, inter alia, the standardization of methods and of terminology, epidemiological studies, and the development of methods for the early diagnosis and treatment of cancer and of preventive measures, including the identification and removal of carcinogens from the environment;
2. BELIEVES that under the aegis of the World Health Organization, the International Agency for Research on Cancer, the International Union against Cancer, and WHO, in accordance with their constitutions and in pursuance of resolution WHA25.60, should be able to design a broad international programme; and that each of those organizations should develop a specific role in the comprehensive programme, a role which should be regularly reviewed in the light of the progress achieved;
3. DEEMS IT NECESSARY to develop, for each recommended line of research:
   (1) a central record of the more promising studies being carried out along with concrete proposals for research and methodology;
   (2) a list of reference centres and collaborating institutions;
   (3) a computer-based information service which, inter alia, would collect and disseminate data on the results of ongoing studies and on relevant new developments in medicine, biology and other sciences;
4. REQUESTS the Director-General
   (1) to convene a meeting of experts, of representatives of Member States and of the nongovernmental organizations concerned to make recommendations for a long-term programme for international cooperation in the field of cancer; and
   (2) to prepare, on the basis of these recommendations, a programme for international cooperation, and submit it to the Twenty-seventh World Health Assembly.

Dr VENEDIKTov (Union of Soviet Socialist Republics) was gratified that the Health Assembly had included international cooperation in cancer research as a special item on its agenda. WHO and other international organizations had done, and were doing, a great deal in the field of cancer; but it was time to look at the problem in a new light. Many biomedical problems had assumed enormous proportions. Nevertheless, they would have to be solved. It had been stated that a colossal amount of medical and organizational research would be required for their solution; it had been emphasized that WHO could not solve important international problems with the limited funds available in its regular budget, and at the same time attention had been drawn to the unique part that WHO was in a position to play in their solution.
His delegation was of the opinion that an international programme of cancer research could serve as a model for international cooperation in a number of health problems. Cancer was one of the most serious and complicated global problems, and research in and control of cancer was important for the health services of developed and developing countries alike, Many countries had built large research institutes and were spending enormous sums of money in an ever-increasing effort to find the causes and mechanism of the development of malignant tumours. A great deal of work was being done on the virus theory of cancer and leukoses, and on the role of radiations, chemicals, food additives, etc.; much research had been
directed to elucidating what turned a normal healthy cell into a malignant cell, and what molecular and genetic mechanisms determined malignant growths. However, the pathogenesis of malignant tumours, the immunological reaction of the organism to malignant cells, and a number of other aspects were not yet understood, and it was not known why certain forms of tumours were found mainly in certain geographical areas and among certain population groups. Nor was it known what carcinogenic substances were present in the environment in different countries and to what extent they constituted a problem for developing countries. It was sometimes said that the cancer problem was less important for developing countries. He was convinced that that view was a mistaken one and that communicable diseases, at present in the forefront, were masking the extent of the cancer problem in those countries.

The methodology of the early diagnosis of cancer, the carrying out of mass preventive examinations and the search for more rational means of organizing cancer treatment and control presented complex problems for all countries. Certainly, in many countries there were large national programmes for cancer research and control. In the Soviet Union, for instance, there were 22 oncological research institutes, more than 270 specialized institutions organizing medical aid to the population and more than 3000 specialized services engaged in cancer control. The United States of America had a whole network of oncological institutes, including a national cancer institute, and had recently undertaken an intensified national programme of cancer research and treatment. Great efforts were being made by research institutes in a number of other countries. Even so, it was becoming ever more evident that no single country could hope to solve the cancer problem by itself. Many countries lacked the means to carry out essential research, although interesting proposals had come from some of them. At the same time, the "brain drain", which appeared to be increasing, was having an adverse effect on the development of the scientific potential of many different countries and certainly would not assist in solving the cancer problem.

The fact was that many countries, developed as well as developing, could not carry out research to the extent they desired and considered necessary. And it was impossible to foresee what country would make the break-through or the discoveries that would enable the solution of the cancer problem to be found. It should be remembered that intellect and talent were equally distributed throughout mankind, and not in accordance with national income.

Recently cooperation between countries had tended to develop at both bilateral and multilateral levels. The Soviet Union had agreements for cooperation in cancer research and control with all the other socialist countries. Direct cooperation between institutes had proved to be a most important and effective instrument. The Soviet Union had also cooperation agreements with France, Italy and other Western European countries, and by virtue of a recent agreement, cooperation with the United States of America on various cancer problems was developing successfully. The agreements expressly stated that the results of research would be made available to all countries and to WHO.

However, notwithstanding the development of bilateral and multilateral cooperation, it was not infrequent that countries duplicated research being undertaken in others, thus wasting energy and resources. The same mistakes were repeated and the same deadlocks were reached. Frequently the results of research in different countries were not comparable, because of different methods of work. Many problems could be solved more quickly if research was carried out at the same time according to uniform methods in the various countries.

Different countries had different views on what constituted the priority problems in cancer research, and there might be brilliant new ideas that could not be followed up merely because their authors had insufficient funds or equipment. International cooperation in research as presently practised gave no cause for satisfaction; while the need to unite efforts had become generally understood, it was not yet known how to coordinate effectively the work of research workers in the various countries.

His delegation considered that WHO, IARC, and UICC had not done enough in the way of coordination. Yet those organizations were precisely the ones that were in a position to close the breach in communication between national, bilateral and international programmes. Only they could provide all countries with the possibility of taking part in coordinated programmes. Valuable as it was, their work remained unsatisfactory in some respects. UICC, because of its nongovernmental nature, did not have sufficient legal powers and could not assume responsibilities in excess of its status as a voluntary scientific association. IARC had a membership of only 10 countries out of the 140 Member States of WHO; it lacked a sufficiently precise long-term programme of work and showed a tendency to operate merely as a good research institute. Certain provisions of IARC's Statute required revision; in early May 1973 the Soviet Union had presented proposals to that effect to the Governing Council, but the final decision would be taken only after the Twenty-sixth World Health Assembly, since the Council had agreed to wait the opinion of the Assembly regarding international cooperation on cancer.

As regards WHO, a good deal had been accomplished, as could be seen from the Director-General's report which, however, gave insufficient indications of what should be done in the
future. In addition, there appeared to be a tendency to stabilize or even reduce the funds allocated to cancer in the WHO budget. There did not seem to be any need to increase such funds drastically, but the time had hardly come to reduce them.

Following a study of all the relevant documentation, his delegation had concluded that cooperation and coordination among the three organizations could be improved. It had, moreover, no doubt that the decisive role belonged to WHO, because it was an intergovernmental agency of which all States in the world were now Members, because it possessed the necessary statistical and computer facilities, and because it had, more than any other organization, the respect of its Member States. He therefore proposed that WHO, together with IARC and UICC, should, on the basis of Member States' suggestions and with the help of relevant experts and collaborating laboratories, draw up a programme of work covering 5 to 10 years. The intention was not that the programme should be mandatory, but that every Member State and institute concerned should be free to decide whether it wished to take part in its implementation, and to what extent, and to determine the part in which it was prepared to cooperate. National efforts would be continued, but the results of research would be communicated to a single centre, in return for which every State and institute would receive information on the results obtained in all the others. Naturally, not every item in the programme could be financed entirely by national institutes, but it was thought that they could meet between 96% and 98% of the cost; the rest could be met by WHO, IARC, UICC, or from other sources, including voluntary contributions. He did not think that the scheme would require large sums from WHO's regular budget. If the three organizations could elaborate a really sound plan in which Member States and research workers could have confidence, and provided that it took the interests of all into consideration, then voluntary contributions would not be lacking. The plan would, of course, have to be continually revised, through an appropriate mechanism.

Speaking on behalf of the nine co-sponsors, he drew attention to the draft resolution before the Committee. With regard to the meeting proposed in operative paragraph 4 (1), the intention was that it should not be large, but sufficiently representative. What was important was that its recommendations for a long-term programme should be such as to enable the Director-General and the Executive Board to report to the Twenty-seventh World Health Assembly, so that that Assembly could consider what the next steps should be.

The delegation of France had circulated a number of amendments to the draft resolution, which he understood the French delegate would introduce shortly. His delegation agreed to the first three as they appeared in the English text, although the Russian text would need some redrafting. However, it could not accept the fourth, concerning paragraph 2, because it believed that there should be one organization that would assume the role of leader, and that that organization should be WHO.

Dr HENRY (Trinidad and Tobago) expressed his appreciation of the histological transparencies which WHO distributed to Member States; for the pathologist working on his own in an isolated laboratory, they were an encouragement and confirmation of his usefulness by a leading body of experts. WHO was to be commended on the series, which he hoped would be continued. He also expressed appreciation of WHO's support for a course which was now in its second year, providing training in cytodiagnosis for technicians from Caribbean countries. Cervical cancer was a major form of the disease in his country, where the young multiracial population afforded a natural laboratory for research in etiology and the effects of treatment. Attention was being focused on the establishment of a hospital-based cancer registry in preparation for a wider national registry, and the opening of a cobalt therapy unit had been made possible by a loan from the Government of Canada.

His delegation supported WHO's programme as outlined in document A26/12 and Add.1, and also supported the draft resolution introduced by the USSR delegate.

Dr LEAVITT (United States of America) said that, under the Cancer Act of 1971, his Government had provided for a programme to overcome cancer in which the National Cancer Institute was given the opportunity to take full advantage of international collaboration and cooperation in research, data collection, information and exchanges, and other pertinent activities. The three major international bodies for such collaboration and cooperation were WHO, as a specialized agency in the United Nations system; IARC, a body with limited membership under the aegis of WHO; and UICC, as an active nongovernmental organization of acknowledged competence. Their work should be fully complementary in a constructive effort to control cancer. Special efforts should be made in each to ensure a well-coordinated programme benefiting all Member States of WHO. Full advantage should be taken of the special opportunities offered by them, including WHO's contacts with governments, IARC's competence in the selection
of international research efforts worthy of support, and UICC's far-reaching associations with research scientists and institutions.

He recognized that WHO had a leadership role to play, in close collaboration with IARC, but felt that it should make greater use of the resources of UICC, which as a nongovernmental organization was without certain constraints on its activities that might apply to WHO itself. By bringing their resources together the three organizations could be of maximum benefit to the countries of the world. If WHO exercised its constitutional role, its technical expertise in the field of cancer would immediately be strengthened, while the role of IARC could be better defined in a joint programme within an overall global plan allocating specific tasks according to an inventory. UICC would provide selective specific services.

Within WHO's regular budget, allocations for cancer research should be stable and should be used for coordination, integration and dissemination of information, while operational programmes should be funded by voluntary contributions from national and other sources. His Government would assist the three organizations in the international conquest of cancer through its appropriate health agencies.

His delegation was a sponsor of the draft resolution introduced by the USSR delegate; however, it suggested that operative paragraph 2 might be amended to read:

2. BELIEVES that, under the leadership of WHO, a broad international programme should be designed in cooperation with the International Agency for Research on Cancer, the International Union against Cancer and other interested international bodies, in accordance with their constitutions and in pursuance of resolution WHA25.60; and that the components of the comprehensive programme should be regularly reviewed in the light of the progress achieved;

Dr DELAFRESNAYE (International Union against Cancer), speaking at the invitation of the CHAIRMAN, introduced a memorandum describing the Union's links with WHO and IARC. He agreed with the delegates of the USSR and the United States on the need for closer liaison. As had been stressed, the legal status of nongovernmental organizations was not the same as that of intergovernmental organizations, but that had never been found a constraint. Legal status should in any case not impede close and loyal collaboration between organizations when goodwill prevailed.

UICC comprised 164 organizations in 74 countries, half of which were cancer institutes and centres. In some cases membership was extended to ministerial departments. The budget of the Union was between US$ 600,000 and $ 700,000 a year, and approximately 50% was allocated to the fellowships programme.

In 1950 UICC had started a geographical pathology programme, following the rapid development of which the original Committee had split up into three subcommittees for Africa, Latin America and South-East Asia. Geographical pathology had long remained one of the major activities, but work had also included clinical classification (using the "TNM" system), tumour nomenclature and other subjects, for which other committees had been established. The Union had played an important part in initiating programmes and promoting new areas of research. The programme to study cancer incidence in five continents, which had proved a useful tool for cancer epidemiologists, and the programme of research in asbestos and cancer, which had later been transferred to IARC, had both been initiated by UICC, as had recent interest in childhood cancer. He hoped that the latter would lead to a joint collaborative effort.

He emphasized that the transfer of activities between organizations must be undertaken by mutual consent, and the broad framework of policies and programmes decided by the governing bodies of each must at the same time leave sufficient scope for collaborative effort and avoid the encroachment of one upon the other. To achieve the necessary cooperation, UICC had invited representatives of WHO and IARC to discuss those questions at a meeting held on 2 April 1973; at WHO's request, the meeting had been informal.

In response to points made by the USSR and United States representatives, he noted that in March 1972 the UICC Council had studied ways of promoting the cancer centre concept and of establishing collaborative activities and contacts between participating centres, which it had been decided should take place at the institutional level. A Committee on International Collaborative Activities, composed of the President and Secretary-General of the Union and 12 scientists nominated by the President who were either directors of cancer centres or oncologists covering broad disciplines in the basic and clinical fields, had been set up and would hold its first meeting on 29 and 30 May 1973. WHO and IARC were to send observers; both
had felt that they could not at present be full members, as had been hoped. The Committee would draw up its rules of procedure and would review the situation in international cancer research. It would take into account the views expressed in the present session of the Health Assembly, and would consider which of the projects submitted to it and not already covered by one body or another could best be tackled by international collaboration. It was hoped that a sound programme could be developed to which all organizations would contribute through a joint effort.

While he expressed his satisfaction at the distinction between governmental and nongovernmental bodies implicit in some of the proposed amendments to the draft resolution introduced by the USSR delegate, he emphasized that the two types of body could work effectively together.

Dr FELKAI (Hungary) stressed the extremely important work performed by WHO in the investigation of tumorous diseases, with which institutes in Hungary were maintaining close contact. WHO was the most suitable body to carry out the worldwide assessment of the geographical distribution of malignant tumours and epidemiological work had already been started by IARC. However, in the interests of uniformity a standard system should be developed which participating Member States would follow when supplying information. Such an endeavour had already been started by WHO, in connexion with a hospital-based cancer registry, which related first to uniform nomenclature in hospital diagnoses. Moreover, Member States carrying out representative model assessments should supply data on morbidity and mortality to the registering centre according to a uniform system.

The study of carcinogenic substances had been one of the main tasks of IARC. The possible carcinogenic effects of pharmaceutical products posed particularly urgent problems since investigations had been chiefly directed to teratogenesis, on the basis of various national legislations. International cooperation coordinated by WHO was also desirable in the investigation of the possible viral origin of human tumours. He stressed the need for research into tumours of viral origin in animals used as a source of animal protein for human nutrition. The investigation of bovine lymphosarcoma was of particular importance.

WHO should also play a leading role in the propagation of up-to-date methods of cancer diagnosis and therapy. In addition to early diagnosis and surgical intervention, it should also cover drug therapy and immunotherapy. Clinical reference centres should be developed in addition to histopathological reference centres.

WHO's directing role should extend to the development of cancer control in Member States, for instance, by helping in drawing up basic directives for training and postgraduate courses for oncologists and the standardization of such courses according to requirements. Guiding principles for medical propaganda should also be prepared by WHO. WHO had achieved a measure of success in combating cancer and it was to be hoped that its programme could be expanded in the future.

Professor BERNDT (German Democratic Republic) congratulated the Director-General on his report, which demonstrated the important results achieved in the field of cancer research. WHO had fulfilled its role as an international centre for coordination of work in cancer. His Government was ready to cooperate in an international programme of cancer, which related to one of the five main lines of research being undertaken in the German Democratic Republic.

He fully agreed that one of the main tasks which WHO could perform was that of coordinating existing international and national activities. Further support should be granted to IARC whose work had already gained international recognition. International cooperation in cancer research was imperative, particularly in such fields as the epidemiology of cancer and its primary prevention. That included investigations into carcinogenesis, including oncogenic viruses and chemical carcinogens, particularly in the occupational environment. An international programme could include such subjects as the preparation of internationally standardized recommendations on industrial safety in handling carcinogenic substances, e.g., certain pesticides and asbestos. It seemed feasible to establish maximum concentrations of carcinogens found in polluted air, and international agreement should be sought on methods of measuring and determination. WHO might also recommend methodology and exposure limits for carcinogens in food and for other hazardous substances that could be converted into carcinogens within the organism. An international agreement on methods of detecting carcinogenicity was called for. The scheme initiated by IARC to produce a series of monographs on carcinogenic substances should be considered urgent and dealt with within the scope of an international WHO programme.
Recognition of risk factors was of great importance in primary prevention and epidemiological research for that purpose was a particularly suitable field for international cooperation. He therefore proposed that the work of the International Association of Cancer Registries should be supported with the aim of achieving standardized, and therefore comparable, methods. International cooperation was also essential to support studies on epidemiology of rare tumours, occupational exposure to cancer hazards and the hazards arising out of the recent introduction of chemical substances, such as pesticides and food additives, into the human environment. Support for the establishment of regulations for the standardized testing of cytostatic drugs and hormone preparations was equally important.

His country was prepared to participate in the solution of the problems he had mentioned, as well as in other parts of WHO’s programme for international cooperation in cancer research. It had long experience in the early detection of cancer, e.g. by mass screening for both cervical and lung cancer. His Government was in a position to establish reference centres for the solution of special problems and to delegate scientists to participate in particular activities.

His delegation was a sponsor of the draft resolution introduced by the USSR delegate, which it fully supported.

Dr SAENZ (Uruguay) congratulated the Director-General on the excellent documents submitted. The 23 international reference centres established by WHO had been most valuable in disseminating information and facilitating an exchange of views. He particularly stressed the important work achieved by the centres in Amsterdam and in Stockholm.

His delegation supported the draft resolution introduced by the USSR delegation, which represented an important step in international public health cooperation.

Dr KLIVAROVÁ (Czechoslovakia) commended the Director-General on his report. The problem of cancer gaining ever increasing importance and accounted in her own country for almost a quarter of deaths. The health services in Czechoslovakia were on the lookout for early signs of cancer in patients treated for other diseases; mass screening for the detection of cervical cancer was carried out, and the female population was being instructed as to how to recognize breast cancer. Cancer cases were given free treatment without delay. Four oncological institutes had been set up to provide specialized medical care and carry out research. Those measures, however, were far from meeting the needs. Czechoslovakia was therefore extremely interested in finding a solution to the cancer problem, which no country could hope to do by itself.

Her delegation supported the draft resolution before the Committee and thought that institutes in Czechoslovakia would participate in the research programme proposed. The resolution should perhaps state more clearly that one organization should take the lead in coordinating research on cancer. In her delegation’s opinion, WHO was the most suitable organization to assume that role.

Professor AUJALÉU (France) said that in view of the advanced stage of the session he would limit his comments to the draft resolution, although the documents prepared by the Secretariat on a problem of immense importance to most countries contained many interesting points.

He introduced a number of amendments to the draft resolution, the texts of which had been circulated. He suggested that the words “at all ages” be deleted in the first preambular paragraph. In the second preambular paragraph, he proposed that, the words “in some countries” be inserted before the words “cancer patients absorb”. In the third preambular paragraph, the word “uncoordinated” should be deleted and the words “without coordination between them” should be inserted at the end of the paragraph.

He further suggested that operative paragraph 2 be amended to read as follows:

2. BELIEVES that the International Union against Cancer, the International Agency for Research on Cancer and the World Health Organization should work together to draw up a broad international programme, in accordance with their constitutions and in pursuance of resolution WHA25.60;

He did not think it appropriate to stipulate that WHO should take the leading role in respect of research being carried out by private organizations and therefore considered it preferable to state that the three organizations should work together. He would not be
opposed to the insertion of the words "on the initiative of the World Health Organization", in place of "under the aegis of the World Health Organization".

He also suggested that, in operative paragraph 4 (1) the words "if it is possible to do so without drawing on the regular budgets for 1973 and 1974" should be inserted after the words "to convene". He was sure that the Director-General would be able to find the necessary extrabudgetary funds for that purpose.

Professor REXED (Sweden) expressed appreciation of the Director-General's report. The work accomplished by WHO would provide a sound basis on which to build further action. At the same time, the report showed the interesting areas of research where further efforts were called for.

It was essential to realize that work in cancer research covered a complex field and was particularly difficult to coordinate, especially in view of the high-ranking scientists involved. Notwithstanding that reservation, he supported the draft resolution proposed. He assumed that the coordination of activities referred to in operative paragraph 1 implied coordination that would essentially be based on the control exercised at the national level. In that connexion, it would be of interest if the Director-General could, in his report to the next Health Assembly, include an analysis of how coordination was achieved at the national level by the major countries engaged in cancer research. Coordination by WHO could only be of value if it pointed to directions of research that should be given priority. The reference in operative paragraph 2 to "a broad international programme" as well as to "a comprehensive programme" represented an aim that it would be exceedingly hard to achieve. Wholehearted collaboration from the scientists involved would be essential, although difficult to obtain, before there could be any broad acceptance of the programme. The major part of any cooperation would have to be worked out between the persons actively concerned in the research. He was somewhat sceptical as to the success of the computer-based information service mentioned in operative paragraph 3 (3), as the task was complex and covered a wide area of activity. There was considerable experience of the difficulties encountered in keeping really up-to-date records. He recalled the WHOBRIS programme that had functioned in WHO; it would be useful if the next report could give further details of that programme and explain why it had not proved possible to continue it.

Since rather far-reaching objectives had been proposed for the programme on cancer research, considerable costs might be involved. It would therefore be advisable for operative paragraph 4 (2) to be amplified by the addition, at the end of the paragraph, of the words "together with the financial implications of such a programme."

Dr CAMARA (Guinea) said that the health problems of the developing countries were so great, when compared with their resources, that many people might consider that they should first try to combat communicable diseases, improve environmental hygiene, and strengthen basic health services rather than engage in research on cancer.

The progress made in cancer research in the developed countries was the result of the priority given to it by the governments of those countries. He emphasized that only biomedical research, and the application of the results of such research to human beings, would enable world health to be improved.

The various diseases that today preoccupied the developed countries were not barometers of civilization, for the same diseases caused havoc in the developing countries, where people were dying of various forms of cancer.

His delegation considered that WHO should play a leading part in international cooperation on cancer research, as it was the most competent international organ to collect, evaluate, coordinate and disseminate all data for the benefit of all. It was also the only organization that could represent the interests of all the independent countries of the world.

He stressed the urgent need to train scientists and research workers in the developing countries so that with their close knowledge of local conditions, they could contribute to the study of the geographical pathology of malignant tumours and carry out original epidemiological research. Assistance should be given forthwith to the developing countries in Africa in order to establish cancer research programmes.

Through close cooperation with international cancer research organizations WHO could effectively represent the true interests of all in the study of cancer, a disease that haunted all peoples, including those of the African continent.

Dr DAVIES (Sierra Leone) supported the statement made by the delegate of Guinea and stressed the important role of WHO's programme of international cooperation in cancer research. Her delegation felt that WHO should unhesitatingly take the lead and continue to stimulate cancer research programmes at regional and national levels. There was no doubt that cooperation at all levels was needed in order to economize and to rationalize all efforts directed towards cancer research.
The Director-General's report clearly showed the complexity of the programme and the difficulties encountered with regard to the early diagnosis and the prevention and treatment of cancer, and the need for the effective use of the expertise and resources of all nations. African scientists should be trained in cancer research, as the developing countries were no longer immune from the so-called diseases of civilization, such as cancer, cardiovascular diseases and mental disorders. She considered that WHO was the only organization that could effectively coordinate all national and international efforts.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that the discussion had shown that WHO could and should play a leading role in the programme of international cooperation in cancer research.

He accepted the change in the draft resolution proposed by the delegate of the United States of America. With regard to the amendments proposed by the delegation of France, he could still not accept that to operative paragraph 2, even with the words "on the initiative of the World Health Organization" instead of "under the aegis of the World Health Organization".

With regard to the remarks of the delegate of Sweden, all the points he had raised deserved careful attention, but they should be considered at the meeting provided for in the draft resolution. There was a difference between coordination of research at the national level, and its coordination at the international level. On the national level, if an institute did bad work, appropriate measures could be taken. On the international level, however, a country's participation in a programme was entirely voluntary.

The remarks of the delegate of Guinea seemed to indicate that an earlier statement of his had been misunderstood. He fully agreed that communicable diseases constituted the priority problem of the developing countries.

The DIRECTOR-GENERAL pointed out that the draft resolution before the Committee contained certain statements that could not be substantiated by facts. For instance, the amended first preambular paragraph would read "In view of the exceptional importance for national and international health of cancer as a major cause of mortality and morbidity in all countries", although that statement could not be backed by facts. In many parts of the world today cancer was not a major cause of morbidity. He urged the Committee to be careful in the wording it chose, because anything in a resolution of the World Health Assembly would naturally be taken as authoritative.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) agreed with the Director-General, and suggested that the last words in the first preambular paragraph should be amended to read "and of morbidity in many countries".

Dr ADEOYE (Nigeria), supporting the statements of the delegates of Guinea and Sierra Leone, said that his Government had established a medical research council to deal with all medical and health problems, and would be prepared to help in all possible ways to make the WHO research programme on cancer successful.

Dr LAMBO, Assistant Director-General, emphasized that the Director-General had always laid stress on a policy of international cooperative and collaborative strategy in cancer research. That strategy was based on the exchange of scientific information among all Member States, the strengthening of national expertise, and the pooling of resources, scientists and material facilities on a multilateral and bilateral basis. Continued dialogue had been the major instrument of cooperative work in order to bring a high standard of scientific excellence to research in cancer. The success of WHO's cancer research programme depended a great deal on the bringing together and coordinating of international research on cancer.

Referring to the Swedish delegate's comments regarding the coordination of work in each country, he said that so far it had not been possible in many countries to coordinate work on the cancer programme. The Director-General had taken that point very seriously, since coordination at the international level presupposed a measure of coordination at the national level.

It was hoped that most of the points raised by delegates would be taken into consideration in WHO's efforts to coordinate cancer research. However, there were difficulties in obtaining all the information from the different countries that the Organization needed, though he was sure that such difficulties would be overcome.

The Organization was grateful to the many countries that had offered to help with the coordination of data, and especially to the German Democratic Republic, whose delegate had outlined some of the areas in which his Government would like WHO to function more effectively and had offered to make facilities available to WHO. The Secretariat would bear in mind the
positive suggestions made by delegates and was looking forward to making use of the facilities offered by national institutions and scientific expertise at all levels.

Professor AUJALEU (France) withdrew his delegation's amendment to operative paragraph 2 of the draft resolution before the Committee, as it was similar in substance to that proposed by the United States delegate.

Decision: The draft resolution, as amended, was approved.

2. PROBLEMS OF THE HUMAN ENVIRONMENT (continued from the fourteenth meeting) Agenda, 2.7

Drought in Africa (continued)

At the request of the Chairman, Dr WONE (Senegal), Chairman of the Working Group set up at the previous meeting, read out the following draft resolution proposed by that Group:

The Twenty-sixth World Health Assembly,
Considering the unprecedented drought that is affecting a number of African countries and is seriously endangering the conditions of the human environment in that part of the world;
Considering the serious undernutrition that is already affecting the millions of inhabitants of the areas concerned as a result of the enormous losses of crops and livestock;
Concerned by the threat of famine in these countries in the coming weeks and months;
Aware that the problems of undernutrition, morbidity and mortality arising from this natural disaster are directly within the field of concerns and activities of WHO, which has always been concerned with the protection of the human environment;
Considering the serious limitations that will affect the States concerned on account of the very marked reduction in their economic and other resources; and
Remaining mindful of the desperate needs caused by natural calamities in other countries that may require similar help;

1. REQUESTS the World Health Organization to use its moral standing and statutory powers to submit and support a request for immediate and substantial assistance in the way of food for the threatened countries from the appropriate bodies of the United Nations family (FAO, UNDP, WFP, etc.);
2. URGES Member States to provide or continue to provide the African States affected with assistance in the way of food;
3. REQUESTS the Director-General to implement the essential prophylactic and therapeutic measures required in a situation which can only become worse; and
4. REQUESTS the Director-General to report on the medical aspects of this situation and distribute this resolution with additional information to Member States, United Nations organizations and other appropriate international agencies.

Dr SHRIVASTAV (India) suggested that operative paragraph 2 should be amended to read "Urges Member States to provide or continue to provide the African States as well as other affected countries with assistance in the way of food".

Dr DOLGOR (Mongolia) suggested the deletion of the end of operative paragraph 3, after the word "required", because it appeared to suggest that measures would only be implemented if the situation became worse, whereas clearly help was needed immediately.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) supported that suggestion, not because he thought the situation would not become worse, but because it was impossible to be sure what would happen.

Dr WONE (Senegal), Chairman of the Working Group, urged the Committee not to reopen the debate, because then acceptance of the draft resolution submitted by the Working Group might be jeopardized.

Dr BUSTAMANTE (Mexico), referring to certain discrepancies between the English and Spanish texts of the draft resolution, suggested that the Secretariat be authorized to make the necessary changes.

Dr SHRIVASTAV (India) proposed that operative paragraph 3 should end as follows: "measures that are required in a deteriorating situation".

1Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.61.
Dr MENOKPOR (Ghana) thought that the idea of operative paragraph 3 was to prevent the situation from deteriorating. He therefore suggested that it should end: "... measures that would prevent the situation getting worse".

Dr WONE (Senegal) said that the amendment proposed by the Ghanaian delegate was too hopeful, because it was not possible to prevent the situation becoming worse. He asked the Committee to vote on the draft resolution as he had introduced it and formally moved the closure of the discussion.

Dr CHRISTENSEN, Secretary, read out Rule 61 of the Rules of Procedure of the World Health Assembly, which governed motions for the closure of the debate on any item.

Decision: The motion for closure of the debate was carried.

The CHAIRMAN asked the Committee if it was ready to accept the draft resolution introduced by the Chairman of the working group.

Dr SHRIVASTAV (India) proposed that the end of operative paragraph 3 of the draft resolution should be amended to read as follows: "... measures in the absence of which the situation can only become worse".

The DIRECTOR-GENERAL said that the text before the Committee was that introduced by the Chairman of the Working Group. However, if the delegate of India had proposed a formal amendment, that amendment should be put to the vote first.

Dr SHRIVASTAV (India) said that his suggestions had been intended to clarify the English text of operative paragraph 3. However, if the Committee felt that the meaning of the paragraph was clear he would not insist on moving a formal amendment.

Decision: The draft resolution was approved.

3. FOURTH REPORT OF THE COMMITTEE

Dr GURMUKH SINGH, Rapporteur, read out the draft fourth report of the Committee.

Decision: The report was adopted (see page 514).

4. CLOSURE

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

The meeting rose at 5.5 p.m.

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1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.60.
COMMITTEE B

FIRST MEETING

Wednesday, 9 May 1973, at 12.25 p.m.

Chairman: Dr A. W. AL-MUFTI (Iraq)

1. OPENING REMARKS BY THE CHAIRMAN

The CHAIRMAN welcomed the delegates of Member States and the representatives of Associate Members, representatives of the United Nations and specialized agencies and of other intergovernmental organizations and nongovernmental organizations, and the representative of the Executive Board.

He expressed his gratitude for the honour done him, as well as to his country and the Eastern Mediterranean Region, through his election as Chairman of the Committee.

Drawing attention to the heavy agenda, he appealed to speakers to limit the length of their interventions.

2. ELECTION OF VICE-CHAIRMAN AND RAPPORTEUR

The CHAIRMAN drew attention to the third report of the Committee on Nominations (see page 513), in which Dr J. de Coninck (Belgium) and Dr P. Mikem (Togo) were nominated for the offices of Vice-Chairman and Rapporteur respectively.

Decision: Dr de Coninck and Dr Mikem were elected by acclamation.

3. ORGANIZATION OF WORK

The CHAIRMAN drew attention to the terms of reference of the Committee and to the items which it was called upon to complete before Committee A could consider item 2.2 (Review and approval of the programme and budget estimates for 1974). Those were items 3.2 (Revision of the text of the Appropriation Resolution for 1973), 3.3 (Supplementary budget estimates for 1973), 3.5 (Review of the financial position of the Organization) with its four sub-items, and 3.6 (Scale of assessment) with its three sub-items. In connexion with the latter item, he proposed that the report of the Director-General on coordination with the United Nations system: review of method of establishment of the scale of assessment be considered before item 3.6.3 (Scale of assessment for 1974), as it had a bearing on that item.

He further proposed that the items be taken in the following order: item 3.5 with its four sub-items, item 3.2, item 3.3, and item 3.6 with its three sub-items.

It was so agreed.

The meeting rose at 12.40 p.m.

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SECOND MEETING

Monday, 14 May 1973, at 2.30 p.m.

Chairman: Dr A. W. AL-MUFTI (Iraq)

1. REVIEW OF THE FINANCIAL POSITION OF THE ORGANIZATION

Mr FURTH, Assistant Director-General, introducing item 3.5 as a whole, said that, in submitting his Financial Report for the year ending 31 December 1972 in Official Records No. 208, the Director-General had pleasure in being able to report that the financial position of the Organization continued to be sound. However, the year had not been an easy one, for there had been financial problems related to the international monetary situation, although they had not been of the magnitude of those encountered in the previous or the current year, and inflation and its effect on expenditure were always present. Thus, the sound position illustrated in the report and its various exhibits and schedules had been achieved not only through the provision of additional budgetary estimates approved by the Health Assembly in 1972 but also by consistent and continuous efforts by the Director-General and the entire staff to achieve maximum economies and make the best possible use of all available resources.

Although the form of presentation of the Financial Report was generally the same as in previous years, there had been a few changes in format. Information on all UNDP activities was now included in Part II, reflecting the merger on 1 January 1972 of its Technical Assistance and Special Fund components. The reports of the External Auditor now appeared immediately after the Introduction and before the exhibits and schedules instead of at the end as in previous years. In conformity with the amendments to the Financial Regulations adopted by the Twenty-fifth World Health Assembly in resolution WHA25.14, the External Auditor no longer certified each exhibit but gave his overall "audit opinion" in his third report.

The collection of contributions for 1972 had amounted to 93.7% of assessments as at 31 December 1972, slightly less than the proportions for 1971 and 1970 (94.7% and 94.9% respectively). The 1972 percentage was satisfactory on the whole; but it had to be borne in mind that, although contributions for that year had been due on 1 January 1972, as of 31 December 1972 37 Members had been wholly or partly in arrears with their 1972 contributions, in an amount totalling US$ 5 128 042, and 11 of the same Members had been wholly or partly in arrears with respect to contributions for years prior to 1972. Document A26/14 set out the status of collection of the 1973 contributions as at 31 March 1973, and the position concerning all arrears at the same date. Since then additional payments had been received in respect of arrears. As at the present date only 20 Members were wholly or partly in arrears in respect of their 1972 contributions, in an amount totalling US$ 1 474 102, and seven of those same Members remained wholly or partly in arrears in respect of contributions for years prior to 1972.

With regard to operations under the regular budget in 1972, he drew attention to Exhibit II on page 30 of Official Records No. 208, which showed that out of an effective working budget of US$ 86.0 million approximately US$ 85.2 million, or 99.05%, had been obligated, leaving a balance of some $ 816 000. The total obligations in 1972 under all sources of funds, which were shown in Appendix 1 on page 77, amounted to some US$ 115.3 million, of which the regular budget accounted for US$ 85.2 million, UNDP US$ 13.6 million, the Voluntary Fund for Health Promotion US$ 5.0 million, and all other funds US$ 11.4 million. The same Appendix indicated that out of the total obligations of US$ 115.3 million incurred in 1972, US$ 5.8 million, or approximately 5%, had been in respect of administrative services.

Information on the casual income available at 31 December 1972 for appropriation by the Health Assembly was shown in Schedule 8 on page 52; it had amounted in 1972 to US$ 3.3 million. Miscellaneous income, which provided the bulk of the casual income account, had amounted to US$ 3.2 million in 1972. Documents A26/16 and A26/16 Add.1 showed the position with respect to the cash portion of the Assembly Suspense Account.

Schedule 13 on page 62 of Official Records No. 208 contained information on the Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training, which had been in operation since 1966. In 1972 there had been 36 new requests amounting to US$ 650 000, compared with 28 requests in 1971 amounting to US$ 417 000.
Referring to the reports of the External Auditor, which began on page 17 of Official Records No. 208, he said that for 1972 the reports included, in addition to the usual audit observations, a number of comments on other matters. He drew particular attention to pages 20 and 21, where the External Auditor commented on the methods of financing and the financial implementation of projects. These comments had been prepared in response to the request of the Twenty-fifth World Health Assembly in resolution WHA25.2. The great majority of changes in projects and their financing related to inherent differences between actual obligations and budgetary estimates prepared over a year earlier, and changes in projects and project components resulting from changes in government priorities.

In conclusion, he said that, despite financial problems arising during the year from disruption of the international monetary situation and accelerated inflation, the Organization's financial situation remained sound and the 1972 programme had been carried out essentially as planned. The concerted efforts of the whole staff and a policy of strict economies had made it possible to minimize real cuts in programme activities.

2. FINANCIAL REPORT ON THE ACCOUNTS OF WHO FOR 1972, REPORTS OF THE EXTERNAL AUDITOR, AND COMMENTS THEREON OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

Agenda, 3.5.1

The CHAIRMAN reminded the Committee that one of the functions of the World Health Assembly as defined by Article 18 (f) of the Constitution was "to supervise the financial policies of the Organization and to review and approve the budget". He also drew attention to Financial Regulations 11.5 and 12.9, which were particularly applicable.

Professor VANNUGLI, representative of the Executive Board, said that at its first meeting, on 13 April 1973, the Ad Hoc Committee of the Executive Board had reviewed the financial report of the Director-General for 1972, and the reports of the External Auditor, as contained in Official Records No. 208. The third report of the Ad Hoc Committee of the Executive Board dealt with the whole subject. He drew particular attention to its paragraphs 4, 5 and 6.

In the course of its review of the reports of the External Auditor the Ad Hoc Committee had decided to invite the particular attention of the Twenty-sixth World Health Assembly to the detailed examination carried out by the External Auditor on the methods of financing and the financial implementation of projects. The Ad Hoc Committee had also noted that the External Auditor had mentioned the possible use of "standard costs" for simplifying the calculation of budget estimates, and that the question had been under study for some time.

Lastly, he drew attention to the following draft resolution, which the Ad Hoc Committee recommended to the World Health Assembly for adoption:

"The Twenty-sixth World Health Assembly,
Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1972 and the reports of the External Auditor for the same financial period, as contained in Official Records No. 208; and
Having considered the report of the Ad Hoc Committee of the Executive Board on its examination of these reports,
ACCEPTS the Director-General's Financial Report and the reports of the External Auditor for the financial year 1972."

Dr ALY (Egypt) drew attention to the statement by the External Auditor (page 20, Official Records No. 208) that "At present, no reports are prepared which would contain a comparison of the financial and technical progress of projects". Many delegations had shown their interest in such comparative studies at the Twenty-fifth World Health Assembly and he hoped that at its next session the World Health Assembly would be informed that progress had been made with respect to cost/effectiveness and cost/benefit analyses of projects.

He also drew attention to the statements by the External Auditor that 50 projects were entirely new, 58 were cancelled, 68 were postponed, and 31 projects from the "green pages"
were implemented, and that there were differences between those figures and similar data extracted from preliminary information from the Regions. Some explanation was required, since such cancellations and postponements of carefully prepared projects caused financial loss for the Organization and the countries concerned.

Finally, he considered that the question of the use of "standard costs" or other possible methods for simplifying the calculation of budget estimates merited careful consideration.

Professor LISICYN (Union of Soviet Socialist Republics) said that Official Records No. 208 and the brief financial report just given by the Assistant Director-General made it clear that the budget had grown substantially in 1972. In fact, it had increased by 14.4% over 1971 and this had resulted in an increase in the outstanding contributions of Member States, which at the end of 1972 had amounted to 6.3% of the total contributions.

He welcomed the External Auditor's response to resolution WHA25.2, which called for more extensive information on the methods of financing of projects and on their financial implementation, and hoped that that important work would be continued.

Like the Egyptian delegate, he noted that there had been a number of changes in the projects approved by the Health Assembly, and he would be grateful if the External Auditor would provide an evaluation of that phenomenon and its impact on the finances of the Organization.

The External Auditor's proposal that less detailed information should be given in the programme and budget estimates should be viewed with caution because the details were often valuable to Member States. What was wanted was not less information but greater uniformity in the presentation of projects and programmes. In the Financial Report for 1972, definite progress had been made in the methodological and technological evaluation of the Organization's financial and programme activities, but still more could be done.

In his view, the most important question dealt with in the Assistant Director-General's statement had been that of the evaluation of the financial position of the Organization. The Assistant Director-General had said that the financial position was sound. However, attention should be called to the unfavourable consequences of changes in exchange rates which had taken place and of continuing inflation, which had made and would make supplementary budget estimates necessary. It was necessary to find a more flexible and acceptable way for Member States to discharge their financial obligations. For many years his delegation had stressed the need to check the rate of increase of the budget but the question was particularly pertinent at the present time. More and more delegations agreed on the need to stabilize the budget. At the same time it was essential to work out methods for accepting the payment of contributions - either in part or, in some cases, wholly - in national currencies or in kind. Criteria other than those established by the United Nations for the determination of Members' contributions should also be studied.

Once again he wished to raise the question of revising the Executive Board's method of assessing the Organization's programmes and their financing, in order to increase effectiveness and reduce expenditure. He appealed to delegations to consider attentively the many recommendations of the financial and administrative bodies of the United Nations which were working towards that end.

Dr SUMBUNG (Indonesia), noting that over 99% of the effective working budget for 1972 had been obligated, said that he would like proof that the resources were in fact being used as effectively as possible.

