OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 218

TWENTY-SEVENTH
WORLD HEALTH
ASSEMBLY
GENEVA, 7-23 MAY 1974

PART II
VERBATIM RECORDS OF PLENARY MEETINGS
SUMMARY RECORDS AND REPORTS OF COMMITTEES

WORLD HEALTH ORGANIZATION
GENEVA
1974
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  
DANIDA — Danish International Development Agency  
ECA — Economic Commission for Africa  
ECE — Economic Commission for Europe  
ECLA — Economic Commission for Latin America  
ECWA — Economic Commission for Western Asia  
ESCAP — Economic and Social Commission for Asia and the Pacific  
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  
SIDA — Swedish International Development Authority  
UNCTAD — United Nations Conference on Trade and Development  
UNDP — United Nations Development Programme  
UNEP — United Nations Environment Programme  
UNESCO — United Nations Educational, Scientific and Cultural Organization  
UNFDAC — United Nations Fund for Drug Abuse Control  
UNFPA — United Nations Fund for Population Activities  
UNHCR — Office of the United Nations High Commissioner for Refugees  
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  
UNSCCER — United Nations Scientific Committee on the Effects of Atomic Radiation  
USAID — United States Agency for International Development  
WFP — World Food Programme  
WHO — World Health Organization  
WMO — World Meteorological Organization

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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-seventh World Health Assembly, held at the Palais des Nations, Geneva, from 7 to 23 May 1974, was convened in accordance with resolution EB52.R16 of the Executive Board (fifty-second session).

The proceedings of the Twenty-seventh World Health Assembly are published in two parts. The resolutions, with annexes, are printed in Official Records No. 217. 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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LIST OF DELEGATES AND OTHER PARTICIPANTS

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Dr G. R. ROASHAN, Chief, Department of Foreign Relations, Ministry of Public Health

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Dr D. OHRI, Director, Clinical Hospital No. 1, Tirana

ALGERIA

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Dr A. BENADOUDA, Director of Public Health, Ministry of Public Health
Dr A. HADJ-LADHAL, Medical Officer in charge of the Nutrition Section, Ministry of Public Health

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Dr M. BRACI, Medical Officer in charge of the Epidemiology Service, Ministry of Public Health
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Dr H. A. CARRAL TOLOSA, President, Chamber of Deputies Commission on Social Welfare and Public Health

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Mr H. CHERNAÏ, Director, Health Sector of Ouargla

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Deputy Chief Delegate from 16 May.

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1 Chief Delegate from 16 May.

Dr R. W. CUMMING, Assistant Director-General, International Health Branch, Department of Health

2 Deputy Chief Delegate from 16 May.
**TWENTY-SEVENTH WORLD HEALTH ASSEMBLY, PART II**

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<td>Dr A. KRASSNIGG, Director-General of Public Health, Federal Ministry of</td>
<td>Mr F. CESKA, Counsellor of Embassy, Deputy Permanent Representative of</td>
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<td>Dr J. DAIMER, Director, Federal Ministry of Health and Environmental</td>
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<td>Dr R. HAVLASEK, Director, Federal Ministry of Health and Environmental</td>
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<td>Dr A. FAKHRO, Minister of Health (Chief Delegate)</td>
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<td>Miss A. SIMAAN, Director of Administrative Affairs, Ministry of Health</td>
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<td>Mr A. S. CHOWDHURY, Special Representative of the Government of Bangladesh</td>
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<td>Dr T. HOSSAIN, Secretary, Ministry of Health and Family Planning</td>
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1 Delegate from 16 May.
2 Chief Delegate from 13 May.
MEMBERSHIP OF THE HEALTH ASSEMBLY

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Permanent Representative of Colombia
to the United Nations Office and the
Specialized Agencies at Geneva (Chief
Delegate)
Dr G. MORA, Chief, International
Relations, Ministry of Public Health
(Deputy Chief Delegate)
Dr A. GALINDO, Section of Medical Care
Administration, Ministry of Public Health

Adviser
Dr A. MORALES, Third Secretary, Permanent
Mission of Colombia to the United Nations
Office and Specialized Agencies at Geneva

CONGO

Delegates
Dr A. C. EMPANA, Minister of Health and
Social Affairs (Chief Delegate)
MEMBERSHIP OF THE HEALTH ASSEMBLY

Dr G. ONDAYE, Director of Health Services
Dr A. MAMBOU, Chief Medical Officer for Maternal and Child Health Centres, Brazzaville

COSTA RICA

Delegate
Dr U. BADILLA, Director, National Nutrition Clinic (Chief Delegate)

Advisers
Mr M. A. MENA, Minister 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 J. ALDEREGUTA VALDES-BRITO, Vice-Minister of Public Health (Chief Delegate)
Mr C. LECHUGA HEVIA, Ambassador, Permanent Representative of Cuba to the United Nations Office and the Other International Organizations at Geneva
Dr Dora GALEGO PIMENTEL, Deputy Director of International Relations, Ministry of Public Health

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Dr H. TERRY MOLINERT, Provincial Director, Ministry of Public Health
Mr H. ILISÁSTIGUI MARTÍNEZ, Directorate of International Bodies and Conferences, Ministry of External Relations

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CYPRUS

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Dr V. P. VASSILOPOULOS, Director-General, Ministry of Health (Chief Delegate)
Mr M. SHERIPIS, Permanent Representative of Cyprus to the United Nations Office and the Specialized Agencies at Geneva
Dr A. HADJIGAVRIEL, District Medical Officer

CZECHOSLOVAKIA

Delegates
Professor E. MATEJÍČEK, Minister of Health of the Slovak Socialist Republic (Chief Delegate)
Dr I. HATIAR, Deputy Minister of Health of the Slovak Socialist Republic (Deputy Chief Delegate)
Professor J. PROKOPEC, Minister of Health of the Czech Socialist Republic

Alternates
Mr J. ŠTAHL, Deputy Permanent Representative of the Czechoslovak Socialist Republic to the United Nations Office and the Other International Organizations at Geneva
Dr J. JIROUŠ, Director, Division of Therapeutic and Preventive Care, Ministry of Health of the Czech Socialist Republic
Dr K. GECÍK, Head, Secretariat of the Minister of Health of the Slovak Socialist Republic
Mrs M. KRIŽKOVÁ, Head, Foreign Relations Department, Ministry of Health of the Slovak Socialist Republic
Dr Anna SOBOTKOVÁ, Second Secretary, Department for International Economic Organizations, Ministry of Foreign Affairs of the Czechoslovak Socialist Republic

Advisers
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Professor L. ROSÍVAL, Director, Research Institute of Hygiene, Bratislava
Dr M. PETRO, Research Institute of Social Medicine and Organization of Health Services, Prague

DAHOMEY

Delegates
Mr I. BOURAÏMA, Minister of Public Health and Social Affairs (Chief Delegate)
Professor E. ALIHONOU, Technical Adviser, Ministry of Public Health and Social Affairs
Dr V. DAN, Professor of Paediatrics and Medical Genetics

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Delegates
Dr HAN Hong Sep, Deputy Minister of Public Health (Chief Delegate)
Mr ZUN Thai Gun, Counsellor, Office of the Permanent Observer of the Democratic People's Republic of Korea to the United Nations Office and Permanent Representation to Other International Organizations at Geneva

1 Chief Delegate from 16 May.
Dr SUN U Zin, Deputy Director, Ministry of Public Health

Alternates
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Mr KIM Yong Deuk, Chief of section, Ministry of Public Health
Mr KIM Yong Bu, Chief of section, Ministry of Public Health

DEMOCRATIC YEMEN

Delegates
Dr A. A. AL DALY, Minister of Health
(Chief Delegate)
Mr E. M. KUSHAR, Secretary for Hospitals, Ministry of Health

DENMARK

Delegates
Dr Esther AMMUNDSEN, Former Director-General, National Health Service (Chief Delegate)
Mr J. H. KOCH, Head of Division, Ministry of the Interior

Alternate
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Advisers
Mr J. V. LARSEN, Head of section, Ministry of the Interior
Mr P. B. MORTENSEN, Head of section, Ministry of the Interior
Mr E. OLSEN, Counsellor of Embassy, Permanent Mission of Denmark to the United Nations Office and the Other International Organizations at Geneva

ECUADOR

Delegates
Dr E. TOBAR, Counsellor, Permanent Mission of Ecuador to the United Nations Office at Geneva (Chief Delegate)
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Mr R. VALDES, Counsellor, Permanent Mission of Ecuador to the United Nations Office at Geneva

Alternate
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EGYPT

Delegates
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Dr M. ONNELA, Head of Department, Ministry of Social Affairs and Health

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MEMBERSHIP OF THE HEALTH ASSEMBLY

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Dr S. KEITA, Ambassador extraordinary and plenipotentiary of the Republic of Guinea in Western Europe
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Dr O. OLAFSSON, Chief Medical Officer, Ministry of Health and Social Security (Deputy Chief Delegate)
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Delegates
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Mr B. C. MISHRA, Ambassador, Permanent Representative of India to the United Nations Office and Other International Organizations at Geneva

Advisor
Mr P. SINGH, First Secretary, Permanent Mission of India to the United Nations Office and Other International Organizations at Geneva

INDONESIA

Delegates
Professor G. A. SIWABESSY, Minister of Health (Chief Delegate)
Professor Julie SULIANTI SAROSO, Director-General for Communicable Disease Control, Department of Health (Deputy Chief Delegate)¹

¹ Chief Delegate from 11 May.
<table>
<thead>
<tr>
<th>Country</th>
<th>Delegates</th>
<th>Alternate</th>
<th>Adviser</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDONESIA</strong></td>
<td>Mr S. PRAWIROSOEJANTO, Director-General for Pharmacy, Department of Health</td>
<td>Dr W. BAHRAWI, Director, Provincial Health Service, East Java, Department of Health</td>
<td>Mr I. IBRAHIM, First Secretary, Permanent Mission of the Republic of Indonesia to the United Nations Office and the Other International Organizations at Geneva</td>
</tr>
<tr>
<td><strong>IRAN</strong></td>
<td>Delegates: Professor A. POUYAN, 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 (Deputy Chief Delegate); Dr M. SHAHRIARI, Adviser to the Minister of Health</td>
<td>Dr M. ROUHANI, Director-General, Medical and Health Services, National Iranian Oil Company; Dr A. NOZARI, Director-General, Maternal and Child Health Department, Ministry of Health; Dr K. MERAT, Director-General, Population and Statistics Department, Ministry of Health; Mr A. N. AMIRAHMADI, Director-General, International Health Relations Department, Ministry of Health; Dr S. M. TABATABAI, Under-Secretary, Ministry of Health; Dr K. ELIE, Adviser to the Minister of Health</td>
<td>Dr M. ROUHANI, Director-General, Medical and Health Services, National Iranian Oil Company; Dr A. NOZARI, Director-General, Maternal and Child Health Department, Ministry of Health; Dr K. MERAT, Director-General, Population and Statistics Department, Ministry of Health; Mr A. N. AMIRAHMADI, Director-General, International Health Relations Department, Ministry of Health; Dr S. M. TABATABAI, Under-Secretary, Ministry of Health; Dr K. ELIE, Adviser to the Minister of Health</td>
</tr>
<tr>
<td><strong>IRAQ</strong></td>
<td>Delegates: Dr I. MUSTFA, Minister of Health (Chief Delegate); Dr A. W. AL-MUFTI, Director-General for Technical and Scientific Affairs, Ministry of Health (Deputy Chief Delegate); Dr S. AL-WAHBI, Medical Adviser</td>
<td>Dr I. A. AL-NOURI, Director of International Health Relations, Ministry of Health; Dr R. I. HAJ-HUSAIN, Director, Alwiyah Hospital, Baghdad; Mr T. N. PACHACHI, Counsellor, Permanent Mission of the Republic of Iraq to the United Nations Office at Geneva</td>
<td>Dr I. A. AL-NOURI, Director of International Health Relations, Ministry of Health; Dr R. I. HAJ-HUSAIN, Director, Alwiyah Hospital, Baghdad; Mr T. N. PACHACHI, Counsellor, Permanent Mission of the Republic of Iraq to the United Nations Office at Geneva</td>
</tr>
<tr>
<td><strong>IRELAND</strong></td>
<td>Delegates: Dr J. C. JOYCE, Chief Medical Officer, Department of Health (Chief Delegate); Mr C. SHEEHAN, Principal, Department of Health; Mr T. J. HORAN, Ambassador, Permanent Representative of Ireland to the United Nations Office and the Specialized Agencies at Geneva</td>
<td>Dr M. ROUHANI, Director-General, Medical and Health Services, National Iranian Oil Company; Dr A. NOZARI, Director-General, Maternal and Child Health Department, Ministry of Health; Dr K. MERAT, Director-General, Population and Statistics Department, Ministry of Health; Mr A. N. AMIRAHMADI, Director-General, International Health Relations Department, Ministry of Health; Dr S. M. TABATABAI, Under-Secretary, Ministry of Health; Dr K. ELIE, Adviser to the Minister of Health</td>
<td>Dr M. ROUHANI, Director-General, Medical and Health Services, National Iranian Oil Company; Dr A. NOZARI, Director-General, Maternal and Child Health Department, Ministry of Health; Dr K. MERAT, Director-General, Population and Statistics Department, Ministry of Health; Mr A. N. AMIRAHMADI, Director-General, International Health Relations Department, Ministry of Health; Dr S. M. TABATABAI, Under-Secretary, Ministry of Health; Dr K. ELIE, Adviser to the Minister of Health</td>
</tr>
<tr>
<td><strong>ISRAEL</strong></td>
<td>Delegates: Dr D. YAROM, Chief, External Relations, Ministry of Health (Chief Delegate); Mr H. S. AYNOR, Ambassador, Ministry for Foreign Affairs (Deputy Chief Delegate); Dr D. PRIDAN, Chief Medical Officer, Judea and Samaria</td>
<td>Dr I. A. AL-NOURI, Director of International Health Relations, Ministry of Health; Dr R. I. HAJ-HUSAIN, Director, Alwiyah Hospital, Baghdad; Mr T. N. PACHACHI, Counsellor, Permanent Mission of the Republic of Iraq to the United Nations Office at Geneva</td>
<td>Dr I. A. AL-NOURI, Director of International Health Relations, Ministry of Health; Dr R. I. HAJ-HUSAIN, Director, Alwiyah Hospital, Baghdad; Mr T. N. PACHACHI, Counsellor, Permanent Mission of the Republic of Iraq to the United Nations Office at Geneva</td>
</tr>
<tr>
<td><strong>ITALY</strong></td>
<td>Delegates: Mr V. COLOMBO, Minister of Health (Chief Delegate); Professor R. VANNUGLI, Director, Office of International Relations, Ministry of Health (Deputy Chief Delegate); Professor F. POCCHIARI, Director, Istituto Superiore di Sanità</td>
<td>Dr I. A. AL-NOURI, Director of International Health Relations, Ministry of Health; Dr R. I. HAJ-HUSAIN, Director, Alwiyah Hospital, Baghdad; Mr T. N. PACHACHI, Counsellor, Permanent Mission of the Republic of Iraq to the United Nations Office at Geneva</td>
<td>Dr I. A. AL-NOURI, Director of International Health Relations, Ministry of Health; Dr R. I. HAJ-HUSAIN, Director, Alwiyah Hospital, Baghdad; Mr T. N. PACHACHI, Counsellor, Permanent Mission of the Republic of Iraq to the United Nations Office at Geneva</td>
</tr>
</tbody>
</table>