He welcomed the fact that the Organization adopted a flexible policy with regard to the programme and budget as approved. Since the programme had to be based on national priorities, it was sometimes necessary to cancel or postpone projects because national requirements and priorities had changed.

He considered that the problems involved in establishing "standard costs" for the calculation of budget estimates should be very carefully considered.

Lastly, he wished to know to what extent the Organization was following the suggestion made at the previous World Health Assembly that more use should be made of local supplies and equipment.

Mr FURTH, Assistant Director-General, answering points raised in the discussion, said that the statement by the External Auditor that no reports were at present prepared which contained a comparison of the financial and technical progress of projects was quite
correct. In his view, it would be impossible to do so, but that did not mean that cost/benefit analyses could not be made. He explained that a project might be completed from the financial point of view within the first month, when all resources allocated to the project might have been obligated, but the technical experts involved might not have started their work, with the consequence that from the technical point of view implementation of the project had barely begun. An evaluation procedure was in fact built into each project. Evaluation reports were made on the progress of projects at quarterly intervals and on other occasions as well. There were systematic procedures for evaluation in the field and at the central level, and the Executive Board's organizational studies were to a certain extent evaluation studies. The Executive Board at its most recent session had made a special evaluation of selected projects of more than 10 years' duration. Moreover, both the Executive Board and the World Health Assembly carried out programme reviews. There was in fact some discussion on evaluation at every Health Assembly.

The delegate of Indonesia had answered the second question raised by the delegate of Egypt regarding cancelled and postponed projects when he had said that projects had to conform to national requirements, which were liable to change. Thus, cancelled or postponed projects did not represent a loss for the Organization or the country concerned. In fact, as the External Auditor pointed out in his report, the changes were rather minor and not of great significance. Although it was necessary to have detailed plans for projects and detailed country programmes containing projects with well defined objectives, it was not always wise to be too rigid in implementing them, as most governments undoubtedly recognized.

Several delegates had referred to the important problem of "standard costs", which had been under consideration by the Secretariat for some time. The Secretariat was near the final stage of its study of the question, and by the next Health Assembly it would certainly be possible to inform Members whether the decision was against or in favour of the use of "standard costs". WHO had had some experience with "standard" or "average" costs in the regular budget, for instance in respect of the costing of vacancies, which was based on averages of expenditure over a five-year period. However, there were potential problems in their use generally because of the highly decentralized structure of WHO, which might make a large number of standard costs necessary.

Referring to points raised by the delegate of the Soviet Union, he pointed out that the External Auditor had drawn important conclusions from his examination of the projects, which were set out in the middle of page 21 of Official Records No. 208. He agreed with him that great caution was required in studying "standard costs". The criterion should be that the use of "standard costs" should not increase the workload and should not reduce the accuracy of the budget estimates.

He had not said much about the unfavourable consequences of exchange rate fluctuations and inflation, because the question would arise in connexion with the 1973 revised supplementary budget estimates and the programme and budget proposals for 1974. In 1972 inflation had given rise to very serious problems, but monetary developments in that year had been less serious. The first crises had occurred in 1971, followed by the crisis of February 1973.

With regard to the possibility of finding a more flexible method for the collection of contributions or using currencies other than the United States dollar for the budget, he said that the whole matter was under serious consideration by the Administrative Committee on Coordination (ACC), which had asked a subcommittee (CCAQ) to study it. The latter would have the full assistance of the International Monetary Fund.

Concerning the question of local procurement raised by the delegate of Indonesia, he said that since the External Auditor had referred to the subject in 1972, local project managers had been authorized to make purchases not exceeding a value of US$ 500 locally without reference to the regional office or to headquarters. Previously the sum involved had been $ 50 and such purchases could be made in exceptional circumstances only. The main reason for not giving local project managers complete discretion in the matter was that the central procurement services at headquarters could effect great economies in purchasing, both because of the scale of their purchases and because of their experience.

Mr BREIE, External Auditor, agreed that an evaluation study should include not only the financial but also the technical aspects. It was not, however, within the competence of the External Auditor to examine projects from the technical point of view. His task was to examine the financial aspects only, and he had done so in his report.
Dr ALY (Egypt), referring again to the External Auditor's statement in his report that 56 projects had been cancelled and 68 had been postponed, noted that Mr Furth had said that those cancellations did not involve any financial loss. He wished to be reassured that all the projects had been cancelled before they had involved any expenditure.

Mr FURTH, Assistant Director-General, said that if a project was described as cancelled it meant that implementation had never been started, although it might have been planned and even approved. If a project was stopped after expenditure had been incurred it would be described as "modified".

The CHAIRMAN invited the Committee to consider the draft resolution submitted by the Ad Hoc Committee of the Executive Board.

Decision: The draft resolution was approved.

3. STATUS OF COLLECTION OF ANNUAL CONTRIBUTIONS AND OF ADVANCES TO THE WORKING CAPITAL FUND

Mr FURTH, Assistant Director-General, introducing document A26/14, described the additional developments that had taken place since 31 March 1973. Contributions in full for 1973 had been received from a further 24 Members – Afghanistan, Bahrain, Bangladesh, Barbados, Bulgaria, France, Greece, Guyana, Ireland, Ivory Coast, Jordan, Kuwait, Malawi, Malaysia, Mongolia, Rwanda, Saudi Arabia, Senegal, Somalia, Trinidad and Tobago, Turkey, Upper Volta, Viet-Nam, and Zambia. Partial payment of contributions for 1973 had been made by 11 Members – China, Congo, Cyprus, Federal Republic of Germany, India, Indonesia, Liberia, Mauritius, New Zealand, United Kingdom of Great Britain and Northern Ireland, and Yugoslavia. Thus, the total collections with respect to the 1973 working budget up to 14 May 1973 amounted to US$ 29,890,429, or 33.09% of the total assessments for 1973. All the active Members of the Organization had paid their advances to the Working Capital Fund. With regard to the status of contributions for which the Health Assembly had authorized special arrangements in its resolutions WHA9.9, WHA15.9, WHA24.9, and WHA25.7, one country, Haiti, had since 31 March paid the instalment due in 1971, amounting to US$ 6655. Of the countries in arrears with contributions for years prior to 1973, 15 had since 31 March 1973 paid all or part of the sums due, the amount received being US$ 1,024,049.

Mrs OTERO (Cuba) informed the Committee that her Government was ready to deposit part of its contribution for 1973.

Mr COIMBRA (Brazil) said that the contribution of Brazil for 1972 was in process of being transmitted to the World Health Organization.

Dr MIKEM (Togo) said that steps were being taken by his Government to pay the remainder of its contribution for 1973.

Mr FURTH, Assistant Director-General, informed the Brazilian delegation that US$ 250,000 of the US$ 604,890 outstanding had already been received. Indeed, whole or partial payments of the arrears of contributions for years prior to 1973 had been made by Bolivia, Brazil, Burundi, Congo, Costa Rica, Egypt, Gabon, Haiti, Laos, Peru, Sierra Leone, Syrian Arab Republic, Uruguay, Venezuela, and Yugoslavia.

Mr COIMBRA (Brazil) said that full payment of his country's contribution was being made.

Dr PHOUTTHASAK (Laos) pointed out that since he had arrived in Geneva, he had deposited a cheque for US$ 33,610 with the Organization, representing the annual contribution of his Government for 1972.

Mr FURTH, Assistant Director-General, confirmed that that was so. Laos was among the 15 Members which had paid all or part of the contributions due for years prior to 1973.

At the invitation of the CHAIRMAN, Dr MIKEM (Togo), Rapporteur, read out the following draft resolution:

The Twenty-sixth World Health Assembly

1. NOTES the status, as at 31 March 1973, of the collection of annual contributions and of advances to the Working Capital Fund, as reported by the Director-General;

1 Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA26.9.
2. CALLS THE ATTENTION of Members to the importance of paying their annual contributions as early as possible in the Organization's financial year, in order that the approved annual programme can be carried out as planned;

3. URGES Members in arrears to make special efforts to liquidate their arrears during 1973; and

4. REQUESTS the Director-General to communicate this resolution to Members in arrears and to draw their attention to the fact that continued delay in payment could have serious financial implications for the Organization.

Decision: The draft resolution was approved.¹

The CHAIRMAN invited the Committee's consideration of the Director-General's report concerning the unpaid contributions of China included in the undistributed reserve.

Mr FURTH, Assistant Director-General, introducing the document, said that, after the adoption on 10 May 1972 of resolution WHA25.1 by the Twenty-fifth World Health Assembly, restoring all its rights to the People's Republic of China and recognizing the representatives of its Government as the only legitimate representatives of China to WHO, China, early in 1973, had made a payment of US$ 1 955 634, representing the portion of the 1972 assessment on China as from 10 May 1972. The Director-General had since received from the Permanent Mission of China in Geneva a communication dated 29 January 1973 containing a request that the account unpaid under the heading of China be deleted. Actions taken by the United Nations General Assembly and by the General Conference of UNESCO with regard to the arrears of China had resulted in China not being required to pay the arrears due to those organizations. In WHO, the arrears recorded against China, amounting to US$ 26 673 954, related to the period prior to 10 May 1972, during which the People's Republic of China had not been able to participate in the Organization's activities. The Director-General therefore recommended that action be taken by the World Health Assembly to meet the request of the People's Republic of China. The arrears recorded as due by China formed part of the non-cash portion of the Assembly Suspense Account, since they were budgetary surpluses against which no obligations had ever been incurred. If the Health Assembly wished to meet the request of the People's Republic of China, it could do so by authorizing the Director-General to adjust the Organization's accounts by cancelling the arrears of contributions recorded as being due from China for the period prior to 10 May 1972. If the Health Assembly did that it would not need to consider resolution EB51.R11, which had been adopted by the Executive Board before the request from the People's Republic of China had been received.

Dr LIN Wei (China) said that it was well known that the People's Republic of China was not responsible in any way for the commitments incurred by the Chiang Kai-shek clique. The World Health Assembly now recognized the representatives of the People's Republic of China as the only lawful representatives of China to the World Health Organization. A contribution of US$ 1 955 634 had been made for the period 10 May to 31 December 1972, and there were therefore no arrears to be paid.

The CHAIRMAN called attention to the following draft resolution contained in the Director-General's report:

The Twenty-sixth World Health Assembly,

Recalling that the Twenty-fifth World Health Assembly, in resolution WHA25.1 adopted on 10 May 1972, decided to restore all its rights to the People's Republic of China and to recognize the representatives of its Government as the only legitimate representatives of China to the World Health Organization;

Having noted the request of the Government of the People's Republic of China "... that the account unpaid under the heading of China be deleted ...";

Recalling that the arrears of contributions recorded in the accounts of the Organization as being due by China relate only to the period prior to 10 May 1972, date on which all its rights were restored to the People's Republic of China, and during which period the People's Republic of China was not able to participate in the activities of the World Health Organization, and that those arrears form part of the non-cash portion of the Assembly Suspense Account;

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA26.10.
Noting resolution 3049 (XXVII) adopted by the General Assembly of the United Nations,

AUTHORIZES the Director-General to adjust the accounts of the Organization by cancelling the arrears of contributions recorded as being due by China for the period prior to 10 May 1972, amounting to $ 26 673 954, and reducing by the same amount the non-cash portion of the Assembly Suspense Account.

Dr LIN Wei (China) proposed that the second preambular paragraph of the draft resolution should note that the People's Republic of China could not enter into any commitments incurred by the Chiang Kai-shek clique.

Dr SACKS, Secretary, suggested that in that case the second preambular paragraph should read:

Having noted the statement of the Government of the People's Republic of China that "China cannot enter into any commitment whatsoever regarding the accumulated debts incurred by the Chiang Kai-shek clique during the period when the latter unlawfully occupied the place of China in WHO. The question of the unpaid contributions of the People's Republic of China simply does not exist. The Permanent Mission of China therefore demands that the account unpaid under the heading of China be deleted."

Decision: The draft resolution, as amended, was approved.¹

4. MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS TO AN EXTENT WHICH MAY INVOC

Professor VANNUGLI, representative of the Executive Board, reported that the Ad Hoc Committee of the Executive Board had held its second meeting on 7 May 1973 to consider the question of Members in arrears to an extent which might cause the provisions of Article 7 of the Constitution to be invoked.² Bolivia, El Salvador and Paraguay had made payments in either 1972 or 1973, and the Ad Hoc Committee had requested the Director-General to send telegrams to those Members asking them to pay their arrears before 14 May 1973 or to inform the Director-General of their reasons for failing to do so. The Dominican Republic had made no payment to the Organization since 1966. It had proposed to pay its full contribution for 1971 and to liquidate its arrears for the years 1965 to 1970 in four equal instalments during the period 1972-1975, but it had not so far made any of those payments. The Ad Hoc Committee had therefore decided to recommend to the Twenty-sixth World Health Assembly the suspension of the voting privileges of the Dominican Republic, and it had asked the Director-General to inform the Government of the Dominican Republic of that recommendation.

Dr SÁENZ (Uruguay) suggested that it would be scarcely worthwhile to suspend the voting privileges of a Member which was not taking part in the deliberations of the Health Assembly. He proposed that the Director-General should establish contact with the Government of the Dominican Republic suggesting the payment of part of the arrears in a certain period of time and suggesting also that the Dominican Republic should send a delegation to take part in the Twenty-sixth World Health Assembly.

Dr AVILÉS (Nicaragua) supported the proposal made by the delegate of Uruguay and urged the Committee to consider the situation that would arise as a consequence of applying Article 7 of the Constitution.

Mr GONZÁLEZ PALACIOS (Spain) also supported the proposal of the delegate of Uruguay. It was necessary to avoid implementing Article 7, because that was a very serious step to take. The reasons why the Dominican Republic had not paid its contributions were not yet known.

Dr DESLOUCHES (Haiti) similarly supported the proposal of the delegate of Uruguay. The Dominican Republic should be considered as a special case, and it would be regrettable to take action that would prevent a Member from taking part in the Health Assembly. Such action would, moreover, impair the Organization's universality.

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA26.11.
Mr LAWRENCE (United States of America) said that the attitude of his delegation to the non-payment of arrears was one of concern. The time must come when continued failure to pay would lead to the application of Article 7. However, he thought it would be wise in this instance to follow the proposal made by the delegate of Uruguay and postpone action until later in the session.

Mr TANIGUCHI (Japan) agreed that it would be desirable to defer any decision until later in the session, in order to give the Dominican Republic as much time as possible to pay its contributions.

The SECRETARY reminded the Committee that the item under discussion was one of those that had to be completed by Committee B before Committee A could consider the programme and budget estimates for 1974.

Dr SUMBUNG (Indonesia) said that Article 7 of the Constitution had never yet been applied in the World Health Organization, and all delegates were reluctant to apply it. The political and economic conditions in the Dominican Republic were the reasons why that country had not yet paid its contributions. He thought that the Health Assembly should defer application of Article 7 and give a further opportunity to the Dominican Republic to pay its contributions up to 1972. The matter would then be considered again at the next Health Assembly.

Dr DÍAZ COLLER (Mexico) said that another factor which might be taken into consideration was that the Region of the Americas was the only Region in which countries paid contributions to two health organizations. The Pan American Health Organization had been in existence since 1902 and, by virtue of an agreement between it and WHO, its Secretariat acted as the WHO Regional Office for the Americas. The arrangement had the advantage that it made larger funds available to implement programmes in the Region but the payment of two contributions put a considerable strain on some countries.

Dr AVILÉS (Nicaragua) said that the proposal of the delegate of Japan to defer a decision on the application of Article 7 to the Dominican Republic would delay the work of the Health Assembly. For that reason he asked the delegates to support the proposal made by the delegate of Uruguay. The Committee might recommend that the Director-General should remind the Dominican Republic of its duty to fulfil its obligations and should invite it to send a delegate to the next Health Assembly to explain the situation.

The CHAIRMAN requested the Rapporteur to draft a resolution taking into account the views which had been expressed.

(For continuation, see summary record of the third meeting, section 3.)

5. REPORT ON CASUAL INCOME AND STATUS OF THE ASSEMBLY SUSPENSE ACCOUNT

Professor VANNUGLI, representative of the Executive Board, said that the Ad Hoc Committee of the Executive Board had taken note of the amount of available casual income when it had examined the supplementary budget estimates for 1973. As indicated in paragraph 9 of its first report,1 the Ad Hoc Committee was recommending to the Health Assembly that the supplementary estimates should be financed in the first instance from available casual income.

Mr FURTH, Assistant Director-General, introducing agenda item 3.5.4, said that the relevant documents were A26/16 and A26/16 Add.1 which brought the position up to the date of opening of the twenty-sixth Assembly. They were presented in order to help the Committee in deciding how much of the available casual income it wished to use to help finance the proposed programme and budget estimates for 1974. In accordance with resolution WHA26.1, Committee B had to consider the amount of available casual income to be used for that purpose before Committee A could consider the budget estimates and recommend the amount of the effective working budget for 1974. The Director-General had recommended in paragraph 2 of document A26/16 that all the casual income, amounting to US$ 3 508 500, should be used to help finance the supplementary budget estimates for 1973, a recommendation which had been endorsed by the Ad Hoc Committee of the Executive Board in its first report. If the Committee and the Assembly accepted that recommendation, there would be no casual income available to help finance the 1974 budget.

Document A26/16 Add. 1 indicated that a further amount of US$ 52,415 had accrued in
the Assembly Suspense Account as a consequence of the payment of arrears of contributions by
Haiti and Uruguay. The cash portion of the Assembly Suspense Account represented casual
income. There would therefore also be sufficient casual income available to reduce the
assessment of Pakistan for 1972 and 1973 if the Health Assembly decided to adopt the
recommendation of the Executive Board (resolution EB51.R46) to that effect.

The CHAIRMAN reminded the Committee that it had to submit a report on the question before
the Committee A considered agenda item 2.2.2. A draft report would be circulated for
consideration.

6. REVISION OF THE TEXT OF THE APPROPRIATION RESOLUTION FOR 1973

Professor VANNUGLI, representative of the Executive Board, said that at its fifty-first
session the Executive Board had examined the Director-General's proposals to change the titles
of sections 6, 7 and 8 in the Appropriation Resolution for 1973. Such changes would bring
the presentation of the Organization's activities more into line with the programme and would
make the titles of the sections of the Appropriation Resolution consistent with the terminology
employed in the Fifth General Programme of Work Covering a Specific Period. It would also
bring the titles of the sections into line with the classification of programmes approved by
the Twenty-fifth Health Assembly for future programmes and budgets. The Executive Board had
therefore adopted resolution EB51.R5, recommending that the Health Assembly should approve
changes in the titles of sections 6, 7 and 8 in the Appropriation Resolution for 1973
(resolution WHA25.46).

Dr SUMBUNG (Indonesia) said that he wondered whether there was any urgent need to modify
resolution WHA25.46. The Executive Board had expressed the view that, by revising the titles
of some sections, the Appropriation Resolution would be brought more into line with the Fifth
General Programme of Work Covering a Specific Period, but such changes might cause confusion
in projects already established, since the differences in terminology were considerable and the
new titles were more comprehensive. He enquired whether there was to be any change in the
details of the programmes in the sections concerned.

Mr FURTH, Assistant Director-General, said that the change in the titles of certain
sections did not imply a change in the implementation of projects financed under them. The
new titles had been included in the model programme classification structure submitted to the
Twenty-fifth World Health Assembly for use in the 1975 programme and budget estimates.
The Health Assembly had approved the model without comment on that point. The new titles
also appeared in the proposed Appropriation Resolution for 1974 which was to be considered by
Committee A, and it therefore seemed desirable to use them also in the 1973 Appropriation
Resolution in order to facilitate comparison between budget years.

Decision: The draft resolution recommended by the Executive Board in resolution EB51.R5
was approved.1

7. SUPPLEMENTARY BUDGET ESTIMATES FOR 1973

Professor VANNUGLI, representative of the Executive Board, said that the Director-General
had submitted to the Executive Board, at its fifty-first session, supplementary budget esti-
mates for 1973 amounting to US$ 673,000 in order to cover unforeseen increases in the salaries
of general service category staff and in post adjustments for professional staff at headquarters
- a result of the increasingly rapid rise in the cost of living in Geneva. The details were
set out in Official Records No. 206, Annex 3. In its resolution EB51.R7, the Executive Board
had recommended that the Health Assembly should adopt a resolution approving the supplementary
estimates proposed by the Director-General. It had also requested the Ad Hoc Committee of
the Executive Board to examine before the current Health Assembly further developments that the
Director-General might report on which would affect the supplementary estimates. The Director-
General had submitted a report2 to the Ad Hoc Committee indicating that additional supplemen-
tary estimates would be required for 1973 as a result of the international monetary develop-

The Ad Hoc Committee therefore recommended that the Health Assembly should adopt, instead
of the resolution proposed in resolution EB51.R7, the following draft resolution:

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1 Transmitted to the Health Assembly in the Committee's first report and adopted as
resolution WHA26.12.

The Twenty-sixth World Health Assembly,

Having considered the proposals of the Director-General and the recommendations of the Executive Board concerning the supplementary estimates for 1973 to meet the unforeseen additional costs at headquarters relating to general service salaries and post adjustment for professional and ungraded staff, and the increased costs required to implement the revised 1973 programme as a consequence of international monetary developments; and

Considering that it is desirable to avoid making additional assessments on Members for the year 1973 to finance these supplementary estimates,

1. DECIDES as an exceptional measure that the provisions included in the approved budget for 1973 for credits to the Terminal Payments Account be decreased to US$ 153 100, in order to reduce by US$ 1 985 600 the revised supplementary estimates of US$ 5 494 100 proposed by the Director-General, the full amount of which would otherwise be necessary;

2. APPROVES supplementary estimates for 1973 in the amount of US$ 3 508 500; and

3. DECIDES to amend the Appropriation Resolution for the financial year 1973 (resolution WHA25.46) as follows:

   (i) increase and decrease the relevant appropriation sections by the following amounts:

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I: ORGANIZATIONAL MEETINGS</td>
<td>World Health Assembly</td>
<td>94 400</td>
</tr>
<tr>
<td></td>
<td>Executive Board and its committees</td>
<td>15 300</td>
</tr>
<tr>
<td></td>
<td>Total - PART I</td>
<td>109 700</td>
</tr>
<tr>
<td>PART II: OPERATING PROGRAMME</td>
<td>Communicable diseases</td>
<td>118 864</td>
</tr>
<tr>
<td></td>
<td>Environmental health</td>
<td>204 857</td>
</tr>
<tr>
<td></td>
<td>Strengthening of health services</td>
<td>(163 534)</td>
</tr>
<tr>
<td></td>
<td>Noncommunicable diseases</td>
<td>162 176</td>
</tr>
<tr>
<td></td>
<td>Health manpower development</td>
<td>97 198</td>
</tr>
<tr>
<td></td>
<td>Other activities</td>
<td>1 753 565</td>
</tr>
<tr>
<td></td>
<td>Regional offices</td>
<td>194 122</td>
</tr>
<tr>
<td></td>
<td>Total - PART II</td>
<td>2 367 248</td>
</tr>
<tr>
<td>PART III: ADMINISTRATIVE SERVICES</td>
<td>Administrative services</td>
<td>964 052</td>
</tr>
<tr>
<td></td>
<td>Total - PART III</td>
<td>964 052</td>
</tr>
<tr>
<td>PART IV: OTHER PURPOSES</td>
<td>Headquarters building: repayment of loans</td>
<td>67 500</td>
</tr>
<tr>
<td></td>
<td>Total - PART IV</td>
<td>67 500</td>
</tr>
</tbody>
</table>

Effective Working Budget (PARTS I, II, III and IV) 3 508 500

Total - ALL PARTS 3 508 500

(ii) delete paragraph D of resolution WHA25.46 and replace by the following revised paragraph D:

"D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the following:

   (i) reimbursement from the United Nations Development Programme in the amount of US$ 2 233 000

   (ii) casual income in the amount of US$ 4 508 500

Total US$ 6 741 500
thus resulting in assessments against Members of US$ 105 141 190. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by the amounts standing to their credit in the Tax Equalization Fund, except that the credits of those Members whose nationals, staff members of WHO, are required to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization."

As was indicated in paragraph 9 of its first report¹ and in operative paragraph 1 of the draft resolution, the Ad Hoc Committee proposed that the revised supplementary estimates should be financed in the first instance from available casual income, which amounted to US$ 3 508 500. With regard to the required balance of US$ 1 985 600, the Ad Hoc Committee considered that it could be met as an exceptional measure out of the provisions for credits to the Terminal Payments Account which were contained in the approved 1973 budget.

Mr FURTH, Assistant Director-General, said that, as outlined in the Director-General's report to the Ad Hoc Committee,² the changes in rates of exchange which had followed the devaluation of the United States dollar in February 1973 had had serious consequences for the approved programme for 1973 and for the proposed programme for 1974. The estimated cost of those programmes had been based on the rates of exchange prevailing in the summer of 1972 when the budget estimates for 1974 had been prepared. At that time the rate of exchange for the Swiss franc was 3.84 to one US dollar. At present, the corresponding rate was 3.23, which entailed an increase of approximately 19% in dollars to cover the Organization's expenditure in Swiss francs; this amounted to about 35% of the budget. A similar situation existed with regard to some other currencies used by WHO to pay for its activities. The Secretariat had recalculated the estimated cost of implementing the approved 1973 programme on the basis of the latest currency exchange rate. The additional cost involved was US$ 4 821 100, in addition to the amount of US$ 673 000 required to cover cost of living increases in Geneva, as already recommended by the Executive Board in January. The total additional requirements for 1973 therefore amounted to US$ 5 494 100.

The recalculation of the budget estimates had taken account only of minimum requirements for main items of expenditure; no allowance had been made for cost increases, which could not yet be calculated accurately. It was hoped that such cost increases would be sufficiently small for the Director-General to endeavour to meet them by operating with maximum economy. It should be recalled that the Director-General had been able to meet the additional budgetary requirements resulting from the revaluation of the Swiss franc in May 1971, without an increase in the approved budget for 1971 to 1973. The additional costs had been absorbed by postponing or reducing activities and by slowing down the growth of the Terminal Payments Account.

Economies in operations were also absorbing losses due to fluctuating rates of exchange and unforeseen increases, such as the increase in the education grant which was costing the Organization about US$ 30 000 more; an increase of US$ 100 000 in the cost of common services; and increases in the amount of pensionable remuneration serving as the basis of the contributions by staff members and by the Organization to the United Nations Joint Staff Pension Fund, which would cost US$ 900 000 in 1973. Unforeseen increases thus totalling over one million dollars were being absorbed within the budget for 1973.

In view of the international monetary situation and the accelerated rate of inflation, it was impossible to foresee what further budgetary requirements might arise. The Director-General was therefore unable to suggest any further savings which might be made in order to meet the current additional budgetary requirements.

The Organization was faced with serious budgetary problems arising from factors entirely beyond its control, and he hoped that the supplementary estimates would be approved.

Professor LISICYN (Union of Soviet Socialist Republics) said that he understood the method proposed by the Ad Hoc Committee to finance the revised supplementary estimates, which would not involve increased contributions from Member States in 1973. However, he would like to know what the implications of such a solution would be for 1974 and subsequent years.

Dr ALY (Egypt) said that he supported the recommendations made by the Ad Hoc Committee in its draft resolution. It was a pity that the international monetary system made it necessary to contemplate increased contributions from Member States. He enquired what measures the Organization had in mind to cope with the situation if the monetary crisis recurred.

Mr DE GEER (Netherlands) said that the supplementary estimates were reasonable in view of international monetary developments. He would have preferred to have raised the amount needed not from casual income, as recommended by the Executive Board, but by increasing the assessments of Member States for 1973, as had been originally proposed by the Director-General. Furthermore, the Terminal Payments Account should not be used for budgetary purposes. He appreciated, however, that there were considerable administrative difficulties in requesting Member States to pay supplementary assessments for 1973, and he would therefore accept the proposals contained in the draft resolution, while stressing that it should be, as stated in operative paragraph 1 "an exceptional measure".

(For continuation, see summary record of the third meeting, section 5.)

The meeting rose at 5.35 p.m.
THIRD MEETING

Tuesday, 15 May 1973, at 9.30 a.m.

Chairman: Dr A. W. AL-MUFTI (Iraq)

1. FIRST REPORT OF THE COMMITTEE
At the request of the Chairman, Dr MIKEM (Togo), Rapporteur, read out the draft first report of the Committee.

Decision: The report was adopted (see page 515).

2. REPORT OF COMMITTEE B TO COMMITTEE A
At the request of the Chairman, Dr MIKEM (Togo), Rapporteur, read out the draft report of Committee B to Committee A.

Decision: The report was adopted (see page 517).

3. MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS TO AN EXTENT WHICH MAY INVOLVE ARTICLES 7 OF THE CONSTITUTION (continued from the second meeting, section 4) Agenda, 3.5.3

The CHAIRMAN invited the Committee to consider the following draft resolution proposed by the Rapporteur:

The Twenty-sixth World Health Assembly,
Having considered the report of the Ad Hoc Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution;
Having noted with regret and concern that Bolivia, the Dominican Republic, El Salvador and Paraguay are in arrears to such an extent that it is necessary for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended;
Noting that Bolivia, El Salvador and Paraguay have made payments in 1972 or 1973;
Recognizing the efforts made by those three countries to liquidate their arrears;
Noting that the Dominican Republic has made no payment to the Organization in respect of its assessed contributions since 1966, in spite of the acceptance by the Twenty-fifth World Health Assembly of its proposal for settlement of its arrears, and that, as a result, the Dominican Republic is in arrears for the balance of its 1965 contribution and for the full contributions for the years 1966 to 1972; and
Noting further that the Dominican Republic had not, at the time of consideration of this matter, been represented at the Twenty-sixth World Health Assembly,

1. DECIDES not to suspend the voting privileges of Bolivia, El Salvador and Paraguay at the Twenty-sixth World Health Assembly;
2. URGES Bolivia, El Salvador and Paraguay to regularize their position so that the Executive Board at its fifty-third session and the Twenty-seventh World Health Assembly will not have to examine this question again;
3. DECIDES to defer its consideration of the suspension of the voting privileges of the Dominican Republic to the Twenty-seventh World Health Assembly;
4. REQUESTS the Dominican Republic to implement, at an early date, the arrangements for settlement of its arrears accepted by the Twenty-fifth World Health Assembly; and
5. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Decision: The draft resolution was approved.1

4. SEVENTEENTH REPORT OF THE COMMITTEE ON INTERNATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

The CHAIRMAN proposed that, in order to expedite the Committee's examination of a complex subject, an informal working group be established to consider the seventeenth report of the Committee on International Surveillance of Communicable Diseases.2 The working group would

1 Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.15.
consist of any delegations interested in the question, and would prepare a report for the consideration of the Committee as a whole.

It was so agreed. (See page 502).

5. SUPPLEMENTARY BUDGET ESTIMATES FOR 1973 (continued from the second meeting, section 7) Agenda, 3.3

Professor LISICYN (Union of Soviet Socialist Republics) said that he would like answers to the questions he had asked at the previous meeting before making any further comments.

Mr FURTH, Assistant Director-General, replying to the USSR delegate's question at the previous meeting on the composition of the supplementary estimates for 1973, referred to Table 1 in the Director-General's report to the Ad Hoc Committee of the Executive Board, showing the breakdown of the additional supplementary estimates according to the 12 appropriation sections. The different elements in which adjustments had had to be made because of the devaluation of the US dollar were shown on the left. For the World Health Assembly and the Executive Board the adjustments were mostly the result of increases in fares and in the wages of temporary staff. The first of the main items concerned the post adjustments paid to professional staff. As the Committee knew, a devaluation of the US dollar, or an upward revaluation of the local currency, led to an automatic increase in the post adjustment so that the purchasing power of professional staff was approximately the same at all duty stations.

The budget for Alexandria (EMRO) had originally been prepared on the assumption that the post adjustment class would be zero: it was now at class 2. For Brazzaville (AFRO) the budget had been prepared on the assumption that the post adjustment would be at class 7: it was now at class 11. For Copenhagen (EURO) the budget had been prepared assuming that the post adjustment would be at class 8: it was now at class 12. For headquarters in Geneva, the post adjustment had been at class 6 on 1 January 1973: it was now at class 12. Each increase of one post adjustment class meant paying varying additional amounts to professional staff depending on their grades; the amounts varied from a minimum of US$ 216 a year for a single staff member at grade P.1, to a maximum of US$ 927 for a married staff member at grade D.2. General service salaries were determined in the local currency, and consequently the Organization had to find more dollars to pay the same salary in that currency. For example, as a result of the devaluation of the dollar, for the same salary in Egyptian pounds the Organization had to pay 11.12% more in US dollars. For the same salary in CFA francs the Organization had to pay 10.13% more in US dollars. For salaries paid in Danish kroner the Organization had to pay 12.90% more in dollars, while for Swiss franc salaries the Organization had to pay 18.98% more in dollars.

Common services involved such items as public utilities and heating of buildings, and were also paid for in local currencies. The other increases in headquarters costs were somewhat more difficult to estimate with precision. For consultants a 10% increase in costs had been estimated. Fares for duty travel had gone up in terms of the US dollar. Increases in the cost of temporary staff were similar to those for the general service staff. The increases for expert committees and study groups were largely the result of increases in fares. The loans for the headquarters building had to be repaid in annual instalments in Swiss francs to the Swiss Confederation and the Canton of Geneva, and thus the repayments were also higher in terms of the US dollar.

In answer to the USSR delegate's question concerning the implications of the supplementary budget estimates for future budgets of the Organization, he pointed out that the implications for 1974 were already known to the Committee. As regards 1975, experience over the last decades had shown that prices tended to increase, and it could therefore be expected that a programme of the same magnitude would cost more in 1975. For example, general service salaries at headquarters were based on a salary index published by the Swiss authorities in Berne, and a projection of that index would seem to indicate a 4.4% increase in general service salaries every 7-8 months in the future. Assuming an annual 5% increase in price levels in Geneva, and no further changes in exchange rates, another rise in post adjustment for professional staff could be expected on 1 September 1973, moving Geneva to class 13, and further steps to class 14 in May 1974, class 15 in January 1975, and class 16 in August 1975 were foreseen.

As regards monetary developments, delegates had probably noted that the US dollar had dropped about 2% in relation to the Swiss franc on the previous day. The future situation was very uncertain. In answer to a question by the Egyptian delegate at the previous meeting concerning possible measures to prevent repeated requests for supplementary estimates, he said that it was unfortunately impossible for the Organization to influence world monetary fluctuations.

He pointed out that although the increases requested looked very large in terms of US dollars, in fact the contributions of many governments in terms of their own currencies were lower than had been foreseen at the time of the adoption of the 1973 budget in May 1972.

Dr SUMBUNG (Indonesia) said that to overcome the effects of the international monetary crisis two alternative approaches were possible: either WHO's programme could be cut, or it could be maintained by means of supplementary budgets. In relation to those two approaches, he would like to know if WHO's policy was in line with the approaches adopted by the United Nations and other specialized agencies; he would also appreciate information on the effects on the Terminal Payments Account of reducing the credit in 1973.

His Government could not agree to additional assessments on Members to supplement the budget for 1973. He supported the proposal to use casual income to finance the supplementary budget and to reduce the payment for 1973 to the Terminal Payments Account.

Mr FURTH, Assistant Director-General, said that the extent to which other international organizations had been affected by the monetary crisis depended mainly on the principal currencies they used for paying for most of their activities. WHO spent about 35% of its regular budget in Swiss francs, UNESCO spent 70-80% of its budget in French francs, and ILO spent about 80% of its budget in Swiss francs. In each case the effects of the devaluation of the US dollar would be different. Each organization had therefore dealt with the problem in a somewhat different way. The decision whether to cut programmes or to make additional funds available to the Organization appeared to be mainly a political decision for governments.

In fact, in most organizations there had been a mixture of supplementary estimates, economies, and in some cases programme cuts.

If the payment to the Terminal Payments Account in 1973 were to be reduced, as recommended by the Ad Hoc Committee of the Executive Board in its report,\(^1\) it would, of course, take much longer for the Account to reach its target level, that is, a level sufficient to meet the total accrued liabilities of the Organization for terminal benefits payable to the entire staff. At the Twenty-fifth World Health Assembly he had said that the Terminal Payments Account would reach that target level in 1977-1978. If the Ad Hoc Committee's recommendation were approved, it appeared that the target level would certainly not be reached by 1980. If contributions to the Account continued at the rate of 6% of the payroll, beginning in 1974, there would be a shortfall of something over US$ 2 million in 1980.

Dr DE CONINCK (Belgium) thought that the Organization could make small economies in postal costs by sending more items by ordinary mail, at least to countries in Europe, and particularly those on the borders of Switzerland.

Dr TAYLOR (New Zealand) agreed in principle with the delegate of Belgium, but pointed out that New Zealand was a long way from Geneva.

He realized that the supplementary estimates had been necessitated by international monetary events beyond the control of the Organization. In view of the economies already exercised by the Director-General, and the limitations imposed on expansion in recent years, he did not wish to see any reductions in the programme. Equally he did not wish to see any increases in the assessments on Member States. His delegation thus supported the recommendations of the Ad Hoc Committee of the Executive Board contained in its report.\(^1\)

Professor LISICYN (Union of Soviet Socialist Republics) said that between 1966 and 1972 the Health Assembly had had to consider supplementary budget estimates on five occasions. The problem was becoming chronic. On the present occasion the supplementary estimates were exceptionally high, largely on account of the change in the exchange rate of the dollar. Clearly, there was no assurance that the Organization would not suffer from further currency fluctuations.

Considerable attention was being given to the problem in other organizations, and especially in the United Nations. In that connexion he drew attention to recommendation 14 of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies, which read as follows:

"Unavoidable increase in expenditure in certain sectors should, as far as possible, be financed in the first instance by savings in other sectors. This applies in particular to increases due to rises in prices (including in this term salaries and wages) which should so far as possible be absorbed by reassessment of priorities, redeployment of resources, and, where necessary, by adjustments within the budget."

All the responsible United Nations bodies had been called upon to find ways of making economies, and at the last session of the General Assembly it had been recommended that the practice of submitting substantial supplementary estimates should be discontinued and that internal resources should be found by rearrangement of projects, in order to avoid additional assessments on Member States.

His delegation understood the difficulty of complying with those recommendations; nevertheless, some way had to be found, especially since, whatever method was adopted for financing the supplementary estimates for 1973, it could only bring temporary relief. The real problem lay in the rate of increase in the regular budget. There had been a 14.4% increase in 1972 and even greater increases might be expected in 1974 and 1975.

The time had come to find ways of protecting the Organization from the consequences of currency fluctuations and other factors influencing the excessive rate of growth of the regular budget. In the first place, consideration should be given to arranging for payment of contributions in national currencies or in kind. There was a need to look more closely into the changes made in projects and to improve methods of evaluating not only their financial implications but also their effectiveness. The staff situation should also be reviewed, since more than half the regular budget was used for staff costs.

Whatever the method put forward for financing the supplementary budget estimates for 1973, his delegation would be unable to vote for it, since it considered that a question of principle was involved and that the practice of submitting ever greater supplementary estimates was contrary to the WHO Constitution.

The CHAIRMAN put to the vote the draft resolution recommended by the Ad Hoc Committee of the Executive Board (see page 425), drawing attention to the fact that, under Rule 70 of the Rules of Procedure, a two-thirds majority was required for its approval.

Decision: The draft resolution was approved by 69 votes to 7, with 8 abstentions.¹

6. SCALE OF ASSESSMENT

Assessment of Pakistan

Professor VANNUGLI, representative of the Executive Board, said that at its fifty-first session the Board, in considering the request of the Government of Pakistan for a reduction of its contributions for 1972 and 1973, had noted that the Health Assembly, in its resolutions WHA5.5 and WHA24.12, had decided that the latest available United Nations scale of assessment should be used as the basis for determining the WHO scale of assessment. It had also noted that the Government of Pakistan, in making its request, had referred to events in 1971 that had led to a substantial reduction in the country's population, area, and gross national product.

In its resolution EB51.R48, the Board had recommended for adoption by the Assembly a draft resolution according to which the contribution of Pakistan for 1972 would be reduced by US$ 11,203, and that for 1973 by US$ 36,960. It was proposed that the amount of miscellaneous income shown in subparagraph (ii) of paragraph D of the appropriation resolution for 1973 (resolution WHA25.46) be increased by US$ 48,163 to compensate for the total reductions in Pakistan's contributions.

Mr MWAIKAMBO (United Republic of Tanzania) asked what percentage the proposed reduction represented.

Mr FURTH, Assistant Director-General, said that the assessment of Pakistan for 1972 and 1973 had been 0.31%. The provisional assessment for Bangladesh for 1972 and 1973 had been 0.04% (i.e., the minimum). If the Assembly adopted the draft resolution recommended by the Executive Board, the contribution of Pakistan for 1972 and 1973 would be reduced by an amount equivalent to the contribution of Bangladesh for those years.

The CHAIRMAN invited the Committee to consider the draft resolution recommended by the Executive Board for adoption by the Assembly, the text of which appeared in the Board's resolution EB51.R48.

Decision: The draft resolution was approved.²

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.16.
² Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.17.
Mr FURTH, Assistant Director-General, introducing the item, said that document A26/31 dealt with the assessments of Qatar and the United Arab Emirates, Members of the United Nations which had become Members of WHO during 1972. Both had been provisionally assessed by the Twenty-fifth World Health Assembly at the minimum rate of 0.04%, to be adjusted to a definitive assessment by the Twenty-sixth World Health Assembly. In the autumn of 1972 the United Nations General Assembly had established the rates of assessment for 1972 and 1973 for both Qatar and the United Arab Emirates at the minimum of 0.04%.

Document A26/34 concerned the assessment of Swaziland, which had become a Member of WHO on 16 April 1973. The Health Assembly had to establish the assessment of Swaziland in WHO. In the United Nations scale its assessment had been fixed at 0.04%, the minimum. According to the latest United Nations scale of assessment, which should be used as the basis for determining WHO's scale, Swaziland's assessment in WHO should therefore be fixed at the minimum of 0.04%. In accordance with United Nations practice in assessing new Members for the year of admission (a practice which had been followed by WHO in recent years), the 1973 assessment of Swaziland should be reduced to one-third of 0.04%.

Document A26/44 referred to the assessment for 1973 and 1974 of the German Democratic Republic, which had been admitted to membership of WHO by the present Health Assembly in its resolution WHA26.2. Pending a recommendation concerning the rate of assessment for the German Democratic Republic by the United Nations Committee on Contributions, which was to consider the matter at its forthcoming session, the definitive assessment could be fixed only by the Twenty-seventh World Health Assembly. Under those circumstances, the Director-General recommended that the German Democratic Republic be assessed at a provisional rate of 1.50% for 1973 and 1974, to be adjusted by increasing or reducing such provisional assessment to the definitive assessment rate when established by the Twenty-seventh World Health Assembly. In accordance with United Nations practice regarding the contributions of new Members, the 1973 contribution of the German Democratic Republic would need to be reduced to one-third of 1.50%.

A proposed draft resolution was contained in each of the three documents before the Committee.

Dr LEBENTRAU (German Democratic Republic) agreed that a definitive decision on the assessment of the German Democratic Republic for 1973 and 1974 would have to be taken by the Twenty-seventh World Health Assembly after the United Nations Committee on Contributions had recommended a rate of assessment. The Director-General's recommendation regarding his country's contribution for 1973 and 1974 could therefore be regarded as provisional.

The CHAIRMAN invited the Committee to consider the following draft resolution on the assessments of Qatar and the United Arab Emirates:

The Twenty-sixth World Health Assembly,
Recalling that the Twenty-fifth World Health Assembly decided, in resolutions WHA25.51 and WHA25.9 respectively, that Qatar and the United Arab Emirates shall be assessed for the years 1972 and 1973 at rates to be fixed by the Twenty-sixth World Health Assembly;
Recalling that the Twenty-fourth World Health Assembly, in resolution WHA24.12, confirmed that the latest United Nations scale of assessment shall be used as a basis of determining the WHO scale of assessment;
Noting that the General Assembly of the United Nations, in resolution 2961 (XXVII), established the assessments for 1972 and 1973 for both Qatar and the United Arab Emirates at 0.04%,
DECIDES that Qatar and the United Arab Emirates shall be assessed as follows:

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<tr>
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<th>1972</th>
<th>1973</th>
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<tr>
<td>Qatar</td>
<td>0.04%</td>
<td>0.04%</td>
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<tr>
<td>United Arab Emirates</td>
<td>0.04%</td>
<td>0.04%</td>
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Decision: The draft resolution was approved.¹

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.18.
The CHAIRMAN then put to the Committee the following draft resolution, concerning the assessment of Swaziland:

The Twenty-sixth World Health Assembly,

Noting that Swaziland, a Member of the United Nations, became a Member of the Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 16 April 1973;

Recalling that the Twenty-fourth World Health Assembly, in resolution WHA24.12, confirmed that the latest United Nations scale of assessment shall be used as a basis of determining the WHO scale of assessment;

Noting that the General Assembly of the United Nations, in resolution 2654 (XXV), established the assessment for 1971, 1972 and 1973 for Swaziland at 0.04%;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,

DECIDES
(1) that Swaziland shall be assessed for 1973 at the rate of 0.04%;
(2) that the assessment for 1973 shall be reduced to one-third of 0.04%.

Decision: The draft resolution was approved.

The CHAIRMAN then put to the Committee the following draft resolution on the assessment of the German Democratic Republic:

The Twenty-sixth World Health Assembly,

Noting the admission of the German Democratic Republic to membership in the Organization on 8 May 1973;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,

DECIDES
(1) that the German Democratic Republic shall be assessed for the years 1973 and 1974 at a rate to be fixed by the Twenty-seventh World Health Assembly;
(2) that the German Democratic Republic shall be assessed at the provisional rate of 1.50% for these two years, to be adjusted to the definitive assessment rate when established by the Twenty-seventh World Health Assembly; and
(3) that the assessment for 1973 shall be reduced to one-third of 1.50%.

Decision: The draft resolution was approved.

Scale of assessment for 1974

The CHAIRMAN, recalling the Committee's decision at its first meeting, invited the Assistant Director-General to introduce the Director-General's report on coordination with the United Nations system: review of method of establishment of the scale of assessment, which was directly related to the agenda item under discussion.

Mr. Furth, Assistant Director-General, said that the report had been prepared following the adoption of resolution 2961 (XXVII) by the United Nations General Assembly at its twenty-seventh session, in December 1972. Part B of that resolution, the text of which was annexed to the report, provided that, as a matter of principle, the maximum contribution of any one Member State to the ordinary expenses of the United Nations should not exceed 25% of the total, and that that principle be implemented as soon as practicable, utilizing to the extent necessary (i) the percentage contributions of any newly admitted Members immediately upon their admission, and (ii) the normal triennial increase in the percentage contributions of Members resulting from increases in their national incomes; it further provided that, notwithstanding those provisions, the percentage contribution of Members should not in any case, in the United Nations or the specialized agencies, be increased as a consequence. In part D of that resolution the General Assembly inter alia requested the Committee on Contributions, in formulating the scale of assessment for 1974, 1975 and 1976, to lower the

1 Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.19.
2 Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.20.
The resolution thus contained new basic principles for establishing the United Nations scale of assessment. In the light of resolution WHA24.12, in which the Health Assembly had reiterated the principle adopted in its resolution WHA8.5 that the latest available United Nations scale of assessment should be used as a basis for determining the WHO scale, the Twenty-sixth World Health Assembly might wish to consider whether the new principles contained in the United Nations General Assembly resolution should henceforth be applied to the establishment of the WHO scale of assessment.

As the first United Nations scale of assessment prepared on the basis of the new principles would become available only several months after the adoption by the Health Assembly of the WHO scale of assessment for 1974, some of the principles of the General Assembly resolution could be applied only in the WHO scale of assessment for 1975. The provision under part B of the General Assembly resolution, to the effect that the maximum contribution be reduced by the percentage contributions of any newly admitted Members immediately upon their admission, could, however, be applied to the WHO scale for 1974. Such action would be consistent with the recommendation of General Assembly resolution 2474 (XXIII) (the text of which was annexed to the report) that the specialized agencies which applied methods of assessment similar to those of the United Nations - and that included WHO - should intensify their efforts to bring their scales into harmony with the United Nations scale as soon as possible.

Regarding the principle of reducing the minimum assessment from 0.04% to 0.02%, the adjustment of any individual Member's assessment below 0.04% could be applied only in the 1975 WHO scale on the basis of the United Nations scale for 1974, 1975 and 1976, to be adopted by the General Assembly in the latter part of 1973.

He drew attention to the following draft resolution submitted for the Assembly's consideration, confirming the principles laid down in resolutions WHA8.5 and WHA24.12 and also incorporating the essential wording and intent of General Assembly resolution 2961 (XXVII):

The Twenty-sixth World Health Assembly,
Having considered resolution 2961 (XXVII) on the scale of assessments for the apportionment of the expenses of the United Nations adopted by the General Assembly at its twenty-seventh session, and the report of the Director-General thereon;
Recalling resolutions WHA8.5 and WHA24.12 adopted by the Eighth and Twenty-fourth World Health Assemblies respectively;
Recalling further resolution 2474 (XXIII) adopted by the General Assembly of the United Nations at its twenty-third session; and
Believing that the scale of assessment in WHO should follow as closely as possible that of the United Nations, due account being taken of the principles laid down in resolutions WHA8.5 and WHA24.12, as modified below,
1. CONFIRMS the principles laid down in resolutions WHA8.5 and WHA24.12 for the establishment of the scale of assessment in WHO, except as provided in paragraphs 2 and 3 below;
2. DECIDES
   (1) that, as a matter of principle, the maximum contribution of any one Member State in the WHO scale of assessment shall not exceed 25% of the total;
   (2) that this objective shall be reached as soon as practicable, utilizing for this purpose to the extent necessary:
      (a) the percentage contributions of any new Member States included in the scales of assessment adopted by the Twenty-sixth and future World Health Assemblies;
      (b) the normal triennial increase in the percentage contributions of Member States resulting from increases in their national incomes, as reflected in the future triennial scales of assessment of the United Nations;
   (3) that, notwithstanding subparagraph (2) above, the percentage contributions of Member States shall not in any case be increased as a consequence of the provisions of paragraph 2 of this resolution;
3. DECIDES, further, that the minimum assessment in the WHO scale shall conform to that established in future scales of assessment of the United Nations;
4. INVITES the Twenty-seventh World Health Assembly, when it considers the scale of assessment for 1975, to review the assessment of Associate Members which, at present, in accordance with resolution WHA13.16, is established at 0.02%.
Mr HEINRICI (Sweden) said that, both in the United Nations and in ICAO, his Government had voted for decisions to the effect that, as a matter of principle, the maximum contribution of any one Member State towards the ordinary expenses of the respective organizations should not exceed 25% of the total. His delegation would adopt the same attitude in WHO, and would vote in favour of the draft resolution now before the Committee.

Dr EHRLICH (United States of America) strongly supported the draft resolution before the Committee - a logical and necessary consequence of United Nations General Assembly resolution 2961 (XXVII) and of World Health Assembly resolutions WHA8.5 and WHA24.12, which had laid down the principle that the scale of assessment in WHO should follow that of the United Nations as closely as possible. The proposed draft resolution indicated in a straightforward manner how conformity with United Nations practice could be achieved as soon as practicable; it stipulated that percentage contributions of Member States should not increase and provided that the assessment relating to the maximum contributor should be reduced only as and when percentage points became available. Voluntary contributions would not be affected. Moreover, adoption of the draft resolution would be in keeping with the policy that it was undesirable for any one Member State to be in a position unduly to affect the budget of an international organization.

His Government, while it had always regarded 25% as the appropriate maximum assessment, had been prepared to accept a higher percentage as a temporary measure because of the economic situation following the Second World War. However, at the present juncture, it believed that the United Nations was justified in reducing the figure to 25%. He agreed that there should not be an increase in percentage contributions of Member States, and believed that the reduction could be accomplished as a result of income arising out of the admission of new Members as well as any revision of the United Nations scale of assessments which might be adopted by the United Nations General Assembly as reflecting comparative economic growth in recent years. His delegation considered that WHO would be well advised to follow the United Nations decision in that regard, taken by a large majority vote, and it would urge other delegations to join with that of the United States in voting in favour of the draft resolution.

Dr ADESUYI (Nigeria) also supported the draft resolution. He welcomed the proposal to reduce the minimum assessment to 0.02%, even though any change to that effect would not be introduced until 1975. It would thus be possible to differentiate among all those countries which were at present assessed at the rate of 0.04% regardless of their vastly different economic situations.

Dr DIAZ COLLER (Mexico) agreed that percentage contributions of Member States should not be increased as a consequence of the proposed changes in the scale of assessment. On that basis, and taking into account the provision contained in operative paragraph 3 of the draft resolution that the minimum assessment in the WHO scale should conform to that established in future United Nations scales of assessment, his delegation supported the draft resolution.

Mr RAMACHANDRAN (India) considered that it would be helpful if the Secretariat could provide figures showing the effect of the adoption of the proposed draft resolution on the contributions of individual countries. That would enable governments to give thorough consideration to the matter, which could then be discussed at a later session of the Health Assembly. He was not entirely sure that WHO should follow the United Nations scale of assessments exactly since its objectives and sphere of activity differed from those of the United Nations. It was essential to ensure that any change in the present situation should not result in a heavier burden being placed on the developing countries and should not be prejudicial to WHO's activities.

Dr VASSILOPOULOS (Cyprus) fully supported the suggestion that the maximum contribution of any Member State should not exceed 25% of the total budget. It was only right that the Organization should not depend primarily on the contribution of one country. It was to be hoped, however, that no additional contribution would be requested from Member States, particularly from small countries. It was imperative that the reduction in the largest contribution should be effected in a manner that would not affect the smooth functioning of WHO, preferably through contributions arising from the admission of new Member States.

Mr BUICK (Canada) said that his Government strongly supported the principle that the WHO scale of assessments should be harmonized as closely as possible with that of the United Nations and that the contribution of any one Member State should not exceed 25%. His delegation would accordingly vote in favour of the proposed draft resolution. While he
had noted the concern expressed by delegates of some developing countries that their own contributions should not be adversely affected, he felt that the proviso contained in operative paragraph 2(3) gave an adequate safeguard.

Mr URQUIOLA (Philippines) stated that, in keeping with the position adopted by the Philippine delegation in the United Nations General Assembly, his delegation was prepared to support the draft resolution. He would, however, welcome clarification as to the invitation to the Twenty-seventh World Health Assembly - contained in operative paragraph 4 - to review the assessment of Associate Members.

Mr HASSAN (Somalia) said that, while he agreed in principle with the draft resolution, it might appropriately include some reference to the content of part D of General Assembly resolution 2961 (XXVII), which mentioned specifically the developing countries with the lowest per capita income.

Mrs OTERO (Cuba) considered it essential that any scale of assessment WHO might adopt should be based on the gross national product of individual countries, which those countries should be bound to communicate. Her delegation rejected the principle that the maximum contribution of any individual Member State should be fixed at 25%.

Mr SIFAF (Ethiopia) supported the draft resolution, with the provisos included therein.

Dr THIEME (Western Samoa) recalled that his own Government had for some years past requested that its contribution should be reduced, since Western Samoa was, in effect, paying the equivalent of 23 cents per capita, i.e., comparatively more than the highest contributor. The fact that Western Samoa was among the countries with the lowest per capita income had now been recognized by the United Nations. He noted the proposal whereby the contribution of the least developed countries might be reduced to 0.02% in May 1975 but urged the Health Assembly to consider introducing such a change as from 1974.

Dr NALUMANGO (Zambia) expressed support for the proposals contained in the draft resolution, which would reduce the disproportionate burden placed on the largest contributor and also reduce the contribution of countries with the lowest per capita income to 0.02%. Member States would have to bear any additional burden arising out of that decision but should be required to do so only in proportion with their capacity to pay.

Mr MUHEIM (Switzerland) recalled that his Government, not being a Member of the United Nations, had not had the opportunity of expressing its viewpoint in the General Assembly. His delegation supported the principles embodied in General Assembly resolution 2961 (XXVII) and would vote in favour of the proposed draft resolution.

Dr ALY (Egypt) hoped that, while any reduction in the financial burden on Member States would clearly be welcomed, any corresponding reduction in resources would not have an adverse effect on WHO's capacity to meet the vast needs arising throughout the world, bearing in mind also the additional projects presented yearly in connexion with the proposed programme and budget estimates which could not be met because funds were lacking. His delegation would support the draft resolution but would be grateful for clarification from the Secretariat regarding the implications of that decision for WHO's programme and services.

Mr DELBUSHAYE (Belgium) expressed support for the draft resolution as it stood, since it reflected the basic elements of the United Nations General Assembly resolution for which the Belgian delegation had voted.

Dr TARIMO (United Republic of Tanzania) said that his delegation would support the draft resolution for the reasons put forward by the delegate of Canada. Nevertheless, it did so in the clear realization that such a decision might well result in an increase in the burden on Member States generally in view of the ever greater needs which WHO had to face. In spite of the assurance contained in the draft resolution, he joined the delegate of India in asking whether any additional burden on individual countries would in fact arise.

Mr FURTH, Assistant Director-General, replying to the points made in the discussion, explained first of all, in relation to the query by the delegate of India, that the contribution of the largest single contributor, namely, the United States, which at present stood at 30.82%, would in effect be reduced, if the present draft resolution were adopted by the World Health Assembly, to the extent of the percentage contributions of any new Member States included in the scales of assessment adopted by the Twenty-sixth and future World Health Assemblies, as mentioned in operative paragraph 2(2)(a); that would mean specifically that it would be reduced, as matters stood, to a level of 29.28% taking into account the assessments on the German Democratic Republic and on Swaziland.
The assessment of no other Member State would be affected in 1974. In preparing the scale of assessments for 1975 for consideration by the Twenty-seventh World Health Assembly, account would be taken of the scale of assessments to be adopted by the United Nations at its General Assembly session later in 1973. The provision contained in operative paragraph 2(2)(b) regarding future triennial scales of assessment of the United Nations was also relevant.

With regard to the question of a reduction in the minimum assessments, he emphasized that, as stated in paragraph 3 of the Director-General's report, the General Assembly has so far only requested its Committee on Contributions to lower the floor from 0.04% to 0.02% for certain developing countries, in particular those with the lowest per capita income. It was therefore not yet clear what the actual situation would be in respect of individual countries.

Replying to the delegate of the Philippines, he recalled that, traditionally, Associate Members paid a contribution which was half that of the minimum contributor. Hitherto they had been assessed at 0.02%; if the minimum assessment were lowered to 0.02%, the Health Assembly would probably wish to consider whether it wished Associate Members to be assessed at an even lower rate or to remain at the same level.

With regard to the concern expressed by the delegates of Egypt and the United Republic of Tanzania, he assured the Committee that the adoption of the draft resolution would not have any effect on WHO services or result in an increase in the percentage contributions of Member States. The scale of assessments necessarily had to total 100%. The principal means of meeting any reductions agreed upon would be through the income arising out of admission of new Member States as well as through normal triennial increases decided upon by the United Nations. There was no reason why budgetary income should be affected in any manner by the practical application of the draft resolution.

Professor LISICYN (Union of Soviet Socialist Republics) said that it did not seem possible at the present time to say what Members' assessments would be in 1975 and future years, since the situation was not yet clear.

The position of his delegation was consistent with that taken by the Soviet Union in the United Nations General Assembly with regard to limiting the assessment of any one country to 25%. The USSR delegation at the General Assembly had voted against that limitation as being counter to the principle of ability to pay, which was a fundamental principle in the determination of Members' assessments, and in accordance with which the maximum contribution should be 38.4%.

It did not seem quite accurate to say that to limit the maximum assessment to 25% would not have an effect on the assessments of other Members. According to United Nations rules, no country should pay more per capita than the highest contributor. If the assessment of the United States of America were reduced, then the assessments of some other economically developed countries would also have to be reduced, which would entail increases in the assessments of other Members.

According to United Nations and WHO practice, a reduction in the assessment of the highest contributor was brought about by the admission of new Members; however, such admissions should benefit not just one but all Members.

His delegation was in any case opposed to adopting automatically the United Nations scale of assessment for application in WHO. He recalled that, only two years previously, the Health Assembly had fixed the maximum assessment at 30% and since then there had not been sufficient changes in ability to pay to warrant reconsideration of the matter. The change proposed was particularly unsuitable at the present time in view of the currency crisis. Strict observance of the principle of ability to pay was a guarantee of successful international cooperation in the field of health.

For the reasons stated, his delegation could not support that part of the draft resolution dealing with the reduction of the assessment of the highest contributor to 25%.

The meeting rose at 12.10 p.m.
FOURTH MEETING
Tuesday, 15 May 1973, at 2.30 p.m.

Chairman: Dr A. W. AL-MUFTI (Iraq)

1. SCALE OF ASSESSMENT (continued)

Mr RAMACHANDRAN (India) said that he continued to think that it was impossible for delegates to appreciate the full implications of the draft resolution under consideration (see page 434) unless they had before them a table showing specifically the increased percentages that Member States would be called upon to bear. In his view, a reduction in the maximum contribution would inevitably mean that the Organization would not be able to expand its activities as a result of the admission of new Members. If the matter did not affect the scale of assessment for 1974, the discussion might be deferred until the next Health Assembly when the implications of the proposals would be more fully understood.

India was not opposed to giving relief to small countries with low per capita incomes, but it considered that the recommendation that no country should contribute more than 25% of the total was an entirely separate issue and that the two proposals should not be considered jointly.

Dr SUMBUNG (Indonesia) said that his Government had supported General Assembly resolution 2951 (XXVII). The present concern of the Committee was with the draft resolution now before it, and he agreed with the views expressed by the delegate of India. Some sections of the operative paragraphs seemed to be mutually exclusive. In operative paragraph 2 (1), it was proposed that the maximum contribution of any Member State should not exceed 25% of the total. Up to the present, the United States contribution had stood at about 31.52%. If it were reduced to the recommended figure, the difference of 6.52% would have to be made up by other countries. It would take at least 160 countries with the lowest assessment of 0.04% to pay for the reduction in the United States contribution. In operative paragraph 3, the draft resolution also proposed in effect that the minimum assessment for countries with very low per capita incomes - which, according to UNCTAD standards, numbered about 25 - should be reduced from 0.04% to 0.02%. Those two proposals taken in conjunction clearly involved larger contributions from other Member States. Yet it was stipulated in operative paragraph 2 (3) that the percentage contributions of Member States should not in any case be increased.

Dr EHRLICH (United States of America) said that it had already been explained by the Secretariat and it was clearly stated in the draft resolution itself that a reduction in the maximum contribution would be achieved by using the percentage contribution of new Member States and by the normal adjustments in percentage contributions made in accordance with the United Nations triennial scales of assessment. It would not result in any increase in the percentage contributions of Member States. He hoped that the Committee might proceed to a vote on the draft resolution.

Mr RAMACHANDRAN (India) said that he would like a table to illustrate the point made by the last speaker. He continued to believe that if the reduction in the United States contribution had to be made up by the contributions from new Member States, the result would inevitably be to limit the expansion of WHO activities.

Mr FURTH, Assistant Director-General, said that a proposed scale of assessment for 1974 was contained in document A26/18, Annex 2. If the draft resolution was approved by the Committee, the effect would be to reduce the United States contribution from 30.82% to 29.28%. The percentage contributions of all other Member States would remain unaffected. The new Member States, i.e. the German Democratic Republic and Swaziland, would be added to the list with a provisional assessment of 1.50% for the former and a definitive assessment of 0.04% for the latter.

Professor LISICYN (Union of Soviet Socialist Republics) said that he appreciated that the adoption of the draft resolution would affect only the position of the United States of America in 1974. It was, however, true, as the Indian delegate had stated, that a reduction in the maximum contribution would mean that the Organization's reserves would be lower than they would otherwise have been. He inquired what effect the proposals in the draft resolution would have on the position in 1975.

Mr FURTH, Assistant Director-General, said that the 1975 position would depend on the number, size and per capita income of any States which might be admitted to membership of the Organization between the present date and the next Health Assembly. Contributions from such new Members would be used to reduce further the maximum contribution.
The 1975 position would also be affected by any increase in the scale of assessments for Member States which might be approved by the General Assembly of the United Nations in accordance with the recommendations of the Committee on Contributions. Recent years had seen significant changes in the relative economic positions of a number of countries. If the assessment for any Member State was increased in the United Nations, WHO would follow its customary practice of applying the appropriate adjustment in the following year. That procedure would be followed whether or not the Committee approved the draft resolution before it.

Mr RAMACHANDRAN (India) said that the contribution by the United States of America appeared to be variously given as 31.52% and 30.82%, while a figure of 29.28% had also been mentioned.

Mr FURTH, Assistant Director-General, explained that in document A26/18 the figure of 31.52% for the United States of America given in Annex 1 represented its contribution to the United Nations budget, whereas the figure of 30.82% given in Annex 2 represented its contribution to WHO, which was somewhat lower than in the United Nations because a number of States which were Members of WHO were not Members of the United Nations. The reduced United States contribution to the WHO budget of 29.28% would be compensated by the assessments of the German Democratic Republic and Swaziland, which jointly amounted to 1.54%.

Mr RAMACHANDRAN (India) said that the explanation showed that the benefits accruing from the acquisition of the new Members would be exclusively enjoyed by the United States of America.

The CHAIRMAN suggested that the Committee should proceed to a vote on the draft resolution.

Decision: The draft resolution was approved by 54 votes to 9, with 12 abstentions.

Dr SACKS, Secretary, suggested that, in the light of that decision, further discussion of agenda item 3.6.3 should be deferred, pending the preparation of a document by the Secretariat taking into account the implications of the decision just taken on the scale of assessment for 1974.

It was so agreed

(For continuation, see section 9.)

2. REVIEW OF THE WORKING CAPITAL FUND

Professor VANNUGLI, representative of the Executive Board, introducing the draft resolution contained in resolution EB51.R30 of the Executive Board, said that in accordance with resolution WHA25.13, the Board had reviewed the Working Capital Fund at its fifty-first session, when it had had the benefit of a report by the Director-General, contained in Annex 6 of Official Records No. 206. The Board had concurred with the Director-General's recommendation that the Working Capital Fund should remain in 1974 at its 1973 level of US$ 11 000 000 to which would be added the assessments of any Members joining WHO after April 1965. The Executive Board had also agreed with the Director-General that he should report on the Working Capital Fund to the Board only when he considered it warranted but in any case not less frequently than every third year.

Mr BUICK (Canada) said that he noted that the draft resolution contained a proposal to authorize the Director-General to advance from the Working Capital Fund such sums as might be required to meet "unforeseen or extraordinary expenses" up to a total of US$ 2 000 000 provided that the prior concurrence of the Executive Board had been obtained. He wondered whether such an authorization was really required since supplementary estimates could be submitted to the Health Assembly at its annual meetings. He inquired to what extent and for what purposes such an authorization had been used in the past.

Professor LISICYN (Union of Soviet Socialist Republics), recalling the Committee's decision that the supplementary budget estimates for 1973 should be financed from casual income, asked if that decision would have any effect on the funds remaining in Part II of the Working Capital Fund.

Mr FURTH, Assistant Director-General, assured the delegate of the USSR that the Working Capital Fund would not be used to finance the supplementary estimates. The recommendation of the Ad Hoc Committee of the Executive Board, which had been endorsed by Committee B at its third meeting, was to use available casual income and part of the Terminal Payments Account for that purpose. With regard to the information requested by the Canadian delegate, he said that the authorization was a standard provision which had been in existence for many years although it had rarely been used. He would be able to give further details on the subject later in the meeting (see page 441).
Mr BUICK (Canada) said that pending the receipt of such information, he wished to express his reservation as to the necessity of authorizing such withdrawals, although he would vote for the draft resolution.

Decision: The draft resolution proposed by the Executive Board in resolution EB51.R30 was approved.1

3. VOLUNTARY FUND FOR HEALTH PROMOTION

Professor VANNUGLI, representative of the Executive Board, said that at its fifty-first session the Executive Board had considered a report by the Director-General on the Voluntary Fund for Health Promotion (contained in Annex 7 of Official Records No. 206). It gave, inter alia, information relating to the contributions accepted from 1 May to 31 December 1972, the Voluntary Fund Special Accounts, and estimated obligations for 1973 and 1974. In 1972 the total contributions received had amounted to US$ 5,306,209 against US$ 6,853,977 in 1971 and US$ 2,743,315 in 1970.

The Director-General had suggested that instead of submitting a report to each session of the Board, as was the current procedure, it would perhaps suffice to submit a report on the subject only once a year. Such a course would reduce the length of the Board's agenda and rationalize documentation. It would also bring the procedure into line with that followed for other funds, for which reports were submitted annually. The Director-General had suggested that it would be most appropriate to submit the annual report to the Board at its session immediately following the Health Assembly, since by that time all the accounts would have been closed and audited.

The Director-General had also proposed that reports on World Health Foundations should no longer be submitted to the Executive Board, since they were autonomous privately controlled bodies and he had neither the legal basis nor the practical possibility of providing information based on his own observations.

The Executive Board had endorsed the Director-General's proposals and in its resolution EB51.R31 it recommended that the World Health Assembly approve measures for their implementation.

Decision: The draft resolution proposed by the Executive Board in resolution EB51.R31 was approved.2

4. REVOLVING FUND FOR TEACHING AND LABORATORY EQUIPMENT FOR MEDICAL EDUCATION AND TRAINING

Professor VANNUGLI, representative of the Executive Board, said that when the Executive Board had considered the report of the Director-General reproduced in Annex 8 of Official Records No. 206, it had noted that the Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training was not being used for the purchase of medical publications. The Board, in its organizational study on medical documentation services provided to Members,3 had expressed the opinion that the policy governing the Fund should be reviewed to enable it to be used for the purchase of medical literature. The Director-General had agreed with this view and had recommended that the Fund should be used for the purchase of medical periodicals and books under certain conditions which were set out in the report in Annex 8 of Official Records No. 206. The Executive Board had adopted resolution EB51.R32, containing a draft resolution which it recommended for adoption by the World Health Assembly.

Decision: The draft resolution proposed by the Executive Board in resolution EB51.R32 was approved.4

5. AMENDMENTS TO THE FINANCIAL REGULATIONS

Professor VANNUGLI, representative of the Executive Board, said that at its fifty-first session the Board had considered a report5 by the Director-General on common financial regulations relating to the custody of funds, investment of funds, internal control, the

1 Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.23.

2 Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.24.


4 Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.25.

accounts and delegation of authority, as agreed by the Administrative Committee on Coordina-
tion. The Executive Board had adopted resolution EB51.R33 on the subject and recommended
that the Health Assembly adopt the draft resolution contained therein.

Decision: The draft resolution proposed by the Executive Board in resolution EB51.R33
was approved. 1

6. APPOINTMENT OF THE EXTERNAL AUDITOR

Mr FURTH, Assistant Director-General, said that Mr Lars Breie had been appointed External
Auditor of the accounts of the World Health Organization for the three financial years 1970 to
1972 inclusive. Subsequently, Mr Breie had expressed his willingness to have his appointment
extended by one year only and the World Health Assembly had extended it accordingly. He
would serve until the completion of the accounts of the World Health Organization for the
financial period ending 31 December 1973, at which date he wished to retire.

The Twenty-sixth World Health Assembly should, therefore, appoint an external auditor
to audit the accounts of the Organization beginning with the financial year 1974. Since its
inception, WHO had always had the same external auditor as the International Labour Organisa-
tion (ILO), which had made considerable economies possible for both organizations. The ILO
had already appointed a successor to Mr Breie in the person of Mr L. Lindmark, Auditor-General
of Sweden, for 1974 and 1975. Should the Health Assembly decide to appoint Mr Lindmark, the
cost-sharing arrangements with the ILO would continue, and the Director-General would then
suggest that the appointment be made for the same period of two years. A suggested draft
resolution was set out in paragraph 5 of document A26/23. It read as follows:

The Twenty-sixth World Health Assembly,

1. RESOLVES that ....................... be appointed External Auditor of the accounts
of the World Health Organization for the ...... financial years 1974 to ...... inclusive,
to make his audits in accordance with the principles incorporated in Article XII of the
Financial Regulations, with the provision that, should the necessity arise, he may
designate a representative to act in his absence; and

2. EXPRESSES its gratitude to Mr Breie for the excellent quality of the work which he
has performed for the Organization.

Dr DE CONINCK (Belgium) said that he agreed that it would be wise to appoint Mr Lindmark
as Mr Breie's successor for the reasons set out in document A26/23.

He thought, however, that the World Health Assembly should express its gratitude to
Mr Breie somewhat more warmly than was done in operative paragraph 2 of the draft resolution.
The text of operative paragraph 2 might read: "EXPRESSES its great gratitude to Mr Breie for
the excellent quality of the work which he has performed for the Organization as External
Auditor during many years."

Mr MUHEIM (Switzerland) and Sir George GODBER (United Kingdom of Great Britain and Northern
Ireland) seconded the proposal.

The SECRETARY said that, if the Committee agreed, the name of Mr Lindmark would
be inserted in the first blank space in operative paragraph 1 and the end of the first clause
of that paragraph would read: "for the two financial years 1974 and 1975", the word "inclusive"
being deleted.

Decision: The draft resolution, as amended, was approved. 2

7. REVIEW OF THE WORKING CAPITAL FUND (resumed)

Mr FURTH, Assistant Director-General, recalled that earlier in the meeting the delegate
of Canada had asked to what extent and for what purposes the Director-General had previously
made use of the provisions enabling him to advance sums from the Working Capital Fund to meet
"unforeseen or extraordinary expenses". Apart from some withdrawals to deal with emergency
situations in the very early years of the Organization's existence, there had been only a few
later occasions on which funds had been withdrawn under those provisions with the prior
concurrence of the Executive Board.

For example, in 1959 US$ 155,140 had been withdrawn to cover in part unforeseen expenses
relating to administrative and operational services costs not covered by the lump sum
allocation from the United Nations Expanded Programme of Technical Assistance and additional

1 Transmitted to the Health Assembly in the Committee's second report and adopted as

2 Transmitted to the Health Assembly in the Committee's second report and adopted as
resolution WHA26.27.
requirements resulting from increases in the salary scales for general services staff in Geneva, the increased pensionable remuneration of professional staff and post adjustment classification. That withdrawal had been repaid to the Working Capital Fund by the decision of the Twelfth World Health Assembly in its resolution WHA12.44.

In 1968 a withdrawal of US$ 108,000 had been made to cover the increased costs of general services salaries in Geneva. It had been reimbursed to the Fund in accordance with resolution EB41.R13.

In 1969 US$ 1,373,900 had been withdrawn to provide for increases in the salaries and allowances of professional and ungraded staff and in the maximum amount of the education grant approved by the General Assembly of the United Nations with effect from 1 January 1969. Repayment of that withdrawal had been approved by the Twenty-second World Health Assembly in its resolution WHA22.12.

8. ORGANIZATIONAL STUDY BY THE EXECUTIVE BOARD

Organizational study on methods of promoting the development of basic health services

Agenda, 3.12
Agenda, 3.12.1

Professor VANNUGLI, representative of the Executive Board, said that on the recommenda-
tion of the Executive Board the Twenty-fourth World Health Assembly had decided that the subject of the next organizational study would be "Methods of promoting the development of basic health services". It had requested the Executive Board to report to the Twenty-sixth World Health Assembly on the question. The Executive Board had set up a working group of five members to prepare a report, which had been discussed and approved by the Executive Board at its fifty-first session, and was now before the Health Assembly.

The Executive Board had found the subjects with which it had to deal extremely difficult. It had in the first place encountered serious terminological difficulties, since a large number of similar or related terms were used to describe different aspects of problems faced by the health services. The terms were either not clearly defined or they were used in different ways by different persons. It had been impossible to reach agreement on what was meant by basic health services. The study had therefore dealt with the development of health services as a continuing process. That interpretation did not run counter to the concept that basic health care was a fundamental right of all human beings nor to the development of health services in accordance with the principles set out in resolution WHA23.61. Lastly, the Board had extended the provisions of that resolution by indicating the more specific internal problems and how WHO might define its tasks in the field in question.

The Executive Board expressed its concern at the serious problems facing health services at the present time. In many countries the health services were not keeping pace either quantitatively or qualitatively with the growth in the population and the situation might become worse. The Board had therefore felt that it should lay down the following principles: the health services should make the people whom they serve feel that they belong to them and are not imposed on them; the health services should be judged by how they benefit the individual; they should be seen as a whole; and criteria should be laid down for the evaluation of their development and performance. The report went on to deal with the possibilities of applying those principles at the country level and in the framework of WHO programmes.

The report of the working group and its conclusions had been discussed at length and the summary records of those discussions1 were annexed to document A26/20, now before the Committee.

The Executive Board had adopted resolution EB51.R41, and the organizational study was reproduced in Annex 11 of Official Records No. 206.

Dr ALY (Egypt) said that the World Health Assembly, when it had decided to request the Executive Board to undertake the organizational study on "Methods of promoting the development of basic health services", had certainly recognized the vital importance of those services. The working group and the Executive Board itself had discussed nearly all the questions on the subject which had passed through his own mind.

Referring to the definition of public health which had been proposed by a member of the Board, Dr Venediktov, and which was quoted in the summary records of the Board, he said that each country had its own definition, and he gave the Egyptian definition. In his view, it was essential to evolve a universally acceptable definition.

The discussions had, however, shown that there was no single health system pattern that could be applied to all countries or even to groups of countries, in view of the differences in social, economic and cultural conditions. For the same reason, different health services were needed within a country for different categories of the population and even different

individuals. The result was a fragmentation of national health services which lessened their efficacy and increased the cost. Egypt was making every effort to bring the various health units in the country into an integrated system, and was receiving help from WHO and UNICEF in the studies which it was carrying out.

He agreed with the working group on the need for better training of medical manpower and the improvement of curricula and training programmes. It was also necessary, however, to provide better training for persons with health planning responsibilities who were not drawn from the medical profession, such as economists, sociologists and engineers. They decided on the priorities to be accorded to projects within the framework of overall national programmes. They should be made aware of the importance of basic health services for economic development.

Mr RAMACHANDRAN (India) called attention to the remarks made by Dr Restrepo in the summary records of the Executive Board's discussions. Dr Restrepo had raised the problem of the tendency of trained physicians to leave their own countries, whether because of the type of training they had received, because socioeconomic conditions in their own country prevented them from reaching a high professional level, or because they felt that medicine was losing its prestige and greater financial reward was needed in compensation. To solve the problem, Dr Restrepo had suggested, the duties of medical personnel should be rationalized, and their training should be based on field conditions. That problem was particularly serious in India, and he hoped that attention would be paid to it by the Organization.

Mr HASSAN (Somalia) said that WHO was the recipient of information from many sources on the development of basic health services and that it should take a lead in disseminating that information, pointing out the mistakes that had been made so that they would not be repeated. Training of physicians had so far been based on the curricula established in the highly developed countries in accordance with their own socioeconomic conditions; however, the training of students from developing countries should be adapted to reflect the conditions in their own countries, thus mitigating to some extent the "brain drain".

Professor LISICYN (Union of Soviet Socialist Republics) said that the Executive Board's organizational study had been highly successful and the Board's discussion reproduced in document A26/20 would be very useful to all those engaged in improving the work of health services. In his view, the report and the study were particularly valuable in that they constituted a prolongation of the ideas contained in resolution WHA23.61, on "Basic principles for the development of national health services".

The report had stressed the significance of the "national" or "state" character of health services and had also emphasized that, while the reasons for developing a health service on a national basis might include economic and other factors, the most successful services had been an expression of the population's demand for social welfare and justice. That thinking was correct, but nothing had been said about the responsibility of the State in preserving the health of the population - a principle contained in resolution WHA23.61. The importance of an overall national plan for the health services had been rightly emphasized, as had the assistance that could be provided from bilateral and multilateral sources.

He was doubtful whether "consumer approval" should have been included in the five criteria for evaluating the performance of the health services, since it was difficult to assess objectively.

He agreed that no internationally applicable model could be developed for health services and that each country would have to make and carry out its own decisions. However, as had been stressed in the Technical Discussions at the present Health Assembly, it was perfectly possible to work out international standards for various elements of health services, and to assess various trends.

Certain opinions expressed in the report - for instance, that in many countries the health services were getting worse, that there was a wide gap in health status between countries and between different groups within countries, that costs of health care were rising, and that the population's dissatisfaction was growing - merited careful study, but they also needed some interpretation since they did not apply to all countries. Studies carried out in many countries, including the Soviet Union, showed that there was a tendency towards greater uniformity in medical care and in the health status of different population groups.

He concurred with the attitude expressed in the report towards private practice. It was impossible not to agree that medical care should not depend on the wealth of the individual.

The most valuable part of the report was section 4, "Suggestions upon the role of WHO programmes in future developments". The authors had rightly emphasized that WHO should be
not only a forum to express ideas, but should also serve as a mechanism that could point to directions in which Member States should go. In the authors' view, one reason why WHO's programme in the field of health services development had failed was that the WHO Secretariat had not understood its role. Therefore the suggestions for the lines along which WHO should work in future were particularly interesting, and he fully supported them. The three main points, namely, "Programme development and the search for new solutions", "Allocation of resources and health planning", and "Information systems and evaluation", were in agreement with resolution WHA23.59 on the general programme of work for the period 1973-1977, although the resolution reflected more fully the tasks to be fulfilled in health service development.

He noted that certain of the terms used in the report were unduly imprecise. While the desire to stress the importance of "national will" in harnessing countries' efforts to develop their health services was understandable, that expression sounded too abstract and might give rise to unnecessary problems.

As a whole, the report represented a step forward in its development of the points made in resolutions WHA23.59 and WHA23.61. The authors had adopted a realistic approach, linking the direction of development of health services with WHO's policy and strategy. He would therefore favour a draft resolution calling on the Secretariat to follow the report's main proposals. In his view the report was so valuable that consideration should be given to continuing the study and preparing more detailed material to guide the Organization.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) thought that the organizational study had been most useful. There was no ideal system for health services, since there was a continuous spectrum of needs and a continuous spectrum of ways of meeting those needs. The problem was to match the two, and that could be done differently in different countries. Much had been done in some countries in the provision of simple primary care, delivered by people with relatively little training under the supervision of medical staff with more advanced training. Problems were still being encountered in providing health services in peripheral areas. It was not really a solution to send young physicians to those areas on a temporary basis; they must instead be given inducements to live in the countryside. Various countries had tackled that problem effectively. One danger that had to be guarded against in the development of health services was the premature provision of sophisticated forms of treatment. It was necessary first of all to provide a good level of basic health care. Many countries, his own included, failed to provide good health education of the public. That was regrettable, since people at large could usefully be involved in the problem of provision of health care. The delegate of the USSR had spoken of the increasing standardization in medical care, but he himself believed that standardization was not always wise, particularly when it related to the many items of medical care required by the public at large.

Dr NALUMANGO (Zambia) said that his country recognized that basic health services were a prerequisite for its programme to develop integrated health services, and that the rising costs of providing health care could be met only through the careful planning of basic health services.

Dr AKIM (United Republic of Tanzania) considered that the report on the organizational study should be regarded as an initial attempt to investigate a very complex matter. It had not answered a number of questions relating to the organization and development of basic health services but it had reflected many of the activities being carried out by the health authorities in Tanzania, which were attempting to send doctors to rural areas for certain periods of time, to establish mobile health teams based on district centres, and to train auxiliary health workers. It would be useful to have information available on the comparable activities carried out in other countries, in order to see whether the results obtained were good. The crucial problem in many developing countries was the limitation in the resources available, which made it difficult to provide health service coverage to the entire country without sacrificing quality. The training of medical workers in his country was based on a pyramid system, some doctors being trained to very high standards.