1 Delegate from 11 May.
### MEMBERSHIP OF THE HEALTH ASSEMBLY

<table>
<thead>
<tr>
<th>Country</th>
<th>Delegates</th>
<th>Alternates</th>
</tr>
</thead>
</table>
| ITALY            | Mr. L. VOZZI, Counsellor, Permanent Mission of Italy to the United Nations Office and to the Other International Organizations at Geneva  
Professor G. PENSO, Istituto Superiore di Sanità  
Advisers  
Mr. G. ARMENTO, Head of Section, Treasury  
Miss V. BELLI, Legal Adviser, Ministry of Health  
Mr. C. DE ROSE, Legal Adviser, Ministry of Health  
Professor F. PINTO, Ministry of Health | Mr. O. WATANABE, First Secretary, Permanent Mission of Japan to the United Nations Office and the Other International Organizations at Geneva  
Mr. Y. IKEDA, First Secretary, Permanent Mission of Japan to the United Nations Office and the Other International Organizations at Geneva |
| IVORY COAST      | Professor H. AYE, Minister of Public Health and Population (Chief Delegate)  
Mr. B. NIOPUPIN, 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)  
Mr. Y. BAKAYOKO, First Counsellor, Permanent Mission of the Republic of the Ivory Coast to the United Nations Office and the Specialized Agencies at Geneva and Vienna | JORDAN  
Delegates  
Dr. F. KILANI, Minister of Health (Chief Delegate)  
Dr. A. NABILSI, Medical Adviser to the Ministry of Municipalities and Rural Affairs  
Dr. T. KARADSHI, Director of Curative Medicine, Ministry of Health |
| JAMAICA          | Dr. W. J.-S. WILSON, Chief Medical Officer, Ministry of Health and Environmental Control (Chief Delegate)  
Miss F.-M. SHILLETT, Acting First Secretary, Permanent Mission of Jamaica to the United Nations Office and the Specialized Agencies at Geneva | KENYA  
Delegates  
Dr. Z. ONYONKA, Minister of Health (Chief Delegate)  
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Dr. Z. ONYANGO, Deputy Director of Medical Services, Ministry of Health |
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Dr. A.-M. AL-REFAI, Director, Curative Services, Ministry of Public Health  
Dr. N. ALKAZEMI, Head, Preventive Medicine Department, Ministry of Public Health | |
<table>
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<th>Country</th>
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<tr>
<td><strong>LAOS</strong></td>
<td>Dr K. ABHAY, Minister of Public Health (Chief Delegate)</td>
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<td>Dr P. PHOUTTHASAK, Director-General, Ministry of Public Health</td>
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<tr>
<td><strong>LEBANON</strong></td>
<td>Mr O. DANA, Minister of Public Health (Chief Delegate)</td>
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<td>Mr M. BANNA, Ambassador, Permanent Representative of Lebanon to the United Nations Office at Geneva and the Specialized Agencies in Switzerland (Deputy Chief Delegate)</td>
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<td>Dr J. ANOUTI, Inspector-General of Health, Ministry of Public Health</td>
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<tr>
<td><strong>LESOTHO</strong></td>
<td>Dr M. MOKETE, Medical Superintendent</td>
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<tr>
<td><strong>LIBERIA</strong></td>
<td>Mr O. BRIGHT, Jr, Minister of Health and Welfare (Chief Delegate)</td>
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<td>Mr J. BROWN, Assistant Minister for Planning and Development, Ministry of Health and Welfare</td>
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<td></td>
<td>Dr W. BRUMSKINE, Surgeon, J. F. Kennedy Medical Centre</td>
</tr>
<tr>
<td><strong>LIBYAN ARAB REPUBLIC</strong></td>
<td>Dr A. GEBREEL, Director-General, Community Health Department, Ministry of Health (Chief Delegate)</td>
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<td>Dr M. MAGHOUR, Assistant Secretary-General of Health, Municipality of Tripoli</td>
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<tr>
<td><strong>MALAGASY</strong></td>
<td>Mr H. RANDRIANASOLO RAVONY, Secretary-General, Ministry of Social Affairs (Chief Delegate)</td>
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<td></td>
<td>Mr G. G. KUKADA, Secretary for Health, Ministry of Health and Community Development (Deputy Chief Delegate)</td>
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<td>Dr N. M. CHITIMBA, Chief Medical Officer, Ministry of Health and Community Development</td>
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<tr>
<td><strong>MALAWI</strong></td>
<td>Mr P. L. MAKHUMULA NKOMA, Minister of Health (Chief Delegate)</td>
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<td>Mr E. NAWI, Under-Secretary (Service Division), Ministry of Health</td>
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<tr>
<td><strong>MALAYSIA</strong></td>
<td>Mr S. Y. LEE, Minister of Health (Chief Delegate)</td>
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<td>Mr E. NAWI, Under-Secretary (Service Division), Ministry of Health</td>
</tr>
<tr>
<td><strong>MALI</strong></td>
<td>Dr A. K. SANGARE, Directeur de cabinet, Ministry of Public Health and Social Affairs (Chief Delegate)</td>
</tr>
<tr>
<td><strong>MALTA</strong></td>
<td>Dr P. L. BERNARD, Chief Medical Officer, Ministry of Health (Chief Delegate)</td>
</tr>
<tr>
<td></td>
<td>Miss M. C. CILIA, Second Secretary, Permanent Mission of Malta to the United Nations Office and the Specialized Agencies at Geneva</td>
</tr>
<tr>
<td><strong>MAURITANIA</strong></td>
<td>Dr A. M. MOULAYE, Director of Health (Chief Delegate)</td>
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<tr>
<td></td>
<td>Dr S. BA, Dental Surgeon, National Hospital, Nouakchott</td>
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</tbody>
</table>
MEMBERSHIP OF THE HEALTH ASSEMBLY

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MOROCCO

Delegates
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(Chief Delegate)
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Alternates
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at Geneva and the Specialized Agencies
in Switzerland

NEPAL

Delegates
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Dr D. P. UPADHYA, Medical Superintendent,
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NETHERLANDS

Delegates
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Health of Surinam (Chief Delegate)
Mr J. P. M. HENDRIKS, Secretary of State
for Public Health and Environmental
Hygiene
Dr F. SIDERIUS, Secretary-General,
Ministry of Public Health and Environ-
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and Environmental Hygiene
Dr J. SPAANDER, Director-General, National
Institute of Public Health
Dr J. I. S. CHANG SING PANG, Director of
Public Health, Ministry of Public Health,
Surinam
Mr E. TYDEMAN, Deputy Permanent Represen-
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Environmental Hygiene, Ministry of
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Dr P. C. J. VAN LOON, Director for
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Delegates
Mr R. J. TIZARD, Minister of State
Services, and Minister of Health (Chief
Delegate)
Dr H. J. H. HIDDLESTONE, Director-General of Health (Deputy Chief Delegate)¹
Dr C. N. D. TAYLOR, Deputy Director-General of Health (Public Health)²

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NICARAGUA

Delegates
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Alternate
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NIGER

Delegates
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NIGERIA

Delegates
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¹ Chief Delegate from 13 May.
² Deputy Chief Delegate from 13 May.

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Delegates
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Dr F. MELLBY, Chief Medical Officer
Mrs I. HELDAL HAUGEN, Head of Nursing Division, Directorate of Health

Alternate
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Adviser
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OMAN

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Dr A. A. AL-GHASSANY, Medical Officer, Ministry of Health
Mr M. K. AL-RUWAIHI, Administrative Assistant to the Director of Public Health

Alternate
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Adviser
Dr K. MARAIY, Director of Public Health

PAKISTAN

Delegates
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Dr R. CHOWDHRY, Secretary, Health Department, Government of Punjab
Dr A. KHALIQ, Director of Health Services, Government of Baluchistan

¹ Chief Delegate from 13 May.
² Deputy Chief Delegate from 13 May.
### MEMBERSHIP OF THE HEALTH ASSEMBLY

#### Alternate
- **Mr. M. J. KHAN**, Third Secretary, Permanent Mission of Pakistan to the United Nations Office and the Specialized Agencies at Geneva

#### PANAMA
- **Delegates**
  - Dr. A. SAIED, Minister of Health (Chief Delegate)
  - Mr. J. M. ESPINO GONZÁLEZ, Ambassador, Permanent Representative of Panama to the United Nations Office at Geneva

#### PARAGUAY
- **Delegate**
  - Dr. L. S. CODAS, Director, Standardization and Planning Services, Ministry of Public Health and Social Welfare

#### PERU
- **Delegates**
  - Mr. F. MIÑO QUESADA, Minister of Health (Chief Delegate)
  - Dr. A. HEINZELMANN, Director-General of Health Programmes
  - Dr. E. GUILLÉN, Assistant Director, Office of International Relations

#### Alternate
- **Mr. J. ÁLVAREZ-CALDERÓN**, First Secretary, Permanent Mission of Peru to the United Nations Office and Other International Organizations at Geneva

#### PHILIPPINES
- **Delegates**
  - Dr. J. S. SUMPAICO, Director, Bureau of Research and Laboratories, Department of Health (Chief Delegate)
  - Mr. R. A. URQUIOLA, Ambassador, Deputy Permanent Representative of the Philippines to the United Nations Office and the Other International Organizations at Geneva
  - Dr. A. N. ACOSTA, Head Executive Assistant, Department of Health

#### QATAR
- **Delegates**
  - Mr. K. M. AL MANA, Minister of Public Health (Chief Delegate)
  - Dr. S. A. TAJELDIN, Director of Preventive Health, Ministry of Public Health
  - Professor M. G. AL-FAIN, Director, Office of the Minister of Public Health