(For continuation, see summary record of the fifth meeting, section 2.)

9. SCALE OF ASSESSMENT (resumed) Agenda, 3.6

Scale of assessment for 1974 (resumed) Agenda, 3.6.3

At the invitation of the CHAIRMAN, Mr FURTH, Assistant Director-General, drew the Committee's attention to document A26/18 Add.1, which contained a proposed scale of assessment for 1974 based on the decisions taken by the Committee earlier in the same meeting. It replaced Annex 2 of document A26/18. Consequently, the draft resolution in document A26/18 should be amended to read:
The Twenty-sixth World Health Assembly

1. DECIDES that the scale of assessment for 1974 shall, subject to the provisions of paragraph 2 below, be as follows:

   (As in document A26/18 Add.1)

2. REQUESTS the Director-General, in the event that assessments would be fixed provisionally or definitively by the current Health Assembly for any new Members, to adjust the scale as set forth in paragraph 1 above in accordance with the provisions of the relevant resolutions adopted by the World Health Assembly.

In conformity with Article 56 of the Constitution it was necessary for each Health Assembly to decide the scale of assessment for the forthcoming year.

Dr LEBENTRAU (German Democratic Republic) pointed out that the name of his country was incorrectly shown in document A26/18 Add.1. He noted that in that document the assessment of the German Democratic Republic was listed as 1.50%, and he asked that a note be added indicating that that was only a preliminary assessment.

Mr FURTH, Assistant Director-General, said that the text of the resolution concerning the assessment of the German Democratic Republic made it clear that the assessment for 1974 was provisional and that the definitive assessment would be fixed by the Twenty-seventh World Health Assembly. There was therefore no need for any footnote to the draft resolution. He apologized for the spelling error, which would be corrected.

Decision: The draft resolution, as amended, was approved.

The meeting rose at 5.35 p.m.

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1 Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA26.22.
1. SECOND REPORT OF THE COMMITTEE

Dr MIKEM (Togo), Rapporteur, read the draft second report of the Committee.

Decision: The report was adopted (see page 515).

2. ORGANIZATIONAL STUDY BY THE EXECUTIVE BOARD (continued)

Organizational study on methods of promoting the development of basic health services (continued from the fourth meeting, section 8)

Dr MIKEM (Togo) stressed his country's concern to organize the health services so as to ensure adequate coverage of the population - particularly the rural population - from both the curative and the preventive aspects. Although each country must adapt the structure of its health services to local conditions, it would be useful to receive information on the experience of other Member States so that the difficulties that might arise could be circumvented. He hoped that the work begun by the Executive Board would be pursued to the point of providing valid and flexible standards that could be adapted for use by all countries in organizing their basic health services.

Dr AMMUNDSEN (Denmark) introduced the following draft resolution, which was co-sponsored by the delegation of her own country and those of Kenya, the Syrian Arab Republic, Thailand, and Trinidad and Tobago - the five countries which had designated the members of the Executive Board who had made up the working group that had drafted the organizational study on methods of promoting the development of basic health services:

The Twenty-sixth World Health Assembly,

Having examined the report of the Executive Board on its organizational study on methods of promoting the development of basic health services;

Recalling the principles expressed by the World Health Assembly on the development of health services, in particular resolutions WHA23.61 and WHA25.17;

Considering that each Member State should develop a health service that is both accessible and acceptable to the total population, suited to its needs, and to the socioeconomic conditions of the country;

Expressing its belief that these principles need to be further implemented within the programme of the Organization,

1. RECOMMENDS to the Director-General that the Organization should

(1) concentrate upon specific programmes that will assist countries in providing health care to their entire populations, special emphasis being placed on meeting the needs of those populations which have clearly insufficient health services;

(2) improve its capability for assisting national administrations in the development of health services on a country basis;

(3) so design its programmes as to encourage Member States to develop a strong national will to undertake intensive action to deal with their immediate requirements and in a form designed for orderly development, and WHO resources should be made available to, and concentrated on, such Member States as have this will and request assistance;

(4) further develop management methods suited to health service needs and should assist countries in developing a national capability of applying these methods;

(5) encourage and participate in gathering and coordinating local, national, international, and bilateral resources for the furthering of national health service goals;

2. REQUESTS the Director-General to report thereon to a later session of the Executive Board and a subsequent World Health Assembly.
The statements made both in the Executive Board and at the current Health Assembly confirmed the belief of the draft resolution's sponsors that the structure and organization of health services would remain a matter of major concern and high priority to WHO and to its Member States during the 1970s and beyond.

Clearly, the study undertaken was no more than a beginning. An immense task lay ahead: not only to assess the real situation, particularly so far as concerned the primary health services at the peripheral level, but also to try to coordinate under a common plan the often scattered and disparate health facilities and resources that might be funded by the State, by local authorities by private persons or institutions, and by bilateral or multilateral assistance. A holistic approach was essential if great disasters later in the century were to be averted. The draft resolution she was introducing was intended to give the Director-General strong support in fulfilling WHO’s role to that end.

She noted that another draft resolution to much the same effect would be put before the Committee by other delegations; she would be happy to cooperate in drafting a further text which would combine the two.

Professor KOSTRZEWSKI (Poland) congratulated the Executive Board and its working group on their excellent study, which would increase WHO's effectiveness in the development of basic health services. The subject should be given the highest priority in the next decade. WHO should concentrate on assisting countries to develop their own concepts of health service systems so that the whole population would receive health care suited to their needs and to the socioeconomic conditions of the country. As the study pointed out, the services offered should be of a kind that were acceptable to the population, which should be educated to know their rights with regard to health care and to be aware of the availability of preventive, curative, and rehabilitation services.

The availability of health care free of charge in Poland had caused a rapid increase in the utilization of the services available, and that increase had resulted from the removal of formal and financial barriers. The most significant increase had occurred in areas where an awareness of health needs was previously high; in other areas, where such awareness was previously lower, the increase in utilization had been lower.

In many countries, even those highly developed socioeconomically, health systems were not free of shortcomings, due both to a lack of integration and to a disequilibrium between services for prevention, cure and rehabilitation. Integration was essential for all aspects of the delivery of health care - including the type of services provided, planning and administration, and the concentration of valuable manpower and technical resources.

The Polish delegation and those of Finland, India, Romania, Sweden and the Union of Soviet Socialist Republics were recommending to the Committee the adoption of the following draft resolution, which should help the Director-General to continue and extend WHO’s efforts to promote the development of basic health services throughout the world:

The Twenty-sixth World Health Assembly,
Having considered the Executive Board’s organizational study on methods of promoting the development of basic health services, its conclusions and recommendations (Official Records No. 206, Annex 11)
Recalling resolutions WHA23.49, WHA23.61, WHA25.17 and EB51.R41, and again expressing its strong conviction that each Member State should develop a health service that is both accessible and acceptable to the total population, suited to its needs and to the socioeconomic conditions of the country, and at the level of health technology considered necessary to meet the problems of that country at a given time;
Believing that the World Health Organization should play an essential role in assisting the Member States to express their concepts of national health services development in operational terms and to develop their national capabilities in skills and methods that will enable the decision taken to be successfully implemented;
Recognizing that this problem should be seen at the top of WHO’s priorities during the next decade and that WHO should concentrate upon coherent programmes which will assist countries in providing health care to the whole population, so designed as to encourage Member States to develop a strong national will to undertake action in an intensive manner, and its resources should be made available to and concentrated in such Member States as request it;
Noting the extensive work done by WHO to study the experience gained in developing health services under various geographical, ethnic and socio-economic conditions, as reflected in various documents and publications,

1. CONGRATULATES the Executive Board for its study on methods of promoting the development of basic health services and notes with appreciation its conclusions and recommendations;

2. INVITES the attention of the Member States to findings, conclusions and recommendations of the study;

3. REQUESTS the Executive Board:

   (1) to review the report of the Director-General on implementation of the conclusions and recommendations of the study in the future programmes of the Organization (as requested by resolution EB51.R41);

   (2) to review the report of the Director-General on a comprehensive long-term research programme on systems of health care organization at local and country-wide levels (as requested by resolution WHA25.17);

   (3) to submit to the Twenty-seventh World Health Assembly its summary of review and conclusions on the above-mentioned reports;

   (4) to submit periodically to the future World Health Assemblies the results of regular review of this area (as agreed in resolution EB51.R41).

However, in view of the fact that another, not dissimilar, draft resolution was also before the Committee, he suggested that a working group be set up to produce a single text.

Dr HENRY (Trinidad and Tobago) said that the organizational study drew attention to the need for the better management of health services, for more meaningful community participation, for the development of a national will to strengthen the health services, and for a new approach to the subject by WHO. The recommendations contained in the study were embodied in two draft resolutions. While his own delegation was a co-sponsor of one of them, it could also support the other.

Dr SOOPIKIAN (Iran) emphasized the statement in the organizational study that past WHO programmes that attempted to assist ministries of health had been carried out in a fragmentary and piecemeal fashion and appeared to be largely ineffective. It had stated further that the lack of effective change in the development of health services appeared to be due to the low priority that they had been given in country programmes and to the failure to look at health services as a whole. It was, indeed, true that failure to develop health services was often the result of trying to improve only a part of the service. An attempt had been made in one region of Iran to analyse the health system in terms of the needs, the tasks carried out, and the ideas of the consumers, in order to determine the optimum type of service for that region. When WHO assisted a country to analyse its system of health services, it should pay careful attention to the constraints on government action and ensure that its proposals were consistent with the policies of the government. Many national health administrations were afraid of research, thinking it an activity for rich countries only, and it would have been useful if the report had suggested that WHO should help in that respect through organized research projects.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) thought that the two draft resolutions before the committee could be put together and that the suggestion of a working group was appropriate. Neither resolution, unfortunately, had brought out the point that there was no one ideal pattern for health services, nor any single set of priorities, and he suggested that the revised resolution should contain a statement to that effect.

Dr SUMBUNG (Indonesia) thought that while the study gave a good general outline of the subject, much more detail was required. Most national health authorities had assessed the problems, but the difficulty was to know how to solve them. That was not an easy task, and experimentation would be needed. With assistance from WHO, his country hoped to make its services more efficient and extend them to cover the whole population effectively. He hoped that the promotion and development of basic health services would in future receive the same attention as that given to communicable diseases in the past.
"Basic health services" was still the best term to use, since it automatically drew attention to the remote areas, which had long been neglected. In developing countries, where economic development had been given top priority, there was an awareness that health services were an integral part of overall socioeconomic development. Human resources were regarded as an investment complementary to capital investment. It was the responsibility of national health administrations to develop the human resources and the health services of their countries as effectively as possible with the resources available. The basic health services in some rural areas were still operating in the old traditional ways without taking account of the changing demands of the population or of advances in technology. The development of a balanced health delivery system of good quality covering both rural and urban populations was primarily a national concern, but WHO's assistance could be of great value. More positive action was needed, however, and he mentioned a number of activities that WHO could very well carry out - the dissemination of information on basic health services in different countries; the development of pilot projects in different parts of the world in order to search for new solutions in setting up basic health services; the strengthening of the planning units of Member States, especially with regard to strategic long-term planning; the development of tactical methods for use at different levels of the health service; and the development of standardized management procedures for different categories of health personnel working in different institutions.

Dr KLIVAROVA (Czechoslovakia) said that the Executive Board's organizational study contained much interesting material, but did not take sufficiently into account the experience of the socialist countries. The work accomplished in the development of health services by the socialist countries, and particularly by the Soviet Union, should not be underestimated. In Czechoslovakia, high quality health services were made available to the whole population free of charge through a network of institutions, the services being integrated on a regional basis. Czechoslovakia was prepared to place its experts at WHO's disposal in the task of organizing the development of national health services in different countries, and especially in the developing countries, and was also ready to cooperate in the development of programmes to deal with the most important health problems.

With regard to the discussion in the Executive Board, her delegation considered that the remarks of the member designated by the Soviet Union were particularly pertinent and should be taken into account.

The draft resolution presented by the delegations of Finland, India, Poland, Romania, Sweden and the USSR provided a rational approach to the problem of developing national health services. Particularly important was the long-term programme of research on systems of health care organization at local and countrywide levels, mentioned in that resolution. It was hoped that a report on that research would be presented to the Twenty-seventh World Health Assembly.

The development of national health services was one of the most important aspects of WHO's work and all Member States should participate actively in implementing the resolutions adopted on that subject.

Mr HASSAN (Somalia), in reference to the draft resolution proposed by the delegations of Finland, India, Poland, Romania, Sweden, and the USSR, suggested that the spirit, if not the words, expressed in the third and fourth preambular paragraphs should be incorporated into the operative paragraphs of any revised resolution.

Dr KIVITS (Belgium) said that many people did not have at their disposal the health services that they might expect to have in this modern age. In tuberculosis, for example, there was often a great gap between the possible methods of treatment and the actual means of delivering that treatment. Some of WHO's priority programmes had not had the success that had been hoped for, owing to the lack of basic health services; malaria was the outstanding example. Such shortcomings were not confined to the developing countries; in some highly industrialized countries the people did not always receive adequate care owing to the increasing shortage of general practitioners or because physicians were attracted away from the country areas. It was necessary to look for original solutions to the problems in various countries, and greater use should be made of auxiliary health workers. It was necessary, too, to stimulate public opinion in many countries to awareness of the needs for and the advantages of basic health services. The two draft resolutions under consideration showed that many Member States were interested in the matter. The resolutions were not contradictory, and he favoured the setting up of a working group to prepare a single text.
Mr QAYYUM (Pakistan) said that he appreciated the comprehensiveness of the draft resolution submitted by Denmark and other sponsors. In his view, however, operative paragraph 1(3) gave priority to immediate requirements almost to the exclusion of long-term planning requirements. Experience in Pakistan had shown that the fundamental problem was to design a satisfactory infrastructure for health services, lack of which aggravated immediate problems, such as epidemics, when they occurred. He therefore asked the sponsors to consider rewording operative paragraph 1(3) to read:

so design its programmes as to encourage Member States to develop a strong national will to undertake intensive action to deal with their health care problems as well as their immediate requirements in a form designed for orderly development.

Mr FINDLAY (Sierra Leone) supported the suggestion that a working group should produce a single text out of the two very similar draft resolutions.

The CHAIRMAN suggested that further consideration of the agenda item should be postponed pending the meeting of an informal group composed of the sponsors of the two draft resolutions and other interested delegations to combine the two texts.

It was so agreed.

(For continuation, see summary record of the sixth meeting, section 1.)

Future organizational study

Professor VANNUGLI, representative of the Executive Board, said that the selection of the subject for the future organizational study by the Executive Board had been discussed by the Board at its fifty-first session in conformity with resolution WHA9.30, which stipulated that the subject for the organizational study should be selected at least a year in advance. The Executive Board had considered four possible topics - two suggested by the Director-General ("Interrelationships between the central technical services of WHO and programmes of direct assistance to Member States" and "The impact of extra-regular budgetary resources on WHO's programmes") and two suggested by members of the Board ("Study on the establishment of programmes and methods of teaching the health sciences with a view to training personnel for community service" and "Coordination with international scientific organizations"). In resolution EB51.R40, the Board was recommending "Interrelationships between the central technical services of WHO and programmes of direct assistance to Member States" as the subject to be decided upon by the Health Assembly.

Dr ALY (Egypt) said that the subject proposed for the study was of vital importance and should be linked, as was proposed in resolution EB51.R54, with the question of the optimum future headquarters staff level in relation to the level of programme activity and the possible further regionalization of staff and programme activity. Regionalization often proved to be the solution to problems faced by WHO.

His delegation looked forward to learning the views of the working group which would deal with the organizational study on a number of issues, in particular: to what extent it was possible to regionalize the services of WHO, bearing in mind that some of those services had to be implemented centrally; whether regionalization would afford some measure of protection to the Organization's activities against unforeseen situations, such as monetary instability; whether regionalization would have a favourable effect on the quantity and quality of regional programmes without entailing increased expenditure on administration at headquarters; whether regionalization would tend to stabilize or reduce the numbers of headquarters staff and what the effect of that would be on future budget estimates for headquarters; and whether, if further regionalization were recommended, any further extension to the headquarters buildings would be required.

He supported the adoption of the draft resolution contained in EB51.R40 but he proposed the insertion of the following additional paragraph, after operative paragraph 1:

2. RECOMMENDS that the study should include consideration of the optimum future headquarters staff level in relation to the level of programme activity and the possible further regionalization of staff and programme activity, as requested in resolution WHA25.37.

Operative paragraph 2 of the original draft resolution would then become paragraph 3.

Professor AUJALEU (France) thought that the proposed amendment prejudged the conclusions of the study. The study alone could tell whether there should be greater regionalization.
Dr ALY (Egypt) said that he was not attempting to anticipate what conclusions the study might reach. He was endeavouring to establish a link between resolutions EB51.R40 and EB51.R54. The issues he had mentioned were matters of importance to a number of delegations.

The DIRECTOR-GENERAL said that it would be difficult to conclude offhand that the best way of organizing WHO would be to increase regionalization. Some activities were better centralized. Furthermore, care must be taken that regionalization did not increase operational costs. That point had been touched upon by the Egyptian delegate: increased regionalization might result in an increase in central administrative staff if a common approach to problems was to be maintained. It was also possible that further regionalization would make it necessary to extend the regional buildings. It would be undesirable for WHO to become a federation of regional organizations lacking central control, as those who had had experience of federal institutions could testify. The Executive Board must be left free to consider the problem from every angle and to decide upon the best solution.

Dr SENCER (United States of America) said that another relevant consideration regarding increased regionalization was the scarcity of specialist personnel: whereas it might be relatively easy to find one suitable expert in a particular virus disease of concern to all WHO regions, it might be difficult to find six to serve each region individually. Furthermore, a small group of technically qualified persons working together tended to produce better results than the same individuals working on their own.

Dr ALY (Egypt) thanked the Director-General for his comments. He would not now submit a formal amendment, but hoped that his proposals would be transmitted to the working group.

Mr RAMACHANDRAN (India) said that he hoped that the Director-General would keep an open mind with regard to the future structure of the Organization in the light of developments over the years. The Organization had to some extent recognized the principles of regional administration and the regional implementation of activities. It was useful to review periodically the extent to which it should be further developed or constrained and he endorsed the view of the Egyptian delegate that the matter should be further considered by the Executive Board. There might be some advantages in extending regionalization in some fields.

Decision: The draft resolution proposed by the Executive Board in resolution EB51.R40 was approved.¹

3. FEASIBILITY OF INTRODUCING A BIENNA L PROGRAMME AND BUDGET; PROPOSED AMENDMENTS TO ARTICLES 34 AND 55 OF THE CONSTITUTION

Agenda, 3.8 and 3.9

The CHAIRMAN suggested that the Committee consider items 3.8 and 3.9 of the agenda together.

It was so agreed.

Professor VANNUGLI, representative of the Executive Board, referring to agenda item 3.8, said that in accordance with the Health Assembly's request in resolution WHA25.24, the Director-General had submitted to the Executive Board at its fifty-first session a report² on the feasibility of introducing a biennial programme and budget. After consideration of the report, the Board had adopted resolution EB51.R51, which contained the text of a draft resolution recommended for adoption by the Health Assembly.

Mr GUTTERIDGE, Director, Legal Division, introducing agenda item 3.9, said that in accordance with operative paragraph 3 of resolution WHA25.24, the Director-General had communicated the text of the proposed amendments to the Constitution to all Members of the Organization on 20 October 1972, in order to comply with Article 73 of the Constitution, which required that six months' notice should be given of proposed amendments to the

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA26.36.
Constitution prior to their consideration by the Health Assembly. The amendments proposed were to delete the words "annually" and "annual" from Articles 34 and 55 respectively, so that they would read:

**Article 34**

The Director-General shall prepare and submit to the Board the financial statements and budget estimates of the Organization.

**Article 55**

The Director-General shall prepare and submit to the Board the budget estimates of the Organization. The Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable.

The proposed amendments would have the effect of deleting from the Constitution references to any particular budgetary period. If they were adopted by the Health Assembly and subsequently accepted by Members of WHO, they would provide a flexible arrangement under which the Assembly itself could in future determine whatever budgetary period it considered most appropriate for the Organization.

Mr FURTH, Assistant Director-General, introducing item 3.8 of the agenda, said that the Twenty-fifth World Health Assembly in its resolution WHA25.24 had requested the Executive Board to report on the implications and possible methods of implementation of biennial budgeting to the Twenty-sixth World Health Assembly. The report presented by the Director-General at the fifty-first session of the Executive Board (Official Records No. 206, Annex 14) had been designed to assist the Board in that task and had not been concerned with the periodicity of sessions of the Health Assembly. The adoption of biennial budgeting in no way implied biennial sessions of the Health Assembly.

The proposal for a biennial programme and budget in the context of the United Nations family of organizations had originated some years earlier from the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies, which had recommended that "specialized agencies having an annual budget cycle should adopt a biennial cycle". Biennial budgeting had also been reviewed and considered in a favourable light by various bodies including the Advisory Committee on Administrative and Budgetary Questions (ACABQ), the Administrative Committee on Coordination (ACC) and the Consultative Committee on Administrative Questions (CCAQ). Four organizations had adopted and were implementing biennial cycles. The United Nations Educational, Scientific and Cultural Organization (UNESCO) had had a biennial cycle for 20 years, the Food and Agricultural Organization of the United Nations (FAO) since 1958, the Intergovernmental Maritime Consultative Organization (IMCO) since 1962, and the International Labour Organisation (ILO) since 1970. The United Nations General Assembly had decided that the United Nations should start a biennial programme and budget cycle in 1974. The table in Appendix 1 to the Director-General's report to the Executive Board showed that only the United Nations, the International Atomic Energy Agency (IAEA), the International Telecommunication Union (ITU) and WHO still had annual budget cycles. ITU's total budget level was fixed for 5 or 6 years at a time and thus constituted a special case, and since the United Nations had now decided to introduce a biennial cycle as from 1974 only IAEA and WHO still had annual budget cycles.

Appendix 2 to the Director-General's report reproduced the comments of the organizations that had not adopted biennial budgeting, while Appendix 3 gave the comments of the organizations that had. Appendix 4 presented comments on biennial budgeting experience from FAO, UNESCO, and the ILO given in reply to a special questionnaire prepared by the WHO Secretariat.

Section 4 of the Director-General's report summarized as objectively as possible the various advantages and disadvantages of biennial budgeting as the Secretariat saw them and as they emerged from the comments of other organizations.

Biennial budgeting would save the time of the Health Assembly, Executive Board, and regional committees so that more time could be devoted to discussion and evaluation of technical programmes, or sessions could be shortened, or both. It would reduce the workload and the time and funds spent by the Secretariat on budget preparation. It would promote longer-term planning of health requirements and available resources, since most projects exceeded one year in duration. It would allow greater flexibility in the management and application of funds between the first and second years of the biennium. Section 4 of the report listed certain other advantages.

As regards the time spent on the preparation and review of the annual budget, section 5 of the Director-General's report indicated that an examination of the summary records of recent Health Assemblies and sessions of the Executive Board and regional committees had revealed that those bodies devoted over 25% of their time to the review of annual programme and budget
estimates. Table 1 in Appendix 6 to the report showed the time spent by WHO staff on the preparation of the budget document for 1973 and the Executive Board's report thereon: professional staff time had amounted to 1068 man-weeks, general service staff time to about 648 man-weeks. Regional office staff were of course included in those figures. However, those estimates, together with the estimates of costs given in section 5 of the report, should not be regarded as an estimate of savings. It would obviously not be possible to lay off in alternate years staff involved in the preparation of the budget document and the report of the Executive Board. However, some savings could probably be made in overtime for general service staff for the period during which the Health Assembly, the Board, and the regional committees examined the budget document. The time currently spent on the preparation of the budget document and the Board's report could be utilized for programme; the regional committees examined the budget document. The time currently spent on the preparation of the budget document and the Board's report could be utilized for programme budgeting, formulation of programme objectives, development of management information, better execution of programmes and projects, and evaluation of performance. The programme budgeting system introduced by the Health Assembly in resolution WHA25.23 with effect from the programme and budget estimates for 1975 would require more time and greater effort on the part of the Secretariat and would therefore be greatly facilitated by the introduction of a biennial budget cycle.

As to the main disadvantages, which were listed in section 4.2 of the Director-General's report, they all appeared to relate to the fact that biennial budgeting required one additional year of advance planning by the Organization and governments. It would therefore be more difficult to predict exact requirements for the second year of the biennium, and hence the likelihood might be increased of having to make budgetary revisions or transfers between appropriation sections during the budgetary period. It was the Secretariat's opinion that biennial budgeting should therefore be accompanied by the flexibility necessary to meet unforeseen events and contingencies, and should be accompanied by a periodic process of review and evaluation.

With regard to the practical aspects and implementation of a biennial budget cycle referred to in section 6 of the report, there was, first of all, the question of the choice of a biennial cycle. All the organizations in the United Nations system with a biennial cycle began their cycle in an even-numbered year except UNESCO, which, now that the United Nations had decided to start its biennial cycle in 1974, would almost certainly have to change. Because of the desirability of synchronization of budget cycles among organizations in the United Nations system, the Director-General recommended that, if WHO should adopt a biennial cycle, that cycle should begin in an even-numbered year.

Such a decision would of course require changes in the Financial Regulations and in operating and other procedures as well as in the planning horizon. It would consequently take some time to adapt to biennial budgeting and to prepare the first biennial budget. The earliest possible starting date for the biennial budget cycle would be in the 1976-1977 biennium.

If the present Health Assembly were to adopt the proposed amendments to the Constitution, the preparation of the 1976-1977 biennial budget could not be undertaken if the amendment was not ratified in good time by two-thirds of the Members. To avoid uncertainty as to the date of introduction of the new budget cycle as well as to permit advance planning, it was suggested that biennial budgeting could be put into effect as a transitional measure pending the entry into force of the constitutional amendment. Such an arrangement would of course preserve the constitutional right of Members to request a full budgetary review annually, while providing that such a measure should be exercised sparingly and only in special circumstances. In resolution EB52.R51, the Executive Board had recommended a draft resolution for adoption by the Twenty-sixth World Health Assembly which provided in operative paragraph 2 for transitional arrangements pending the entry into force of the proposed constitutional amendments.

If the Health Assembly should adopt a biennial budget cycle, the Financial Regulations would have to be amended. For example, references to such terms as "financial year" and "annual budget" would have to be replaced by "financial period" and "budget" so as to avoid any mention of a specific period, the length of which could be defined in a resolution of the Health Assembly. The amendments to the Financial Regulations would be presented for approval to the Health Assembly in 1974.

Also, under the proposal to adopt a biennial budget cycle, scales of assessment and total assessments on Members would be approved by the Health Assembly for the full biennium. However, contributions would continue to be paid annually, in equal annual amounts.

As for the form of presentation, the table in Appendix 9 to the Director-General's report showed that the proposed future budget document, covering two calendar years, would contain three columns of figures, each containing data for a full biennium (the past biennium, the present biennium and the future biennium), without a breakdown by component.
The 1982-1983 biennium had been taken as an example. The third column would show the proposed budget for the coming biennium (1982-1983). The second column would show the revised figures for the "current" period, i.e., 1980-1981. The first column would show the programme level for the past biennium, i.e., 1978-1979. However, in the case of the first cycle, i.e., 1976-1977, the figures for the years 1974 and 1975 would be shown separately to provide two-year data comparable with the first biennium. Thereafter, biennial data would be available on a continuous basis.

The budgetary approval cycle would remain virtually as it was at present; preparation of the budget would be carried out two years before the beginning of the biennium and the "approval year" would be the year prior to the commencement of the biennium. Thus, the proposals for the 1976-1977 biennium would be examined by the Executive Board and the Health Assembly in 1975. In even-numbered years, no budget proposals would be submitted.

As had been stated earlier, while one of the advantages of biennial budgeting was that it encouraged longer-term planning, its principal disadvantage appeared to be that it might increase forecasting uncertainty because of the necessarily longer planning horizon. However, it appeared that in WHO that disadvantage could be overcome. In the first place, the Financial Regulations authorized the Director-General to submit supplementary estimates to the Board whenever necessary, and that provision would be maintained. Secondly, the Financial Regulations also permitted certain unforeseen and extraordinary expenses to be met, within prescribed limits, from the Working Capital Fund. Thirdly, the Director-General had the necessary flexibility, under the Financial Regulations, to transfer credits between sections of the appropriation resolution with the prior concurrence of the Executive Board or of any committee to which it might delegate such authority. In the fourth place, in recent years the Director-General had been authorized by the Health Assembly, in its appropriation resolution, to make transfers between sections in Part II of the resolution up to an amount not exceeding 10% of the amount appropriated in the appropriation section from which the transfer was made, and it was hoped that that authorization would be maintained under a biennial budget cycle.

As an additional measure the Director-General also proposed to submit to the Executive Board, at its January session in the first year of each biennium (e.g., if the first biennium was 1976-1977, in January 1976), a budget revision document that would inform the Board of the more important changes that he had found it necessary to make, together with a brief explanation of those changes and any other programme developments of significance in the current biennium. That would be done even if there were no proposals for supplementary estimates or transfers between appropriation sections. It would enable the Board and the Health Assembly to follow the implementation of the budget while guaranteeing the Director-General the necessary flexibility to overcome the disadvantage of forecasting uncertainty.

In the second year of each biennium (again in the example given, 1977), the Executive Board and the Assembly would have before them the biennial budget document for the following biennium (1978-1979), which would include revisions, if any, for the current biennium.

Financial reports would continue to be submitted each year. However, in the second year of each biennium (e.g., in 1977), it would be a mid-biennium financial report summarizing the financial position of the Organization as of the end of the first year (1976) of the current biennium. In the year following each biennium (e.g., in 1978) a full financial report covering the preceding full biennium would be presented. Both financial reports would be accompanied by reports by the External Auditor.

Logically, the dates of biennial programmes and budgets, which were really the short-term programmes of the Organization, should be consistent with those of the general programme of work for a specific period, which could be considered to be the medium-term plan of the Organization. The current general programme of work for a specific period was for a five-year period, from 1973 to 1977. If biennial budgeting was adopted in WHO, it was recommended that a six-year general programme of work be also adopted so that a biennium would not be bisected. For example, if the first biennium adopted were for the years 1976-1977, the recurring two-year programme and budget cycle would be consistent with a six-year general programme of work covering the specific period 1978-1983. However, it was not necessary for the Health Assembly to take a decision on the matter at the present time. The point would come up when the next general programme of work covering a specific period was considered by the Executive Board and Health Assembly.

A summary of the Director-General's recommendations, which were also now the Board's recommendations and conclusions, was given in section 7 of his report.

Professor AUJALEU (France) introduced the following draft resolution submitted by his delegation:

The Twenty-sixth World Health Assembly,
Considering resolution WHA26... adopting amendments to Articles 34 and 55 of the
Constitution:
Considering the desirability of proceeding at the earliest possible moment to a biennial budget cycle and of preparing for it without delay;

Recognizing, nevertheless, that it is impossible to put into force measures incompatible with the present provisions of the Constitution,

DECIDES that, pending the coming-into-force of the above-mentioned amendments:

1. every two years, starting in 1975, a proposed budget covering the succeeding two years shall be prepared by the Director-General and placed before the Executive Board and the Assembly;

2. the portion of the biennial budget corresponding to the next financial year submitted to the Executive Board and to the Assembly, in accordance with the provisions of Articles 34 and 55 of the Constitution, shall be examined each year;

3. the World Health Assembly shall approve each year the relevant resolution concerning the next financial year; and

4. the scale of assessments on Member States prepared for the whole of each of the aforesaid two-year cycles shall be approved each year, such approval being valid only for the next financial year.

The delegation of France was in favour of a biennial budgetary cycle and, if the proposed amendments to the Constitution were adopted by the Health Assembly, his Government would ratify them as soon as possible. On the other hand, it could not accept the draft resolution recommended by the Executive Board in resolution EB51.R51, which related to the transitional period preceding the ratification of the amendments. The draft resolution was based on a serious substantive misconception, since it explicitly indicated that the provisions of the Constitution constituted a right of Members but overlooked the fact that they also constituted an obligation for them. No Member could act contrary to those obligations until the Constitution had been amended. The draft resolution proposed by the Board invited the Health Assembly to implement measures that would be legal when the amendments were ratified, but to do so before ratification. In other words, it was inviting the Health Assembly to act illegally. The sponsors of the resolution had obviously realized what they were doing, since they had said at the Board's fifty-first session that the measures would not be implemented if any country raised an objection. Thus, the procedure would be abandoned if one country asked for the budget to be considered annually in accordance with the Constitution.

It might be argued that the matter was of no great importance, but he wished to stress the legal aspects. The consequences might not be very important in the case in question but such an attitude would constitute an extremely dangerous precedent, since a similar approach might be adopted to other provisions of the Constitution whose amendment had been approved by the Health Assembly but not yet ratified. The Constitution was the law and no deviation from it should be permitted. If the text submitted by the Executive Board were approved by the Health Assembly, the French Government would request each year within the specified time limit that the budget be considered as provided for in the Constitution.

That was why, in a spirit of compromise, the French delegation had submitted its draft resolution, the purport of which he would explain. His Government considered that it was unnecessary and probably wrong to speak in a resolution relating to an agenda item entitled "Feasibility of introducing a biennial programme and budget" of provisions that would be taken when it was no longer a question of the feasibility of adopting a two-year cycle, but of an obligation imposed by the Constitution, or at least by the Health Assembly in accordance with the provisions of the Constitution, to adopt a biennial budget. That was why his delegation had omitted from its draft resolution those provisions of the Executive Board's proposed resolution that were not in conformity with the title of the agenda item and which would only be in order when the Constitution had been amended. Secondly, it had omitted everything that related to the programme, since it was erroneous to assume that the Director-General had to submit an annual programme. Under the provisions of the Constitution, he could submit a programme for a two-year or for a five-year period if he so wished.

His delegation had made every effort in its draft resolution to avoid the use of any expression that might be contrary to the Constitution, while at the same time it felt that it had achieved the result which those who had voted for resolution EB51.R51 in the Executive Board had desired. For instance, the proposed budget for the ensuing two years would be communicated to the Board and to the Health Assembly, but only the budget estimates for the ensuing year would be submitted to them in accordance with the Constitution. The amendment to the draft resolution recommended by the Executive Board which he understood was about to be introduced by the delegations of Belgium, the United Kingdom, and the United States also dealt with the same issue, but there were some differences between it and the French delegation's text.
Firstly, it retained provisions that were inappropriate having regard to the title of the agenda item. Secondly, it assumed that the amendments to the Constitution could be ratified by two-thirds of the Member States before 1975; in his view, that was a totally unrealistic assumption. Thirdly, he could not agree to the use of the expression “with separate budget estimates for each of the two years”. The Constitution specified that only a single budget, that for the following year, could be submitted to the Executive Board and the Health Assembly. Fourthly, there was no mention of the scale of assessments. Lastly, it seemed to him to be very important to refer to the obligations imposed on Member States by the Constitution, which had not been done in the proposed amendment.

Mr LAWRENCE (United States of America), speaking on behalf of the delegations of Belgium, the United Kingdom, and the United States, introduced the following amendment to the draft resolution recommended by the Executive Board in resolution EB51.R51 for adoption by the Twenty-sixth World Health Assembly:

Replace operative paragraph 2 by the following:

2. DECIDES further that, if the amendments to Articles 34 and 55 of the Constitution have not entered into force in time to permit the preparation of the biennial budget for 1976-1977, the Director-General’s proposed programme and budget estimates shall be presented and considered in the following manner:

(1) a biennial programme shall be prepared by the Director-General, in accordance with resolution WHA22.53, and submitted to the Executive Board together with separate budget estimates for each of the two years;

(2) the budget estimates for each year shall be reviewed by the Executive Board and the World Health Assembly in the year preceding the financial year to which they relate;

(3) the World Health Assembly shall adopt annually an appropriation resolution for the following financial year.

His Government had long supported the idea of biennial budgeting in the organizations in the United Nations system. It had therefore welcomed the Director-General’s report to the Executive Board and its resolution EB51.R51. At the same time, it had shared the French delegation’s concern as to the constitutional aspects of that resolution. Therefore, in order to avoid approving any resolution that might place a strain on the letter or the spirit of the Constitution, his delegation, together with those delegations on whose behalf he was introducing the amendment, had decided to recommend a compromise method whereby the Organization could proceed with biennial budgeting but still adhere to the Constitution itself. All the delegations concerned had felt that it was essential to enable the Organization to proceed with the planning and introduction of biennial budgeting as soon as possible. It was equally important to make the necessary constitutional amendments as soon as possible, and for governments to ratify them as soon as possible. They had also considered that WHO’s decision to proceed with programme budgeting should be taken into account. They had therefore decided to retain as much as possible of the draft resolution proposed by the Executive Board, but to replace the sections relating to transitional measures by a simple formula that would enable the Organization to go as far as it could towards biennial budgeting without deviating from the Constitution. They had felt that it was important to adhere to the 1976-1977 biennium as the starting period for the new system in order to ensure consistency with the other organizations in the United Nations family.

The proposed amendment replaced operative paragraph 2 of the resolution recommended by the Board by a new text in which reference was made to the possibility that Articles 34 and 55 of the Constitution would not have entered into force in time and that therefore the Director-General should provide the Executive Board and the Health Assembly with a biennial programme together with separate budget estimates for each of the two years. The budget estimates would be reviewed each year in the year preceding that to which they related and the Health Assembly would approve them as called for in the Constitution.

There was much similarity between the French draft resolution and the proposed amendment to the text recommended in resolution EB51.R51, and he was sure that the idea behind them was identical. In his view, however, it was preferable to begin with the period 1976-1977 rather than with 1975. He also thought that it was right to refer to a biennial programme and not biennial budgets, since the Constitution called for annual budgets.

Professor AUJALEU (France) said that he too had referred to the period 1976-1977 as the starting point, but the Director-General would have to prepare a biennial budget in 1975 for that period.
Dr ALY (Egypt) said that he was not opposed to the principle of a biennial cycle for budgeting and programming. However, he wondered if sufficient consideration had been given to the impact of monetary instability on long-term programming and budgeting. As he understood it, a six-year period would have to be taken into consideration each time, and he could not see how forecasts could be made for so long a period in the absence of monetary stability. He therefore could not accept any change in the present cycle under existing monetary conditions.

Dr SCHUMM (Federal Republic of Germany) welcomed WHO's intention to introduce biennial budgeting, which would bring it into line with the United Nations, where biennial budgeting was being introduced as from 1974. In his view the advantages greatly outweighed the disadvantages. WHO would be able to use its resources more rationally and it would be easier to evaluate the activities of the various organizations in the United Nations family. WHO would also benefit from the experience gained by the United Nations and other organizations in the system.

On the other hand, from a strictly legal point of view, he shared the concern of other delegates regarding the transitional measures proposed in the draft resolution recommended by the Executive Board, in the event of the constitutional amendments not having been ratified in time. He hoped that the necessary amendments could be made and ratified rapidly in order to avoid any constitutional difficulties; he did not share the French delegate's pessimism in that respect.

His delegation could support the French draft resolution, which, in its view, did not run counter in any way to the amendment to operative paragraph 2 of the Executive Board's draft resolution introduced by the United States delegate. He wondered if it would not be possible for the two texts to be merged.

The CHAIRMAN said that it would be an excellent idea if the delegations concerned could produce a mutually agreed text.

(For continuation, see summary record of the sixth meeting, section 2.)

The meeting rose at 5.30 p.m.
1. ORGANIZATIONAL STUDY BY THE EXECUTIVE BOARD (continued)  
Organizational study on methods of promoting the development of basic health services (continued from the fifth meeting, section 2)  

The CHAIRMAN recalled that at the previous meeting a working group had been asked to prepare a revised draft resolution combining two draft resolutions that had been submitted, one sponsored by the delegations of Denmark and other countries, the other introduced by the delegate of Poland on behalf of cosponsors. That revised draft resolution was now before the Committee and read as follows:

The Twenty-sixth World Health Assembly,  
Having examined the report of the Executive Board on its organizational study on methods of promoting the development of basic health services;  
Recalling resolutions WHA23.49, WHA23.61, WHA25.17 and EB51.R41, and expressing its belief that the principles and recommendations therein need to be further implemented within the programme of the Organization;  
Reiterating its strong conviction that each Member State should develop a health service that is both accessible and acceptable to the total population, suited to its needs and to the socio-economic conditions of the country, and at the level of health technology considered necessary to meet the problems of that country at a given time;  
Recognizing that the development of health services should be given high priority in the World Health Organization’s activities in the next decade,

1. CONGRATULATES the Executive Board for its study on methods of promoting the development of basic health services, and notes with appreciation its conclusions and recommendations;
2. INVITES the attention of Member States to the findings, conclusions and recommendations of the study;
3. RECOMMENDS to the Director-General that the Organization should
   (1) concentrate upon specific programmes that will assist countries in developing their health care systems for their entire populations, special emphasis being placed on meeting the needs of those populations which have clearly insufficient health services;
   (2) improve its capability for assisting national administrations to analyse their health delivery systems through organized research projects with the goal of increasing their efficiency and effectiveness;
   (3) so design its programmes as to encourage Member States to develop a strong national will to undertake intensive action to deal with their long-term health care problems as well as their immediate requirements in a form designed for orderly development of health services, WHO resources being made available to, and concentrated on, such Member States as have this will and request assistance;
   (4) further develop management methods suited to health service needs and assist countries in developing a national capability of applying these methods;
   (5) encourage and participate in gathering and coordinating local, national, international and bilateral resources for the furthering of national health service goals;
4. REQUESTS the Director-General to report to the Executive Board on a comprehensive long-term research programme with systems of health care organization on local and country-wide levels, as requested by resolution WHA25.17, as well as on the steps to be taken for the implementation of the conclusions and recommendations of the study and their impact on future programmes of the Organization; and
5. REQUESTS the Executive Board to submit periodically to future World Health Assemblies the results of their regular review of this area.

Decision: The draft resolution was approved.

2. FEASIBILITY OF INTRODUCING A BIENNIAL PROGRAMME AND BUDGET; PROPOSED AMENDMENTS TO ARTICLES 34 AND 55 OF THE CONSTITUTION (continued from the fifth meeting, section 3) 

Agenda, 3.8 and 3.9

The CHAIRMAN recalled that statements had been made at the previous meeting by the representative of the Executive Board, the Director of the Legal Division and Mr Furth, Assistant Director-General, on the two items under consideration. A draft resolution had been proposed by the French delegation, and the United States delegation - on behalf of co-sponsors - had introduced an amendment to the draft resolution that the Executive Board, in resolution EB51.R51, had recommended for adoption by the Health Assembly. Following the discussion at the previous meeting, the French delegation had now circulated a revision of its earlier proposal.

Dr TRAZZINI (France) read out the revised draft resolution submitted by his delegation, as follows:

The Twenty-sixth World Health Assembly,
Considering resolution WHA26., adopting amendments to Articles 34 and 55 of the Constitution;
Considering the desirability of proceeding at the earliest possible moment to a biennial budget cycle and of preparing for it without delay;
Recognizing, nevertheless, that it is impossible to put into force measures incompatible with the present provisions of the Constitution,

DECIDES that, pending the coming-into-force of the above-mentioned amendments:

1. every two years, starting in 1975, a proposed budget prepared by the Director-General covering the succeeding two years shall be placed before the Executive Board and the Assembly;

2. the portion of the biennial budget corresponding to the next financial year submitted to the Executive Board and to the Assembly, in accordance with the provisions of Articles 34 and 55 of the Constitution, shall be examined each year;

3. the World Health Assembly shall approve each year the appropriation resolution concerning the next financial year.

Apart from some minor editorial amendments, the revised text differed from the draft resolution earlier proposed by his delegation in the omission of the original fourth operative paragraph; that no longer appeared essential in the light of the discussion. He understood that the revised text had the support of those delegations which had proposed an amendment to the resolution recommended by the Executive Board.

Mr LAWRENCE (United States of America) stated that his delegation was prepared to accept the revised draft resolution which was fundamentally similar to the amendment which his own delegation, together with those of Belgium and the United Kingdom of Great Britain and Northern Ireland, had put forward at the previous meeting. He was therefore prepared to withdraw that amendment in support of the revised text submitted by France.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) and Mr DELBUSHAYE (Belgium) indicated their concurrence in withdrawing the amendment they had cosponsored.

Mr LAWRENCE (United States of America) said that he assumed that it was not the intention that the future budget document, which would be prepared as a result of any decision introducing a biennial programme and budget, would be twice the size of the document at present submitted.

Mr FURTH, Assistant Director-General, explained that it was the Director-General's understanding of the intent of the revised French draft resolution that he should prepare one programme to cover two years but that the activities in this programme would be costed separately for each year. The same document would thus be submitted in each of two years to the Executive Board and the Health Assembly, but the budget proposal estimates, which were really the cost estimates, would be approved each year for the following financial year only. The length of the document should not greatly exceed that of the present

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1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA26.35.
document since the text relating to the programme would apply to both years, and only two columns, instead of one, were needed to show the budget estimates separately for each year of the biennium.

Dr JAKOVLJEVIC (Yugoslavia) said that his delegation welcomed the efforts made by the Executive Board to work out the most appropriate way in which WHO could adopt a system of biennial budgeting that would bring it into harmony with United Nations procedure. It agreed as to the necessity of amending Articles 34 and 55 of the Constitution, but did not consider that the solution proposed represented the best approach. It therefore supported the revised draft resolution proposed by the French delegation.

Dr SAENZ (Uruguay), saying that he need not stress the obvious advantages of biennial budgeting, welcomed the amalgamation of the two texts originally presented, since their differences were of form rather than of substance, and stated that his delegation would support the revised text proposed by the French delegation.

Dr SUMBUNG (Indonesia) recalled that the subject of biennial budgeting had been discussed over a number of years without any definite decision having been arrived at since the implications of the introduction of such a system had not been entirely clear. He therefore particularly appreciated the comprehensive report submitted by the Director-General, from which it was apparent that the benefits of such an approach would outweigh any disadvantages. One disadvantage that had caused apprehension in some Member States was the difficulty of long-term planning, which was necessary with biennial budgeting. However, sustained efforts on the national scale had achieved a measure of success in strengthening national health planning units in many countries, including his own. Since biennial budgeting would not preclude the holding of annual Health Assemblies, delegations would still have the opportunity each year for an exchange of views.

The question of the form of presentation of a biennial programme and budget called for further clarification. What appeared in Appendix 9 to the Director-General's report constituted merely an outline budget presentation. A more comprehensive presentation was needed, including programme planning and programme budgeting.

Commenting on the revised text of the draft resolution proposed by the French delegation, he would suggest, with reference to subparagraph 1 of the operative paragraph, that the biennial budget cycle should start in 1976, thus bringing it into line with that of other United Nations bodies. He also felt that, to be more comprehensive, the text should refer to the "programme and budget" rather than merely to "the budget". He asked for clarification as to whether, if Articles 34 and 55 of the Constitution were amended, it would indeed be necessary to examine the budget each year.

Mr NIELSEN (Denmark) considered that the information available on the experience gained by other specialized agencies and in connexion with national budgetary procedures made it clear that modernization of WHO budgeting in terms of a biennial cycle was highly desirable and should be introduced as soon as possible.

His delegation did not agree with that of France as to the incompatibility with the Constitution of the transitional measures proposed by the Executive Board in its resolution EB51.51 and would have no difficulty in voting in favour of the draft resolution that the Board there recommended for adoption by the Health Assembly. However, as a number of delegations shared the doubts expressed by the delegate of France regarding the constitutional aspect, and since it seemed that at least one Member State would, as a matter of principle, exercise its right to demand the inclusion of a budgetary review at each annual Health Assembly, it would appear that the Board's efforts to expedite the application of the proposed new procedures were now of academic interest only. Accordingly, the only realistic course for his delegation was to support the revised draft resolution proposed by the French delegation.

Dr ALAN (Turkey) sought reassurance that the revised French draft resolution would allow each Health Assembly to take its own decisions on the budget, without being tied by decisions taken the previous year. He added that although his delegation, at the Twenty-fifth Health Assembly, had reserved its position regarding the proposed amendments to the Constitution, it now withdrew its reservation since the majority of the Committee favoured those amendments.

Mr MUHEIM (Switzerland) said that his delegation was in favour of the principle of a biennial budget cycle. It had not been entirely in agreement with the Executive Board's proposal, but it would support the revised text submitted by the French delegation.

Professor LISICYN (Union of Soviet Socialist Republics) said that his delegation understood the desire of the WHO Secretariat and many delegations to go over to a biennial

Mr HASSAN (Somalia) said that he was not against the introduction of a biennial programme and budget but pointed out that such was the speed of progress in many developing countries that it was often necessary to modify programmes frequently. He therefore hoped that the introduction of biennial programmes would not affect the possibility of changing programmes which had been prepared two years in advance.

Mr FURTH, Assistant Director-General, referring to a comment by the delegate of Indonesia, said that the budget presentation for the first biennium would be more comprehensive than appeared to be the case in Appendix 9 to the Director-General's report. The budget estimates filled about 800 pages. The form of presentation of the budget had already been decided upon by the Twenty-fifth World Health Assembly; it was a programme budget presentation that would be introduced in 1975 and cover the 1976-1977 biennium. Regarding the Indonesian delegate's point about subparagraph 1 of the operative paragraph of the draft resolution, he explained that the reference there to 1975 was to the year in which the budget document was to be submitted to the Executive Board and to the Health Assembly, but that document would cover the years 1976-1977.

Replying to a further question from the delegate of Indonesia, he said that it would be necessary for the Health Assembly to continue to examine the budget estimates each year for the following year as long as the Constitution had not been amended. As far as the programme was concerned, it was for the Board and the Health Assembly to decide how they wished to examine it.

He agreed with the delegate of the Soviet Union that difficulties existed in forecasting and planning two years ahead. It would, however, be possible to continue to make programme changes as in the past, and it was obvious that a certain amount of flexibility was even more essential in respect of a biennial than it was for an annual budget.

Regarding the policy which the United Nations had adopted, he said that WHO was not even introducing biennial budgeting on an experimental basis at the present time. The amendment to the Constitution did not make any particular periodicity of budgeting mandatory. All it did was to delete a specific reference to a budget period. Once the Constitution was amended, it would be for the Health Assembly to decide whether it wished WHO to continue with annual budgeting, to follow the procedure outlined in the revised French draft resolution, or to change over to fully fledged biennial budgeting with one appropriation resolution for two years.

Dr ALAN (Turkey) asked whether he was correct in thinking that as from 1975 there would be two separate volumes for the budget each year.

Mr FURTH, Assistant Director-General, said that the Director-General's interpretation of the course to be followed if the revised French draft resolution were adopted was that a proposed programme and budget would be prepared for two years, in other words, there would be a programme statement for the entire period of two years with separate cost estimates for each year. The Board and the Health Assembly would have the same document before them in both
years of the biennium and each year would have to adopt a separate appropriation resolution for the next financial year.

Professor AUJALEU (France) said that the French delegation's view was that the Director-General would have to prepare a budget for two years related to a programme covering a two-year period. At the beginning of each two-year cycle the Director-General would place the two-year programme and budget before the Board and the Health Assembly and would submit to the Board and the Health Assembly only that part of the two-year budget which related to the next year. It was only on that part of the budget that, constitutionally, the Board and the Health Assembly would have to take a decision, but they would be aware of the programme and budget for the whole biennium.

Dr ALAN (Turkey) said that that meant that the Health Assembly would examine two budgets each year and take a decision on one.

Professor AUJALEU (France) said that in the year prior to the two-year cycle the Health Assembly would have two budget estimates before it, and it would consider one budget estimate— the one relating to the following financial year. In the first year of the biennial cycle, for instance in 1976, the budget for 1976 would have already been voted upon, and the Health Assembly would have before it the budget for 1977 and would vote on that. In 1977 again the Health Assembly would have two budgets before it.

The CHAIRMAN drew attention to the following draft resolution proposed by the Rapporteur and relating to proposed amendments to Articles 34 and 55 of the Constitution:

The Twenty-sixth World Health Assembly,
Having examined the desirability of introducing a biennial programme and budget as set out in resolution WHA25.24 and in the report of the Director-General to the Twenty-fifth World Health Assembly on this subject;
Considering the recommendation made to the Twenty-sixth World Health Assembly by the Executive Board at its fifty-first session in resolution EB51.R51 that a programme and budget for a biennial period be introduced as soon as possible and to adopt the proposed amendments to Articles 34 and 55 of the Constitution; and
Noting that the provision of Article 73 of the Constitution, which requires that the texts of proposed amendments to the Constitution shall be communicated to Members at least six months before consideration by the Health Assembly, had been duly complied with,

I
1. ADOPTS the amendments to the Constitution set forth in the Annexes to this resolution, and which shall form an integral part of this resolution, the texts in the Chinese, English, French, Russian and Spanish languages being equally authentic;
2. DECIDES that two copies of this resolution shall be authenticated by the signatures of the President of the Twenty-sixth World Health Assembly, and the Director-General of the World Health Organization, of which one copy shall be transmitted to the Secretary-General of the United Nations, depositary of the Constitution, and one copy retained in the archives of the World Health Organization;

II
Considering that the aforesaid amendments to the Constitution shall come into force for all Members when accepted by two-thirds of the Members in accordance with their respective constitutional processes, as provided for in Article 73 of the Constitution,

DECIDES that the notification of such acceptance shall be effected by the deposit of a formal instrument with the Secretary-General of the United Nations, as required for acceptance of the Constitution by Article 79(b) of the Constitution.

ANNEX B
In Article 34 delete the word "annually",
In Article 55 delete the word "annual";
the amended Articles reading as follows:

Article 34
The Director-General shall prepare and submit to the Board the financial statements and budget estimates of the Organization.

Article 55
The Director-General shall prepare and submit to the Board the budget estimates of the Organization. The Board shall consider and submit to the Health Assembly such budget estimates, together with any recommendations the Board may deem advisable,
He pointed out that under the provisions of Rule 70 of the Rules of Procedure decisions concerning amendments to the Constitution had to be made by a two-thirds majority of the Members present and voting.

Professor AUJALEU (France) drew attention to the fact that in the French text of the proposed amendments the words doit préparer et soumettre were used in Article 34 and the words prépare et soumet were used in Article 55. The purport was identical in the two cases, and the form prépare et soumet was preferable.

Mr GUTTERIDGE, Director, Legal Division, said that that raised a problem which had also arisen at earlier Health Assemblies. Texts of amendments to the Constitution had to be communicated to Members in pursuance of Article 73 of the Constitution and Rule 117 of the Rules of Procedure of the World Health Assembly six months in advance of their consideration by the Health Assembly and it had been held not to be possible to change such texts after they had been communicated to Members. The change which the delegate of France was suggesting would constitute a variation from the wording notified to the Member States. That was the interpretation which the Health Assembly had given as to the manner in which the Article on amendments should be applied.

Professor AUJALEU (France) wished it recorded that there was no difference in meaning between the terms to which he had referred in Articles 34 and 55.

Professor LISICYN (Union of Soviet Socialist Republics) likewise wished it recorded that he did not think the Russian text of the proposed revision of Article 55 corresponded to the English and French texts. The expression "for consideration" used in the first sentence of the Russian text did not appear in the English text, and in the Russian the expression "budget estimates" was in the singular.

The CHAIRMAN then put to the vote the draft resolution proposed by the Rapporteur.

Decision: The draft resolution was approved by 68 votes to none, with 5 abstentions.1

The CHAIRMAN, recalling that the delegations of Belgium, the United Kingdom of Great Britain and Northern Ireland and the United States of America had withdrawn their amendment to the draft resolution recommended in resolution EB51.R51 for adoption by the Twenty-sixth World Health Assembly, said that in accordance with Rule 66 of the Rules of Procedure, the revised draft resolution submitted by the delegation of France should next be voted upon.

At the suggestion of Dr SUMBUNG (Indonesia), it was agreed that the words "at the earliest possible moment" should be replaced by the words "as soon as possible" in the English version of the second preambular paragraph.

Decision: The draft resolution, as amended in English, was approved.2

3. DRUG DEPENDENCE Supplementary agenda item 1

The CHAIRMAN, recalling that the present item had been added to the agenda at the request of the Government of the United States of America, invited the United States delegate to introduce the item.

Dr JENNINGS (United States of America) said that the interest of the Organization in problems associated with drug dependence went back to its earliest days, since the First World Health Assembly had established the WHO Expert Committee on Habit-Forming Drugs in 1948. The successor to that committee continued to function efficiently.

In 1963, the Health Assembly had adopted resolution WHA18.47, recommending the promotion of further research into the epidemiology of drug dependence and requesting the Director-General to study the advisability and feasibility of international measures to control sedatives and stimulants. Although the concept of epidemiology of drug dependence had apparently been accepted by the sponsors of that resolution, it had received little international attention in the succeeding years. Control measures, on the other hand, had received considerable attention, but with only limited success. Even if such measures were considerably increased, it was unlikely that the supply of drugs would be proportionately reduced.

It was only recently that a balanced approach giving equal attention to the sociomedical aspects of drug dependence had been attempted. WHO was the competent international organization to provide leadership and technical assistance in that field. The development of means for international collection and exchange of data on the prevalence and incidence of drug

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA26.37.

2 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA26.38.
dependence and on the human and environmental factors in its etiology was of primary importance.

His delegation noted with satisfaction that the Director-General had prepared a research and reporting programme for which he had requested financial assistance from the United Nations Fund for Drug Abuse Control (UNFDAC). He hoped that the Fund would respond to that request and would use WHO's expertise in formulating and assigning the responsibility for the programmes that it financed. He also welcomed the invitation recently extended to WHO by the United Nations Commission on Narcotic Drugs in its resolution 5 (XXV) (document A26/17, annex) to assist the Commission by preparing timely reports on the epidemiological patterns of drug abuse. That invitation had since been confirmed by the United Nations Economic and Social Council, and he hoped that the Organization would respond to it.

On behalf of the delegations of Brazil, Canada, Ireland, Sweden, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, and Venezuela, he submitted the following draft resolution for the Committee's approval:

The Twenty-sixth World Health Assembly,

Reiterating its grave concern at the serious public health problems resulting from the self-administration of dependence-producing drugs;

Reaffirming its resolutions WHA23.42, WHA24.57 and WHA25.62;

Recalling the valuable reports published by the World Health Organization on several aspects of the drug-dependence problem;

Emphasizing the importance it attaches to developing means for the international collection and exchange of data on the prevalence and incidence of drug dependence, and on the human and environmental factors associated therewith;

Noting with satisfaction that, in accordance with the above resolutions, the Director-General has prepared a research and reporting programme on the epidemiology of drug dependence and has requested financial support from the United Nations Fund for Drug Abuse Control to assist in its implementation;

Noting the request of the Commission on Narcotic Drugs, endorsed by the Economic and Social Council, that the World Health Organization assist the Commission by preparing timely reports on the epidemiological patterns of drug abuse,

1. ACCEPTS the invitation of the Economic and Social Council to assist the Commission;

2. EXPRESSES the hope that the Director-General can initiate promptly a research and reporting programme on the epidemiology of drug dependence; and

3. REQUESTS the Director-General

   (i) to make the necessary arrangements to provide the analytical reports requested; and

   (ii) to continue to seek financial assistance for this activity, in particular from the United Nations Fund for Drug Abuse Control.

Dr LAMBO, Assistant Director-General, introducing the Director-General's report (document A26/17), said that the ways in which WHO might assist in the social and medical aspects of the problem of drug dependence had received considerable attention from the last three Health Assemblies. In 1971, to expand the Organization's programme as approved by the Twenty-fourth Health Assembly, the Director-General had applied to the UNFDAC for financial assistance for a number of short-term projects. In May 1972, the Fund had granted US$ 60 000 to initiate three of those projects: a study of the effects of the long-term use of cannabis on man; a study of the therapeutic effectiveness of maintenance in the management of narcotic-dependent persons; and the preparation of an information brochure for health and related personnel.

In June 1972, the Director-General had submitted a longer-term integrated research and reporting programme on the epidemiology of drug dependence to the Fund for financial assistance. The programme had been approved in principle in the total amount of US $ 311 000 for two years, subject to the availability of funds and a more detailed submission. That submission had been made but there had as yet been no further action by the Fund.

In 1973, a new item in the amount of US$ 25 000 had been included in the regular budget of WHO and had appeared again in the 1974 budget estimates. With those funds the Organization was carrying out a curtailed version of the broad programme approved by the Twenty-fourth World Health Assembly. Document A26/17 contained information on the projects
undertaken by WHO with UNFDAC's financial assistance and on other activities carried out by Headquarters and the Regional Office for Europe.

He drew attention to the invitation from the United Nations Commission on Narcotic Drugs to WHO to prepare reports on the epidemiological patterns of drug abuse; the relevant resolution of the Commission was reproduced in the annex to document A26/17.

Dr CAYLA (France) supported the draft resolution introduced by the United States delegate. He suggested, however, that before proceeding to a vote, the Director of the United Nations Division of Narcotic Drugs should be invited to indicate to what extent UNFDAC might be able to contribute to the financing of the research programme on the epidemiology of drug dependence.

Dr CASTILLO (Venezuela) said that his country was aware of the problem posed by drug dependence and had undertaken a national campaign, financed from the national budget, in which a number of government departments were collaborating. The Mental Health Division of the Ministry of Health and Social Assistance was undertaking a study of prevention, treatment, and rehabilitation, particularly among young people. Public interest had been aroused in cities where the problem of drug dependence existed and a number of seminars had been held on the social aspects of drug addiction in which not only doctors but also sociologists, psychologists, lawyers, and teachers had participated. As one of the sponsors of the draft resolution, his delegation hoped that it would receive the support of the Committee. The problem had serious implications for public health, and government health departments had a special responsibility. Action by WHO in that field would be of assistance to all Member States.

Dr ALAN (Turkey) shared the opinions expressed by the United States and Venezuelan delegates. He was glad to note that WHO gave full recognition to the importance of the problem of drug dependence and was dealing with it competently. He urged delegates to support the draft resolution introduced by the United States delegate, of which his delegation was a co-sponsor.

It was stated in paragraph 5.6 of document A26/17 that brief reports on drug dependence in various geographical areas would be provided on a regular basis. Would those reports be disseminated, as they would be very useful to health administrations?

Mr DE GEER (Netherlands) said that his delegation's attitude to the draft resolution was favourable. However, it would like clarification of one point. A study of the epidemiology of drug dependence would involve a search for the causes of drug abuse, and must therefore include the sociological aspects. He wondered whether WHO's staff included enough sociologists to deal with that important part of the study.

Professor RUDOWSKI (Poland) said that drug abuse was still relatively rare in his country, but sporadic cases of drug taking were reported, and a committee had recently been established to formulate preventive programmes. His delegation therefore supported WHO's efforts. Considerable work would be required, and it was to be hoped that the Director-General would continue his efforts to obtain funds from UNFDAC and other extrabudgetary sources. The strengthening of collaboration with other international bodies and agencies dealing with drug problems was of the utmost importance, and his delegation therefore supported operative paragraphs 1 and 2 of the draft resolution.

In the WHO programme, particular attention should be given to the coordination of activities both within and between Regions and to the evaluation of existing programmes. Training activities should be increased, and Poland was ready to help in the organization of training courses, as it had done in the past. The increasing use of psychotropic drugs demanded particular attention, because the legitimate consumption of such drugs was growing and the danger of abuse was increasing in many countries. He welcomed the efforts of WHO to coordinate studies on drug consumption. The Organization should promote the development of national research on basic and clinical psychopharmacology, and Poland was willing to help by reactivating its centre for information on psychotropic drugs.

Dr SAUTER (Switzerland) said that while the draft resolution stressed the importance of information on drug dependence, it mentioned only a research and reporting programme on the epidemiology of drug dependence. It therefore omitted a very important aspect of the subject, namely, research on the pharmacological effects of drugs. Possibly the authors of the draft resolution thought that research of that kind was covered by epidemiology, but his delegation considered that it would be desirable to make specific mention of pharmacological research.
Dr HENRY (Trinidad and Tobago) said that in his country the increase in convictions for the possession of drugs and the result of a survey among secondary school children indicated that the taking of drugs, especially cannabis, was on the increase among adolescents. The Ministry of Health had formulated an educational programme and prepared booklets on the abuse of drugs, including alcohol. Seminars had been held in urban areas for senior health personnel, teachers and youth leaders to encourage a common approach to the problem. His country considered that an educational programme should present facts but avoid sensationalism, which might promote rather than discourage the drug cult.

It was training advisers on drug abuse control and considering changes to its legislation to distinguish between the first offender and the trafficker. It recognized that more research was required into the reasons why people took drugs, and was giving special attention to rehabilitation. The national programme against drug abuse, including alcoholism, was coupled with one against venereal disease, which was also increasing among young people. A further programme on family life education, developed to counteract drug abuse and venereal disease, was being carried out in the schools and youth groups.

He thanked the Director-General for his valuable report. Drug dependence was an international problem, and it was in that context that WHO had a special role to play. He therefore wholeheartedly supported the draft resolution.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) wondered how the estimable projects that the Committee had been discussing were to be financed. Where would the money be found, for instance, for WHO to assist the Commission on Narcotic Drugs, as was suggested in the first operative paragraph of the draft resolution? To bring the point home to those concerned, it might be advisable to insert at the end of that paragraph the words: "subject to funds becoming available".

There was a tendency to talk of drug dependence as a single problem, but there were quite different patterns and causes in different countries; whereas often no reason was apparent for the taking of heroin by the young in the United Kingdom, recourse to that drug in other parts of the world by poverty-stricken persons who had to work very long hours to earn enough on which to subsist might be understandable. He agreed with the Swiss delegate that research was needed into the pharmacological aspects of drug dependence, but such work would be done by a relatively small number of highly specialized institutions, and WHO's role would be collection and dissemination of information. While the problem of heroin addiction was fortunately small in his country, he was not satisfied with a situation in which the problem had merely been contained at the same level during the past four or five years. Moreover, a fairly large number of people had become dependent on methadone, which had been used as a substitute for heroin in order to avoid the greater damage that the latter drug caused. The problem of escalation in drug-taking had also to be considered. Research was needed into whether a first drug, such as cannabis, was the cause of such escalation or whether that was due rather to social patterns. The overprescribing of drugs by the medical profession had also to be borne in mind; that was a real problem in many countries, where patients had been given far too large quantities of barbiturates and had become addicted.

Dr FUNKE (Federal Republic of Germany) reported that drug abuse had been a matter of grave concern in her country for several years, and expressed her appreciation of the various WHO reports on the subject, which had provided valuable guidance. WHO was the right agency to carry out a programme on drug dependence, and it was amazing what it had accomplished so far with a small amount of money. Her delegation supported the draft resolution because she believed that eventually drug abuse would be a world problem. Work on the problem should not be limited to symptoms and treatment but should be directed to research into the underlying causes. It should explore the connexion with the psychobiological development of children in their social environment, within the holistic frame of mental health. Studies in that field had already been carried out by WHO, but they should be reconsidered in the light of the new context. She reminded delegates of a previous resolution of the Executive Board, EB19.R23, which had expressed the hope that practical conclusions might be drawn from studies that had been conducted on the psychobiological development of the child.
Professor FERREIRA (Brazil) said that a drug problem had arisen in his country owing to the movement of large numbers of people from rural to urban areas. There had also been an increase in the promotion of drugs in secondary schools, since it was clearly very profitable to some people to induce children to use them. Some difficulty was being experienced in obtaining certain kinds of drugs for medical purposes, owing to the reluctance of many pharmacists to keep them in stock. Support should certainly be given to WHO's activities in the field of drug dependence, since the Organization's lead was often sufficient to induce a government to release special funds to fight against the problem.

(For continuation, see summary record of the seventh meeting, section 2.)

The meeting rose at 5.35 p.m.
1. THIRD REPORT OF THE COMMITTEE

At the request of the CHAIRMAN, Dr DE CONINCK (Belgium), Vice-Chairman, in the absence of the Rapporteur, read out the draft third report of the Committee.

Decision: The report was adopted (see page 516)

2. DRUG DEPENDENCE (continued from the sixth meeting, section 3) Supplementary agenda item 1

Dr DONA (Romania) said that the effects of drug dependence, particularly among young people, were a matter for concern in most countries. According to official statistics, drug dependence was virtually non-existent in Romania except for a few cases resulting from medical treatment by drugs. Such individuals were the responsibility of the psychiatric services in regional hospitals and withdrawal treatment and rehabilitation were compulsory for them. Despite the fact that drug dependence hardly constituted a problem in Romania, rigorous legal and administrative measures were in force, including the obligation for doctors and pharmacists to notify cases of drug dependence, compulsory treatment of addicts, enforced hospitalization, and specification of treatment and rehabilitation methods.

Romania adhered to the 1912, 1925 and 1931 international conventions on narcotics and to the 1946 and 1948 protocols. Legal measures were being taken to make possible the full implementation of the 1971 Convention on Psychotropic Substances.

In the interests of all, WHO should request Member States to direct their efforts not only to research on epidemiology but also to persuading national authorities to restrict the use of dependence-producing drugs.

Dr CHAPMAN (Canada) said that Canada had followed with interest WHO's work on drug dependence and had also participated actively in discussions on that subject in other United Nations bodies. Although the growth of the non-medical use of drugs appeared to be slowing down in Canada, it would remain a serious social problem for a number of years to come.

He agreed with the conclusions in the report of the WHO Expert Committee on Drug Dependence that had met in 1972 that research using epidemiological methods was required into the magnitude and extent of drug dependence problems, the etiology of drug abuse and programme effectiveness. Without such knowledge it was impossible to put to most effective use the limited resources available to deal with the problem. The analytical reports that the Economic and Social Council was inviting WHO to prepare for the Commission on Narcotic Drugs would also be very useful. He hoped that adequate resources would be available to enable WHO to prepare such analytical reports and also to implement the research and reporting programme on the epidemiology of drug dependence. In that connexion, he hoped that the Acting Executive Director of the United Nations Fund for Drug Abuse Control would give favourable consideration to the programme already submitted by the Organization. No doubt the position would be eased if countries in favour of such research could consider making a contribution to the Fund.

The Canadian delegation was one of the sponsors of the draft resolution introduced by the United States delegation at the previous meeting, and it agreed with the proposal of the United Kingdom that the phrase "subject to funds becoming available" should be added to operative paragraph 1.

Professor HALBACH (International Union of Pharmacology), speaking at the invitation of the Chairman, agreed with previous speakers that pharmacology should not be neglected for epidemiology. The subject of drug dependence was regularly found on the agenda of international pharmacology congresses and the number of reports they had produced on the

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subject had greatly increased. He would report to the Council of the International Union which was preparing the agenda for the next congress, to be held in 1975, that WHO wished to see such studies continued.

Dr SUMBUNG (Indonesia) said that drug dependence was one of the bad habits which had spread from the rich to the poor countries although the substances concerned mainly came from developing countries. In developing countries, the children of rich and influential families had been influenced by the habit and hence there had been political pressure to give priority to programmes on drug dependence. It was necessary to coordinate the activities of the various United Nations bodies, voluntary agencies and Member governments concerned, and to apportion the tasks between them in order to avoid confusion. He hoped that WHO, in giving guidance, would limit itself to the health and medical aspects of drug dependence in the fields of education, prevention, treatment, rehabilitation and research.

The second operative paragraph of the draft resolution under discussion was not comprehensive enough; it referred only to a research and reporting programme on the epidemiology of drug dependence which, although important, was of little practical use to most developing countries since they lacked the skill and resources to implement it. He therefore proposed the following two additional subclauses to the third operative paragraph:

(iii) to provide guidance and technical assistance to Member countries regarding education, prevention, treatment, rehabilitation and research; and

(iv) to provide assistance for the development of research and training facilities, especially in developing countries.

Dr MARTENS (Acting Executive Director of the United Nations Fund for Drug Abuse Control), speaking at the invitation of the Chairman, said that it was clearly necessary to find out the facts about the incidence and prevalence of drug abuse in order to direct efforts at its control. It was also necessary to follow the changing trends in the world pattern of abuse in order to help international bodies and governments to develop appropriate policies. The resources of WHO, although limited, and its worldwide contacts could be valuable in supplementing the existing system of reporting by governments under the relevant international treaties. For that reason the Fund had assigned high priority to the Organization's proposal for the programme of research and reporting on the epidemiology of drug dependence.

The programme originally proposed, however, called for an estimated expenditure of US$ 2 211 000 over five years. It had subsequently been reformulated as a two-year initial programme costing US$ 311 000 at the suggestion of the Fund, since at the time the proposal was first reviewed it was not possible to commit the Fund to an expenditure of the original magnitude; the total resources of the Fund had then stood at US$ 3 200 000 which had already been totally committed. The Fund had therefore approved the financing of the first two years of the project, subject to the availability of funds.

Additional funds had recently become available but programmes already in course of implementation would require contributions of US$ 3 000 000 to finance them through 1976 and priority requests far exceeded available resources. The Fund had therefore been forced to adopt a policy of limiting financial commitments to the first year of project costs and had had to be cautious about approving a broadly based, long-term epidemiological research project without being able to guarantee the resources to complete it.

Furthermore, in its resolution 1559 (XLIX) the Economic and Social Council had invited the appropriate United Nations bodies, specialized agencies and other competent organizations, with such assistance as might be appropriate from the United Nations Fund for Drug Abuse Control, to cooperate in the planning and execution of short-term and long-term programmes pertinent to drug abuse problems. The Fund interpreted that to mean that all members of the United Nations family should give due consideration, within their mandate, to the problem of drug abuse in formulating their programmes and budgets. The Fund would be prepared to supplement the resources of the specialized agencies where appropriate but it was clear that the present resources of the Fund alone would be inadequate to deal effectively with the global problem of drug abuse or to finance the major part of the expenditure by specialized agencies in that field. He intended to raise the matter at the first meeting of the recently formed Advisory Committee to the Fund.

He hoped that the Committee would consider the problem of financing a broad, long-range programme of epidemiological research. In the meantime, the Fund would consider itself bound to evaluate proposals for projects from WHO and other competent bodies in the light of the following criteria: (1) the availability of funds to ensure the financing of the proposed project to completion or at least to the end of a self-contained first stage; (2) the priority in relation to other proposed projects within the framework of the Fund's mandate to cover supply, demand and illicit traffic; (3) the capacity of the requesting organization to carry out the project without external assistance; and (4) the merits of the project itself.
Dr MOYA (Cuba) said that drug dependence did not constitute a social or health problem in Cuba. His delegation, however, noted with satisfaction WHO's work in that field since it was well aware of the dangers and complexities of the problem. Since drug dependence was a social problem, purely medical measures were inadequate. WHO's primary task was to carry out research on a world scale on the epidemiology of drug dependence.

Dr VASSILOPOULOS (Cyprus) said that, apart from the great dangers of the use of cannabis, it had been demonstrated in a number of scientific studies that there was a positive correlation between its use and the use of other narcotic drugs and that the consumption of cannabis greatly increased the danger of being led into the use of hallucinogens and other drugs. Further scientific, medical and social research should be carried out in order to arrive at a better understanding of the etiology of drug abuse and thus to ensure effective prevention and treatment. It was to be regretted that unfounded statements were being made to the effect that cannabis was not a dangerous substance.

The United Nations Fund for Drug Abuse Control had approved a research programme on the epidemiology of drug dependence of various types, such as cannabis, the opiates, stimulants, sedatives and hallucinogens. The successful planning, implementation and appraisal of international programmes to deal with drug dependence required the full collaboration of the international organizations concerned.

Dr TONGUE (International Council on Alcohol and Addictions), speaking at the invitation of the Chairman, said that, in carrying out its programme of informing the broad professional public concerned with dependence on alcohol and other drugs, the International Council on Alcohol and Addictions (ICAA) had had many opportunities to refer to the work of WHO, and especially to the recommendations of the relevant WHO expert committees.

Research was one of the major subjects discussed at ICAA meetings, especially research into the underlying causes and circumstances of dependence and abuse of any kind of drug, including alcohol. A considerable amount of information on the epidemiology of abuse was thus available for many areas of the world.

Attempts had been made to develop more intensive study of particular problems by setting up international groups which met during annual conferences organized by ICAA and continued their work by correspondence in the intervening periods. Among the subjects dealt with by those groups were the epidemiology of drug dependence, methadone maintenance, and behavioural therapy. Some of the groups had already published interim reports. It should be possible to find ways and means of using such resources and research results in the epidemiological studies which the Health Assembly was discussing.

ICAA was most anxious to promote a closer understanding between WHO and the broad professional public and to assist WHO in its work in any way that would be useful to it.

Professor LISICYN (Union of Soviet Socialist Republics) proposed a few changes in the draft resolution under consideration. Firstly, in the fourth preambular paragraph the words "human and environmental factors" should be replaced by the words "complicated social, psychological, internal and external factors". Secondly, reference to the statement just made about the availability of funds from the United Nations Fund for Drug Abuse Control should be added in the last preambular paragraph. Lastly subparagraphs (i) and (ii) of operative paragraph 3 should be merged and condensed, to read:

3. REQUESTS the Director-General to make the necessary arrangements to provide the analytical reports requested, using resources provided by the United Nations Fund for Drug Abuse Control.

Dr FERNÁNDEZ-MURIAS (Spain) said that, although drug abuse and drug dependence did not constitute a serious problem in Spain, the number of cases had been growing in recent years because of the international traffic in narcotic drugs. Spain was dealing with the problem through state institutions, including the health services in charge of the registration of narcotic drugs and the control of their distribution for medical purposes.

However, his delegation believed that great efforts should be made to determine and solve the medical problems arising from the non-medical use of dependence-producing drugs.
Therefore, it considered that the invitation of the Commission on Narcotic Drugs, endorsed by the Economic and Social Council, to the World Health Organization to assist the Commission by preparing timely reports on the epidemiological patterns of drug abuse should be welcomed. It accordingly supported the draft resolution and the amendment to operative paragraph 3 proposed by the delegate of the Soviet Union.

Mr QAYYUM (Pakistan) said that Pakistan was well aware of the seriousness of drug dependence and drug abuse and quite recently, at the request of the United States Government, it had taken action to stop the supply of dependence-producing drugs, some of which were grown and produced in Pakistan.

In his view, it was important to bear in mind certain special features of drug dependence. First, it could hardly be called a disease; it was a medico-social problem. Secondly, not enough was known about the true nature and degree of dependence. Thirdly, neither the morbidity nor the mortality attributable to drug dependence and drug abuse was definitely known. Fourthly it was the comparatively affluent countries and the affluent strata of the population that were most affected. In view of those special features, his delegation considered that there were other claims on WHO's limited resources which should be given priority over research on drug dependence and drug abuse and the problems which they generated. WHO's work in that field should be mainly confined to the collection and collation of information from countries which were engaged in research on the subject and the dissemination of information to all countries.

He agreed with the amendment to operative paragraph 1 proposed by the United Kingdom and considered that a similar amendment should also be made to operative paragraph 2.

Dr LAMBO, Assistant Director-General, said that the comments which had been made during the discussion had been very pertinent, encouraging and constructive and had made it possible for the Secretariat to identify the current activities and programmes which were being carried out in different countries.

The Organization, in accepting its important leadership role, had initiated certain programmes and was stimulating and coordinating many others. However, WHO had to exercise discrimination and there were programmes which could best be carried out by national laboratories and then coordinated by WHO. There were others which had to be initiated and stimulated by WHO and still others which WHO was constitutionally obliged, because of its technical capabilities, to carry out itself - for example, the study of the epidemiology of drug abuse and drug dependence, and the collection, analysis and dissemination of information.

He hoped that Member States would take the problem very seriously and accord it the priority which it deserved. The Secretariat was depressed by the lack of assistance, and particularly financial assistance, to enable WHO to carry out some of its modest, but nevertheless imaginative, dynamic and innovative programmes.

There were still serious gaps in knowledge of the causative factors of drug dependence, of its psychodynamics, of the pattern of its distribution in a given population or community, and of the psychopharmacological aspects of many of the dependence-producing drugs. Much, too, had still to be learnt about the human ecological factors involved, psychosocial factors, the psychological vulnerability of individuals who took drugs, and especially about the interaction between drugs, man and society. He hoped that delegates would take the matter up with their governments, especially in the light of the statement made by the Acting Executive Director of the United Nations Fund for Drug Abuse Control. WHO needed support through the Voluntary Fund for Health Promotion and from other sources.

Replying to comments and questions during the discussion, he said that WHO had every intention of disseminating the relevant information as soon as the Expert Committee had evaluated the data it had collected to date. In its research on the epidemiology of drug dependence, the sociological aspects would be given a great deal of prominence.

The Director-General welcomed the offer by the delegate of Poland of the use of Poland's national facilities for the study of psychotropic drugs. WHO made use of national facilities and institutes as often as possible. He assured the delegate of Switzerland that the pharmacological aspects of drug abuse constituted one of the most important areas in the programme on the epidemiology of drug dependence.

With regard to the training of personnel, availability of resources and of technical assistance, the expanded programme approved by the Twenty-fourth and Twenty-fifth World Health
Assemblies was concerned with all the prevention, treatment, rehabilitation and training aspects of drug dependence and with assistance to Member States.

Dr SACKS, Secretary, said that although the Economic and Social Council's decision on the resolution referred to in the draft resolution before the Committee was awaited at any moment, it was not yet known. It was, therefore, not yet possible for the Committee to proceed to a vote on the draft resolution until a decision had been taken by the Economic and Social Council. Moreover, the sponsors of the draft resolution wished to revise it in the light of the many suggestions that had been made. He therefore suggested that the Committee postpone further consideration of the item until a later meeting.

It was so agreed.

(For continuation, see summary record of the tenth meeting, section 3.)

3. COORDINATION WITH THE UNITED NATIONS SYSTEM

At the request of the CHAIRMAN, who pointed out that the Director-General's report on coordination within the United Nations system regarding the method of establishment of the scale of assessment had already been dealt with by the Committee (see page 433), Professor VANNUGLI, representative of the Executive Board, presented a report on the discussions that had taken place at the fifty-first session of the Executive Board. In conformity with resolutions WHA21.33 and EB45.R33, the Director-General had informed the Board of the latest developments in administrative, budgetary, and financial coordination within the United Nations system, and of those administrative decisions of the General Assembly of the United Nations that were of interest to WHO.

The Board had been informed of and had noted the developments that had occurred on the following subjects: standardization of financial regulations (already considered by the Committee under agenda item 3.14), the establishment of a United Nations Staff College, and the establishment of a cost measurement system. It had also noted the resolution of the General Assembly of the United Nations regarding the report of the Advisory Committee on Administrative and Budgetary Questions (ACABQ) on the administrative and budgetary coordination of the United Nations with the specialized agencies and IAEA. After considering the resolution of the General Assembly on the continuation of the Joint Inspection Unit, the Board had adopted resolution EB51.R44, in which it recommended for the Assembly's adoption a resolution that WHO should continue to participate in the Joint Inspection Unit on the present experimental basis for a further period of four years beyond 1973.

The Executive Board had also considered the report submitted to the General Assembly by the Special Committee for the Review of the United Nations Salary System, and the comments thereon by the International Civil Service Advisory Board (ICSAB), the ACABQ, and the Secretary-General of the United Nations in his capacity of Chairman of the Administrative Committee on Coordination. In its resolution EB51.R45, the Executive Board had noted with satisfaction the decision of the General Assembly concerning the creation of an International Civil Service Commission and had recommended to the World Health Assembly that the Director-General should be authorized to take part in the consultations regarding the statute of the Commission.