#### REPUBLIC OF KOREA
- **Delegates**
  - Mr. J.-P. KOH, Minister of Health and Social Affairs (Chief Delegate)
  - Mr. H. E. WHANG, Ambassador, Permanent Observer of the Republic of Korea to the United Nations Office and Permanent Delegate to the Other International Organizations at Geneva
  - Mr. W. Y. CHUNG, Counsellor, Office of the Permanent Observer of the Republic of Korea to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva

#### Alternate
- **Mr. M. S. CHANG**, Chief, International Organization Division, Ministry of Foreign Affairs

#### ROMANIA
- **Delegates**
  - Mr. C. ENE, Ambassador, Permanent Representative of the Socialist Republic of Romania to the United Nations Office and the Specialized Agencies at Geneva (Chief Delegate)
<table>
<thead>
<tr>
<th>Country</th>
<th>Delegates</th>
<th>Advisers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>1. <strong>Delegates</strong>&lt;br&gt;Dr S. BUTERA, Secretary-General for&lt;br&gt;Public Health, Ministry of Public Health and Social Affairs (Chief Delegate)&lt;br&gt;Dr V. MUBILIGI, Director, University Laboratory&lt;br&gt;Mr J. NTAWUGAYURWE, Director-General, Pharmaceutical Services, Ministry of Public Health and Social Affairs</td>
<td>2. <strong>Advisers</strong>&lt;br&gt;Dr V. TUDOR, Adviser, Permanent Mission of the Socialist Republic of Romania to the United Nations Office and the Specialized Agencies at Geneva&lt;br&gt;Mr A. COSTESCU, Second Secretary, Permanent Mission of the Socialist Republic of Romania to the United Nations Office and the Specialized Agencies at Geneva&lt;br&gt;Mr V. FLOREAN, Second Secretary, Permanent Mission of the Socialist Republic of Romania to the United Nations Office and the Specialized Agencies at Geneva&lt;br&gt;Mr G. TINCA, Third Secretary, Permanent Mission of the Socialist Republic of Romania to the United Nations Office and the Specialized Agencies at Geneva</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>1. <strong>Delegates</strong>&lt;br&gt;Dr H. ABDUL-GHAFFAR, Deputy Minister of Health (Chief Delegate)&lt;br&gt;Dr A. S. AL-TABBAA, Director, Department of International Health, Ministry of Health (Deputy Chief Delegate)&lt;br&gt;Dr M. AL-SHOURA, Director-General, Central Laboratory</td>
<td>2. <strong>Advisers</strong>&lt;br&gt;Dr M. A. O. FINDLAY, Adviser, Ministry of Health</td>
</tr>
<tr>
<td>Senegal</td>
<td>1. <strong>Delegates</strong>&lt;br&gt;Mr C. N. DIOUF, Minister of Public Health and Social Affairs (Chief Delegate)&lt;br&gt;Dr I. WONE, Technical Adviser to the Secretariat of the Minister of Health and Social Affairs&lt;br&gt;Alternate&lt;br&gt;Dr J. M. AASHI, Assistant Director-General, Preventive Medicine, Ministry of Health</td>
<td>2. <strong>Advisers</strong>&lt;br&gt;Mr M. A. O. FINDLAY, Adviser, Ministry of Health</td>
</tr>
<tr>
<td>Spain</td>
<td>1. <strong>Delegates</strong>&lt;br&gt;Dr F. BRAVO MORATE, Director-General of Health (Chief Delegate)&lt;br&gt;Mr F. ANTEQUERA Y ARCE, Minister Counsellor, Deputy Permanent Representative of Spain to the United Nations Office and the Other International Organizations in Switzerland&lt;br&gt;Dr G. CLAVERO GONZÁLEZ, Technical Secretary, Directorate General of Health</td>
<td>2. <strong>Advisers</strong>&lt;br&gt;Mr M. A. O. FINDLAY, Adviser, Ministry of Health</td>
</tr>
</tbody>
</table>

1. Chief Delegate from 12 May.
MEMBERSHIP OF THE HEALTH ASSEMBLY

SRI LANKA

Delegates
Dr C. E. S. WEERATUNGE, Secretary, Ministry of Health (Chief Delegate)
Dr L. B. T. JAYASUNDERA, Deputy Director of Health
Mr K. K. BRECKENRIDGE, First 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 and Social Services (Chief Delegate)
Dr J. YAG AROP, Minister of Health and Social Services, Southern Region
Dr A. MUKHTAR, Under-Secretary, Ministry of Health and Social Services

Alternates
Dr M. Y. ELAWAD, General Director for Provincial Affairs, Ministry of Health and Social Services
Dr A. A. IDRIS, General Director for Epidemic Diseases, Ministry of Health and Social Services

SWAZILAND

Delegates
Dr P. S. P. DLAMINI, Minister of Health and Education (Chief Delegate)
Dr Fanny FRIEDMAN, Chief Medical Officer

SWITZERLAND

Delegates
Dr U. FREY, Director, Federal Public Health Service (Chief Delegate)
Mr A. KAMER, Collaborateur diplomatique, International Organizations Division, Federal Political Department
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Alternate
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Dr J.-P. PERRET, Deputy Director, Federal Public Health Service
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SYRIAN ARAB REPUBLIC

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THAILAND

Delegates
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Dr S. VACHROTAI, Deputy Under-Secretary of State, Ministry of Public Health
Dr S. PLIANBANGCHANG, First Grade Medical Officer, Health Training Division, Department of Medical and Health Services, Ministry of Public Health

Alternate
Miss D. PURANANDA, Chief, International Health Division, Ministry of Public Health
Delegates

Togo

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Delegates

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Delegates

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Mr M. Chekir, President Director-General of the National Office of Family Planning and Population

Alternates

Professor A. Chehly, Dean, Faculty of Medicine, and Director, Pasteur Institute, Tunis

Professor M. N. Mourali, Director, Salah Azaiez Cancer Institute

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Delegates

Turkey

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Delegates

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Delegates

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Dr S. AL-QASIMI, Director of Curative Medicine

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1 Chief Delegate from 15 May.

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Mr A. L. PARROTT, Assistant Secretary, Department of Health and Social Security

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Mr O. M. O'BRIEN, Second Secretary, Permanent Mission of the United Kingdom to the United Nations Office and the Other International Organizations at Geneva

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Alternate
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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
MEMBERSHIP OF THE HEALTH ASSEMBLY

WESTERN SAMOA

Delegate
Dr J. C. THIEME, Director of Health

YEMEN

Delegates
Dr M. ABDUL WADOOD, Minister of Health (Chief Delegate)
Dr M. K. AL AGBHARI, Adviser to the Prime Minister
Dr A. TARCICI, Ambassador, Permanent Representative of the Yemen Arab Republic to the United Nations Office at Geneva and the Specialized Agencies in Europe

YUGOSLAVIA

Delegates
Mr V. DRAGĂŞEVIĆ, Member of the Federal Executive Council; Federal Secretary for Labour and Social Policy (Chief Delegate)
Dr D. JAKOVLJEVIĆ, President, Yugoslav Commission for Cooperation with International Health Organizations (Deputy Chief Delegate)
Dr I. MARGAN, Vice-President, Union of Yugoslav Health Organizations Communities

Advisers
Professor A. FAJGELJ, Faculty of Medicine, Sarajevo

ZAIRE

Delegates
Dr KALONDA LOMEMA, State Commissioner for Public Health (Chief Delegate)
Mr C. M. KASASA, Ambassador, Permanent Representative of the Republic of Zaire to the United Nations Office at Geneva and the Specialized Agencies in Switzerland (Deputy Chief Delegate)
Dr Y. YOKO, First Counsellor, Deputy Permanent Representative of the Republic of Zaire to the United Nations Office at Geneva and the Specialized Agencies in Switzerland

Alternates
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Dr MATUNDU NZITA, Director of Health Services
Mr DIMBAMBU KINKANDA, Private Secretary to the State Commissioner for Public Health

ZAMBIA

Delegates
Dr Mutumba M. BULL, Minister of Health (Chief Delegate)
Dr P. CHUKE, Director of Medical Services, Ministry of Health
Dr D. TEMBO, Acting Assistant Director of Medical Services, Ministry of Health

REPRESENTATIVES OF ASSOCIATE MEMBERS

NAMIBIA

Representative
Mr S. MAC BRIDE, Assistant Secretary-General and Commissioner for Namibia

PAPUA NEW GUINEA

Representatives
Dr R. TAUREKA, Minister for Education
Dr A. TOUA, Director of Public Health
Mr A. DIMBAR, Personal Assistant to the Minister for Education

OBSERVERS OF A NON-MEMBER STATE

HOLY SEE


1 Chief Delegate from 11 May.
OBSERVER INVITED UNDER RULE 3
OF THE RULES OF PROCEDURE OF THE ASSEMBLY

GUINEA-BISSAU

Dr M. RODRIGUES BOAL, Director-General of Health

OBSERVERS

ORDER OF MALTA

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

Count E. DECAZES DE GLUCKSBERG, Ambassador, Deputy Permanent Delegate of the Sovereign Order of Malta to the International Organizations at Geneva

Dr M. GILBERT, Secretary-General, International Committee of the Sovereign Order of Malta for Aid to Leprosy Victims

REPRESENTATIVES OF THE EXECUTIVE BOARD

Dr N. RAMZI
Dr M. U. HENRY

REPRESENTATIVES OF THE UNITED NATIONS AND RELATED ORGANIZATIONS

United Nations

Mr K. K. S. DADZIE, Director, External Relations and Inter-Agency Affairs
Dr S. MARTENS, Director, Division of Narcotic Drugs
Mr P. CASSON, Senior Co-ordination Officer, External Relations and Inter-Agency Affairs
Mr T. S. ZOUPANOS, Co-ordination Officer, External Relations and Inter-Agency Affairs
Mr V. LISSITSKY, Co-ordination Officer, External Relations and Inter-Agency Affairs
Mr G. DENTE, Economic Commission for Europe
Mr B. WICKLAND, Office of the Disaster Relief Coordinator

United Nations Children’s Fund

Mr S. BACIC, Deputy Regional Director for Europe

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

Dr M. SHARIF, Director of Health
Mr R. OWREN, Representative in Europe

United Nations Development Programme

Mr R. P. ETCHATS, Director, UNDP European Office
Mr G. SCOLAMIERI, Liaison Officer
Mr G. CANCELLIERI

United Nations Environment Programme

Mr P. THACHER, Director, Liaison Office

United Nations Conference on Trade and Development

Mr G. KRASNOV, Chief, External Relations Unit
Mr J. J. FERNÁNDEZ-LÓPEZ, External Relations Unit

1 Admitted to membership by the Health Assembly in its resolution WHA27.22 on 16 May 1974.
MEMBERSHIP OF THE HEALTH ASSEMBLY

United Nations Institute for Training and Research

Mr E. M. CHOSSUDOVSKY, Representative in Europe
Mr S. P. NOTHOMB

International Narcotics Control Board

Mr J. DITTERT, Secretary of the Board
Mr S. STEPCZYŃSKI, Deputy Secretary of the Board
Mr B. JUPPIN DE FONDAUMIÈRE
Mr R. ANGAROLA

Office of the High Commissioner for Refugees

Mr T. LUKE, Chief, Programming and Co-ordination
Mr J. J. KACIREK, Inter-Agency Co-ordination Officer

International Labour Organisation

Dr E. MASTROMATTEO, Chief, Occupational Safety and Health Branch

Dr A. ANNONI, International Safety and Health Branch
Mr A. BOUHARA, International Organisations Branch

Food and Agriculture Organization of the United Nations

Mr S. S. MAHDI, Liaison Officer, Office for Inter-Agency Affairs

International Bank for Reconstruction and Development

Dr K. KANAGARATNAM, Director, Population and Nutrition Projects Department
Mr P. WRIGHT

World Meteorological Organization

Mr V. W. WINDELL, Chief, External Relations Branch

International Atomic Energy Agency

Mrs M. S. OPELZ

REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

Intergovernmental Committee for European Migration

Dr C. SCHOU, Chief Medical Officer

International Committee of Military Medicine and Pharmacy

Professor J. PATRNOGIC

League of Arab States

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

Organization of African Unity

Mr M. DIARRA, Director, Scientific and Cultural Department
Dr M. H. RAJABALLY, Director, Health Division
Mr S. BASSIOUNY, Director, Executive Secretariat in Geneva

World Intellectual Property Organization

Mr B. A. ARMSTRONG, Director, Administrative Division
REPRESENTATIVES OF NONGOVERNMENTAL
ORGANIZATIONS IN OFFICIAL RELATIONS
WITH WHO

Christian Medical Commission
Miss N. BARROW
Dr H. HELLBERG
Dr Gilmary SIMMONS

Council for International Organizations of
Medical Sciences
Dr S. BTESH

International Air Transport Association
Mr R. W. BONHOFF
Dr E. MOAYYED
Dr A. S. R. PEFFERS

International Association for Accident and
Traffic Medicine
Mr R. ANDREASSON
Dr O. FRYC

International Association of Medical
Laboratory Technologists
Miss E. PLETSCHER

International Association of Microbiological
Societies
Professor R.-H. REGAMEY

International Association on Water
Pollution Research
Professor O. JAAG

International Astronautical Federation
Professor H. A. BJURSTEDT

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

International Committee of Catholic Nurses
Mrs E. VAN DER GRACHT-CARNEIRO
Mr P. D. M. SLEIJFFERS

International Committee on Laboratory
Animals
Professor A. SPIEGEL

International Committee of the Red Cross
Professor E. MARTIN
Mr A. D. MICHELI
Mr M. CONVERS

International Council on Alcohol and
Addictions
Dr Eva TONGUE
Dr P. SCHIØLER
Professor H. HALBACH

International Council on Jewish Social and
Welfare Services
Dr A. GONIK

International Council of Nurses
Miss A. HERWITZ
Miss W. P. TITO DE MORAES
Miss W. RYCHTELSKA

International Council of Scientific Unions
Dr R. MORF

International Council on Social Welfare
Mrs M. ROCHAT

International Cystic Fibrosis
(Mucoviscidosis) Association
Mr J. B. PANCHAUD

International Diabetes Federation
Professor L.-J. RAUME
Professor A.-J. HELD

International Dental Federation
Dr B. RILLET

International Electrotechnical Commission
Mr A. CORBAZ
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OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President:
Professor A. POUYAN (Iran)

Vice-Presidents:
Professor S. HALTER (Belgium)
Mr A. KANO (Nigeria)
Dr A. SAIED (Panama)
Dr HO Guan Lim (Singapore)
Mr D. NJAM-OSOR (Mongolia)

Secretary:
Dr H. MAHLER, Director-General

Committee on Credentials
The Committee on Credentials was composed of delegates of the following Member States: Belgium, Colombia, Czechoslovakia, Dahomey, Jamaica, Kenya, Kuwait, Lebanon, New Zealand, Norway, Venezuela, and Zaire.

Chairman: Dr jur. J. DE CONINCK (Belgium)
Vice-Chairman: Dr J. ANOUTI (Lebanon)
Rapporteur: Dr R. LEKIE (Zaire)
Secretary: Mr C.-H. VIGNES, Constitutional and Legal Matters

Committee on Nominations
The Committee on Nominations was composed of delegates of the following Member States: Algeria, Austria, Bangladesh, Brazil, Canada, China, France, German Democratic Republic, Guinea, Jordan, Malawi, Mali, Nigeria, Pakistan, Panama, Peru, Philippines, Sudan, Thailand, Tunisia, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, and Yugoslavia.

Chairman: Dr J.-S. CAYLA (France)
Secretary: Dr H. MAHLER, Director-General

General Committee
The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the Chairmen of the main committees, together with delegates of the following Member States: Bangladesh, China, France, Malawi, Mali, Peru, Saudi Arabia, Somalia, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, United States of America, Venezuela, and Zambia.

Chairman: Professor A. POUYAN (Iran),
President of the Health Assembly
Secretary: Dr H. MAHLER, Director-General

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: Professor J. TIGYI (Hungary)
Vice-Chairman: Dr O. A. HASSAN (Somalia)
Rapporteur: Dr E. GUILLÉN (Peru)
Secretary: Dr O. W. CHRISTENSEN,
Headquarters Programme Committee/Headquarters Programme Information

Committee B
Chairman: Dr M. A. CHOWDHRY (Pakistan)
Vice-Chairman: Professor J. LEOWSKI (Poland)
Rapporteur: Mr A. H. SELORMEY (Ghana)
Secretary: Dr M. R. SACKS, Programme Coordination
AGENDA

1. PLENARY MEETINGS

1.1 Openinng 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 Adoption of the agenda and allocation of items to the main committees
1.9 Review and approval of the reports of the Executive Board on its fifty-second and fifty-third sessions
1.11 Admission of new Members and Associate Members
   1.11.1 Application for membership by the Republic of Guinea-Bissau
   1.11.2 Application made on behalf of Namibia by the United Nations Council for Namibia for admission to associate membership
1.12 Election of Members entitled to designate a person to serve on the Executive Board
1.13 Transferred to Committee B
1.14 Presentation of the Darling Foundation Medal and Prize
1.15 Award of the Léon Bernard Foundation Medal and Prize (reports of the Léon Bernard Foundation Committee)
1.16 Award of the Dr A. T. Shousha Foundation Medal and Prize (reports of the Dr A. T. Shousha Foundation Committee)
1.17 Approval of reports of main committees
1.18 Closure of the Twenty-seventh 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 1975
   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 1975 and examination of the projection of the budget estimates for 1976
   2.2.3 Detailed review of the programme and budget estimates for 1975
   2.2.4 Appropriation Resolution for the financial year 1975
2.3 Fifth report on the world health situation
2.4 WHO's role in the development and coordination of biomedical research
2.5 Standardization of diagnostic materials

1 Adopted at the third plenary meeting.
2.6 Long-term planning of international cooperation in cancer research
2.7 WHO's human health and environment programme

3. COMMITTEE B

3.1 Election of Vice-Chairman and Rapporteur
3.2 Supplementary budget estimates for 1974
3.3 Review of the financial position of the Organization
   3.3.1 Financial report on the accounts of WHO for 1973, reports of the External
        Auditor, and comments thereon of the Ad Hoc Committee of the Executive
        Board
   3.3.2 Status of collection of annual contributions and of advances to the
        Working Capital Fund
   3.3.3 Members in arrears in the payment of their contributions to an extent which
        may invoke Article 7 of the Constitution
   3.3.4 Report on casual income and status of the Assembly Suspense Account
3.4 Scale of assessment
   3.4.1 Assessment of new Members and Associate Members
   3.4.2 Contributions payable by certain Members in respect of 1974 and prior years
   3.4.3 Assessment of Associate Members
   3.4.4 Scale of assessment for 1975
3.5 [deleted]
3.6 Study of the possibility of financing WHO activities in currencies other than
    US dollars and Swiss francs
3.7 Headquarters accommodation: future requirements
3.8 Real Estate Fund
3.9 Salaries and allowances, ungraded posts
1.13 Contract of the Director-General
3.10 Amendments to the Rules of Procedure of the World Health Assembly
3.11 Methods of work of the Executive Board
3.12 Organizational study by the Executive Board
   3.12.1 Organizational study on the interrelationships between the central
         technical services of WHO and programmes of direct assistance to
         Member States
   3.12.2 Future organizational study
3.13 Health assistance to refugees and displaced persons in the Middle East
3.14 Eighteenth report of the Committee on International Surveillance of Communicable
    Diseases
3.15 Coordination with the United Nations system
   3.15.1 General matters
   3.15.2 Activities of the World Health Organization with regard to assistance
         to liberation movements in southern Africa pursuant to United
         Nations General Assembly resolution 2918 (XXVII) and Economic and
         Social Council resolution 1804 (LV) (Item proposed by the Government
         of Sweden)
3.16 United Nations Joint Staff Pension Fund
   3.16.1 Annual report of the United Nations Joint Staff Pension Board for 1972
   3.16.2 Appointment of representatives to the WHO Staff Pension Committee

Supplementary agenda item 1: Agreement for cooperation between the African Development
Bank and the World Health Organization

1 Item transferred to Committee B by the Health Assembly at its twelfth plenary meeting.
FIRST PLENARY MEETING

Tuesday, 7 May 1974, at 10 a.m.

President: Professor Julie SULIANTI SAROSO (Indonesia)

1. OPENING OF THE SESSION

The PRESIDENT: The Assembly is called to order.

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

It is also a pleasure for me to welcome on behalf of the Assembly and the World Health Organization Mr Gilbert Duboule, President of the Conseil d'Etat of the Republic and Canton of Geneva; Mr Antoine Roy, President of the Grand Conseil of the Republic and Canton of Geneva; Mr Jean Eger, Attorney General of the Republic and Canton of Geneva; Professor William Geisendorf, Dean of the Faculty of Medicine of the University of Geneva, as well as the other representatives of the cantonal and municipal authorities; Mr Winspeare Guicciardi, Director-General of the United Nations Office at Geneva, representing the Secretary-General of the United Nations; the directors of the specialized agencies, their representatives, and the representatives of the various United Nations bodies; the delegates of Member States and the representatives of the various United Nations bodies; the representatives of Member States; the representatives of intergovernmental and non-governmental organizations in official relations with WHO; and the representatives of the Executive Board.

I now give the floor to the Director-General of the United Nations Office at Geneva, representing the Secretary-General of the United Nations.

2. ADDRESS BY THE DIRECTOR-GENERAL OF THE UNITED NATIONS OFFICE AT GENEVA

Mr WINSPEARE GUICCIARDI, Director-General of the United Nations Office at Geneva: Madam President, both on behalf of the Secretary-General of the United Nations and as Director-General of the United Nations Office in Geneva, I take great pleasure in welcoming you all to the Palais des Nations on this occasion and wish to congratulate you on the opening of the Twenty-seventh World Health Assembly. Mr Waldheim has personally requested me to convey to you his warmest good wishes.

At the United Nations, we have lately been preoccupied with the current difficulties of the world economic situation which led to the convening of the special session of the General Assembly. While our concern with raw materials and development may not appear immediately relevant to the work of your Organization, without the proper distribution and use of raw materials and development generally the world cannot hope to improve that quality of life to which you are committed. The preoccupations of the United Nations at this time are therefore also yours. To succeed in tackling the difficulties which stem from the so-called "energy crisis" and the other problems confronting the world at present, all the organizations of the United Nations system - our family as it were - have to work together in the closest integrated manner. Recognizing this, the Secretary-General was empowered and requested by agency heads to tell the General Assembly near the end of the recent special session that all organizations of the system stood ready "to make available immediately the services of their institutions to facilitate and support any actions that may be taken by the General Assembly of the United Nations".

The World Health Organization had long held a special place in our United Nations family for its practical contribution, but equally for what it has done and continues to do to make our concerted efforts a reality. It gives me particular pleasure in this
connexion to mention the constructive role which your new Director-General, Dr Mahler, following the example of his predecessor, Dr Candau, is already playing in the top-level coordination organs of the United Nations system.

To focus for a moment on the sectoral objectives of the World Health Organization, I cannot, on behalf of the Secretary-General, but congratulate you on your remarkable success in the fight to eradicate many chronic illnesses, including smallpox. In the efforts to overcome malaria, you have also made impressive advances. These are achievements well known throughout the world; but your Director-General rightly stresses in his report that there are many outstanding health problems in the field of noncommunicable as well as parasitic diseases, and malaria has yet to be eradicated completely. In that process, all available and improved technical methods, such as new insecticides and better antimalarial drugs will be needed, and, above all, an improvement in the economic conditions of underprivileged communities in tropical areas. Your Director-General also draws attention to the health services, which in some countries not only fail to keep pace with development but are actually deteriorating. For these reasons alone we can have no cause for complacency. And the continuing obstacles to the "attainment by all peoples of the highest possible level of health" have of late become still more forbidding due to the world shortage of food supplies, brought about partly by widespread droughts. Your Organization, the United Nations, and the other organizations of the United Nations system are again working together in trying to find a solution to this new difficulty which threatens the achievement of our constitutional objectives.

Confident, Madam President, as we all are, that the Secretariat of the World Health Organization will translate your deliberations into prompt and effective action, I conclude with my very best wishes for the work of this Assembly and with the assurance of our cooperation in your work.

The PRESIDENT: Thank you, Mr WInspeare Guicciardi. Monsieur Gilbert Duboule, President of the Conseil d'Etat of the Republic and Canton of Geneva, now has the floor.

3. ADDRESS BY THE PRESIDENT OF THE CONSEIL D'ETAT OF THE REPUBLIC AND CANTON OF GENEVA

Mr DUBOULE, President of the Conseil d'Etat of the Republic and Canton of Geneva (translation from the French): Madam President, Mr Director-General, your Excellencies, ladies and gentlemen, on behalf of the federal, cantonal and municipal authorities I have the honour to bid you sincerely welcome to our city on the occasion of the Twenty-seventh Assembly of the World Health Organization.

Your Annual Report presents an impressive picture but still does not adequately express the real impact of the activities you are pursuing to improve health and thus to better man's lot. For those activities, on behalf of those I represent, I offer you our gratitude and our sincere congratulations, expressing once again the high esteem in which we hold your Organization and our pride in having with us in Geneva one of the finest international institutions of the post-war period.