The Director-General had presented to the Board a detailed report on all the measures taken by the United Nations and the specialized agencies that had a direct bearing on WHO activities. In resolution EB51.R46, the Board had recommended that he should continue his efforts at coordination as indicated in his report.

Dr BELLERIVE, Director, Division of Coordination, said that document A26/27, a revised version of the report on coordination presented by the Director-General to the Executive Board at its fifty-first session, contained recent information on the subjects referred to by the representative of the Executive Board and on the United Nations Development Programme (UNDP). It covered 26 resolutions of the Economic and Social Council and 44 resolutions of the General Assembly bearing on programme matters, as well as those dealing specifically with administrative and budgetary questions.

The first part of the document dealt with the problems of colonial countries and apartheid. Since the meeting of the Executive Board, the Director-General had arranged for WHO to participate in the International Conference of Experts for the Support of Victims of Colonialism and Apartheid in Southern Africa, which had taken place in Oslo in April 1973. The cooperation of WHO with the Organization of African Unity (OAU) was being continued and
improved, and WHO had become a full member of the Coordinating Committee of the OAU Bureau for the Placement and Education of African Refugees. The Director-General was taking steps in cooperation with the OAU for a WHO mission to discuss with the health authorities of host countries to liberation movements that were recognized by the OAU, and with the representatives of those movements, the formulation of detailed assistance programmes, which would be carried out in collaboration with UNDP and UNICEF. Important consultations had taken place between the organizations comprising the Administrative Committee on Coordination and a delegation of OAU.

The document referred to the developments relating to the first biennial review and appraisal of progress in the Second United Nations Development Decade. WHO had stated that it would not be possible to estimate the impact of the International Development Strategy on the health sector before 1975.

WHO’s cooperation with the Disaster Relief Coordinator was progressing satisfactorily. During its fifty-first session, the Executive Board had adopted a resolution requesting the Director-General to send to Nicaragua a high-level advisory mission to work out with the Government a detailed programme for the rehabilitation and reconstruction of the health services in Managua. In coordination with the Regional Director for the Americas, a mission composed of seven high-level public health specialists had visited Nicaragua in April 1973 and had already formulated its report, which would be submitted to the Executive Board when approved by the Government of Nicaragua.

WHO had cooperated very closely with the United Nations High Commissioner for Refugees with respect to his regular programme, and in connexion with repatriation, rehabilitation and resettlement in southern Sudan.

The Organization was participating in the preparatory work for the World Population Conference, 1974. With help from the United Nations Fund for Population Activities, WHO had been able to improve its assistance to governments. The Director-General was cooperating with all the organizations of the United Nations system and with interested nongovernmental organizations to ensure that proper attention was paid to the health aspects of population matters.

Among the many other matters discussed in the report were the outflow of trained personnel from developing to developed countries, the United Nations Children’s Fund, and the World Food Programme, which in its ten years of existence had expended some US$ 87 million on 40 projects directed at the promotion of health.

Mr FURTH, Assistant Director-General, introducing the Director-General’s report concerning the establishment of an International Civil Service Commission, said that the General Assembly of the United Nations, in resolution 3042 (XXVII), had decided in principle to establish such a Commission, which would take over some of the advisory functions of the International Civil Service Advisory Board (ICSAB) and also undertake new regulatory responsibilities. The Commission would recommend to the General Assembly principles for determining staff conditions and scales of pay and rates of staff assessment. It would establish standards for the classification of posts and standards for recruitment and would develop staff training programmes. The General Assembly had requested the executive heads of organizations within the United Nations system to prepare detailed proposals for the creation of the Commission, including the preparation of a draft statute. The executive heads had prepared a tentative draft statute for the Commission, which would be presented in the next few days to ICSAB and then to ACABQ for consideration, prior to being presented to the General Assembly in the coming autumn. If approved by the General Assembly, it would be submitted to the Executive Board of WHO during its fifty-third session and then to the Twenty-seventh World Health Assembly in May 1974 for formal ratification.

The Director-General believed the creation of the Commission to be a welcome development, and the Executive Board had shared his belief.

A draft resolution was included in the report for consideration by the Committee.

The meeting rose at 5.10 p.m.

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Mr HEINRICI (Sweden) referred to section 28 of document A26/27. The Swedish delegation attached great importance to the question of cooperation between UNDP and the Participating and Executing Agencies. The work entailed as an Executing Agency of UNDP formed an increasingly large part of the work of most specialized agencies, including WHO, which had been Executing Agency for a cumulative total of 81 projects, and had received contributions from UNDP amounting to some US$ 63 million.

The development of health services - and, consequently, the work of WHO - formed, of course, a very important part of socioeconomic development; Sweden attached particular importance to programmes in the field of family health, especially maternal and child health and family planning services.

In the opinion of the Swedish delegation, the work of the specialized agencies was the most crucial part of UNDP and of its country programming exercise. The growing share of UNDP-assisted programmes in the activities of the agencies (a trend which Sweden supported) would strengthen the central policy role of WHO and of other agencies in their respective fields of competence. In view of the resulting rapidly increasing demand for the services of the Executing Agencies and of their governing bodies, it was felt that the governing bodies should have a thorough discussion on the operational activities in the field of development cooperation.

Referring to the Twenty-fifth World Health Assembly's resolution WHA25.31 and resolution 2975 (XXVII) of the United Nations General Assembly, he suggested that reports on UNDP-assisted WHO programmes be presented at regular intervals to the Executive Board, to serve as a basis for a more thorough discussion by the Board on the implementation of those programmes and the role of WHO in UNDP and its country programming exercise. He proposed that a paragraph to that effect be included in the relevant draft resolution.

Dr HEMACHUDHA (Thailand) was pleased to note that both in the Director-General's Annual Report (Chapter 9) and in section 13 of the document before the Committee reference was made to the increasing recognition that family planning was an important component of improved family wellbeing and, as such, an integral part of maternal and child health and of overall health care. That was also the policy in Thailand, where it had resulted in the need to strengthen the total health structure and the health delivery system, particularly maternal and child health and family planning care. That had necessitated the mobilization of considerable national and international resources. To ensure their proper utilization, close coordination was required. At the national level, the Ministry of Health had taken the main initiative in coordinating planning with the various ministries and institutions concerned. At the international level, WHO and UNICEF, as part of their ongoing assistance for the development of health delivery systems, had helped Thailand in formulating requests to UNFPA. It was an example of the multidisciplinary nature of family planning as part of health care, and of the responsibility that was being increasingly thrown on ministries of health to ensure that available resources were directed to the strengthening of health as part of the national socioeconomic development plan, avoiding dissipation of efforts and resources.

Regarding the complex question of coordination at the international level, he stressed the belief that WHO's mandate in this area was so clear that it should be encouraged to pursue its leading role. He commended WHO on the assistance provided in 1972 to some 50 countries and its considerable role in cooperation within the United Nations system and with nongovernmental and voluntary organizations.

Dr SAENZ (Uruguay) referred to section 9 of the document before the Committee ("Natural disasters and other emergency situations"), and to resolution EB51.R43 of the Executive Board. He asked whether a full report could be presented (preferably in plenary session) on assistance to Nicaragua.
Dr ALY (Egypt) referred to section 2 of the document ("Organization of the work of the Economic and Social Council"). He noted that, following the Director-General's presentation to the Economic and Social Council's Coordination Committee of an outline of WHO's work - indicating the four principal areas of global priority as being the strengthening of health services, health manpower development, disease control (including prevention) and the promotion of environmental health - the Council had suggested that WHO should place greater emphasis on its role as an international centre for coordination and the exchange of information on health matters. His delegation appreciated the efforts made by WHO in that field, but hoped that even more attention would be given to that aspect of WHO's work.

The Economic and Social Council had invited the Secretary-General of the United Nations, in consultation with the specialized agencies concerned and the Administrator of UNDP, to work out proposals for a possible protein fund. Despite the divergence of views that had been evident during the discussion on the problem of protein deficiency (a problem facing most of the developing countries), the Egyptian delegation would urge WHO to make every possible effort to ameliorate the situation. It was inadmissible that millions of people should be suffering from protein deficiency in a world that produced more food than was required by the total population, and that huge resources of protein should remain untapped, or insufficiently utilized.

He drew attention to paragraph 16.5, referring to the Economic and Social Council's resolution 1687 (LII). He would not describe how aggression had deprived many women and children in the Middle East of their basic needs. The details were too well known. He urged WHO to develop ways and means of rendering all possible humanitarian support to women and children, as well as to all other people exposed to similar dangers and risks in the Middle East. That item was essentially linked with section 21 ("Human rights") - in particular, paragraph 21.4, referring to General Assembly resolution 3005 (XXVII) on the "Report of the Special Committee to Investigate Israeli Practices Affecting the Human Rights of the Population of the Occupied Territories".

Dr SUMBUNG (Indonesia) said that WHO's cooperation with so many organizations, both within and outside the United Nations family, was a clear indication that health was now regarded as an important and essential element in all socioeconomic development. The Indonesian delegation hoped that WHO would continue to play an important role in some of the programmes mentioned in the document before the Committee, in particular with regard to science and technology; atomic radiation; food production and the use of edible protein; education, especially the establishment of an international university; natural disasters; refugees; the human environment; drug dependence; and population problems and family planning.

He would mention in particular the question of family planning, which was important not only as a means of slowing down rapid population growth but also for the promotion of a better quality of life among children, mothers and the whole family. During the past few years many Member States had adopted national family planning programmes, and others assigned high priority to family planning. At the international level population problems and family planning had come to be regarded as one of the world's main problems, requiring concerted action. Assistance in this connexion from national and international resources had been far greater than that for general health services, and there was the risk of an imbalance in the implementation of family planning programmes as an integral part of the health services. Great pressure had been exercised on health administrators for the successful implementation of family planning programmes, but administrators were often uncertain as to the best way of implementing the programmes, since they were a relatively new element in health services. In that connexion, WHO could provide valuable assistance to Member States with regard to the strengthening of the general health services, especially the maternal and child health services, in support of the family planning programme; the elaboration of methods for effective delivery of family planning services at all levels; and the training of different categories of health personnel to carry out family planning programmes.

He was pleased to note (paragraph 13.7) that WHO was cooperating in the arrangements for the World Population Conference and Year. He hoped that WHO would assist Member countries in preparing delegations to attend the conference and would urge that health administrators be included in those delegations.

Dr ONYANGO (Kenya) drew attention to paragraph 13.6, referring to the guidelines outlined by the Administrative Committee on Coordination, indicating that "the general health services, in particular maternal and child health services, should remain the principal channel for the delivery of family planning services". The Kenyan delegation felt that it was extremely...
important that any assistance provided for family planning should take into account the state of development of both the general and the maternal and child health services, and the programme should form an integral part of those services.

Dr AVILES (Nicaragua) said that, as a member of the Executive Board, he had presented to the Board at its fifty-first session a report on the cost of the damage caused to the health sector by the earthquake in Nicaragua (reproduced as an annex to EB51/SR/13 Rev.1 in the summary records of the fifty-first session of the Executive Board). About 23% of Nicaragua's total population of some 2 million had been concentrated in Managua. As a result of the earthquake, which had in fact lasted some two hours, Managua had been almost entirely destroyed. The death rate had been 25 per thousand inhabitants, the number of injured had been 250 per thousand, the total cost with regard to the health of the population had been estimated at US$ 200 million, and the total damages to hospitals and health centres at US$ 33 million. WHO had provided very effective emergency assistance.

The Executive Board had unanimously adopted resolution EB51.43, requesting the Director-General to send a high-level advisory mission to work out with the Government of Nicaragua a detailed programme for the rehabilitation and reconstruction of the health services in Managua, and to launch an appeal to all Member States (through both WHO headquarters and the Regional Office for the Americas) to provide assistance for the construction of a national university hospital and a national health centre. He would thank WHO and all those who had taken part in that mission; a report had been drawn up and would be presented either to the Assembly or to the Executive Board. Meanwhile, he himself would be happy to provide any further details to a plenary session of the Assembly.

Dr ADESUYI (Nigeria), referring to section 17 of document A26/27, was pleased to note the resolution of the United Nations General Assembly inviting the Secretary-General to prepare a study on the outflow of trained personnel from the developing to the developed countries. He hoped that suitable solutions might be found to the problem as a result of the study. The provision of training opportunities inside the developing countries would help to a certain extent to solve the problem, since much of the outflow was due to the fact that candidates had to go abroad for training, particularly postgraduate training. It would, however, take some time before efforts in that direction could yield fruitful results. Meanwhile, the developed countries could help considerably, not only by assisting in the improvement of training opportunities within the developing countries, but also by adopting a policy of not encouraging those who had completed their training to remain and work in the country where they had been trained. Some developed countries were indeed already following such a policy, and were insisting that trainees should return to their home countries on completion of their training. It was to be hoped that others would follow their example.

Professor LISICYN (Union of Soviet Socialist Republics) said that, while document A26/27 was both extensive and interesting, he would like further information on certain points. He noted with concern that according to paragraph 1.4 very few concrete measures had so far been taken by the agencies to implement the resolutions concerning colonial countries and peoples and apartheid. He wished to know what action WHO had taken in formulating and implementing those resolutions. He also wondered what help WHO had given to the 17 non-self-governing territories mentioned in paragraph 1.5.3.

Paragraph 5.2 referred to the question of the establishment of a special protein fund. He asked what part WHO had played in that respect, and in the activities of the Protein Advisory Group. Turning to section 6, ("Science and technology"), he inquired to what extent other organizations coordinated their activities on biological and medical research, and what WHO's relations were with those organizations. As regards section 13, he asked for further information on the steps WHO was taking to prepare for and take part in the World Population Conference, 1974.

Referring to section 15, he was aware that WHO was playing a large part in developing an international system of medical information as part of a unified system of scientific and technical information. He asked what national institutions were cooperating in setting up the system of medical information, and what approach WHO was adopting to the problems being tackled by the Inter-Organization Board for Information Systems and Related Activities. He also wondered what specific measures the Director-General had taken on the question of the outflow of trained personnel from developing to developed countries, which was dealt with in section 17 of the document.

He had been particularly interested in paragraph 28.7, which referred to a shortfall in UNDP's resources. He inquired if there had been a reduction in UNDP allocations for health purposes; he was under the impression that government requests for funds for the development of health services had fallen sharply, and wondered what the present situation was. Was there also a tendency for UNICEF's commitments in the field of health, listed in paragraph 28.1, to fall?

Turning to section 33, he asked if a programme for the United Nations Staff College was available yet, so that he could obtain more details.
Paragraph 36.5 referred to the resolution of the Economic and Social Council requesting the submission by the secretariats of intergovernmental bodies of succinct, systematic reports on the status of implementation of the Joint Inspection Unit's major recommendations. He asked whether such a report had been submitted by the WHO Secretariat and, if so, what it contained.

Dr BELLERIVE, Director, Division of Coordination, thanked delegates for their comments on document A26/27. In response to the delegate of Sweden, he pointed out that regular reports were submitted to the Executive Board and the Health Assembly on WHO's cooperation with UNDP. However, if the Committee decided that it wished for a more detailed report, the Director-General could prepare one.

The delegate of Thailand had referred to the assistance his country required for the development of family planning within the basic health services. He had no doubt that the approach outlined by the Thai delegate was in line with the approach followed in WHO's programme.

With regard to the disaster in Nicaragua, he could not at present add to the information he had given when introducing the agenda item. He assured the delegate of Egypt that the questions he had raised were constantly in the Director-General's mind. The points stressed by the delegate of Indonesia were, he felt, fully reflected in the Organization's work programme.

Dr SACKS (Programme Coordination) informed delegates who had referred to General Assembly resolution 3017 (XXVII) on the outflow of trained personnel that the United Nations was setting up a central point for the exchange of information on the subject at secretariat level. Several organizations in the United Nations system would prepare in-depth studies on the situation in their respective fields; the studies would not duplicate each other.

Replying to the delegate of Egypt, he said that the Secretary-General of the United Nations had been in touch with WHO regarding the Economic and Social Council's resolution on the protection of women and children in emergency and armed conflict. WHO was preparing a document on health aspects of the question that would be transmitted to the Commission on the Status of Women and through it to other United Nations organs.

Regarding the USSR delegate's question on the implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples, the Director-General had reported in detail to the Twenty-fifth Health Assembly on the steps he was taking, and had been requested to continue in the same directions. Dr Bellerive had already mentioned the action taken during the past year.

While it had not taken a position on a special fund for protein, WHO had kept the General Assembly and the Economic and Social Council informed of the importance it attached to protein, as requested by the Executive Board in January 1972 following its consideration of a report on the whole question of nutrition, including protein.

He noted that the new Committee on Science and Technology for Development established by the Economic and Social Council had now held its first session, at which WHO had been actively represented. Further, a member of the Advisory Committee on the Application of Science and Technology to Development (ACAST) had attended the meetings of WHO's Advisory Committee on Medical Research.

The Inter-Organization Board for Information Systems and Related Activities (IOB) did not work with national organizations, but was an inter-organization body of the United Nations system. WHO's relations with IOB were outlined in paragraph 15.3 of document A26/27. A full report on IOB's activities would be provided by ACC in 1974, and meanwhile the Executive Board and Health Assembly would be kept informed of the progress made. The types of courses the United Nations Staff College would be called upon to conduct were indicated in paragraph 33.1, and no further information was at present available. The United Nations General Assembly was to review and consider the establishment of the staff college at its twenty-eighth session and its decisions would be reported to the Executive Board and the World Health Assembly. He noted that reports on the activities of the Joint Inspection Unit were submitted regularly to the Executive Board.

Dr BELLERIVE, Director, Division of Coordination, replying to the USSR delegate, pointed out that there was no absolute reduction in the funds allocated to health projects by UNICEF; as UNICEF's socioeconomic development programme had grown, however, the proportion allocated to such projects had fallen.

As to WHO's cooperation with UNDP since 1972 within the country programming concept, the countries themselves decided on the programmes they wanted. Therefore it was not a question of UNDP reducing its allocation to WHO, but of countries requesting or not requesting health projects.

Mr FURTH, Assistant Director-General, added that WHO's share of UNDP funds had remained fairly constant as a percentage of the whole UNDP programme, but had increased in dollar terms. In the three years before the merger of the Technical Assistance and Special Fund components of UNDP, WHO had been allocated about US$ 12.5 million in 1969, US$ 13 million in 1970, and US$ 15 million in 1971. Since 1 January 1972, when the merger had taken place, UNDP had applied a new programming system. There now was a total UNDP indicative planning figure for the five-year period 1972-1976, for all countries, of US$ 1,923 million; WHO's present share of that sum was a total of US$ 79,240,663 for 402 projects. That amount, comprising WHO projects approved by UNDP so far, represented about 5.20% of the global five-year figure, or an average annual allocation for the period of some US$ 15 million.

Dr ZAHRA, Director, Division of Family Health, replying to points raised in the discussion, said that the introduction of family planning care in general health services, and particularly in mother and child care, was likely to expand. Whereas 23 countries had asked for assistance in that field in 1969, there were by now 55 countries where projects had been approved, with the support of additional financial assistance from UNFPA and UNICEF.

Speakers had described how ministries of health were giving attention to strengthening the planning, organization and evaluation of their health care delivery systems in order to meet their additional responsibilities on a multidisciplinary and multisectoral basis. The delegates of Thailand and Indonesia had illustrated how the problems of maternal and child health and family planning were interrelated; a versatile health service was therefore required, with the coordination of several health disciplines. As to the concern expressed by the Kenyan delegate, the assistance of WHO and the funding agencies was geared to the overall strengthening of basic health services. It was also necessary for ministries of health to continue to take the lead in coordinating their activities with other ministries. On the international side, he assured the Swedish delegate that assistance was being given to family planning care within UNDP overall country programming in collaboration with all appropriate agencies within and outside the United Nations system. WHO considered it most important for coordination to ensure the development of balanced and systematic assistance to governments in the area of family planning as part of family health and other social services.

The World Population Conference was to be held in 1974, probably in Bucharest. A secretary-general of the conference had been designated, and WHO had appointed a medical adviser to the conference secretariat in order to ensure that medical and health aspects received due attention within the conference's very broad agenda. In response to the USSR delegate's question, he gave details of the proposed agenda of the World Population Conference and confirmed that WHO had prepared three background papers, as mentioned in paragraph 13.7 of document A26/27.

The CHAIRMAN suggested that the Rapporteur prepare a draft resolution taking into account the views expressed during the discussion. ¹

He invited the Committee to consider the draft resolution on the continuation of the Joint Inspection Unit recommended by the Executive Board in its resolution EB51.R44. ²

Decision: The draft resolution was approved.

The CHAIRMAN then invited the Committee to consider the following draft resolution, on the International Civil Service Commission:

The Twenty-sixth World Health Assembly,

Noting with satisfaction the action taken by the United Nations General Assembly in its resolution 3042 (XXVII) with regard to the establishment of an International Civil Service Commission; and

Noting that the executive heads of the United Nations and specialized agencies have agreed upon a tentative draft statute for the Commission,

¹ See page 491.

² Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.50.
1. WELCOMES the decision of the United Nations General Assembly to establish in principle an International Civil Service Commission with a view to the further improvement of administrative coordination among the organizations of the common system; and

2. AUTHORIZES the Director-General to continue to collaborate fully in the preparation of detailed proposals to be submitted to the United Nations General Assembly at its twenty-eighth session for the establishment of the Commission.

Mr MUHEIM (Switzerland) said that a number of important matters remained open after the United Nations General Assembly's decision on the establishment of the International Civil Service Commission, notably the Commission's powers, terms of reference, and composition. Could the Secretariat give further information on the tentative draft statutes prepared by ACC? It appeared that WHO would not have another opportunity to express its views on the statutes until they had been adopted by the General Assembly and then transmitted for the Organization's approval.

Mr FURTH, Assistant Director-General, said that the Secretariat had little information on the Commission's statutes beyond what appeared in the Director-General's report.1 Certainly no text had yet been prepared in final form. The very tentative draft prepared by ACC would be considered by the International Civil Service Advisory Board (ICSAB) at its May 1973 session. The Executive Board and Health Assembly would be kept fully informed at their sessions in 1974. If by then a new statute had been adopted by the General Assembly, the Health Assembly could decide if it wished to ratify it.

Decision: The draft resolution was approved.2

The meeting rose at 10.50 a.m.

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2 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.51.
UNITED NATIONS JOINT STAFF PENSION FUND

Annual report of the United Nations Joint Staff Pension Board for 1971

Mr. Furth, Assistant Director-General, said that the only action required of the Committee was to note the Director-General's report (document A26/29). The annual report of the United Nations Joint Staff Pension Board for 1971 had already been submitted to the United Nations General Assembly in autumn 1972; copies of that report were available to those delegates who wished to have them, but the essential elements were contained in document A26/29.

The major preoccupation of the Joint Staff Pension Board had been that of maintaining the value of pensions in the face of inflation and the devaluation of the US dollar. A 15-25% loss in purchasing power of pensions paid to pensioners living in Switzerland and certain other countries had occurred in 1971 and 1972, causing the Pension Board to recommend the readjustment of pensions as an extraordinary measure. Once again, in the spring of 1973, currency fluctuations had caused hardship to pensioners. The staff associations of the international organizations had viewed those developments with growing concern and had been studying the matter together with the executive heads of the organizations. The Secretariat had thought it right to inform the Health Assembly of the gravity of the situation, which affected so many retired international civil servants.

The CHAIRMAN called attention to the following draft resolution:

The Twenty-sixth World Health Assembly
NOTES the status of the operation of the Joint Staff Pension Fund as indicated by the annual report for the year 1971 and as reported by the Director-General.
Decision: The draft resolution was approved.

Appointment of representatives to the WHO Staff Pension Committee

The CHAIRMAN drew attention to the note before the Committee (document A26/30), in which the system of appointment of representatives of the Health Assembly to the WHO Staff Pension Committee was outlined.

Dr. de Coninck (Belgium) suggested, in view of Mr. Furth's remarks on the previous item, that the appointments of the Health Assembly's present representatives on the WHO Staff Pension Committee should be extended for a further year, since they were already familiar with the facts and were best equipped to deal with the situation arising from monetary fluctuations.

Dr. Mikem (Togo), Rapporteur, read out the following draft resolution:

The Twenty-sixth World Health Assembly,
Having regard to the issues of unusual importance facing the WHO Staff Pension Committee and the United Nations Joint Staff Pension Board at this time; and
Considering it therefore important to maintain continuity of Assembly representation on the Pension Committee,

DECIDES, exceptionally, to extend for a further year the appointments of the persons presently representing the Assembly on the WHO Staff Pension Committee.

Decision: The draft resolution was approved.

Notes:
1. Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.44.
2. Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.45.
HEADQUARTERS ACCOMMODATION: FUTURE REQUIREMENTS

Professor VANNUGLI, representative of the Executive Board, recalled that the Twenty-fifth World Health Assembly, in resolution WHA25.37, had noted with satisfaction that WHO had acquired the land for the construction of the addition to the headquarters accommodation, taken staffing projections up to 1982 into account, and authorized the Director-General to enter into a contract with the architect for the preparation of preliminary plans and estimates. The contract had been signed in June 1972 with Mr. A. Bugna, of Geneva, and the preliminary plans had been considered at the third session of the Ad Hoc Committee of the Executive Board on Headquarters Accommodation in November 1972. The Ad Hoc Committee's report on that session, which appeared as Annex 10 to Official Records No. 206, had been examined by the Executive Board in January 1973. In resolution EB51.R38, the Board had concurred in the Ad Hoc Committee's view that the plans and estimates put forward by the architect represented a satisfactory solution to the anticipated additional needs for headquarters accommodation and had requested the Ad Hoc Committee to study plans for financing the new building. At the same time, in resolution EB51.R39, the Executive Board had asked the Director-General to continue his negotiations with the Fondation des Immeubles pour les Organisations internationales (FIPOI) — a Swiss body established to finance the construction of buildings for the international organizations — and requested the Ad Hoc Committee to report on the matter to the Twenty-sixth World Health Assembly.

Professor AUJALEU (France), Chairman of the Ad Hoc Committee of the Executive Board on Headquarters Accommodation, introduced the report of the Ad Hoc Committee's fifth session and described progress since the Twenty-fifth World Health Assembly. The preliminary plans made provision for a building with eight storeys above the ground floor and three storeys beneath it, including two levels of garage. The building would communicate with the present block by means of an underground passage. The offices would be based on modules 1.32 metres in width, with a minimum of two modules per office, so avoiding the unduly narrow single-module offices in the present building. A cafeteria would be provided to serve staff in both buildings, while the cafeteria in the present building would become part of an enlarged restaurant. A meeting room would be included, capable of seating 100 people at desks, or 200 if there were only chairs. The architect had provided for possible extensions, either above the cafeteria or by adding to the building on the north side.

The cost of the new building had been estimated at about Sw.fr. 68 million in November 1972, but the cost of building in Switzerland was rising by about 10% per annum, and that trend could be expected to continue. The Director-General had been asked to undertake discussions regarding financing with FIPOI. The Swiss Government, however, had recently imposed limitations on new building, and was not at the moment prepared to lend the funds. That decision was not final and might be changed.

Broadly speaking, the Health Assembly had three possible courses of action. It could decide to go ahead with the planning and construction; it could decide to stop everything; and it could decide to continue with the plans, which were not yet complete. Delegates would probably not be prepared at the moment to envisage the first possibility, and the question was therefore whether it would be of greater benefit to the Organization to halt work now or to continue at least to the point of completing the plans. The Ad Hoc Committee's view was that it would be best to complete the planning, since it might not be easy to reassemble the team of architects and engineers at a later date. The funds for the planning stage were already available in the Real Estate Fund, and there was no question of additional funds having to be made available. Once the final plans had been completed a decision to build could be delayed, if necessary.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) thought that Professor Aujaleu was right in saying that delegates could not envisage going straight on with the building, and so the possibilities remaining were to complete the plans at a cost of $725,000 or to stop everything. He pointed out that the plans might be subject to revision, and it would be expensive to make such changes on the fully developed plans. Moreover, different decisions might be made by the Health Assembly in the next three to four years. He wondered whether the inevitable demand for office space could not be met in other ways, for example by renting some accommodation in the new ILO building, which would be available by 1975. Uncertainty about the precise way in which WHO would develop must give rise to doubts about proceeding with the final formulation of plans. While money was

available for the completion of the final plans, it was money that could be recalled if necessary for some urgent purpose and should therefore not be used. He believed that the Organization should halt the project at the present preliminary stage and not proceed to final planning.

Dr RAMZI (Syrian Arab Republic) said that the Organization was facing considerable financial difficulties and the Executive Board was carrying out a study of the reorganization of headquarters staff. He therefore agreed with the United Kingdom delegate that the Organization should halt the project now and not complete the final plans.

Professor LISICYN (Union of Soviet Socialist Republics) said that the Twenty-fifth World Health Assembly, in resolution WHA25.37, had not only requested a report on the financial aspects but had also asked the Executive Board to institute a study on the optimum future headquarters staff level. The Director-General had submitted to the Board at its fifty-first session a preliminary report on that subject in relation to the development of WHO's activities, but the data available were not sufficient to enable a final decision to be taken. Moreover, in his report the Director-General had recognized that the organizational study on interrelationships between the central technical services of WHO and programmes of direct assistance to Member States, which the Board had recommended that it should undertake, might influence the final decision. That study would, in fact, enable the optimum future headquarters staff level in relation to possible future regionalization to be determined more accurately.

It appeared that the Swiss authorities were not able to give the necessary financial aid for the construction of the new building that the Organization had expected. As the Chairman of the Ad Hoc Committee had stated, it was already necessary to increase by 10% the estimate of Sw.fr. 68 million made in 1972, and it seemed clear that the final cost of the building would be considerably more than the preliminary estimates. Owing to currency fluctuations the 1973 budget had had to be increased by US$ 6 million and all available casual income had been used up for that purpose. The 1974 budget was already 13% more than that for 1973 and that percentage would undoubtedly be increased by supplementary estimates. Moreover, the Health Assembly's decision to reduce the percentage of the maximum contribution in the WHO scale of assessment would mean that, sooner or later, the assessments of other Member States would have to be revised.

In view, therefore, of the uncertainty of the Organization's financial situation brought about by the international monetary crisis, his delegation would support the wise proposal of the delegate of the United Kingdom that no further work on the building project be carried out. The Health Assembly could consider the matter again when the situation was clearer.

Dr SUMBUNG (Indonesia) thought that delegates needed additional information before they could come to a decision. In particular, he wished to be better informed on the financial constraints and on the reasons for urgency. The decision, when made, should be based on a projection of the WHO programme and on the consequent increase in staff, and the discussion should not concentrate simply on the financial aspect. He wondered whether a solution might be found in enlarging the existing building. If a new building was indeed urgently required, what was the latest date at which it would be needed?

Dr VASSILOPOULOS (Cyprus) recognized the urgent need for additional accommodation, but in view of the financial situation he was inclined to agree with the delegate of the United Kingdom.

Dr SÁENZ (Uruguay) said that before the requirements of the Organization could be estimated precisely it would be necessary to carry out the study on the redistribution of the staff. In the meantime, it would be wise to complete the planning of the building even at a cost of $ 725 000, because if the work was stopped it would be much more expensive later on. He suggested, therefore, that the study should be completed and that the matter should be reconsidered at a later date, in the light of the financial situation at that time.

Dr EHRLICH (United States of America) said that there would be a time lag of at least five years before the construction of the new building and that during such a period it was probable that the plans would have to be modified; it might therefore be better not to finalize them too soon. It seemed unwise to spend nearly three-quarters of a million dollars on a project that he found hard to visualize. He suggested that the Secretariat should study the possibility of space being available in the new ILO building, and report on the subject to the Executive Board at its fifty-third session. He supported the United Kingdom delegate's suggestion to stop any further work on the project until the situation became clearer.

The DIRECTOR-GENERAL said that the Committee was considering an important problem. The comments made by the United Kingdom delegate, which had been supported by several other speakers, had substance and were related to the Organization's financial situation, but in his view, and in the light of the probable evolution of WHO's activities, there was no possibility
that a new building would not be required. It should be borne in mind that, even if a decision on the subject was taken in 1974, the building would not be ready for occupancy before 1978 or 1979. An investment had already been made in the study of plans for the building: the Assembly must decide whether to complete those studies or whether to waste the money that had already been invested. Renting accommodation from the ILO, which had been suggested by two delegates, would involve considerable expense, since it would have to be on a commercial basis.

WHO headquarters was currently occupying two provisional buildings; the land for one of them had been granted for five years by the Swiss authorities, who would have to reclaim the land and demolish the building when the permanent link road with the Route de Ferney was constructed. It was unlikely that the plans, if it was decided to complete them, would require any great modification at a later stage since they had been drawn up in relation to the land already purchased, the nature of which, taken in conjunction with the network of roads proposed by the Swiss authorities, imposed considerable constraints on the design. He therefore suggested that the Organization should be authorized to continue with the plans for the new building and that the final decision as to its construction should be taken in 1974.

Dr ALY (Egypt) said that he strongly supported the views expressed by the United Kingdom delegate in view of the present monetary instability and the uncertainty about how long the difficulties currently facing the Organization would persist. Furthermore, it was impossible to foresee the future size and pattern of staff requirements, which were to be the subject of further studies in conformity with resolutions adopted by the Executive Board and the Health Assembly. He thought that work on plans for the new building should be discontinued and the matter should be discussed further at the Twenty-seventh World Health Assembly.

Dr ONYANGO (Kenya) said that it was certain that WHO’s programmes and staff would expand in view of the additional activities requested by many countries. It was true that WHO was currently facing financial difficulties, but the cost of building would inevitably rise and it was unlikely that the Organization’s financial problems would disappear. He therefore supported the proposal that the studies on the plans for the new building should be continued.

Professor AUJALEU (France), speaking as the delegate of France, was firmly of the opinion that the need for a new building already existed since the temporary buildings were hardly adequate to house present staff and would sooner or later be demolished. If the decision was taken later the cost would be greater since prices were increasing by about 10% per annum. His main concern was with the possibility of securing a loan, since that was the most advantageous way of financing any construction. He recognized that it would not be possible to start on the construction until a loan was granted, but if funds suddenly became available it would be harmful to the Organization if it had to delay a year or more in order to prepare final plans before it could take advantage of the offer. He therefore hoped that the Committee would recommend that the plans should be completed and that the actual construction should await an improvement in the financial position of the Organization and the availability of a loan. He did not consider that a delay of even three years in starting on the construction of the building would entail any considerable modification of the plans because the quantitative requirements would remain the same and it was unlikely there would be many qualitative alterations.

Professor FERREIRA (Brazil) said that there had been a considerable outlay of funds in order to reach the present stage of planning and it would be difficult to restart if continuity was broken. He shared the view expressed by the delegate of France. He hoped that when the building was eventually constructed WHO would not need to reduce its scale but to enlarge it.

Dr TAYLOR (New Zealand) agreed that a second permanent building was necessary. He therefore supported the proposal that the planning studies should be continued. He noted that the plans provided for further extensions if the present predictions of staff requirements were exceeded. His delegation would, however, prefer WHO to place the stress on regionalization and regional expansion.

Dr MORA (Colombia) agreed that a new headquarters building was necessary. He was of the opinion that the planning studies should be completed, in view of the money already spent on them, and that a final decision on the subject should be taken at a later date.

Mr ARMSTRONG, Director, Division of Personnel and General Services, replying to the suggestions of the United Kingdom and United States delegates regarding the possibility of renting accommodation in the new ILO building, which was scheduled to be completed in the latter part of 1974, said that WHO had been in contact with the ILO about renting office space until the completion of the new WHO building. The United Nations had already asked for an option on all the available space in the ILO building. However, the ILO had responded favourably to WHO’s request to rent 100 offices, which was the estimated requirement between autumn 1974 and summer 1978, which was the earliest date at which the new WHO building could
be completed. The ILO had made no commitment with regard to the duration of the tenancy and was at present asking an annual rent of about Sw.fr. 750 000 for 100 offices, which was comparable to commercial rentals in Geneva.

Delegates had wondered whether the plans for the new building would require much revision if there were a delay between the completion of the plans and the start of construction, and the United Kingdom delegate had pointed out that the Organization's needs might vary. The Director-General had already replied to that point, but he wished to remind the Committee that the Secretariat had required the architect to make his preliminary plans very flexible so that there would be provision for an extension if required and also the possibility of building fewer storeys if that were appropriate. No modification would be required in the basic design in order to adapt it to WHO's needs when the construction took place.

The CHAIRMAN said that two draft resolutions on the future requirements for headquarters accommodation had been submitted. He suggested that further consideration of the item be deferred until the texts had been circulated.

(For continuation, see summary record of the tenth meeting, section 1.)

3. REAL ESTATE FUND Agenda, 3.18

Professor VANNUGLI, representative of the Executive Board, said that, as was his usual practice, the Director-General had submitted to the fifty-first session of the Executive Board a report on the status of projects being financed from the Real Estate Fund. That report was reproduced in Official Records No. 206, Annex 13. At the time of the Board's session, the probable cost of some projects had been in excess of earlier estimates, whereas other projects would cost less than had been anticipated, but the overall excess was balanced by the Fund's accumulated interest earnings. There was therefore no need for an appropriation in 1973 to cover the immediate requirements of the Fund.

When the Executive Board had met in January 1973 it had been hoped that there would be a balance in the casual income account, after covering the supplementary estimates for 1973 and the programme and budget for 1974, which could be transferred to the Real Estate Fund in order to build up reserves to meet a considerable part of the total cost of the new headquarters building, when the time came, in conformity with the provisions of resolution WHA25.38. The Board's resolution EB51.R50 had been framed accordingly. Unfortunately, as the Committee was aware from its consideration of agenda item 3.3, no funds would be available from casual income for that purpose.

In its resolution WHA23.14, establishing the Real Estate Fund, the Health Assembly had requested the Executive Board to carry out a triennial review of the Fund, the first review to be made during the fifty-first session of the Board. The Board had complied with that request and in resolution EB51.R50 had expressed its satisfaction with the operation of the Fund during the first three years.

Mr ARMSTRONG, Director, Division of Personnel and General Services, introducing the Director-General's further report,1 said that there had been few developments since the Director-General had submitted his full report to the Executive Board (Official Records No. 206, Annex 13). Some figures had required revision as a consequence of monetary developments since January. There had been some increase in the cost in dollar terms of activities being financed from the Real Estate Fund, but it was anticipated that the additional amounts could be covered from interest earnings in 1973 and that no additional appropriation would be required to deal with current projects.

Paragraph 7 of the report referred to the possible need to construct housing for project staff in south Sudan. UNDP had indicated that it expected to deal with the problem by constructing and managing housing units for all project staff in that area. It was hoped, therefore, that there would be no need to use the Real Estate Fund for that purpose.

Dr MIKEM (Togo), Rapporteur, read out the following draft resolution on staff housing in south Sudan:

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The Twenty-sixth World Health Assembly,
Noting from the report of the Director-General on the Real Estate Fund that the Organization may need to provide housing units for its project staff in south Sudan if arrangements cannot be concluded with UNDP to provide such housing,

1. Requests the Director-General to continue his negotiations with UNDP with a view to UNDP constructing and maintaining housing for the staffs of all the specialized agencies working in south Sudan; and

2. Authorizes the Director-General to finance the construction of housing for WHO project staff in south Sudan, should it become necessary, from any credits available in the Real Estate Fund that are not earmarked for other purposes and, as may be required, from the allotments of the projects concerned.

Decision: The draft resolution was approved.1

Dr MIKEM (Togo), Rapporteur, read out the following draft resolution, which took the place of the proposal of the Executive Board in operative paragraph 2 of its resolution EB51.R50:

The Twenty-sixth World Health Assembly,
Noting the report of the Director-General to the fifty-first session of the Executive Board with regard to the status of the Real Estate Fund and the projects being financed from it;
Noting the additional information presented by the Director-General in his report to the Assembly; and
Noting that at present no balance of casual income remains available for appropriation to the Real Estate Fund, and that the Assembly is thus unable to give effect to the recommendation of the Executive Board in the second operative paragraph of resolution EB51.R50,

EXpresses its satisfaction with the operation of the Real Estate Fund during its first three years.

Decision: The draft resolution was approved.2

4. HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST

Agenda, 3.13

Dr BELLEIRIVE, Director, Division of Coordination, said that the report on the item (document A26/21) differed in form and content from its predecessors. The intention was to be concise while remaining comprehensive, and to be as objective as possible. The form had been adopted in compliance with resolution WHA25.54, in which the Director-General was requested, inter alia, to prepare a comprehensive report on the physical and mental health of the population of the occupied territories and to submit it to the Twenty-sixth World Health Assembly. The steps leading to the dispatch of a personal representative of the Director-General in order to collect material for the preparation of the report were summarized in paragraph 3 of document A26/21 and in Annexes 1 and 2 of that document. The second part of document A26/21 was devoted exclusively to the discussions held and the information obtained by the Director-General's representative during his visit to West Jordan, the Gaza Strip and the Sinai Desert, together with his observations. It did not contain any information on the state of health of the refugees and displaced persons; that aspect was dealt with in part III of the report on the basis of information provided by UNRWA.

The representative of the Director-General had not been able to visit all the places about which observations might have been made but he believed that he had visited the most significant places for the purpose of formulating some general conclusions. It was to be noted that the report referred to the situation as it appeared in March 1973. That situation could doubtless be interpreted in a number of different ways: part II of the report gave the facts as they had appeared to the representative of the Director-General. He emphasized that the report had not been prepared on the basis of information from any one state, but on the basis of on-the-spot observations and of discussions with Arab doctors and other Arab personnel with whom the representative of the Director-General had maintained constant contact. The Director of Health of UNRWA, Dr Sharif, would provide further information on the state of health of the refugees.

1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.48.

2 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.47.
Dr SHARIF (United Nations Relief and Works Agency for Palestine Refugees in the Near East) said that the Palestine refugee community registered with UNRWA, which at present numbered some 1,523,000, clung tenaciously to the hope that ultimately an equitable solution to its problem would be found, pending which it continued what it believed to be its temporary sojourn in the Arab host countries and elsewhere.