On looking through the archives of our Republic I discovered that - on a parallel with WHO's objectives at the present time - the main problem for our ancestors seems to have been to find out in good time about the epidemics described as plagues that occurred abroad, so that they could protect themselves more effectively. Whereas up to 1615 the measures applied were sporadic, they seem at that time to have taken on a definite administrative form, leading to the regular maintenance of an ad hoc register and later to the setting-up of a chamber of health which continued until the nineteenth century to carry out the preventive and curative tasks for which it was created. Notifications of diseases came from a wide variety of places: Chambéry, Verona, Mâcon, Avignon, Florence, Lyons, Venice, Marseilles, Dijon, Turin, etc., and travellers and goods were subjected to such measures as the circumstances warranted, at least when the diseases notified had reached continental Europe. A large number of letters and public notices bear witness to the fact that international cooperation existed at that time, at least in an embryonic state, in the form of notifications received and passed on and even assistance in money and in kind. The imposition of quarantine measures was intended not only to safeguard the town but also to set up a barrier if possible to prevent the further spread of the disease. Even at that time it was in the interest of States to display discipline and prudence.

If today - to quote the definition given in your Constitution of 1948 - health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, it follows that governments must assume responsibility for the health of their peoples. Nevertheless, in order to learn of the experiences of other countries
and of the results of joint research, there is a need for this agency at the international
level, since it alone is capable of collecting, grouping, classifying, standardizing and
disseminating such information.

We note in your Report that the increasing pollution of the environment by wastes
containing dangerous biological, chemical or physical agents represents one of the world's
major health problems. May you be supported in your efforts to improve environmental
health? May we all of us become aware of our responsibilities? Then we shall be able
to imagine a world fit for each one of us to live in. May these wishes go with you as
you accomplish your mission.

The PRESIDENT: Thank you, Mr Duboule.

4. ADDRESS BY THE PRESIDENT OF THE TWENTY-SIXTH WORLD HEALTH ASSEMBLY

The PRESIDENT: Distinguished delegates, ladies and gentlemen, the year which has
elapsed since we met last in this same hall was a year of contradicting developments and
far-reaching changes in the world at large. The spirit of international understanding
deepened, the industrialized world experienced extremely high rates of growth but,
according to the first review and appraisal of the objectives and policies of the
Development Decade performed by the last United Nations General Assembly, development
problems, far from being solved, have become increasingly acute. While the volume of
international aid might have increased, external assistance as a whole to the developing
countries fell far short of expectations.

Economic uncertainties and the unpredictable monetary events did not prevent our
Organization from pursuing most of its objectives. The balance sheet of the Organization's
activities during the last year in combating disease and building a healthier world has
been positive.

Smallpox has been eradicated from the Americas and from Indonesia, and every effort
is being made so that this disease will be eradicated from the last foci in Bangladesh,
Ethiopia, India and Pakistan by the end of 1975. The effective use of chemotherapy made
it possible to treat patients on an ambulatory basis and this particularly in the case of
tuberculosis patients; a strategy has been elaborated to attack onchocerciasis (or river
blindness) afflicting the countries of the Volta River basin area, in order to alleviate
the sufferings of their people from this dreadful disease and reclaim the vast fertile
lands for cultivation. These are but a few examples of the progress made during the
past year. There are many others which inspire us in our arduous struggle against
disease. As in the past, our Assembly will review critically in the coming days the
achievements as well as the shortcomings and failures in all their complexity and inter-
dependence.

Within a vast spectrum of health problems, for the solution of which our Organization
labours, the involvement of the Organization in two of the world's most pressing socio-
economic problems - that is, malnutrition and rapid population growth - has acquired new
dimensions. From the reluctant stepping into the field of family planning some years
ago, almost solely motivated by the menacing disproportion between the world population's
needs and its resources, family planning today is recognized as one indispensable factor
for improved maternal and child health and family health in general. To meet the multiple
implications stemming from this fundamental issue, the Organization wisely launched an
extensive programme of research which should help us to fill many gaps in knowledge about
family planning. The programme is generously supported by voluntary contributions,
which increased substantially during the past year. I would like to thank the countries
and other donors who found it possible to contribute to this essential activity of WHO.

As to the problem of malnutrition, investigations have led to new evidence on the
direct and long-term effects of malnutrition on human health, as well as on the intimate
relation between family size and malnutrition. The decision to devote this year's
World Health Day to the food problem reflects the Organization's concern to awaken world
opinion to these crucial issues and to mobilize many unexplored resources in combating
what is certainly the oldest and most widespread scourge of mankind, namely, hunger and
malnutrition.

The Organization's response to emergencies was prompt and efficient and implied
effective cooperation with the Office of the United Nations Disaster Relief Coordinator
and other organizations concerned with emergency measures. Assistance provided to
Nicaragua, Pakistan, Sudan, and especially to the six Sahelian drought-stricken countries,
was combined with the development of medium- and long-term rehabilitation plans - meaning
a new, more comprehensive approach in emergency activities of the Organization.

But what makes the past year particularly significant in the life of our Organization
is a new impetus given to its role in world health matters through the determined emphasis
on a more methodological and comprehensive planning of health development, from the project level through the national framework to the global level. This is most tangibly reflected in the proposed programme and budget estimates for 1975, developed on the programming by objectives and budgeting by programming principle.

The new programme and budget presentation, notwithstanding unavoidable imperfections, is conceived to reduce inconsistencies in defining national and global health priorities and to allocate the limited resources of the Organization in the most effective and productive way. Through the mechanism of the General Programme of Work and annual programming by objectives, which is now for the first time before the Health Assembly, countries' health problems are to be tackled in relation to the total world health picture and vice versa.

It is, of course, not for me to analyse the proposed programme and budget estimates, which by definition is the main item on the agenda of the Health Assembly. If, in the traditional reflections of the outgoing President on some salient events of the year, I have briefly touched upon this subject, it is because I feel that the Health Assembly is facing a new challenge in considering and deciding on future programmes of our Organization on the basis of new managerial and conceptual approaches.

Dear colleagues and friends, the World Health Organization can play an important role in mobilizing assistance and resources - bilateral as well as international - for improving health in developing countries and, in doing so, gradually lessening the differences between health conditions in industrially developed and developing nations. To achieve this, it must also seek for new, more efficient and effective health practices, applying available health technologies to promoting the health of the greatest number of people. All Member countries must believe in this role of the World Health Organization, and it is in the World Health Assembly that they should in the first instance discuss frankly how this can be achieved.

As President of our Assembly, I have deepened my conviction that the World Health Assembly is a unique international forum, which has maturity and wisdom to arrive at a plan to build a better and healthier world. Confronted with new tasks, I have no doubt that, under the presidency of my successor, the dialogue among all of us, and between us and the Director-General, will broaden our understanding and invigorate our determination to work together.

It remains for me once again to express my deep gratitude for the confidence you manifested in me and the honour you bestowed upon my country in electing me President of the Twenty-sixth World Health Assembly.

Ladies and gentlemen, before the distinguished officials who have kindly attended the opening of this Assembly leave us I should like to thank them once again for the honour they have done us. I shall now suspend the meeting for a moment in order to take leave of them. Please remain in your seats. The meeting will be resumed in a few minutes.

The meeting was suspended at 10.30 a.m. and resumed at 10.35 a.m.

5. APPOINTMENT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT: Colleagues, friends, we resume our meeting, and we have now come to item 1.2 of the provisional agenda - Appointment of the Committee on Credentials. The Assembly is required to appoint a 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 Health 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, I propose for your approval the following list of 12 Member States: Belgium, Colombia, Czechoslovakia, Dahomey, Jamaica, Kenya, Kuwait, Lebanon, New Zealand, Norway, Venezuela, Zaire.

Are there any objections to this proposal? I see none, so I declare the Committee on Credentials as proposed by me 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 - items 1.9 and 1.10 - tomorrow, Wednesday, 8 May.

6. ELECTION OF THE COMMITTEE ON NOMINATIONS

The PRESIDENT: We now come 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 twenty-four 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 of 24 members, designated by 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.

The proposal is that the Committee on Nominations shall consist of Algeria, Austria, Bangladesh, Brazil, Canada, China, France, German Democratic Republic, Guinea, Jordan, Malawi, Mali, Nigeria, Pakistan, Panama, Peru, Philippines, Sudan, Thailand, Tunisia, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, Yugoslavia.

Are there any comments on this list? I see none. The Committee on Nominations is now elected, and will meet immediately. As 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.

The next plenary meeting will take place at 3 o'clock this afternoon. I now adjourn the first plenary meeting.

The meeting rose at 10.45 a.m.
SECOND PLENARY MEETING
Tuesday, 7 May 1974, at 3 p.m.

President: Professor Julie Sulianti Saroso (Indonesia)
later: Professor A. Pouyan (Iran)

1. FIRST REPORT OF THE COMMITTEE ON NOMINATIONS

The PRESIDENT: The Assembly is called to order.

The first item on the agenda is the first report of the Committee on Nominations.

This report is contained in document A27/28. I now call upon the Chairman of the Committee on Nominations, Dr J.-S. Cayla of France.

Dr Cayla (France), Chairman of the Committee on Nominations, read out the first report of that Committee (see page 542).

Election of the President

The PRESIDENT: Thank you, Dr Cayla. Are there any observations?

From your silence I take it that there are no other proposals from the Assembly. Under Rule 77 of the Rules of Procedure, it will not be necessary to take a vote, as there is only one candidate proposed. I therefore suggest that the Assembly express approval of the nomination made by the Committee and elect its President by acclamation.

(Appause)

Professor A. Pouyan of Iran is elected President of the Twenty-seventh World Health Assembly. I now call upon Professor Pouyan to come up and take the presidential chair and gavel. (Applause)

Professor Pouyan took the presidential chair.

The PRESIDENT (translation from the French): Your Excellencies, dear colleagues, ladies and gentlemen, in all our lives there come moments of deep feeling, and you will understand that it is difficult to speak at such moments, even to say thank you. I feel that under such circumstances the best way of showing gratitude is through deference. It is therefore with a great deal of deference that I express to you all my thanks for the trust you have placed in me and the honour you have done me. Through me you have also honoured my country, and I should like also to convey to you the gratitude of the Iranian people whom I have the honour to represent here.

I should particularly like to pay tribute to my predecessors. Some of them are here and I have had the honour of greeting Professor Sulianti, who displayed courage, affection and perseverance in presiding over this Assembly with a great deal of vivacity. I hope I shall prove a worthy successor. I also pay tribute to the memory of those who are not with us.

I am convinced that with your assistance and with that of the Director-General and his staff we shall perform useful work at this meeting and at the future meetings. Let us not forget that we have a great and noble mission: within the limit of our resources, to provide better physical and moral health for those who need it; of this we are convinced. May I conclude for today and ask your permission to make my presidential address a little later.

2. SECOND REPORT OF THE COMMITTEE ON NOMINATIONS

The PRESIDENT (translation from the French): I now invite the Assembly to consider the second report of the Committee on Nominations, which is contained in document A27/29. I would ask the Chairman of the Committee on Nominations, my colleague Dr Cayla of the delegation of France, kindly to read the Committee's second report.

Dr Cayla (France), Chairman of the Committee on Nominations, read out the second report of that Committee (see page 542).

The PRESIDENT (translation from the French): Thank you, Dr Cayla.

Election of the five Vice-Presidents

The PRESIDENT (translation from the French): I invite the Assembly to decide in turn on the nominations put forward for election. We shall start with the election of
the five Vice-Presidents of the Assembly. Are there any comments? Since there are no comments, I propose that the Assembly declare the five Vice-Presidents elected by acclamation. (Applause)

I shall now determine by lot the order in which the Vice-Presidents shall be called upon to serve should the President be unable to act in between sessions. The names of the five Vice-Presidents, namely Professor Halter (Belgium), Mr Kano (Nigeria), Dr Saied (Panama), Dr Ho Guan Lim (Singapore), and Mr Njam-Osor (Mongolia), have been written down on five separate sheets of paper which I am now going to draw: Professor Halter (Belgium), first; Dr Ho Guan Lim (Singapore), second; Dr Saied (Panama), third; Mr Kano (Nigeria), fourth; and Mr Njam-Osor (Mongolia), fifth.

The Vice-Presidents will be called upon to serve in the order I have just indicated. I request them to come to the rostrum and take their seats.

Election of the Chairmen of the main committees

The PRESIDENT (translation from the French): We shall now turn to the election of the Chairman of Committee A. Are there any comments? Since there are no comments, I invite the Assembly to declare Dr J. Tigyi (Hungary) elected Chairman of Committee A by acclamation. (Applause)

We now have to elect the Chairman of Committee B. If there are no objections, I invite the Assembly to declare Dr M. A. Chowdhry (Pakistan) elected Chairman of Committee B by acclamation. (Applause)

Establishment of the General Committee

The PRESIDENT (translation from the French): We now come to the election of the other members of the General Committee. In accordance with Rule 31 of the Rules of Procedure, the Committee on Nominations has proposed the names of 14 countries whose delegates, together with the officers just elected, would constitute the General Committee of the Assembly.