In providing some 1,329,000 eligible refugees with their basic health service needs, UNRWA was guided by WHO's humanitarian principles and the laws of the Arab host governments. UNRWA welcomed the assistance it continued to receive from WHO in the technical direction and supervision of the Agency's health services.

Those services, simple as they were, were based on the concept of an integrated and comprehensive health programme designed to maintain and promote the health of the refugees to the extent feasible within the Agency's limited resources. A brief account of those services during 1972 was provided in document A26/WP/5 and Corr.1. The publication of the detailed annual report of the Director of Health of UNRWA for the year 1972 had been delayed for reasons beyond UNRWA's control.

Part III of document A26/21 related to the health of refugees and displaced persons in East Jordan and the Syrian Arab Republic and of the refugee population living in the occupied territories of West Jordan and Gaza, which were serviced by UNRWA.

Certain important gaps still remained to be filled in the health programme in order to make it more effective and productive, particularly in regard to a more complete coverage of the pre-school age group by the regular supervisory health care service; the provision of positive mental health guidance and medical assistance for needy pre-school and school children; inclusion of measles vaccination in the regular immunization programme; reconstruction of the remaining few unsatisfactory premises of health centres; addition of more clinical laboratories and specialized clinics at selected health centres; additional dental units and such equipment as autoclaves; and further improvements in environmental sanitation. Those improvements and additions, although very important, could not be made without the necessary funds.

Once again UNRWA faced financial difficulties, with a deficit currently estimated at about $4.5 million in a total 1973 budgeted expenditure of about $61 million. It was to be hoped that the financial difficulties would, as in the past, be overcome through the generosity of contributors. UNRWA was very grateful for the assistance it received from contributing governments, voluntary agencies, philanthropic societies and individuals, without which it could not fulfil its obligations and in particular maintain the health programme. It was also very appreciative of the understanding, cooperation, and assistance provided by the governments of the areas in which it operated, without which it would be unable to discharge its responsibilities, often under very difficult conditions.

Professor MAHFOUZ (Egypt) said that WHO had a great responsibility with regard to the health situation of the Palestinian refugees and displaced persons and of the population of the occupied territories.

Dealing first with the problem of the Palestinian refugees and displaced persons, he expressed his appreciation of the work done by the Health Department of UNRWA. However, referring to document A26/WP/5, he believed that the fundamental problem of the refugees remained a problem of alienation. Hence the only solution lay in allowing them to return to their homes. The health problem of the refugees was further aggravated by the constant Israeli attacks against them in their camps and tents. In that connexion, he referred to paragraphs 6 and 29 of document A26/WP/5 and to document A26/21 Add.2. The Secretary-General of the United Nations and the Commissioner-General of UNRWA had both protested against the Israeli operations and the United Nations General Assembly had deplored their inhumanity.

Furthermore, UNRWA's financial crisis was due in part to the Israeli attacks and the demolition of camps, since it had to spend large sums of money, which should have been used to meet the minimum human requirements of the refugees, on rebuilding. He hoped that the Health Assembly would lay emphasis on the need for the refugees to be enabled to return to their homes and, until that was done, strongly condemn Israel's demolition of their shelters. Paragraph 15 of A26/WP/5 and the table in Appendix 1 to that document showed the high prevalence of diarrhoeal and gastroenteric infections among the Palestinian refugees and indicated the great need for radical environmental changes for the refugees.

As regards the inhabitants of the territories that had been occupied since 1967, namely Sinai, Gaza, the West Bank of the Jordan, occupied Jerusalem and the Golan Heights, they should have been legally protected by the Geneva Convention of 1949, which had been ratified by both the Arab States and Israel. However, Israel had refused to implement the Convention, and had been condemned by the United Nations and other bodies for the destruction of houses, the massive transfer of population, and the collective punishment of the people in the occupied territories. Those inhuman acts created serious physical and mental health problems.
That fact, together with the deterioration and disruption of the health services in the occupied territories, created a situation in which WHO was called upon to take action with regard to the health of the population in those territories; otherwise, the people would be at the mercy of the occupiers. That was why the Director-General had been requested by the Twenty-fifth Health Assembly to submit a comprehensive report on the health conditions of those populations.

Turning to the health situation in Sinai and Gaza, he compared the medical services in Sinai prior to the occupation with the present position. Only two hospitals were now functioning in Sinai and El Arish General Hospital, the main hospital, was operating on a skeleton staff. The situation with regard to health units serving villages was equally deplorable as compared with the position before 1967, and services for the nomad population had declined in the same way. The state of the hospitals in the Gaza Strip was deteriorating, and the nine blood banks at hospitals in Sinai and Gaza no longer existed. The number of medical personnel in Sinai had declined sharply. He referred delegations to document A26/21 Add.1 and the map that appeared on page 8 of the annex to that document for fuller details of the deterioration in the health services of the people of the occupied territories.

As a result of the prevailing conditions, in particular inadequate nutrition, and the deterioration of the medical services in the occupied Egyptian territory of Sinai, the incidence of tuberculosis was high, but the number of beds in the Hureijj chest hospital, which served both Gaza and Sinai, had decreased and it was staffed by only one physician. There was a high prevalence of skin diseases, infantile diarrhoea, and ophthalmia in the village of Sheikhzweid in North Sinai, which had been served by a rural health unit prior to 1967. There were no such services in the villages of Sinai at the present time. Malaria was a problem in the Salmana area; because of the lack of local laboratory facilities in Sinai, cases were referred to El Arish hospital for treatment but laboratory tests were performed in Israel.

His delegation would have liked to have before it comprehensive and scientific data about the population in the occupied areas, similar to those available on the health situation of the refugees. That would have enabled the Health Assembly to evaluate present health conditions in those areas. Accurate information was certainly needed. At the last Health Assembly his delegation had cited the case of the 10,000 inhabitants of Sinai who in January 1972 had been forcibly transferred from their homes into an arid area. A competent international organization which had sent a mission to the area in September 1972 had said that they had been concentrated in the locality for many months and were still there without any medical care, and that their physical and mental health had been seriously affected as a result. Yet at the last Health Assembly the delegate of Israel had stated that they had been temporarily removed from their area while military manoeuvres had been in progress but that they had then all been returned to their normal areas. During the same debate the delegate of Israel had promised to submit a full report on health conditions in territories administered by Israel, but no such report had been produced.

His delegation had hoped that the report submitted by the Director-General would have provided a much more comprehensive account of health conditions prevailing among the inhabitants of the occupied territories in general. The situation in which some of the population of three of its Member States suffered from inadequate health conditions, as well as being subjected to physical and mental disturbance by the occupying power, was one with which WHO was bound, under its Constitution, to concern itself.

Dr EL-YAFI (Syrian Arab Republic) said that to be a truly international institution an organization had to be really impartial and just in its judgements and in order to do so it had to obtain objective and accurate information. The contents of document A26/21 were based on two main sources. The first was the information provided by the Director-General's personal representative following his visit to occupied Palestine and some of the occupied Arab territories and the other was the information given by the Director of Health of UNRWA, which dealt only with the health of refugees and displaced persons.

A first reading of the part based on the observations of the Director-General's representative showed that it was full of unjustified personal views. He would like to ask the representative, for instance, whether he considered the occupied Golan territory to be occupied Syrian territory or not. If the answer was in the affirmative, why had he failed to visit them, why did the hospital at Quneitra now serve only the military occupation troops, what had become of the dispensaries that had served the population of Golan before 1967; and why had he failed to visit Syria to see for himself the deteriorated mental health of the displaced persons?

The Syrian delegation was extremely disappointed that the report was so uncomprehensive and hoped that the Committee would recommend appropriate steps to enable the Director-General to implement resolution WHA25.54 in an acceptable manner.
Dr WASADEH (Jordan) said that the subject matter of the abridged report of the Director of Health of UNRWA on the physical and mental health of the population of the occupied territories and of populations served by UNRWA in the Middle East (document A26/WP/5 and Corr.1) was of particular concern to Jordan, in which the majority of the refugee community now lived. The Government of Jordan had noticed the gradual deterioration of the health services provided for the inhabitants of the occupied West Bank since 1967. Developments in that area had included the conversion of a hospital in East Jerusalem into a police station; the closure and partial closure of clinics, including the complete closure of the Salfeet clinic serving 10,000 people; a decrease in the number of hospital beds because of the shortage of drugs and equipment; the refusal to admit supplies and anti-cholera vaccine sent during cholera outbreaks on the occupied West Bank by the Jordanian Government through the Red Cross; the deportation of specialists to the East Bank, forcing the population to seek specialized medical care in Israeli clinics and hospitals; new regulations that obliged Arab patients who had received free treatment under Jordanian regulations to pay for their treatment; and the transfer of the Health Department in East Jerusalem, which had provided preventive and curative services to the Arab population, to another town. The aim of the Israeli authorities was to force the Arab population to seek medical care in Israeli hospitals and to create a state of confusion and misunderstanding among that population. Another aim was to force the Arab population to accept the situation, which could lead to a kind of collaboration, so that the Arab personality would no longer exist in the area.

He appealed to the Health Assembly to stop such measures and to safeguard the health and wellbeing of the Arab inhabitants of all occupied territories.

Mr AL-ADHAM (Iraq) said that when an individual was appointed to carry out an important mission for an organization in the United Nations family, as was the case with the appointment of the personal representative of the Director-General to report on health conditions in the occupied territories, it was customary for the Member States, and particularly the States concerned, to be consulted. In the present case that had not been done and he considered the procedure adopted unacceptable, since several Arab States were directly concerned, and they should have been consulted both with regard to the appointment itself and the method of implementation of the relevant resolution of the Twenty-fifth World Health Assembly. The report itself was incomplete. It did not cover the occupied Syrian territories and Sinai, with certain minor exceptions. He could not understand why the personal representative of the Director-General had not visited those parts of the occupied territories. He should have had the time to do so, since resolution WHA25.54 had been adopted in May 1972, or had impediments been placed in his way by the occupying power? If that were the case, it should have been made clear. Requests to certain Arab States for information had not been sent until 23 February 1973.

The report was also superficial, since it approached the question of the physical and mental health of populations on the basis of the existing staff and equipment. While they were important, other factors were equally important, and the personal representative of the Director-General had himself recognized that when he had referred to the fact that the new charge for doctors' and hospital services on the West Bank might well prevent patients from receiving attention. Moreover, the Director-General's representative had also recognized that there was a great shortage of qualified nurses in the occupied territories. The statement in paragraph 19 of the report gave the impression that the inhabitants of the Gaza Strip were going about their daily occupations as usual and that there was no tension between the population and the occupying authority. In his view, that statement was superficial and hasty, as was borne out by the report of the International Committee of the Red Cross for 1971, which referred to the destruction of dwellings and the request that ICRC had made to the Government of Israel to desist from such practices. Israel had replied that such measures were essential for the preservation of security in the occupied territories. The Special Committee to Investigate Israeli Practices Affecting the Human Rights of the Population of the Occupied Territories, reporting to the United Nations General Assembly at its twenty-seventh session, had referred to the evidence obtained by the ICRC and reached the conclusion that if the actions of the occupying power were not checked by the international community the result would be the total eradication of the original population. To sum up, his delegation rejected the report, which it considered incomplete, superficial, and partial. He hoped that the Health Assembly would take appropriate action to prevent a further deterioration in the mental and physical health of the population of the occupied Arab territories and condemn Israel for its action.
Mr HYSENAJ (Albania) said that it was well known that the health of the Arab population of the occupied territories had grown worse as a result of inadequate medical services and personnel. The very serious economic situation of the Arab population in the area, and its deprivation of all national, political and social rights, had increased the number of sick in the population and mortality among children, and had made the future uncertain for them. The Israeli Zionists, pursuing their aims to create a Greater Israel at the expense of the Arab countries, were carrying out a policy of mass extermination of the Arab population by creating extremely difficult living and housing conditions, turning the people out of their homes, pillaging, and stepping up arrests, imprisonment, and torture.

The deterioration in the health of the Arab population of the occupied areas was a direct consequence of the imperialist Israeli aggression of June 1967 against the three Arab States. As long as that aggression continued, the serious health problem of the Arab population of those areas would not improve. Albania had repeatedly emphasized that justice, which was on the side of the Arab peoples, should be restored and the Israeli aggressors should withdraw unconditionally from all the occupied Arab territories and recognize all the legitimate rights of the Palestine people.

The super-powers that sought to consolidate their political, economic, and military presence in the Middle East were responsible for the maintenance of the cold war there. But the Arab people had already drawn the necessary conclusions and would reject the plots to deprive them of their sovereign rights.

The Albanian people and Government had always supported the just cause of the Arab peoples and the Palestinian people and their determination to regain possession of every inch of their territory. He would accordingly support any measure that would genuinely meet the interests of the Arab people and the unchallengeable rights of the Palestinian people, and promote the improvement in the deplorable health conditions of the Arab population of the territories occupied by the Zionist aggressors.

(For continuation, see summary record of the tenth meeting, section 4.)

The meeting rose at 12.30 p.m.
TENTH MEETING

Monday, 21 May 1973, at 2.30 p.m.

Chairman: Dr A. W. AL-MUFTI (Iraq)

1. HEADQUARTERS ACCOMMODATION: FUTURE REQUIREMENTS (continued from the ninth meeting, section 2)

The CHAIRMAN invited the Committee to proceed to the consideration of two draft resolutions submitted on that item.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) submitted, on behalf of the delegations of Egypt, the Syrian Arab Republic and the United Kingdom, the following draft resolution:

The Twenty-sixth World Health Assembly,
Having considered the report of the Ad Hoc Committee of the Executive Board on Headquarters Accommodation,
1. THANKS the Ad Hoc Committee for its valuable contribution to the future of the Organization;
2. DECIDES not to proceed with the further development of plans for the extension of the headquarters building at this time; and
3. REQUESTS the Executive Board to review the position at its fifty-third session and to report to the Twenty-seventh World Health Assembly.

The purpose of the delegations sponsoring the draft resolution was, in view of the uncertain financial situation for the immediate future, to ensure that any resources available to WHO were not dispersed on any undertakings which could reasonably be postponed.

Dr SAENZ (Uruguay) submitted the following draft resolution for the consideration of the Committee:

The Twenty-sixth World Health Assembly,
Noting the reports of the third, fourth and fifth sessions of the Ad Hoc Committee of the Executive Board on Headquarters Accommodation;
Noting the conclusion of the Executive Board in its resolution EB51,R38 that the plans and estimates prepared by the architect chosen in accordance with the procedure approved by the Twenty-fifth World Health Assembly represent a satisfactory solution to the anticipated additional needs for headquarters accommodation;
Noting the architect's estimate of the cost of the project at 1972 prices; and
Noting that the Director-General, in view of the financial situation resulting from recent changes in exchange rates and in the absence of an indication from the Swiss federal authorities and the Fondation des Immeubles pour les Organisations internationales that a loan for this purpose will be available, is unable to present to the Twenty-sixth World Health Assembly a plan for the financing of the construction,
1. DEFERS until the Twenty-seventh World Health Assembly a decision with regard to the construction of the permanent addition;
2. CONCURS in the view of the Ad Hoc Committee of the Executive Board that it would be advantageous to proceed, nevertheless, with the development of detailed plans for the building; and therefore
3. AUTHORIZES the Director-General to negotiate with the architect an extension of his contract for the preparation of the detailed plans;
4. AUTHORIZES the financing of this extension of the architect's contract together with the cost of engineers' fees and of the Headquarters Building Planning and Construction unit from existing credits in the Real Estate Fund previously set aside for the ultimate construction of the permanent addition to the headquarters accommodation;
5. REQUESTS the Director-General to continue his consultations with officials of the Fondation des Immeubles pour les Organisations internationales and with the Swiss federal authorities with a view to providing the Twenty-seventh World Health Assembly with the necessary information to enable it to take a final decision with regard to the construction of the permanent addition.

The CHAIRMAN invited the Committee, in accordance with Rule 66 of the Rules of Procedure, to vote first on the draft resolution proposed by the delegation of Uruguay.

Decision: The draft resolution was rejected by 43 votes to 31, with 15 abstentions.

The CHAIRMAN then put to the vote the draft resolution submitted by the delegations of Egypt, the Syrian Arab Republic and the United Kingdom of Great Britain and Northern Ireland.

Decision: The draft resolution was approved by 50 votes to 17, with 21 abstentions.¹

2. COORDINATION WITH THE UNITED NATIONS SYSTEM (continued from the eighth meeting)

The CHAIRMAN invited the Committee to consider the following draft resolution prepared by the Rapporteur so as to reflect the various views expressed by members of the Committee at its eighth meeting:

The Twenty-sixth World Health Assembly, having considered the Director-General’s report on coordination within the United Nations system, and having taken note of resolution EB51.R46; recalling resolutions EB49.R45, WHA24.51, WHA25.31 and WHA25.32; noting the relevant resolutions of the Economic and Social Council and the General Assembly of the United Nations, as well as the decisions of the Governing Council of the UNDP and the Executive Board of the United Nations Children’s Fund, which have been brought to its attention by the Director-General,

1. EXPRESSES its satisfaction with the steps which the Director-General is taking to respond to these various resolutions in conformity with the Organization’s policies and programmes;

2. NOTES the steps which the Director-General is taking with respect to the resolutions of the General Assembly on the implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples and on apartheid, and welcomes the information provided on the action taken since the consideration of this matter by the Twenty-fifth World Health Assembly and the Executive Board at its fifty-first session;

3. REQUESTS the Director-General to continue his close collaboration with UNDP, UNICEF and other programmes providing support to health activities, and, in the light of General Assembly resolution 2975 (XXVII), to present periodically to the Executive Board reviews of activities assisted by UNDP and of the participation of the Organization in the planning and implementation of country programmes;

4. CONGRATULATES the World Food Programme on its tenth anniversary, records its appreciation to WFP for the assistance it has provided over the years to a large number of projects directed to the promotion of health, and expresses the hope that the cooperation established between the World Health Organization and the World Food Programme will continue;

5. NOTES with satisfaction the increasing assistance given by the Organization to governments to enable them to further develop their health infrastructure for the provision of family planning care within maternal and child health and other health services, and urges the Organization to intensify its leadership role in the medical and health aspects of family health, in collaboration with UNICEF and UNFPA as well as with other appropriate organizations within and outside the United Nations system; and

6. CONCURS with the steps being taken by WHO in the preparations for the World Population Conference and World Population Year, and expresses the hope that ministries of health will participate actively, to reflect the important role of health programmes and research in these undertakings.

Decision: The draft resolution was approved.²

3. DRUG DEPENDENCE (continued from the seventh meeting, section 2) Supplementary agenda item 1

The CHAIRMAN drew attention to a revised draft resolution, proposed by the delegations of Brazil, Canada, Federal Republic of Germany, Ireland, Mexico, Sweden, Turkey, United

¹ Transmitted to the Health Assembly in the Committee’s fourth report and adopted as resolution WHA26.46.
² Transmitted to the Health Assembly in the Committee’s fourth report and adopted as resolution WHA26.49.
States of America, Uruguay and Venezuela. The revised text, prepared in the light of the discussions at the Committee's sixth and seventh meetings, read as follows:

The Twenty-sixth World Health Assembly,
Reiterating its grave concern at the serious public health problems resulting from the self-administration of dependence-producing drugs;
Reaffirming resolutions WHA23.42, WHA24.57 and WHA25.62;
Noting with satisfaction that, in accordance with the above resolutions, the Director-General has prepared an expanded programme in the field of drug dependence, including an epidemiological research and reporting programme, and has requested financial support from the United Nations Fund for Drug Abuse Control to assist in its implementation;
Stressing the need for the World Health Organization to encourage and assist the development of improved preventive, treatment and rehabilitation and training programmes and the pursuit of needed knowledge in the field of drug dependence;
Emphasizing the particular importance it attaches to developing means for the international collection and exchange of data on the prevalence and incidence of drug dependence, and on the complex psychological, sociocultural, internal and external factors associated therewith;
Noting also the request of the Commission on Narcotic Drugs, endorsed by the Economic and Social Council, that the World Health Organization assist the Commission by preparing timely reports on the epidemiological patterns of drug abuse;
Recalling the valuable reports published by the World Health Organization on several aspects of the drug dependence problem,
1. ACCEPTS the invitation of the Economic and Social Council to assist the Commission, subject to funds becoming available;
2. EXPRESSES the hope that the Director-General can initiate promptly a research and reporting programme on the epidemiology of drug dependence; and
3. REQUESTS the Director-General
   (a) to intensify his efforts to implement the expanded programme approved by the Twenty-fourth and Twenty-fifth World Health Assemblies;
   (b) to make the necessary arrangements to provide the analytical reports requested by the Economic and Social Council; and
   (c) to continue to seek financial assistance for these activities, in particular from the United Nations Fund for Drug Abuse Control, and through contributions to the Voluntary Fund for Health Promotion.

Decision: The draft resolution was approved.

4. HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST
(continued from the ninth meeting, section 4) Agenda, 3.13

Mr YEH Cheng-pa (China) said that it was the view of the delegation of the People's Republic of China that Israeli Zionists had, for more than twenty years, repeatedly committed armed aggression against the Arab countries, with the result that more than one-and-a-half million Palestinians had been driven out of their homes. The Israeli Zionists had enforced fascist rule in the occupied territories, medical conditions had seriously deteriorated and the population suffered persecution. Such blatant conduct was possible only with the support of the super-powers, which had deliberately maintained a state of affairs which was neither war nor peace. The Palestinian people therefore lived a wandering and miserable existence, with a great shortage of medical services and supplies.

The People's Republic of China resolutely supported the Arab peoples in their heroic struggle against aggression and the Palestinian people in their just struggle to recover their national rights; it felt the deepest sympathy for their cause. It accordingly appealed to WHO to uphold justice, expose the real situation of the inhabitants of the occupied territories, and to strengthen health assistance for displaced persons and refugees in the Middle East.

Dr PRIDAN (Israel) said that, as a physician and a delegate to the World Health Assembly, he would forebear from answering the remarks made by the delegates of Albania and of China as they were of a political character.

He had been astonished by the statement made by the delegate of Egypt at the previous meeting regarding the alleged non-compliance with the Geneva Convention by Israel. In fact, the most recent annual report of the International Committee of the Red Cross had stated that Articles 55 and 56 were being respected in Sinai. It seemed to him that the Egyptian delegation should quote fully from such reports so as to convey the real picture. As for

1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA26.52.
any alleged deterioration of medical services, the International Committee of the Red Cross mentioned that 37 physicians and seven dentists were responsible for health services in Sinai and, in that connection, the Committee could rely on the findings of the personal representative of the Director-General who had seen the situation at first hand, rather than on the unrealistic map annexed to document A26/21 Add.1.

He was at a loss to understand the statement made by the delegate of Jordan. For instance, the clinic in Salfeet, far from being closed, had expanded and now had two doctors serving there. As to payment by the population for medical services, he pointed out that Israel was thereby merely complying with Jordanian law, under which medical services were not free; Israel was also implementing Jordanian law with a medical insurance system which it had now made available to a larger section of the population. The medical services available in East Jerusalem had not been closed down but had rather expanded. From among the 300,000 visitors from Jordan and other neighbouring countries there had been 270 admissions to hospitals, including treatment such as open heart surgery and artificial kidney treatment. It would surely not be asserted that they had been forced to come? He could not help feeling, speaking as a physician, that purely political considerations were being brought to bear when allegations of that type were made.

Dr NALUMANGO (Zambia) introduced a draft resolution proposed by the delegations of Afghanistan, Congo, Guinea, Mali, Mauritania, Mauritius, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Uganda, United Republic of Tanzania, Yugoslavia, Zaire and Zambia, reading as follows:

The Twenty-sixth World Health Assembly

A

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Considering that the non-return of the Palestinian refugees and displaced persons to their homes is gravely affecting their physical and mental health;

Having considered document A26/WP/5,

1. REAFFIRMS that the protection of the life and physical and mental health of the refugees and displaced persons necessitates that they immediately be afforded their right to return to their homes, in accordance with the relevant resolutions of the United Nations;
2. CALLS UPON Israel to refrain from such practices as the destruction of the refugee shelters and the dispersal of the refugees; and
3. REQUESTS the Director-General to intensify and expand to the largest extent possible the Organization’s programme of health assistance to the refugees and displaced persons in the Middle East;

B

Conscious of its responsibilities to ensure adequate health conditions for all peoples, particularly those who suffer from exceptional circumstances such as military occupation;

Having examined document A26/21;

Considering that the need for gathering and verifying facts on health conditions of the inhabitants of the occupied territories requires a comprehensive field investigation and contact with all parties directly concerned,

1. DECIDES to establish a special committee composed of experts representing three Member States of ( ) to study the health conditions of the inhabitants of the occupied territories in the Middle East in all its aspects, and to submit a comprehensive report on its findings to the Twenty-seventh World Health Assembly;
2. REQUESTS the special committee to contact all governments and institutions concerned, and obtain from them all necessary and relevant information on the situation;
3. REQUESTS the governments concerned to cooperate with the special committee and particularly to facilitate its free movement in the occupied territories; and
4. REQUESTS the Director-General to provide the special committee with all facilities necessary for the performance of its mission.

The draft resolution was submitted for simple humanitarian reasons. Part A related to health conditions of the Palestinian refugees and displaced persons. It was clear that any permanent solution to the problem lay in the implementation of the United Nations resolutions stressing their right to return to their homes. The draft resolution requested the Director-General to intensify and expand to the largest extent possible the Organization’s programme of health assistance; the moderation of the language used should make it possible for all to
vote in favour of it. Part B related to the occupied territories and proposed that a special committee of experts representing three Member States should be established with a view to carrying out a field investigation, visiting all territories occupied since June 1967 to examine health conditions, both mental and physical, as well as the medical services available, paying particular attention to groups of the population suffering special hardships. It was naturally essential that such a special committee should have access throughout the occupied territories and should be free to move about as it chose. Although the Director-General had sent his personal representative to report on the situation, that representative had doubtless been hampered by limitation of time and by being alone, and had therefore not been in a position to prepare as full a report as was desirable.

The lack of health services for refugees and displaced persons in the Middle East was a problem that his country fully appreciated, since a similarly explosive situation was rapidly developing between Zambia and the colonial regimes in Angola, Mozambique and Rhodesia. He expressed the earnest hope that the draft resolution would receive the widest support in the Committee.

Mr ROSENNE (Israel) considered that, in spite of the distinguished delegations sponsoring the draft resolution, it would be a matter of common knowledge that it had been drafted and submitted under Arab inspiration. It was, indeed, a transparent effort to yoke WHO to the chariot of Arab political warfare against Israel. It did not constitute an isolated attempt since it followed similar unsuccessful action in the other international agencies. There could be no objective justification for the type of resolution at present before the Committee and Israel's cooperation in that reckless venture could not be anticipated.

The draft resolution, under a superficially innocent exterior, reflected the same uncompromising hostility and cynical approach which set out to make political capital out of the built-in majority at the disposal of the Arab States, which was now characteristic of all debates on any aspect of the Middle East situation. Instead of a clinical analysis of the health situation of refugees and displaced persons in the Middle East as well as of the populations served by UNRWA, the Committee was faced with the outrageous communication of the Arab delegations contained in document A26/21 Add.3, in which the most minimal decencies of behaviour towards staff members of the Organization had been set aside and in which once again the Arab delegations had demonstrated their complete disregard of the true situation of the people concerned. WHO was concerned essentially with people and not with territories as such. The Arab delegations were, however, showing contempt for those facts which did not interest them and did not suit their political book.

The question to be asked was whether health conditions, both physical and mental, were so good for the population in the Arab States. He believed that the many Arab persons who came freely to Israel for treatment in Israeli hospitals provided the real answer. The true basis for the action being taken by the Arab delegations was to be found in their utter frustration following the report submitted by the Director-General in document A26/21 as well as the abridged annual report for 1972 of the Director of Health of UNRWA (A26/HR/9), since the latter contained no element which would justify any reproach to Israel for its conduct of health services for the people in question; consequently, the reference to the UNRWA report in the third preambular paragraph of Part A of the draft resolution conveyed a false impression.

As for the letter circulated by the Government of Egypt in document A26/21 Add.2, all but one of the quotations given from various documents related to 1969, 1970 or 1971, and could thus hardly be considered a timely contribution to a debate held in 1973. The second paragraph of the preamble and operative paragraphs 1 and 2 of Part A of the draft resolution were simply a rewording of political propositions which had nothing to do with the World Health Assembly. With respect to operative paragraph 1, there was not one single United Nations resolution which conferred an absolute and unconditional right on any person to return. The type of propaganda technique that was being used called for endless repetition with no regard for the truth.

Part B of the draft resolution reiterated, in disguised form, the contents of the communications contained in document A26/21 Add.3. It cast gross aspersions on the Director-General and attacked the professional competence and integrity of his personal representative, as well as constituting a personal attack on members of the Secretariat of WHO. It repeated the technique, used in other agencies, of determining beforehand what the so-called special committee was to report.

WHO had been actively present in the area since 1948 and made full use of the excellent sources of information at its disposal. The Government of Israel had, in 1972-1973, agreed to the suggestion made by the Director-General that a senior WHO staff member should visit Israel and the territories for an observation and study of the situation on the spot. The inter-position of a politically oriented and constituted committee, however it was composed, between Israel and the Director-General would impair the possibility of fruitful dialogue in the future, and would yield no benefit to the population concerned. It was a matter of common knowledge that the standard of public health services in Israel and for the refugees and the population of the territories reached a high level.
The adoption of a draft resolution such as the one proposed would represent a vote of no confidence in the senior direction of WHO at headquarters and in the area concerned, and made a lie of the concern which the Arab delegations professed for WHO. His delegation would accordingly vote against the draft resolution in all its parts as being utterly unacceptable.

Dr CAMARA (Guinea) said that WHO, which was concerned with the physical and mental wellbeing of mankind, could not remain indifferent to the problem under discussion - a question of justice and humanity. The people of Guinea, who understood the price of freedom and dignity, felt fraternal sympathy for all people struggling to attain or maintain freedom, in whatever part of the world they might be. It was a question of allowing people who had been humiliated to live or survive. His delegation fully supported the draft resolution, which was objectively apolitical and in no way attacked the Director-General or any of his representatives.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) said that his delegation, which was quite content with the report produced by the Director-General's personal representative and with that of the Director of Health of UNRWA, had no desire to take either side in the controversy. Nor did it wish to be associated in any way with criticism of the Director-General or the senior officers concerned with the problem.

However, he would suggest that, if further consideration was to be given to the draft resolution, there should be slight modifications in wording to render it susceptible of implementation. Whether or not the resolution could in fact be effective would depend on points just raised by the delegate of Israel.

Referring to operative paragraph 1 in part B of the draft resolution, he said that it would be extremely difficult for the Assembly to select not merely three Member States, but three individuals with the appropriate range of expertise, and then to seek to arrange for them to carry out the task requested of them. The draft resolution did not indicate under what authority that could be done. It would seem to be under Article 2 (d) of the Constitution, and he therefore suggested that a further preambular paragraph might be inserted, reading:

Recalling Article 2 (d) of the Constitution of WHO;

Operative paragraph 1 of part B might then be amended to read:

1. DECIDES to establish, subject to the acceptance of the governments concerned, a special committee to study the health conditions of the inhabitants of the occupied territories in the Middle East, in all its aspects, and to submit a comprehensive report on its findings to the Twenty-seventh World Health Assembly;

An additional operative paragraph might then be inserted, as follows:

2. REQUESTS the fifty-second Executive Board to recommend three Member States to be invited each to nominate, in consultation with the Director-General, an expert for this purpose;

He suggested the latter modification because it was necessary to allow time to find three Member States that were in relations with both sides, and for them to select three experts. It was going to be quite difficult to find three countries with three experts who were compatible, were able to speak the same language, and had the right range of expertise - for there were several different types of expertise involved, including nutrition, epidemiology and medical administration.

The DIRECTOR-GENERAL felt obliged to reject formally the accusation made by the delegate of Iraq regarding his partiality. He had spent 23 years in WHO, and had never heard that he had been partial in his decisions.

It was very difficult to understand exactly what the Assembly wished. He had very serious reservations as to the communications received from the Arab States and reproduced in document A26/21 Add.3. He fully agreed, however, with the statement made in that document that any fact-finding mission should have its mandate clearly defined and well borne in mind; and he would suggest that the delegates read the summary records of the Twenty-fifth World Health Assembly, to try to determine what the exact mandate entrusted to the Secretariat had been. He hoped that if it was decided to organize a new committee its mandate would be better defined. The objection had also been made in the document that he had not consulted other countries; he had, in fact, never intended to do so. Further, in paragraph 2 of the document it was stated that the Director-General had sent a letter on 22 February. That was a mistake: the letter of 22 February was one signed by the Regional Director for the Eastern Mediterranean, in which information was requested about the displaced persons in the territories under the responsibility of the governments around the table. It was in no way a reference to the occupied territories. The Government of the Syrian Arab Republic had interpreted the letter quite correctly, giving information about the displaced persons in the territory under its responsibility (document A26/21, Annex 4). On the other hand, the Government of Egypt had talked about the occupied territories, but in a letter dated 10 May - after his report had been issued.
He would not try to defend himself, for he was confident that he had done his best in a situation that admitted of no easy solution. He merely wanted to explain why he had taken certain decisions. In the first place, he had had to take into consideration the Organization's constitutional position, under which, it would be readily agreed, WHO could do nothing against the will of the countries involved. Indeed, the United Nations had been paralysed for several years in the same connexion and had been unable to take any step forward towards a solution of the political situation. He had interpreted the Assembly's instructions as concerning purely the health of the people in the occupied territories, and in view of the situation he had tried, to the best of his ability, to establish a personal approach. He had wanted to prevent the door being closed; with a little imagination it was possible to continue to do something positive for the health of the people of the areas concerned. His attitude was nothing new; it was the same as he had adopted in many other parts of the world where there were similar problems. It would be remembered that his statement on WHO's twenty-fifth anniversary, as well as his statements during the past four or five years when introducing his Annual Reports to the Assembly, had all stressed the importance of maintaining a dialogue. Perhaps he had made a mistake in sending a personal representative; but he was himself entirely responsible for the action of his representative, who, he felt, had done the best possible in the present circumstances. As the delegate of Zambia had said, time had been too short to do more. He felt that he had done his best.

He hoped that, in any resolution it might adopt, the present Assembly would have in mind the health of the people in the occupied territories, and that it would not take a political decision that would make it impossible for WHO to do anything in the areas in question - a decision that could not be implemented.

Dr Wahed (Afghanistan) said that his delegation had cosponsored the draft resolution because of its concern for the plight of displaced persons wherever they might be. Interest in the physical and mental wellbeing of mankind was a basic principle of the Organization and of all its Members. The delegation of Afghanistan was deeply concerned by the inadequacy of the health services for the population of the occupied areas in the Middle East.

Afghanistan considered that those responsible for acts of aggression in the area should heed the international conventions and all the resolutions on the subject. It was extremely disappointed that Israel had never paid due respect to the relevant resolutions, including those concerning the provision of health services for the people in the occupied areas.

In the interest of justice, his delegation would appeal to all Members to take a stand that would be worthy of the Organization.

Mr El Reedy (Egypt) expressed his pleasure on hearing the inspiring, refreshing statement made by the Director-General. The statement had been made with conviction, and he particularly appreciated in the head of an international organization such as WHO, that was so difficult to run, the quality and the courage of the leader to defend his own staff. There was no quarrel between the Director-General and the Arab countries, which had always cooperated with WHO and sent their best talents to the Organization. They would continue to be associated with WHO, and would always keep the best possible memories of the performance of the Organization under Dr Candau. It was merely a question of disagreement, in a healthy spirit, on the interpretation of a certain resolution. The Arab delegates were aware of the difficulties confronting the Director-General in the preparation of the report. They would have liked to have helped him by providing information. But to write a report about health conditions in the occupied territories was clearly a very difficult task, particularly in the light of the fact that the occupying power would not provide thorough information as it had promised to do the previous year. He would assure the Director-General and his staff of the utmost appreciation for what they had achieved, and particularly for the frank approach which had prompted the Director-General to make his statement.

He would make a few remarks regarding the statements by the two delegates of Israel. There had been a reference to a report by the Red Cross, and the delegate of Israel had given the impression that Israel respected the Geneva Convention. In fact, the report referred to did not include a statement to that effect. But the report was not public, and he could not quote it. So he would ask the delegate of Israel to state before the Committee whether Israel considered itself bound by, and applied, the Fourth Geneva Convention. He referred to the August 1970 issue of the International Review of the Red Cross - a document available to the general public. It stated that the efforts of the International Committee of the Red Cross had come up against the Israeli general reservations with regard to the applicability of the Fourth Geneva Convention, and referred to the fact that the Israeli Government had declared that it wished to leave the question of the applicability of the Fourth Geneva Convention in the occupied territory open - which had prompted the Red Cross to make certain reservations.
The delegate of Israel had raised doubts about the figures provided in the Egyptian memorandum (document A26/21 Add.1) and in the statement by the chief delegate of Egypt. In both cases, it had been stated that there were only five doctors, one dentist, 36 nurses and 24 auxiliaries working in the area. It was clear from the context that it referred to the area of Sinai. The delegate of Israel had said that higher figures were given in a confidential Red Cross report, but in fact that report was referring to another area, and not to Sinai.

With regard to the draft resolution, the delegate of Israel had suggested that operative paragraph 1 of part A was an innovation. In fact, there was nothing new about the right of the Palestinians to return to their homes in accordance with the relevant resolutions of the United Nations. It had been on the records of the United Nations for the last 25 years. Did he mean that there were no United Nations resolutions, or that Israel had allowed the refugees to go back? If he meant that Israel had allowed, or was allowing, the refugees to return, that would be an interesting and useful clarification.

It was regrettable to hear the way the delegate of Israel had attacked the draft resolution. The sponsors believed it to be the mildest draft resolution that could be proposed. For it contained only three propositions: that the refugees should be allowed to go back; that Israel should not attack the shelters of the refugees; and that the facts of the situation be obtained. Israel had been saying that the health conditions in the occupied territories were good, and had promised in 1972 to circulate a report (Official Records No. 202, page 550). The report had never been received. What was required was to establish the facts of the situation, and that had to be done in a scientific, thorough way, by a representative group that was afforded the authority and time to ascertain and verify the facts. Delegates could then have detailed information, such as that provided by the Director of Health of UNRWA, who provided tables, statistics, and figures, and not general impressions.

Professor LISYICIN (Union of Soviet Socialist Republics) said that the USSR had adopted a very clear stand on the subject under discussion, as stated at previous Assemblies. Its position remained the same.

The Soviet delegation understood the aspirations of the Arab countries and their legitimate demands, that were reflected in resolutions of the Security Council, particularly resolutions 237 and 242.

Israel's arguments regarding the health and welfare of the Arabs living in the occupied territories were not convincing. It would be better to comply with the resolutions of the United Nations and the World Health Assembly, liberate the territories and give the Arabs the possibility of caring for their population.

The Soviet delegation therefore fully supported the draft resolution, which was completely in accordance with the WHO Constitution. Its purpose was to obtain further objective information that could be studied by delegates at the Twenty-seventh World Health Assembly, so that a suitable decision could be taken. The wording of the draft resolution was restrained, objective and judicious - in contrast to the rhetoric of the delegate of Israel, which called into question the spirit of cooperation and the constructive decisions of WHO.

Dr CAYLA (France) was pleased to note the objective tone of the preamble of the draft resolution, refraining from excessive or inaccurate statements.

The French delegation commended the Director-General on the quality and objectivity of the documents presented. It did not accept the criticism directed at the Director-General and his personal representative, who had fulfilled a very difficult task as well as possible. Certain countries felt that additional information was required. The French delegation had no objection to that, but considered that the Director-General must be associated with any further study. As had already been stated, such a study could only be carried out with the agreement of the States concerned. The French delegation therefore supported the amendments suggested by the delegate of the United Kingdom, which made provision, on the one hand, for the agreement of the government concerned and, on the other, for means of designating the experts. It was for the Executive Board to name three States, requesting them to designate the experts, with the agreement of the Director-General.

Dr EHRLICH (United States of America) congratulated the Director-General on his forthright statement.

The United States delegation noted that information on the health status in the occupied territories and amongst refugees and displaced persons had been furnished by UNRWA, regular Red Cross facilities and, most recently, by the personal representative of the Director-General. Under existing circumstances, it found those reports entirely satisfactory. The question was, whether there was a need for a further committee or study
group to investigate the situation in the area, and whether such a group would be any more successful than existing agencies. Having seen or heard no evidence that existing international bodies had failed to fulfil their responsibilities, and seeing no likelihood that yet another group would provide satisfaction to all concerned, the United States delegation considered itself obliged to vote against the draft resolution.

Mr BOUDEHRI (Algeria) said that the Committee had been considering health assistance to the refugees and displaced persons in the Middle East for several years. Several resolutions had been adopted and considerable progress had been made, but the problem remained. His delegation did not expect WHO to settle the question, as that would have to be done by the Arab populations concerned as they thought best. For humanitarian and health reasons, however, WHO had some responsibilities to assume in view of the colonial domination and Zionist aggression against sovereign Member States of the Organization.

The draft resolution before the Committee was aimed at obtaining more information on the health situation of the refugees and displaced persons in the Middle East. The procedure demanded was reasonable and objective. His delegation would support the draft resolution.

Mr ONKELINX (Belgium) thanked the Director-General for having sent his personal representative to the territories involved. His Government had noted with interest the information obtained. His delegation approved of the spirit of the United Kingdom suggestions for improving the draft resolution but wished to see the proposals in writing.

Since the draft resolution had only been made available at the beginning of the meeting and some delegations needed more time to consider it, he asked the Chairman to delay the voting on it until the following day, in accordance with Rule 51 of the Rules of Procedure.

The CHAIRMAN said that the Committee could continue the discussion of the item and consider the question of voting later.