If no one has any comments, I declare these 14 countries elected.

3. ANNOUNCEMENTS

The PRESIDENT (translation from the French): With your permission, ladies and gentlemen, I shall read you the programme of work.

The General Committee will meet immediately after the adjournment of this plenary meeting. At this first meeting the Committee will consider the provisional agenda of the Assembly as prepared by the Executive Board, together with the supplementary agenda. The Committee will recommend the allocation of items to the main committees. It will also draw up the programme of work of the Assembly for the first days of the session, including the Technical Discussions.

I would remind you that the General Committee is made up of the President and Vice-Presidents of the Assembly, the Chairmen of the main committees, and the delegates of the 14 countries we have just elected.

I invite Dr Weeratunge, General Chairman of the Technical Discussions, to attend this first meeting of the General Committee.

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

Delegations wishing to take part in the general discussion on items 1.9 and 1.10 are requested to make this known as soon as possible to Mr Fedele, Assistant to the Secretary of the Assembly, stating the name of the speaker and the language in which he will speak. If a delegate wishes to submit a prepared text for inclusion in the record in extenso, the text should be handed to Mr Fedele. In any case, where a written text of a speech that a delegate intends to make is available, it is desirable to hand this text in advance to Mr Fedele to facilitate the work of the interpretation and records services.

The meeting is adjourned.
1. PRESIDENTIAL ADDRESS

The PRESIDENT (translation from the French): Ladies and gentlemen, in the first place let me wish you good day. With your permission, for which I thank you in advance, I shall now deliver the customary presidential address.

Your Excellencies, colleagues, ladies and gentlemen, once more we are gathered here for a World Health Assembly, the twenty-seventh, during which we shall again be busy in planning for the future within the context of the basic responsibilities assigned to our Organization, on which the present and future wellbeing of mankind largely depends.

Under the present circumstances, when the signs of their wealth displayed by the industrialized countries can only widen the gap that separates them from the developing countries, the role of our Organization is without exaggeration of overwhelming importance. The improvement of the worldwide level of health is one of the most essential factors in the universal campaign which has been under way for some decades now against under-development and its main constituent features: hunger, poverty, poor housing, backward social structures and other conditions unworthy of man's estate. Health is at the heart of most social problems. The diseases that are rife and the poor health conditions that still exist in the great majority of developing countries affect such a large proportion of the populations that they are seriously hampering economic, social and cultural progress in these countries and are having formidable repercussions in the rest of the world.

The task of every institution and every individual devoted to the control of disease is an urgent one, since medicine, unlike the other arts and sciences, cannot wait. "The purpose of medicine", said Claude Bernard, "is to act, not to wait and see". However, it is without doubt the achievements of the present that guarantee future perfectibility. If all who devote their lives to the signal task of improving the health of mankind act boldly and with unshakable faith in the effectiveness of their actions, bringing to their task all their knowledge, experience, tact and charity, the noble science of medicine may one day transform the human body, and thus the spirit and the soul that dwell within it, always provided, as François Mauriac points out, that mankind is not first destroyed by the physicist.

The urgent task of bridging the ever-widening gap between the rich countries and the poorer countries requires a global strategy. Up to now the main objective of the development plans has been to achieve the maximum economic growth compatible with the available resources, but little attention has been paid to encouraging balanced development, designed both to increase production and to satisfy the real needs of the people. It is stated in the Fifth Report on the World Health Situation, which we shall soon be discussing, that the relations between economic development and the social sector are more complex than was imagined 10 years ago. The strengthening of public health services does not result automatically from economic growth. In the absence of social legislation it is to be feared that the speed of industrial and commercial development may widen the differences in living standards and health standards that exist between population groups. It is not easy to calculate the cost of disease or to assess the value of health. Nevertheless, we must do everything in our power to ensure that access to health care is not the privilege of the rich but the right of every man.

Doctors must give up the idea that their responsibility is confined to technical matters. Quite the opposite, it is the duty of the medical profession to present clear and coherent arguments in support of public health priorities, and the general public, together with the legislator or the politician, must become aware of these priorities. May I in this connexion quote André Maurois: "Medical action is therefore one of the most subtle of all forms of action. The physician has in him something of the scholar, the sorcerer, the strategist and the confessor. . . . The great physician will long be a great artist".

In his introduction to the Report on the work of the Organization in 1973, the Director-General tells us that the most signal failure of WHO as well as of Member States had undoubtedly been their inability to promote the development of basic health services and to improve their coverage and utilization. The situation reflected by this bold declaration now requires very special attention in our deliberations and decisions about
the future. If we accept - and I am convinced that we all hold this opinion - that the present distribution of health care is unacceptable, then our Organization, our governments, indeed all of us must without delay promote measures that are rationally conceived and readily applicable (and calculated to gain the support of the public) to ensure that the entire population benefits from basic health services. The complexity of the problem must not divert us from this historic task.

As regards the financial aspect, the Director-General has expressed the view that it is possible to design a system of health services that would ensure wide coverage at relatively low cost, within the reach of many countries. Reverting to what I was saying just now, I believe that the international community ought to be able to release the necessary resources for the remaining countries, that is, the less developed countries, which are not yet able themselves to find even such modest resources. This would make it possible to launch our campaign very soon in most, if not all, developing countries and to make it a truly universal undertaking. The international community would in this way be acting in full conformity with the claim for "quality of life" for all and by all which is being made more and more forcefully.

What seems to be more difficult in an undertaking of this kind is to apply the techniques and methods of distributing services that are best adapted to the specific political, cultural and socioeconomic environments of the different countries. The problem is as old as development itself and arises in all health sectors. In their choice of techniques and methods the developing countries have so far been content for the most part to adopt foreign models just as they are. This trend must be fought against, not for mere emotional reasons but for rational ones. Very often the slavish imitation of foreign models has not produced the expected results and in some cases has indeed had most unfortunate consequences. It is therefore important to intensify the search for the types of technology and methodology that are best suited to the needs of the developing countries. Attempts to innovate in these countries should aim above all at providing the entire population with a modicum of health protection at the lowest cost, making the best use of their human and material resources. It is my deep-seated conviction that there are great opportunities here for innovative work in which the advanced countries could participate and collaborate. However, we must not be carried away by rash enthusiasm. The development of suitable types of technology and organizational structure requires a great deal of scientific and practical ingenuity and, above all, time and perseverance.

The programme recently launched by WHO with a view to encouraging the establishment of institutes with the task of carrying out systematic research on the planning of national health development is of the utmost importance in this respect. The decision to establish institutes of this kind in certain countries marks the beginning of a new campaign to provide the entire population with basic health services. Critical analysis of the results achieved by these institutes may lead to the setting up of similar establishments in many other countries, and that in its turn might play a decisive role in the development of basic health services at the national level.

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As regards the traditional and sectorial activities of WHO, progress in the development of effective techniques for controlling many parasitic diseases has been extremely slow. If we do not succeed in making rapid and decisive scientific and technical progress in this area, we run the risk of giving ground to these diseases, which affect millions of people. It is surprising, even staggering, to observe how out of date are the means we use for the control of many other communicable diseases, such as the intestinal diseases or leprosy, even though they are as old as the world itself. At the same time, diseases resulting from technical innovations and affluence have joined the ancient diseases that were rooted in poverty, while we are witnessing a deterioration of the environment throughout the world which is affecting the wellbeing of us all. Through being wrongly used, man's power to change his environment has caused incalculable damage in industrialized societies. In the developing countries, the major problem of environmental health remains the absence of basic community sanitation. According to a survey completed by WHO in 1973 - and mentioned in the Director-General's Annual Report - 75% of the population of 61 developing countries lack or have inadequate sanitary waste disposal facilities, while in the rural areas the proportion rises to 92%. Nevertheless there is still no universally accepted strategy for tackling this problem.

Certain practices that deny access to the health services available in their own environment to certain peoples or population groups are also hampering the struggle for better health. Unfortunately such discrimination exists in several parts of the world, in defiance of the most basic principles of the Constitution of the World Health Organization and violating one of the fundamental rights of man solemnly proclaimed in the Declaration of Human Rights.
Then there are the natural catastrophes, together with man-made emergencies, which have been increasingly numerous in recent years and have assumed terrifying proportions. My eminent predecessor, Professor Sulianti, has very rightly paid tribute to the Organization for the emergency aid schemes it has undertaken during the past year. Certainly the Organization has reacted swiftly, but the scope of its intervention has been limited by the paucity of its resources and by the rules by which it is bound. The tragic situation in the Sudano-Sahelian region of Africa teaches us that the international mechanisms for meeting large-scale and long-term emergencies need to be further strengthened.

Another problem that throws a dark shadow over the future of the health of mankind is the population problem. As yet there is nothing to indicate that the present trend towards an expanding population in the overpopulated and economically backward regions of the world is being reversed. Despite the sustained efforts of the Organization in the field of family health and family planning, the Director-General reports that administrators are becoming increasingly insistent in their demands for measures that produce quick results. This apparently innocuous remark shows how little we still know of the numerous aspects of human reproduction and how much the measures applied so far leave to be desired.

Black as it is, this picture of the world health situation must not drive us to despair, because despite all this the last quarter of a century has been marked by major innovations in the health field and the sum total of the work achieved and the results obtained since WHO was created is impressive. The prevalence of many mass diseases has been greatly reduced, the death rate among our children has dropped, and our expectation of life has been extended. As a result of the noteworthy progress in building up their health infrastructure, the poorer countries are now able to develop and speed up the prevention and treatment of diseases. Science has enabled us to acquire a better understanding of the nature of health and disease, has taught us new approaches, and is providing us with better techniques for our efforts to achieve better health. The communications revolution has unsealed all frontiers and permitted the rapid dissemination of information and immediate contact between any points in our planet. Furthermore, and this may be the most important advance of all, we have learned that beneath the political map of the world mankind is really one and indivisible. The logic of events and the way in which we live in a shrinking world have taught us to consider the problem of health and disease in a worldwide context.

Our future rests in the development of international health activities, in more thorough collaboration, and in the generous sharing of advances in medical science for the benefit of all countries and nations. And it is the World Health Organization that is the moving force in such collaboration. During its 26 years of existence, the World Health Organization has taken part in most of the achievements in the health field and has even cleared the way for many of them. The examples given in her inaugural address by Professor Sulianti of achievements in the past year in which WHO played a leading role themselves deserve praise and admiration. During the 26 years of its existence, the Organization has given abundant proof of the fact that it is not only essential in the world in which we live but is also capable of adapting to new developments in that world and even of influencing such developments in the health field. The fact that national frontiers, ideological confrontations, and political and military conflicts have not prevented the Organization from continuing its resolute forward march adds further to its laurels.

Once again, during the next few days, we shall be analysing the world health situation, reviewing the activities of our Organization and its methods of work, and defining the future trends in its programme and budget. We shall do so not as an annual rite but in a determined effort to find the best possible response to the growing complexity of the world health situation. It is at WHO that our national communities draw mutual benefit from exchange of experience and that our individual knowledge becomes common property, and it is at the World Health Assembly, the highest organ of our Organization, that the political will of our governments takes concrete form in joint action. Today, as we enter a new phase in the relationships between the developed and underdeveloped regions of our planet and as we approach the new tasks that face us in our efforts to build a healthier and socially fairer world, a more profound exchange of ideas not only between Member States but also between each of those States and the other element in our Organization, represented by the Director-General and his Secretariat, has become vital. If there is a desire that WHO should play an innovative role in a new grand design, Member States have no choice but to assume their full responsibilities in the chain of command and in the decision-making process.

I am convinced that it will be the heartfelt wish of all of us to meet this responsibility by making a genuine contribution during this Twenty-seventh World Health
Assembly to the taking of decisions that will mark a new stage in man's eternal battle against disease and in his aspirations to a better quality of life.

2. ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMMITTEES

The PRESIDENT (translation from the French): We shall now pass on to consideration of item 1.8 - Adoption of the agenda and allocation of items to the main committees.

The provisional agenda prepared by the Executive Board (document A27/1) was sent to Member States and Associate Members 60 days before the opening of the session. This provisional agenda, together with the supplementary agenda (document A27/1 Add.1) which contains one item, was examined by the General Committee at its first meeting yesterday. The General Committee has made some recommendations concerning the agenda: these concern on the one hand changes in the agenda itself, and on the other the allocation of items.

We shall now consider, first, the recommendations of the General Committee concerning changes in the agenda. In regard to item 1.11 - Admission of new Members and Associate Members, the General Committee has recommended the addition of a subitem 1.11.2 - Application made on behalf of Namibia by the United Nations Council for Namibia for admission to associate membership - in compliance with the request for admission to associate membership submitted on behalf of Namibia by the United Nations Commissioner for Namibia, which was received by the Director-General on 2 April 1974. Document A27/WP/6, which was distributed this morning, refers to this request. Is the Assembly prepared to accept the recommendation of the General Committee that subitem 1.11.2 be added to its agenda? Since there are no objections, it is so decided.

Addition of a supplementary item to the agenda: in regard to the supplementary item contained in document A27/1 Add.1, the General Committee decided to recommend that this item, entitled "Agreement for cooperation between the African Development Bank and the World Health Organization", should be added to the agenda. Does the Assembly accept this recommendation of the General Committee? Since there are no objections, it is so decided.

Deletion of an agenda item: the General Committee has recommended that item 3.5 - Working Capital Fund, and its two subitems, 3.5.1 - Advances made to meet unforeseen or extraordinary expenses as authorized by resolution WHA26.23, part C, para. 2 (1) (if any), and 3.5.2 - Advances made for the provision of emergency supplies to Member States as authorized by resolution WHA26.23, part C, para. 2 (2) (if any), should be deleted from the agenda, since no such advances had been made before the opening of the Twenty-seventh World Health Assembly. Does the Assembly agree to delete item 3.5 and its two subitems from the agenda? Since there are no objections, it is so decided.

With regard to item 3.3.3 - Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution (if any), the General Committee has recommended that the words "(if any)" be deleted, since the item is to be considered by the Assembly. The reference to resolutions EB53.R20 and EB53.R21 should also be deleted, since the Members to which those resolutions relate, Uruguay and Venezuela, are no longer in arrears with their contributions to an extent which could invoke Article 7 of the Constitution. I take it that the Assembly agrees with these recommendations by the General Committee? It is so decided.

We shall now consider the allocation of items to the main committees. The provisional agenda of the Assembly (document A27/1) was arranged by the Executive Board so as to indicate the proposed allocation of items to Committees A and B, in accordance with the terms of reference of the main committees as laid down by resolution WHA26.1. In regard to item 1.13 - Contract of the Director-General, which was assigned to the plenary Assembly, the General Committee has recommended that it be allocated to Committee B, immediately after item 3.9 - Salaries and allowances, ungraded posts. Are there any objections? There being no objections I conclude that the Assembly decides to assign item 1.13 to Committee B.

Regarding the items that appear on the agenda of the plenary meetings - with the exception of item 1.13, which we have just allocated to Committee B - items 1.1 to 1.7 were dealt with yesterday; the Assembly is at present considering item 1.8; and items 1.9 and 1.10 must of course be considered by the plenary Assembly. In regard to item 1.11 - Admission of new Members and Associate Members, and its two subitems, 1.11.1 - Application for membership by the Republic of Guinea-Bissau, and 1.11.2 - Application made on behalf of Namibia by the United Nations Council for Namibia for admission to associate membership, the General Committee has recommended that those items be assigned to the plenary Assembly. Are there any objections? There being no objection, it is so decided. Items 1.14 to 1.18 will of course be dealt with by the plenary Assembly.

Lastly, the General Committee has recommended that supplementary item 1 - Agreement for cooperation between the African Development Bank and the World Health Organization
be allocated to Committee B. I imagine that the Assembly agrees to this recommendation of the General Committee. It is so decided.

The Assembly has thus adopted its agenda.1

3. ANNOUNCEMENTS

The PRESIDENT (translation from the French): The General Committee has recommended that the Technical Discussions should take place on the morning and afternoon of Friday, 10 May, and on the morning only of Saturday, 11 May, as indicated in the Journal. Are there any objections or comments? It is so decided.

I would remind you that the subject of the Technical Discussions this year is "The role of the health services in preserving or restoring the full effectiveness of the human environment in the promotion of health". This topic underlines the extremely important part played by human and social environment factors in the delivery of health services, and it is expected to provide us with a stimulating opportunity for an informal exchange of ideas and personal experience in that field.

We come now to our hours of work. The General Committee has fixed the following hours of work for the plenary meetings and the meetings of the main committees: 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 will meet at 12 noon or 5.30 p.m., depending on the circumstances.

The programme of work of the Assembly for today and tomorrow has been published in the Journal. Are there any objections to the proposed programme? Since I see none, it is adopted.

4. REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTY-SECOND AND FIFTY-THIRD SESSIONS

The PRESIDENT (translation from the French): We shall now move on to item 1.9 - Review and approval of the reports of the Executive Board on its fifty-second and fifty-third sessions. I have pleasure in giving the floor to the representative of the Executive Board, my dear and distinguished friend, Dr Ramzi, whom I should like to introduce to you before he reaches the rostrum: as a member of the Executive Board myself I am in a position to say that he directed its proceedings with a benevolence and graciousness which will not be forgotten. Dr Ramzi, you have the floor.

Dr RAMZI (representative of the Executive Board) (translation from the French): Mr President, fellow delegates, ladies and gentlemen, it is a great pleasure for me, and indeed an honour, to have this special privilege of presenting, in conformity with the Constitution of the World Health Organization, the reports of the Executive Board on its fifty-second session, which was held in Geneva on 28 and 29 May 1973, and on its fifty-third session, which was held in Geneva from 15 to 25 January 1974.

Before presenting my report I should like to congratulate our President, together with the Vice-Presidents of the Assembly and the Chairmen of the committees, on their election to the high offices which have just been conferred upon them. Mr President, since up to yesterday you were my colleague on the Executive Board, allow me to say that you are someone I know well and whose qualities I appreciate. I am certain that under your leadership the Twenty-seventh World Health Assembly will find new solutions which will strengthen the efforts WHO has been making for over a quarter of a century in the field of health and international cooperation.

Mr President and honourable delegates, I must begin by informing you that the two sessions about which I am speaking were marked, first, by the magnificent entrance on to our stage of the new Director-General, Dr Mahler, and of the new Deputy Director-General, Dr Lambo, and secondly by the fact that the proposed programme and budget estimates were studied by the Board for the first time in their new form of presentation and that the new presentation made possible a discussion that was of greater interest to the members of the Board, who are not financial experts, because it highlighted the development of the programmes as well as their financial implications.

I shall be addressing the Assembly only on the most important of the subjects that engaged the Executive Board's attention during those sessions. The text of the resolutions, corresponding annexes and reports is contained in Official Records Nos. 211, 215 and 216, which have already been distributed to all delegations. The present Assembly, moreover, will be dealing with many points in detail, and that will give Dr Henry and myself an opportunity to inform the Assembly of the Board's recommendations concerning them.

1 For the agenda as adopted, see p. 29.
At its fifty-second and fifty-third sessions the Executive Board considered a whole series of questions: WHO's role in the development and coordination of biomedical research; the quality of food on international flights; amendments to the Rules of Procedure of the World Health Assembly and of the Executive Board; the possibility of financing WHO activities in currencies other than US dollars and Swiss francs; head-quarters accommodation; organizational studies of the Executive Board; and the reports of 10 expert committee meetings covering a great variety of subjects. The Director-General reported to the Board on those meetings. His reports contained general information about each of the expert committees, a brief analysis of each committee's report, a summary of recommendations, and an account of their implications for the Organization's programmes. The Director-General also presented a report on the meetings of four study groups. In addition, the Executive Board was informed of the report of the Joint ILO/WHO Committee on the Health of Seafarers.

Mr President and members of the Assembly, you will remember that, since the Executive Board had considered it would be helpful if a review of one of the Organization's activities were submitted to it every year, the Director-General at the fifty-third session of the Board presented a review of the health education programme, in which he described some of the main features of the programme WHO has been carrying out during the last 25 years in the field of health education, and in which he highlighted certain objectives, concepts and technical guiding principles, and gave a few examples of the contributions made by health education in health programmes supported by WHO in certain Member States. The Board considered the review most interesting and, in its resolution EB53.R38, inter alia requested the Director-General to submit it, together with the comments of the Executive Board, to the Twenty-seventh World Health Assembly.

The Board was informed of the setting up of an expert advisory panel on neurology, which brings the total number of expert advisory panels to 44. At the end of 1973 the number of experts who were members of these panels was 2725. The Board was informed of the changes that had occurred since January 1973 in the membership of the expert advisory panels, including changes connected with geographical distribution.

The Executive Board selected as the topic of the Technical Discussions at the Twenty-eighth World Health Assembly "Social and health aspects of sexually transmitted diseases: need for a better approach". It also approved the nomination of Dr C. E. S. Weeratunge as General Chairman of the Technical Discussions that are to take place at the present Assembly on the following topic: "The role of the health services in preserving or restoring the full effectiveness of the human environment in the promotion of health".

The Director-General informed the Executive Board that in compliance with resolutions WHA7.6 and WHA18.46 he had taken action as to the classification of substances under certain international conventions on narcotic drugs.

One of the programme matters dealt with by the Board at its fifty-third session was WHO's role in the development and coordination of biomedical research. The Board examined a report on a study made by the Director-General with the help of consultants and of the Advisory Committee on Medical Research. The report covers the period from the beginning of WHO's intensified medical research programme in 1959 to the present, and makes a series of proposals. Throughout the study it was found that the most urgent need was to increase research resources and potentials in the developing countries. This is essential in order to enable them eventually to be in a position to carry out their own research, in their countries, where their particular problems arise, and to cease to depend on the outside world for a solution to those problems. Since the development of biomedical research requires the mobilization of all possible resources, the report urgently calls upon the Member States of WHO and voluntary agencies to make as generous contributions as possible to the Special Account for Medical Research of the Voluntary Fund for Health Promotion. The Director-General also requests Member States to help the Organization identify institutions and research workers of high quality and standing that would be prepared to collaborate in the Organization's research programme within a framework of collective activities.

After a thorough discussion the Executive Board decided, in its resolution EB53.R36, to transmit the report to the Twenty-seventh World Health Assembly together with the comments which had been made, and to recommend that the Chairman or other designated members of the Board should attend the sessions of the Advisory Committee on Medical Research and that the Chairman of the ACMR or other of its members attend stipulated sessions of the Executive Board and World Health Assembly.

In regard to the Board's organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States, a five-member working group had been instructed to draw up a report. The working group considered that the study was extremely important for the Organization's work and that
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any recommendation formulated on the subject would have repercussions on the functioning of the Organization at all levels. The members of the Executive Board agreed that the subject was an important and complex one and decided, by resolution EB53.R44, to recommend to the Twenty-seventh World Health Assembly that the study be continued for another year. The Executive Board also decided, by its resolution EB53.R45, to recommend that the Twenty-seventh World Health Assembly adopt the following subject for the next organizational study: "The planning for and impact of extrabudgetary resources on WHO's programmes and policy".

During their consideration of the proposed programme and budget estimates for 1975 the members of the Board emphasized the seriousness of the health situation created in Africa, in the Sudano-Sahelian zone, by the drought. The Director-General and the Regional Director for Africa informed the Board that the Organization had kept closely in touch with the governments concerned to help them to cope with the urgent health problems resulting from the drought, and that there had been close collaboration in that connexion with the United Nations Secretary-General, the Director-General of the Food and Agriculture Organization and other bodies and institutions in the United Nations system. In its resolution EB53.R46, the Executive Board noted with concern the immediate and long-term effects of the drought on the health and well-being of the affected populations and requested the Director-General to continue and intensify health assistance given to the countries concerned both to cover their immediate needs and in the preparation of medium- and long-term health plans. The Board also requested the Director-General to call the attention of Member States of WHO to the joint appeal of the Secretary-General of the United Nations and the Director-General of FAO to combat the continuing emergency and to prepare for the immediate and long-term needs in the Sudano-Sahelian zone, and expressed the hope that they would respond generously to assist in meeting the urgent problems involved. Lastly, the Board stressed the need to allocate an adequate share of the resources made available by that appeal for the implementation of immediate and long-term health activities in favour of the populations in drought-stricken zones.

The Standing Committee on Non-governmental Organizations examined requests for admission to official relations with WHO from three nongovernmental organizations and the Executive Board decided, in its resolution EB53.R57, to establish official relations with them. There are now 109 nongovernmental organizations in official relations with WHO.