Mr HASSAN (Somalia) said that his delegation associated itself with the statement made by the delegate of Zambia when introducing the draft resolution. However, on behalf of the cosponsors he amended operative paragraph 1 of Part B to read:

1. DECIDED to establish an expert committee appointed by three Member States chosen by the fifty-second session of the Executive Board in consultation with the Director-General to study the health conditions of the inhabitants of the occupied territories in the Middle East, in all its aspects, and to submit a comprehensive report on its findings to the Twenty-seventh World Health Assembly;

He felt that operative paragraph 3 of Part B adequately covered the other points raised by the United Kingdom and other delegations, without need for further amendment.

Mr AL-ADHAMI (Iraq) said that his use of the word "partial" in his intervention at the previous meeting had led to some misunderstanding. He had said that the report was incomplete, superficial, and "partial", meaning "fragmentary". His remarks applied only to the report, and his delegation cast no doubt upon the competence and integrity of the Director-General, who had rendered valuable service to WHO.

Dr LEBENTRAU (German Democratic Republic) said that his delegation welcomed the discussion of agenda item 3.13. Consideration of that question within the forum of WHO was necessary and his delegation supported the draft resolution proposed. That support was based on the fact that the German Democratic Republic had always supported the implementation of the resolutions adopted by the Security Council in 1967.

Dr MOYA (Cuba) said that his delegation supported the attempts of the Arab countries to ensure that the refugees and displaced persons had satisfactory health facilities, and favoured the adoption of the draft resolution.

Dr FAHRO (Bahrain), answering points raised by the delegate of Israel, recalled that that delegate had said that he did not wish to be involved in a political discussion. In fact he had uttered slanderous words not only against the Arabs but also against the cosponsors of the draft resolution. The delegate of Israel who had spoken was a politician and not a doctor and he had himself introduced politics into the debate. He had spoken of the uncompromising hostility of the Arab people but seemed not to understand the reason for that hostility. The delegate from Israel wanted a compromising hostility that would allow continued occupation of stolen lands, the demolition of houses, the dispersal of many more Palestinians, and the acceptance of the recent policy of political assassination.
The delegate of Israel had also spoken of the superb medical facilities that existed, but those facilities had been built for the occupiers who had come to displace more Palestinians. His theme was similar to that of the imperialists of the nineteenth century and of the fascists of the twentieth century. The policy of Israel was similar to the apartheid philosophy in South Africa.

The delegate of Israel must have been horrified to hear delegations other than Arab delegations calling for the destruction of shelters and the dispersal of refugees to be halted. Israel did not wish to be reminded of the inhuman acts it had committed against the Palestinians and other Arab peoples.

The delegate of Israel had claimed that the Arabs had no confidence in the Director-General. That was not the case. Disagreement should not be confused with a lack of confidence; the Arab delegations were simply asking for more information.

Mr GONZALEZ PALACIOS (Spain) thanked the Director-General for his statement, and expressed his delegation's support for the draft resolution as amended by the co-sponsors.

Dr HACHICHA (Tunisia) said that his delegation had read the report of the Director-General and had noted that some information was missing. If the necessary information had been obtained it would not have been necessary to discuss the matter further. It appeared that the Director-General's representative had been hampered by the occupation authorities, it was thus for the present World Health Assembly to pursue the matter in a different manner to ensure that complete and impartial information was obtained on the health status of the refugees and displaced persons in the occupied territories.

His delegation deplored the obstinacy of the occupation authorities in the face of the recommendations of the Security Council. It was time that the World Health Assembly spoke out against the flagrant injustices in the occupied territories.

Dr TARCICI (Yemen) paid tribute to the manner in which the Director-General had fulfilled a difficult and delicate task. He also appreciated the attitude taken by the personal representative of the Director-General who had visited the occupied territories. The terms of the resolution adopted at the Twenty-fifth World Health Assembly had left the Director-General's personal representative no choice but to seek information from the gaoler - a procedure that was sure not to yield reliable information. The sponsors of the draft resolution therefore sought to give the proposed special committee more freedom of action in obtaining the necessary information.

He reminded the delegates that only three weeks ago the world's press had reported that two Palestinian prisoners had been killed by Israeli fellow-prisoners. It was impossible to know what tortures the Palestinian prisoners had suffered before their death. Obviously, it would be no use to ask the gaolers.

As to the acceptability of the members of the proposed special committee, it was not the usual practice to ask the accused to select his judge or jury.

Mr ROSENNE (Israel) remarked that nobody was on trial, least of all the delegation of Israel, and there was no judge and no jury. One of the basic principles of the international organizations was the equality of States.

The delegate of Egypt had stated that Israel had not made adequate information available to the Director-General or his personal representative. In that connexion he referred to the letter of 22 December 1972 from the Ministry of Health of Israel to the Director-General (document A26/21, Annex 2), the fourth paragraph of which made the Government of Israel's undertaking quite clear.

The speeches of the delegates of Egypt and Bahrain confirmed that the Arab States were determined to gain political capital and were not concerned with the health of the populations involved. If they were truly concerned with the health of the populations involved and would consult with the delegation of Israel, he was sure they would be able to reach agreement on a text that would give satisfaction to all, that would promote the welfare, if necessary, of the persons concerned, and would protect the Organization itself.

Concerning the additional information that he had volunteered at the Twenty-fifth World Health Assembly, he said that the report on the health services in Judea, Samaria, Gaza, and Sinai for 1972 had been published early in 1973 and copies had been sent to the Director-General and were available in the WHO library. An adequate number of copies in English was available for all delegations and his delegation would be pleased to arrange for copies to be made available in the other official languages if required.

With regard to the dramatic story related by the delegate of Yemen, the two Palestinian prisoners had been, in fact, killed by two Arab fellow-prisoners.
Dr KEITA (Mali) said that the discussions were moving away from the investigations that WHO had to undertake. The situation in the occupied territories must be clarified. He agreed with the proposal to form a special committee to obtain the necessary information and his delegation was one of the cosponsors of the draft resolution. He was, however, in favour of the amendments suggested by the delegate of the United Kingdom.

The CHAIRMAN proposed that, in accordance with the request by the delegate of Belgium, any voting on agenda item 3.13 should be delayed until the following day. It was so agreed.

Dr SACKS, Secretary, announced that the delegation of Burundi had intimated its wish to be added to the list of sponsors of the draft resolution. In addition, the Secretariat understood that suggestions for amendments to the draft resolution might be presented at the next meeting.

(For continuation, see summary record of the eleventh meeting, section 4.)

The meeting rose at 5.25 p.m.
1. ANNOUNCEMENT CONCERNING THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA: MEMBERSHIP OF WHO

The CHAIRMAN announced that the Director-General had just been informed by the United Nations that the Democratic People's Republic of Korea, admitted to the Organization by resolution WHA26.28 of 17 May 1973, had become a Member of WHO by depositing its instrument of acceptance of the WHO Constitution with the Secretary-General on 19 May 1973. He welcomed the Democratic People's Republic of Korea to membership of the Organization.

2. FOURTH REPORT OF THE COMMITTEE

At the request of the Chairman, Dr MIKEM (Togo), Rapporteur, read out the draft fourth report of Committee B.

Decision: The report was adopted (see page 516).

3. SCALE OF ASSESSMENT (continued from the fourth meeting, section 9) Agenda, 3.6

Assessment of new Members (continued) Agenda, 3.6.2

At the Chairman's request, Mr FURTH, Assistant Director-General, introduced the Director-General's report (A26/56) on the assessment of the Democratic People's Republic of Korea.

Pending a recommendation concerning the rate of assessment by the United Nations Committee on Contributions, on the basis of which the definitive assessment could be fixed by the World Health Assembly, the Director-General recommended that the Democratic People's Republic of Korea be assessed at a provisional rate of 0.10% for 1973 and 1974, to be adjusted by an increase or decrease to the definitive assessment rate when established by the Health Assembly. In accordance with United Nations practice, the contribution for 1973, the year of admission, would be reduced to one-third of 0.10%.

The following draft resolution was submitted for the Committee's consideration:

The Twenty-sixth World Health Assembly,
Noting the admission of the Democratic People's Republic of Korea to membership in the Organization on 17 May 1973;
Recalling that the Twenty-second World Health Assembly in resolution WHA22.6 decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,

DECIDES:

(1) that the Democratic People's Republic of Korea shall be assessed for the years 1973 and 1974 at a rate to be fixed by the World Health Assembly on the basis of a recommendation of the United Nations Committee on Contributions;
(2) that the Democratic People's Republic of Korea shall be assessed at the provisional rate of 0.10% for these two years, to be adjusted to the definitive assessment rate when established by the World Health Assembly; and further
(3) that the assessment for 1973 shall be reduced to one-third of 0.10%.

Decision: The draft resolution was approved. 1

4. HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST
(continued from the tenth meeting, section 4) Agenda, 3.13

The CHAIRMAN recalled that the sponsors of the draft resolution introduced by the Zambian delegate at the previous meeting had amended their text in the light of the Committee's discussion. The revised draft resolution read as follows:

1 Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA26.53.
The Twenty-sixth World Health Assembly,

A

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Considering that the non-return of the Palestinian refugees and displaced persons to their homes is gravely affecting their physical and mental health;

Having considered document A26/WP/5,

1. REAFFIRMS that the protection of the life and physical and mental health of the refugees and displaced persons necessitates that they immediately be afforded their right to return to their homes, in accordance with the relevant resolutions of the United Nations;

2. CALLS upon Israel to refrain from such practices as the destruction of the refugee shelters and the dispersal of the refugees; and

3. REQUESTS the Director-General to intensify and expand to the largest extent possible the Organization's programme of health assistance to the refugees and displaced persons in the Middle East;

B

Conscious of its responsibilities to ensure adequate health conditions for all peoples, particularly those who suffer from exceptional circumstances such as military occupation;

Having examined document A26/21;

Considering that the need for gathering and verifying facts on health conditions of the inhabitants of the occupied territories requires a comprehensive field investigation and contact with all parties directly concerned,

1. DECIDES to establish an expert committee appointed by three Member States chosen by the fifty-second session of the Executive Board in consultation with the Director-General to study the health conditions of the inhabitants of the occupied territories in the Middle East, in all its aspects, and to submit a comprehensive report on its findings to the Twenty-seventh World Health Assembly;

2. REQUESTS the special committee to contact all governments and institutions concerned, and obtain from them all necessary and relevant information on the situation;

3. REQUESTS the governments concerned to cooperate with the special committee and particularly to facilitate its free movement in the occupied territories; and

4. REQUESTS the Director-General to provide the special committee with all facilities necessary for the performance of its mission.

Dr SAENZ (Uruguay) proposed that in operative paragraph 2 of Part A of the Spanish text of the revised draft resolution the phrase "acciones como las que resultan en la destrucción" be amended to read "actos como la destrucción". No change was required in the other languages.

Dr CAYLA (France) said that his delegation wished to submit an amendment to the revised draft resolution. He requested that the Committee postpone further discussion of the item until the text was ready for distribution.

It was so agreed.

(For continuation, see section 6 below).

5. SEVENTEENTH REPORT OF THE COMMITTEE ON INTERNATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES (continued from the third meeting, section 4) Agenda, 3.19

The CHAIRMAN recalled that, at its third meeting, the Committee had set up an informal working group to study the item. He called upon the chairman of the working group to introduce its report.1

Dr GRANT (Ghana), chairman of the working group, said that at its meetings on 18, 19, and 21 May 1973 the working group had studied the seventeenth report of the Committee on International Surveillance of Communicable Diseases, which concerned the functioning, during the first year of their application, of the International Health Regulations (1969) in relation

to their aim of ensuring maximum security against the international spread of diseases with minimum interference to world traffic. The working group had reviewed all the changes in the International Health Regulations (1969) proposed by the Committee, but had singled out in its report only those on which it wished to comment. He drew attention to two draft resolutions contained in the working group's report.

The first draft resolution, concerning the seventeenth report of the Committee on International Surveillance of Communicable Diseases, read as follows:

The Twenty-sixth World Health Assembly,
Having considered the seventeenth report of the Committee on International Surveillance of Communicable Diseases,¹

1. THANKS the members of the Committee for their work;
2. ADOPTS the seventeenth report of the Committee on International Surveillance of Communicable Diseases;
3. CALLS the attention of all Member States to the need for prompt notification of the occurrence of the diseases subject to the International Health Regulations (1969) as an indispensable basis for the efficient implementation of these Regulations; and
4. STRESSES the importance of maintaining a high standard of quality of drinking water and food in international aviation and, in this regard, calls the attention of all Member States to the provisions of Article 14 of the International Health Regulations.

The second draft resolution concerned the amendment of the International Health Regulations (1969) and read as follows:

The Twenty-sixth World Health Assembly,
Considering the need for amendment of certain of the provisions of the International Health Regulations (1969); and
Having regard to Articles 2(k), 21(a) and 22 of the Constitution of the World Health Organization,
ADOPTS, this ... May 1973, the following Additional Regulations:

ARTICLE 1
PART I - DEFINITIONS
Article 1
The definition of "airport" should be deleted and replaced by "means any airport designated by the Member State in whose territory it is situated as an airport of entry and departure for international air traffic, where the formalities incident to customs, immigration, public health,² animal and plant quarantine and similar procedures are carried out."

PART III - HEALTH ORGANIZATION
Article 21
Paragraph 1: delete sub-paragraphs (b) and (c).

PART V - SPECIAL PROVISIONS RELATING TO EACH OF THE DISEASES SUBJECT TO THE REGULATIONS
Chapter II. Cholera
Article 63. Delete.
Article 64. Re-word to read as follows and re-number as Article 63.

1. If on arrival of a ship, aircraft, train, road vehicle or other means of transport a case of cholera is discovered, or a case has occurred on board, the health authority (a) may apply surveillance or isolation of suspects among passengers or crew for a period not to exceed five days reckoned from the date of disembarkation; (b) shall be responsible for the supervision of the removal and safe disposal of any water, food (excluding cargo), human dejecta, waste water including bilge water, waste matter, and any other matter which is considered to be contaminated, and shall be responsible for the disinfection of water tanks and food handling equipment.

2. Upon accomplishment of (b) the ship, aircraft, train, road vehicle or other means of transport shall be given free pratique."

² The public health facilities would include those listed in Articles 14 and 19 of the International Health Regulations (1969).
Articles 65-69 inclusive. Delete.

Article 70. Re-word to read as follows and re-number as Article 64.

"Foodstuffs carried as cargo on board ships, aircraft, trains, road vehicles or other means of transport in which a case of cholera has occurred during the journey, may not be subjected to bacteriological examination except by the health authorities of the country of final destination."

Article 71. Retain text unchanged and re-number as Article 65.

PART VI - HEALTH DOCUMENTS

Article 92.
Sub-paragraph 1. Delete reference to Appendix 2 and re-number accordingly.
Sub-paragraph 3. Re-word to read as follows:

"International certificates of vaccination must be signed in his own hand by a medical practitioner or other person authorized by the national health administration: his official stamp is not an accepted substitute for his signature."

Sub-paragraph 5. Delete reference to Appendix 2 and re-number accordingly.

Appendix 2. Delete and re-number Appendices accordingly.

ARTICLE II

The period provided in the execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be three months from the date of the notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

ARTICLE III

These Additional Regulations shall come into force on the first day of January 1974.

ARTICLE IV

The following final provisions of the International Health Regulations (1969) shall apply to these Additional Regulations: paragraph 3 of Article 100, paragraphs 1 and 2 and the first sentence of paragraph 5 of Article 101, 102 and 103, substituting the date mentioned in Article III of these Additional Regulations for that mentioned therein, 104 to 107 inclusive.

IN FAITH WHEREOF we have set our hands at Geneva this .............. day of May 1973.

..................................................
President of the Twenty-sixth World Health Assembly.

..................................................
Director-General of the World Health Organization.

Dr TAYLOR (New Zealand) understood from the comment at the end of the report that the working group suggested that Appendix 2 be included in the Regulations. He wondered whether a model international certificate of vaccination or revaccination against cholera was suitable substance for inclusion in the Regulations, or whether there was some mistake.

Dr ALAN (Turkey) said that the working group had agreed that Appendix 2 should be deleted from the Regulations but that, as the application of Article 97 might involve cholera vaccination, the model certificate should be retained as an unofficial annex not forming part of the Regulations.

In connexion with operative paragraph 4 of the first draft resolution, Dr SENCER (United States of America) recalled that the working group had agreed on the importance of maintaining a high standard of drinking-water and food not only in international aviation but in all international transport. The group had amended the paragraph to that effect.
Dr BUSTAMANTE (Mexico), referring to the proposed amendment to Article 70, said that the Spanish text read as though the country of destination only might subject foodstuffs to bacteriological examination, and not the producing country. His delegation could not agree to such a restriction on the health authorities of producing countries.

Dr BERNARD, Assistant Director-General, agreed with the United States delegate and assured him that the change would be made.

In reply to the delegate of Mexico, he explained that the purpose of the proposed new text for Article 70 was to prevent the health authorities of countries of transit requiring bacteriological examination of foodstuffs carried as cargo on board ships, aircraft, trains, road vehicles, or other means of transport in which a case of cholera has occurred during an international journey. They would be able to require examination of foodstuffs carried for consumption during the journey. The text in no way implied that bacteriological examinations were not to be carried out in the country of origin.

Dr BUSTAMANTE (Mexico) accepted the proposed amendment on the understanding that it would not prevent the health authorities of food-producing countries carrying out bacteriological examinations if they wished to do so.

Mr YEH Cheng-pa (China) said that since his country had only recently begun to participate in WHO's work it reserved its right to comment on the questions involved in the present agenda item after further study.

Dr RAINSFORD (Australia) said that as an island continent free from many exotic diseases his country tended to be all the more strict in the application of health measures to prevent importation of diseases. For that reason, his Government had not so far signed the International Health Regulations (1969), although it applied them with only slight reservations. His delegation would abstain from voting on the draft resolutions.

Dr ALAN (Turkey) asked for the exact wording of operative paragraph 4 of the first draft resolution to be made clear before a decision was taken.

Dr BERNARD, Assistant Director-General, said that if the word "aérien" were deleted from the French text and the words "international aviation" were replaced by "international traffic" in the English text, the two texts would be perfectly aligned and would reflect the proposed amendment.

Dr ALAN (Turkey) accepted that suggestion.

Decision: The first draft resolution, thus amended, was approved.

Dr TAYLOR (New Zealand) pointed out that the Committee on International Surveillance of Communicable Diseases, in Appendix 4 of its report (Disinsecting of aircraft), recommended the inclusion of two new standard reference aerosol formulations in Annex VI of the Regulations. Was any action by the Assembly required or would they be added automatically?

Dr BERNARD, Assistant Director-General, said that the addition would be automatic following the Health Assembly's approval of the Committee's report.

Decision: The second draft resolution was approved.

6. HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST (resumed)

The CHAIRMAN announced that the amendment referred to earlier in the meeting by the delegate of France had now been circulated. The French delegation wished to amend section B of the revised draft resolution by deleting the four operative paragraphs and inserting the following text:

Recalling Article 2 of the Constitution and notably paragraphs (a), (b), (d), (i) and (v), together with Article 18 (m),

1. DECIDES to establish a special committee of experts to study the health conditions of the inhabitants of the occupied territories in the Middle East, in all their aspects, and to submit a comprehensive report on its findings to the Twenty-seventh World Health Assembly;
2. REQUESTS the fifty-second session of the Executive Board to recommend three Member States of the Organization from each of which the Director-General shall appoint an expert in accord with his government;
3. REQUESTS the governments concerned to agree to cooperate with the special committee and particularly to facilitate its free movement in the occupied territories;

1 Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA26.54.
2 Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA26.55.
4. REQUESTS the special committee to contact all governments and institutions concerned and obtain from them all necessary and relevant information on the situation; and

5. REQUESTS the Director-General to provide the special committee with all facilities necessary for the performance of its mission.

Dr CAYLA (France), introducing the French amendment, said that his delegation believed that the resolution should mention Article 2 of the Constitution, particularly paragraphs (a), (b), (d), (i), and (v), together with Article 18 (m). Under operative paragraph 1, the Health Assembly would decide to establish a special committee of experts to investigate all aspects of the health situation. In operative paragraphs 2 and 3, the Executive Board would be asked to designate, at its fifty-second session, three Member States from each of which the Director-General would appoint an expert, and the governments concerned would be asked to accept the special committee and to facilitate its free movement in the occupied territories. The words used in the English text were "agree to cooperate with the special committee", but he thought the word "accept" was better. Certain delegates had asked him to add "in the accomplishment of its mission", and he was willing to accept that modification. Operative paragraphs 4 and 5 posed no problem.

When he had submitted the amendment he had not been aware of certain reservations in the Committee, and he would be pleased if time could be given to delegates to think the matter over. He therefore formally proposed that the Committee should defer the vote on his amendment until the next meeting, in the hope that the amendment would be accepted by the sponsors of the draft resolution.

Dr SACKS, Secretary, said that the French delegate's motion was covered by Rule 59 of the Rules of Procedure, which stated that, during the discussion of any matter, a delegate might move the suspension or the adjournment of the meeting. Such a motion could not be debated, but would be put to a vote immediately. "Suspension" meant the temporary postponement of business; "adjournment" meant the termination of all business until another meeting was called. If he understood the delegate of France correctly, he was asking for an adjournment.

Dr CAYLA (France) confirmed that that was so.

Decision: The motion for adjournment was carried by 43 votes to 13, with 35 abstentions.

The meeting rose at 11.00 a.m.
1. HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST
   (continued)  

The CHAIRMAN reminded the Committee that the only matters remaining for its consideration under item 3.13 were the revised draft resolution presented at the previous meeting and the amendment thereto that had been proposed by the delegate of France, at whose instance the discussion had been adjourned.

Dr CAYLA (France) said that his delegation wished to withdraw its proposed amendment since it would apparently not attract a majority.

Dr SCHIRMER (Federal Republic of Germany) said that although his delegation could accept the basic idea of the revised draft resolution, it was concerned about operative paragraph 2 of part A, reading:

CALLS upon Israel to refrain from such practices as the destruction of the refugee shelters and the dispersal of the refugees;

If the draft resolution were adopted its wording would be used as the basis for the terms of reference of the special committee, and those terms of reference should not contain any criticism of any of the parties involved. He therefore moved the deletion of operative paragraph 2 of part A.

Mr HASSAN (Somalia) said that in an effort to obtain a larger majority the cosponsors of the draft resolution were prepared to consider the basic principles of the amendment that had been proposed by the delegation of France. On behalf of the cosponsors he therefore amended the beginning of operative paragraph 1 of part B of the draft resolution to read:

1. DECIDES to establish a special committee of experts appointed by three Member States . . .

In addition the cosponsors were embodying the preambular paragraph suggested by the French delegation and reading:

Recalling Article 2 of the Constitution and notably paragraphs (a), (b), (d), (i), and (v) together with Article 18 (m),

as a new fourth preambular paragraph in part B of their draft resolution.

Dr SACKS, Secretary, explained that, when voting took place, the amendment proposed by the delegate of the Federal Republic of Germany would be voted on first in accordance with the Rules of Procedure.

The DIRECTOR-GENERAL drew attention to paragraph 13.1 of Article XIII of the Financial Regulations of WHO, which read:

Neither the Health Assembly nor the Executive Board shall take a decision involving expenditures unless it has before it a report from the Director-General on the administrative and financial implications of the proposal.

It was impossible for him to give the present Health Assembly any information about the real costs of the proposal because a series of unknown factors was included in the draft resolution. If the Health Assembly agreed, a report on the financial implications of the resolution would be submitted to the fifty-third session of the Executive Board.

Mr EL REEDY (Egypt) proposed that the preambular paragraph just added to the draft resolution by the delegate of Somalia be amended to read:

Bearing in mind the principles enshrined in the Constitution of the World Health Organization,

Mr HASSAN (Somalia) accepted that amendment on behalf of the cosponsors.

Mr KHATTABI (Morocco), referring to the remarks made by the delegate of the Federal Republic of Germany, said that paragraph 2 of part A of the draft resolution had no bearing on the establishment of the special committee of experts; it referred only to refugees under the authority of UNRWA.
Mr DE GEER (Netherlands) said that United Nations resolutions allowed either for the return of Palestinian refugees or for their financial compensation. To take that into account, he suggested that operative paragraph 1 of part A should read:

REAFFIRMS that the protection of the life and physical and mental health of the refugees and displaced persons necessitates that they immediately be afforded their right to return to their homes, or be compensated, in accordance with the relevant resolutions of the United Nations;

Mr EL REEDY (Egypt) considered that the sponsors had been right to mention the right of the refugees "to return to their homes, in accordance with the relevant resolutions of the United Nations", the basic resolution being General Assembly resolution 194(III). Delegates should also consider the paragraph in question in the light of previous resolutions of the World Health Assembly, which had adopted the same form of words on several occasions in the past. To mention financial compensation would not be correct, particularly as the World Health Assembly was concerned with the health situation of the refugees.

Mr DE GEER (Netherlands) said that he did not wish to propose a formal amendment.

The CHAIRMAN put to the vote the amendment proposed by the delegate of the Federal Republic of Germany - namely, to delete operative paragraph 2 of part A of the revised draft resolution.

Decision: The amendment was rejected by 54 votes to 6, with 24 abstentions.

Dr TARCICI (Yemen) said that he would have wished for a roll-call vote on the amendment just rejected so that the countries that approved the destruction of refugee shelters might have been known.

The CHAIRMAN then put to the vote the revised draft resolution as amended during the meeting.

Decision: The draft resolution, as amended, was approved by 57 votes to 4, with 26 abstentions.¹

Dr SCHIRMER (Federal Republic of Germany), replying to the delegate of Yemen, said that his reasons for wishing to delete paragraph 2 of part A of the draft resolution had nothing to do with the repercussions of the procedures mentioned there on the health situation of the population of the occupied areas. The delegate of Morocco had correctly understood that.

Dr HUSAIN (Iraq) explained that his delegation had voted in favour of the resolution, not because it was convinced that the measures proposed were the most appropriate ones, but because they were the mildest that could be taken by a humanitarian organization such as WHO.

Mr HEINRICI (Sweden) explained that the Swedish delegation was in agreement with the humanitarian aspects of the resolution, but had abstained from voting because the resolution had special political implications and the World Health Assembly was not the right forum for the adoption of resolutions of a political character.

Mr URQUIOLA (Philippines) said that his delegation's vote in favour of the resolution should not be taken to imply that the Government of the Philippines had taken any position on the political issues that arose therefrom.

Dr MORK (Norway) said that his delegation had abstained from voting for the same reasons as those given by the delegate of Sweden.

Professor FERREIRA (Brazil) said that his Government was always ready to agree to any action to protect any populations from racial, religious, and political oppression. However, his delegation had abstained from voting as the matter was complicated by political questions.

Mr DE GEER (Netherlands) explained that his delegation had voted against the draft resolution because part of it had political implications. However, his delegation was sympathetic towards the problems of the Palestinian refugees.

¹ Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA26.56.
2. FIFTH REPORT OF THE COMMITTEE

The CHAIRMAN noted that the draft resolution just adopted by the Committee on item 3.13 of the agenda would be attached subsequently to the draft report when it was submitted to the General Committee and to the plenary session.

Dr MIKEM (Togo), Rapporteur, read the draft fifth report of the Committee.

Decision: The report was adopted (see page 518).

3. CLOSURE

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

The meeting rose at 4.40 p.m.
COMMITTEE REPORTS

The texts of resolutions recommended in committee reports and subsequently adopted without change by the Health Assembly have been replaced by the serial number (in square brackets) under which they appear in Part I (Official Records No. 209, pages 1 – 36).

COMMITTEE ON CREDENTIALS

FIRST REPORT

The Committee on Credentials met on 8 May 1973.

Delegates of the following Members were present: Canada, Colombia, Cuba, Hungary, Iran, Japan, Libyan Arab Republic, Netherlands, Senegal, Sri Lanka, Sweden and Zambia.

Mr. G. Buick (Canada) was elected Chairman, Mr. M. Tsunashima (Japan) Vice-Chairman, and Mr. D. J. de Geer (Netherlands) Rapporteur.

The Committee examined the credentials delivered to the Director-General in accordance with Rule 22 of the Rules of Procedure of the Health Assembly.

1. The credentials of the delegates and representatives of the Members and Associate Member below were found to be in order; the Committee therefore proposes that the Health Assembly should recognize their validity: Afghanistan, Algeria, Argentina, Australia, Austria, Bahrain, Belgium, Bolivia, Brazil, Bulgaria, Burma, Burundi, Cameroon, Canada, Central African Republic, Chad, Chile, China, Colombia, Congo, Costa Rica, Cuba, Cyprus, Czechoslovakia, Democratic Yemen, Denmark, Ecuador, Egypt, El Salvador, Ethiopia, Fiji, Finland, France, Gabon, Gambia, Germany, Federal Republic of Ghana, Greece, Guatemala, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Khmer Republic, Kuwait, Laos, Lebanon, Lesotho, Liberia, Libyan Arab Republic, Luxembourg, Madagascar, Malawi, Malaysia, Malta, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Morocco, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Oman, Pakistan, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Romania, Rwanda, Saudi Arabia, Senegal, Sierra Leone, Singapore, Somalia, Sri Lanka, Sudan, Swaziland, Sweden, Switzerland, Syrian Arab Republic, Thailand, Trinidad and Tobago, Tunisia, Turkey, Uganda, Union of Soviet Socialist Republics, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Upper Volta, Uruguay, Venezuela, Viet-Nam, Western Samoa, Yemen, Yugoslavia, Zaire, Zambia; as well as Papua New Guinea.

2. The Committee examined notifications from the following countries: Albania, Bangladesh, Dahomey, Guinea, Mali, Panama, Spain and Togo, which while indicating the composition of their delegations could not be considered as constituting formal credentials in accordance with the provisions of the Rules of Procedure. The Committee recommends to the Health Assembly that these delegations be provisionally recognized with full rights in the Health Assembly pending the arrival of their formal credentials.

3. The delegate of Cuba made a reservation regarding the validity of credentials presented on behalf of the Khmer Republic, the Republic of Korea and the Republic of Viet-Nam, considering that the peoples of these three countries were not represented in a legitimate manner.

Approved by the Health Assembly at its sixth plenary meeting.

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SECOND REPORT

The Committee on Credentials met on 10 May 1973.

The Committee accepted as formal the credentials presented on behalf of Albania, Bangladesh, Dahomey, German Democratic Republic, Mali, Panama, Paraguay, Spain and Togo, and accordingly proposes that the Health Assembly should recognize the validity of the credentials of these countries.

THIRD REPORT

The Committee on Credentials met on 16 May 1973.

The Committee accepted as formal the credentials presented on behalf of Guinea and the Dominican Republic. The Committee accordingly proposes that the Health Assembly should recognize their validity.

FOURTH REPORT

During its fourth meeting, held on 22 May 1973, the Committee on Credentials examined the credentials presented by the delegation of the Democratic People's Republic of Korea and found them to be in order. It proposed that the Health Assembly recognize their validity.

COMMITTEE ON NOMINATIONS

FIRST REPORT

The Committee on Nominations, consisting of delegates of the following Member States: Australia, Brazil, China, Egypt, France, Honduras, India, Ireland, Lebanon, Madagascar, Mongolia, Morocco, Pakistan, Romania, Sierra Leone, Switzerland, Syrian Arab Republic, Togo, Trinidad and Tobago, Uganda, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, and Venezuela, met on 7 May 1973. Dr J. Anouti (Lebanon) was elected Chairman.

In accordance with Rule 25 of the Rules of Procedure of the Health Assembly, the Committee decided to propose to the Assembly the nomination of Professor Julie Sulianti Saroso (Indonesia) for the office of President of the Twenty-sixth World Health Assembly.

1 Approved by the Health Assembly at its eighth plenary meeting.
2 Approved by the Health Assembly at its thirteenth plenary meeting.
3 Approved by the Health Assembly at its fifteenth plenary meeting.
4 Approved by the Health Assembly at its second plenary meeting.
At its first meeting, held on 7 May 1973, the Committee on Nominations decided to propose to the Assembly, in accordance with Rule 25 of the Rules of Procedure of the Assembly, the following nominations:

Vice-Presidents of the Assembly: Dr J. Anouti (Lebanon), Professor J. Prokopec (Czechoslovakia), Dr K. Camara (Guinea), Dr M. Machado de Lemos (Brazil), Dr J. Sumpaico (Philippines).

Committee A: Chairman, Dr S. Phong Aksara (Thailand);
Committee B: Chairman, Dr A. W. Al-Mufti (Iraq).

Concerning the members of the General Committee to be elected under Rule 31 of the Rules of Procedure of the Assembly, the Committee decided to nominate the delegates of the following 14 countries: Bahrain, China, France, Ghana, Malawi, Sudan, Togo, Trinidad and Tobago, Turkey, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, Upper Volta and Venezuela.

At its first meeting, held on 7 May 1973, the Committee on Nominations decided to propose to each of the main committees, in accordance with Rule 25 of the Rules of Procedure of the Assembly, the following nominations for the offices of Vice-Chairman and Rapporteur:

Committee A: Vice-Chairman: Dr R. Pereda Chávez (Cuba); Rapporteur: Dr Gurmukh Singh (Malaysia);
Committee B: Vice-Chairman: Dr jur. J. de Coninck (Belgium); Rapporteur: Dr P. Mikem (Togo).

Election of Members entitled to designate a person to serve on the Executive Board

At its meeting held on 14 May 1973, the General Committee, in accordance with Rule 100 of the Rules of Procedure of the Health Assembly, drew up the following list of 12 Members, in the English alphabetical order, to be transmitted to the Health Assembly for the purpose of the annual election of eight Members to be entitled to designate a person to serve on the Executive Board:

China, Democratic Yemen, Egypt, Germany, Federal Republic of, Iran, Khmer Republic, Malawi, Poland, Switzerland, Turkey, United Republic of Tanzania, United States of America.

The General Committee then recommended the following eight Members which, in the Committee's opinion, would provide, if elected, a balanced distribution on the Board as a whole:

United States of America, Switzerland, Malawi, China, Iran, Poland, Democratic Yemen, Turkey.

1 Approved by the Health Assembly at its second plenary meeting.
2 See pages 281 and 415.
3 See verbatim record of the twelfth plenary meeting, sections 1 and 6.
COMMITTEE A

FIRST REPORT

Committee A held its first, second, third, fourth and fifth meetings on 8, 14, 15 and 16 May 1973, under the chairmanship of Dr S. Phong Aksara (Thailand). In conformity with the proposals of the Committee on Nominations, Dr R. Pereda Chávez (Cuba) was elected Vice-Chairman, and Dr Gurmukh Singh (Malaysia), Rapporteur.

It was decided to recommend to the Twenty-sixth World Health Assembly the adoption of the resolutions relating to the following agenda items:

- Smallpox eradication [WHA26.29]
- Quality, safety and efficacy of drugs [WHA26.30 and WHA26.31]
- International standards and units for biological substances [WHA26.32]

SECOND REPORT

During the course of its seventh meeting, held on 18 May 1973, the Committee decided to recommend to the Twenty-sixth World Health Assembly the adoption of the following resolution relating to agenda item 2.2.2:

Effective working budget and budget level for 1974 [WHA26.33]

THIRD REPORT

During the course of its eighth, ninth, tenth and eleventh meetings, held on 18, 19 and 21 May 1973, the Committee decided to recommend to the Twenty-sixth World Health Assembly the adoption of the resolutions relating to the following agenda items:

- Voluntary Fund for Health Promotion [WHA26.39]
- Detailed review of the programme and budget estimates for 1974 [WHA26.40]
- Appropriation Resolution for the financial year 1974 [WHA26.41]
- WHO's role in the development and coordination of biomedical research [WHA26.42]
- Research in epidemiology and communications science [WHA26.43]

FOURTH REPORT

During the course of its twelfth, thirteenth and fourteenth meetings, held on 22 and 23 May 1973, the Committee decided to recommend to the Twenty-sixth World Health Assembly the adoption of the resolutions concerning the following agenda items:

- Urgent need for suspension of testing of nuclear weapons [WHA26.57]
- WHO's programme for human health and environment [WHA26.58]
- Development of environmental manpower [WHA26.59]
- Problems of the human environment [WHA26.60]
- Long-term planning of international cooperation in cancer research [WHA26.61]

1 Approved by the Health Assembly at its fourteenth plenary meeting.
2 Approved by the Health Assembly at its fifteenth plenary meeting.
3 Approved by the Health Assembly at its sixteenth plenary meeting.
COMMITTEE REPORTS

COMMITTEE B

FIRST REPORT

A26/50 - 15 May 1973

Committee B held its first and second meetings on 9 and 14 May 1973, under the chairmanship of Dr A. W. Al-Mufti (Iraq). On the proposal of the Committee on Nominations, Dr jur. J. de Coninck (Belgium) was elected Vice-Chairman, and Dr P. Mikem (Togo), Rapporteur. It was decided to recommend to the Twenty-sixth World Health Assembly the adoption of the resolutions relating to the following agenda items:

3.5.1 Financial report on the accounts of WHO for 1972, reports of the External Auditor, and comments thereon by the Ad Hoc Committee of the Executive Board / WHA26.9

3.5.2 Status of collection of annual contributions and of advances to the Working Capital Fund

Two resolutions have been adopted on this item of the agenda:

Status of collection of annual contributions and of advances to the Working Capital Fund / WHA26.10

Status of collection of annual contributions and of advances to the Working Capital Fund: unpaid contributions of China included in the undistributed reserve / WHA26.11


SECOND REPORT

A26/51 - 16 May 1973

During its third and fourth meetings, held on 15 May 1973, Committee B decided to recommend to the Twenty-sixth World Health Assembly the adoption of the resolutions relating to the following agenda items:

3.5 Review of the financial position of the Organization:

3.5.3 Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution / WHA26.13

3.3 Supplementary budget estimates for 1973 / WHA26.16

3.6 Scale of assessment:

3.6.1 Assessment of Pakistan / WHA26.17

3.6.2 Assessment for 1972 and 1973 of new Members

Three resolutions have been adopted on this item:

Qatar - United Arab Emirates / WHA26.18

Swaziland / WHA26.19

German Democratic Republic / WHA26.20

3.20 Coordination with the United Nations system: review of method of establishment of the scale of assessment / WHA26.21

3.6.3 Scale of assessment for 1974 / WHA26.22

3.7 Working Capital Fund:

3.7.1 Review of the Working Capital Fund / WHA26.23

3.10 Voluntary Fund for Health Promotion / WHA26.24

3.11 Revolving Fund for Teaching and Laboratory Equipment / WHA26.25

3.14 Amendments to the Financial Regulations / WHA26.26

3.16 Appointment of the External Auditor / WHA26.27

1 Approved by the Health Assembly at its twelfth plenary meeting.

2 Approved by the Health Assembly at its thirteenth plenary meeting.
THIRD REPORT

During its fifth and sixth meetings, held on 16 and 17 May 1973, Committee B decided to recommend to the Twenty-sixth World Health Assembly the adoption of the resolutions relating to the following agenda items:

- 3.12 Organizational study by the Executive Board:
  - 3.12.1 Organizational study on methods of promoting the development of basic health services [WHA26.35]
  - 3.12.2 Future organizational study [WHA26.36]
- 3.9 Amendments to Articles 34 and 55 of the Constitution [WHA26.37]
- 3.8 Feasibility of introducing a biennial programme and budget [WHA26.38]

FOURTH REPORT

During its seventh, eighth, ninth and tenth meetings, held on 18, 19 and 21 May 1973, Committee B decided to recommend to the Twenty-sixth World Health Assembly the adoption of the resolutions relating to the following agenda items:

- 3.21 United Nations Joint Staff Pension Fund:
  - 3.21.2 Appointment of representatives to the WHO Staff Pension Committee [WHA26.45]
- 3.17 Headquarters accommodation: future requirements [WHA26.46]
- 3.18 Real Estate Fund:
  - Two resolutions have been adopted on this agenda item:
    - Real Estate Fund: staff housing in south Sudan [WHA26.48]
    - Real Estate Fund [WHA26.47]
- 3.20 Coordination with the United Nations system:
  - Three resolutions have been adopted on this agenda item:
    - Coordination with the United Nations system: general matters [WHA26.49]
    - Joint Inspection Unit (continuation of the Joint Inspection Unit) [WHA26.50]
    - International Civil Service Commission [WHA26.51]
- Supplementary agenda item 1

FIFTH REPORT

During its eleventh and twelfth meetings held on 22 May 1973, Committee B decided to recommend to the Twenty-sixth World Health Assembly the adoption of the resolutions relating to the following agenda items:

- 3.6 Scale of assessment:
- 3.19 Seventeenth report of the Committee on International Surveillance of Communicable Diseases:
  - Two resolutions have been adopted on this item of the agenda:
    - Seventeenth report of the Committee on International Surveillance of Communicable Diseases [WHA26.54]
    - Additional regulations of 23 May 1973 amending the International Health Regulations (1969), in particular with respect to Articles 1, 21, 63-71 and 92 [WHA26.55]
- 3.13 Health assistance to refugees and displaced persons in the Middle East [WHA26.56]

1 Approved by the Health Assembly at its fifteenth plenary meeting.
2 Approved by the Health Assembly at its sixteenth plenary meeting.
Committee B reviewed the amount of casual income available from miscellaneous income and the cash portion of the Assembly Suspense Account in the light of a report by the Director-General. It also took into consideration the estimated reimbursement from the United Nations Development Programme.

On the basis of its review, and taking account of the recommendations of the Ad Hoc Committee of the Executive Board, Committee B concluded that no casual income was available to help finance the 1974 budget.

Committee B consequently recommends to Committee A that the estimated amount of US$ 2,000,000 expected to be reimbursed from the United Nations Development Programme be used to help finance the 1974 budget.

1 See summary record of Committee A, seventh meeting.

2 See summary record of Committee B, second meeting, section 5, and third meeting, section 2.
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