In accordance with the provisions of Staff Regulations 3.2 and 12.2 the Board confirmed, by its resolution EB53.R5, the amendments to the Staff Rules which had been made by the Director-General, including those resulting from the incorporation of five classes of post adjustment into the base salary scales for the professional category and directors' posts, effective 1 January 1974. As a result of its deliberations on the subject the Board recommended, in its resolution EB53.R7, that the Twenty-seventh World Health Assembly authorize its President to sign an amendment to the contract of the Director-General providing for the incorporation into the Director-General's base salary of the equivalent of five classes of post adjustment and a corresponding reduction in the post adjustment element. The Board also decided, by its resolution EB53.R8, to maintain the status quo with regard to the non-application of minus post adjustments in WHO for the time being and to re-examine the issue at its fifty-seventh session in the light of the circumstances prevailing at that time.

The Standing Committee on Administration and Finance, of which Dr Henry - who, together with myself, is representing the Executive Board - was the able Chairman, met during the week before the fifty-third session of the Executive Board and made a detailed examination and analysis of the proposed programme and budget estimates for 1975 submitted by the Director-General, in its new form of presentation as it appears in Official Records No. 212. The Standing Committee's report was presented to the Executive Board, which in its turn examined the proposed programme and budget estimates in the light of the Standing Committee's comments and recommendations; it approved the estimates given in each of the sections of the Appropriation Resolution and decided, by its resolution EB53.R22, to recommend unanimously that the Twenty-seventh World Health Assembly approve an effective working budget for 1975 of US $115 240 000. This represents an increase of 5.92% over the 1974 figure, including the supplementary estimates approved for that year. As is explained in the Executive Board's report, almost the whole of the increase in the budget proposed for 1975 is necessitated by increases in cost of maintaining the 1974 staff level and continuing current activities.
In the course of its deliberations the Executive Board also reviewed the terms of reference of the Standing Committee on Administration and Finance in the light of the new presentation of the proposed programme and budget estimates. The Board's discussions on this question are given in paragraphs 42-57 of Chapter II of Official Records No. 216 (pages 62-64). Resolution EB53.R35 contains a resolution which the Board recommends to the present Assembly for adoption.

During its consideration of the proposed programme and budget estimates for 1975 and the supplementary estimates for 1974, the Executive Board was informed that the Government of the People's Republic of China had made the generous gesture of declining the assistance envisaged to be given by WHO as approved for 1974 and proposed for 1975. In its resolution EB53.R25 the Board expressed its gratitude to the Government of the People's Republic of China for thus releasing the funds originally earmarked for that purpose, which would enable the Organization to increase its assistance to the countries most in need of it.

Mr President, the fact that I have been the Chairman of the Executive Board for the past year has been a great honour, and a great privilege, for me and for my country. Allow me in conclusion to pay a special tribute to all the members of the Board for the way in which they have discharged their duties. Their task was a difficult one, the questions they had to examine and the decisions they had to take were by no means simple. Nevertheless their discussions and deliberations were, invariably, marked by a spirit of mutual understanding and cooperation.

Many of the points I have just briefly touched upon and others besides will be considered in greater detail by the Assembly and by the two main committees. Dr Henry and I, as representatives of the Executive Board, are ready to give the Assembly and the committees any help they may need.

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The PRESIDENT (translation from the French): Thank you, Dr Ramzi, for your full and excellent report. I should also like to take this opportunity to pay a tribute to the work done by the Executive Board, and in particular to express our gratitude and thanks to the eight out-going members.

5. REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1973

The PRESIDENT (translation from the French): We shall now, if you have no objection, pass on to item 1.10 - Review of the Annual Report of the Director-General on the work of WHO in 1973. I have very great pleasure in giving the floor to the Director-General, Dr Mahler.

The DIRECTOR-GENERAL: Mr President, honourable delegates, ladies and gentlemen, it is my privilege and pleasure to present to this Assembly the Annual Report on the Work of the World Health Organization in 1973. You will find this in Official Records No. 213.

Mr President, rather than try to summarize my introduction to this document, I should like with your permission to present you with a summary of the philosophy and the attitudes that have been guiding me since I assumed the post of Director-General, and which I believe should continue to guide me in the coming years. I hope that this statement will stimulate you, distinguished delegates, to express your opinion about these concepts, to indicate whether you agree or disagree with them, and, particularly, to explain why. I hope, too, that somehow this statement may provoke you into giving me adequate guidance as to the direction you want your Organization to follow in future years.

Through the inspired vision of its founders, WHO has a Constitution which clearly identifies its mission. If there is a need to restate this mission, I suppose it has to do with the phenomenon that sometimes there is a blurring of vision with age. When you consider the very rapid rate of turnover among delegates to the World Health Assembly, in the membership of the Executive Board, and in the staff that make up the Secretariat, perhaps it is not so surprising that from time to time you have to try to bring this Organization's mission back into focus.

The Constitution of the Organization states its objective - the only objective - in these words: "The objective of the World Health Organization . . . shall be the attainment by all peoples of the highest possible level of health."
I hope, distinguished delegates, you note that this is an objective to be attained "by all peoples" and not by the Organization or its various organs. These organs are listed in Article 9 of the Constitution, which states that the work of the Organization shall be carried out by the World Health Assembly, the Executive Board, and the Secretariat. You may think there is a contradiction here. I think not; on the contrary, I think there is great clarity. It is the constitutional obligation of all WHO's organs to work for the attainment by others of the highest possible level of health, and not for the glory of any of the Organization's constitutional organs or the satisfaction of the Secretariat, although clearly these will follow the more aggressively we move towards the ultimate objective.

The functions of the Organization are also quite clearly stated in the Constitution; and there are 22 of them. But the first one is "to act as the directing and coordinating authority on international health work". With your permission, I will repeat this: "to act as the directing and coordinating authority on international health work". This unequivocal phrase entrusts the Organization with a function entirely its own, whereas the provision of technical assistance, which is mentioned lower among the various functions, depends upon the request or acceptance of governments. It is therefore, in my opinion, quite evident from the Constitution that WHO is much more than just another international health organization, or just another international funding agency. It has quite clearly been given a leader's role to play in international health, and yet, being international and not supranational, it has no constitutional powers to impose its policies on Member governments. But in my opinion, herein lies precisely the Organization's strength, on the one condition that it can maintain dynamic leadership in health matters by providing a consistent stimulus to thought and action, by pioneering in the solution of difficult public health problems, and above all, by daring to innovate in the face of conventional wisdom. Leadership implies the ability of others to follow, and the art of leadership implies the ability to create in others the desire to follow. I should like to add that innovation and pioneering, of course, should not be confused with the premature application of esoteric health methodologies that are still not understood.

The pride of place that has been given in the Constitution to WHO's coordinating role makes it vital to understand what coordination is all about. In my opinion, it essentially implies a technical leadership that aims at bringing the right solution to bear on the right problem with the right quality and amount of resources at the right time and place. Certainly it is not the bureaucratic harmonization of indifferent programme activities.

What, then, are the right problems for WHO's priority attention? Among the technical criteria for selecting programme areas for WHO's involvement, I think, are that the problem must be of major public health importance, that its solution must depend on international collaboration, and, above all, that WHO's involvement will make a significant impact on its solution. Among the organizational criteria are that such programme areas should be reflected in the Constitution, in the General Programme of Work Covering a Specific Period, or in the decisions and resolutions of the Assembly and the Executive Board or of the Regional Committees, or that there is a specific request for help from a particular government. And this is precisely why I think it is legitimate and urgent for the Organization to enter into very critical dialogues with the Member States in order to identify the high-priority health needs of their peoples; because I think such dialogues could help to eliminate indiscriminate acquiescence in requests for assistance to solve problems that have only a very marginal relationship to the health needs of the peoples.

When the right problems have been decided upon, the question of the right solutions to those problems arises. There unfortunately continues to be a very strong tendency to transfer to developing countries health technologies that have taken root in the industrialized countries. Personally, I think WHO's motto should be: "Don't adopt - adapt." Whenever possible, attempts should be made to devise simple yet effective health technologies that can be applied by auxiliary personnel to assist in meeting the needs of those hundreds of millions of people who today have no access to more sophisticated health care. On the other hand, this adaptation is not a one-way process; there are outstanding examples in this Organization's history of health technologies which, having proved efficacious and economical in developing countries, were later widely applied in developed countries. I think the Organization is very fortunate in being able to draw upon experts from every corner of the world, and it becomes our obligation to ensure that the requisite expertise from the requisite number of varied disciplines is brought to bear conjointly on the problems to be dealt with.

Once the appropriate solution has been found, we come to the difficult problem of the resources to be used for applying it. Quite clearly, those resources are first and
important aspect of WHO's coordinating role to make sure that the priority national
by the resolutions and decisions of previous Health Assemblies. This is one very
General Programme of Work, and that General Programme of Work is clearly heavily influenced
level and programmes aimed at the solution of these priority health problems could be
country health programming, priority health problems could be identified at the national
Problem. Above all, it is a question of training national personnel and, as a corollary, the
is very important always to examine whether they make a direct or indirect contribution
to the health situation within countries. The Organization's Member States are not only
the main foci of its activities, they are also its highest constitutional authorities. I
to say, the right place for them - is obviously linked to the question of responsibilities
for conducting these activities. I think that the primacy of these activities within
countries is unequivocal. In relation to other activities at any other level, I think it
is very important always to examine whether they make a direct or indirect contribution
to the health situation within countries. The Organization's Member States are not only
the main foci of its activities, they are also its highest constitutional authorities. I
believe it is a duty of all of WHO's constitutional organs to impress on Member States
the importance of their active collaboration in identifying a consistent approach to
solving their individual priorities. The Organization can have no set of priorities
different from those of its Member States. Ideally, by some kind of process such as
country health programming, priority health problems could be identified at the national
level and programmes aimed at the solution of these priority health problems could be
identified. It is those very programmes that are the key to the whole health situation,
which was not followed up by the training of the requisite personnel or not
followed up by adequate grants to cover current expenditure in subsequent years, has left on
the whole an indifferent situation behind it, and in some instances it has frankly had a very
detrimental effect on particular countries receiving such investment. Here again, I
strongly believe that WHO should be increasingly involved in focusing international
attention on priority health problems and in assisting Member countries to obtain and use
assistance that will help them in solving these problems. Similarly, the Organization's
coordinating function should be much more aggressively used in harnessing national
resources, particularly those from countries with highly developed health service systems,
to move forward in programmes for the collation, analysis and dissemination of specific
health and health-related information that very often will be of mutual benefit both to
the developed and the developing countries.

I now turn to the question of the right time. I think it is very important that
the time horizon for WHO's programme should be anticipatory rather than retrospective.
The Organization must be very careful not to continue concentrating on a problem that
has reached the stage at which it can be better taken care of by national health
authorities or by another international organization, even if WHO has played a pioneering
role in providing the solution. On the other hand, we must keep a constant watch for
newly emerging problems that will require WHO's attention. We should make very vigorous
attempts to anticipate them and to propose trial solutions of such problems. It is
certainly not only more biomedical research that has to be promoted, but I think, even
more, the prompt application of research findings. It is sad to say that if all the
findings from biomedical research and from health practice research were applied today,
the state of the world's health would be infinitely superior to what it is now.
Similarly, in the planning of health programmes, we must pay adequate attention to the
future, particularly realizing the long time that normally elapses between planning and
implementation. It is, of course, much easier to plan in relation to the present and
easier to plan in relation to the past; but the necessity and the difficulty of planning in relation to the future are, in my opinion, precisely the challenge that is
meet for WHO's coordinating role.

The question of where and at what level WHO's activities are most indicated - that is
to say, the right place for them - is obviously linked to the question of responsibilities
for conducting these activities. I think that the primacy of these activities within
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level and programmes aimed at the solution of these priority health problems could be
identified. It is those very programmes that are the key to the whole health situation,
health programmes and the Organization's General Programme of Work are not contradictory but complementary. All this should have the effect of making country requests for WHO assistance consonant with their real needs and, in turn, of converting this Organization’s programme into a rational response to those needs and those requests.

Mr President, I drew attention earlier to the difference in quality between the Organization's coordinating and technical assistance functions. One might, then, ask: How should the technical assistance function be adjusted in the light of the principles I have tried to outline? In my opinion, the time has come to start emphasizing programmes rather than projects, and to graduate from the smaller-scale projects to the larger-scale development projects. In all this, you will realize, there must be no hint of a donor-recipient relationship - nor any hint of technical arrogance - between the Secretariat and Member States. Small projects quite obviously are easier to identify, easier to formulate, easier to manage; but if you look into WHO's assistance in the past, you will see that these small projects have often taken the form of fragmented, unrelated efforts that really have been only very marginal to the solutions of problems that are of real concern to individual countries. In recent years, the systems analysis approach has been made use of in various developing countries for formulating development projects that have a clearly defined impact on priority health problems and do not simply constitute an enumeration of the various investments that have to be made. On the other hand, if you look at many national programmes and many national services, they do not appear really to be aggressively focused on the priority health problems of the country. And this is the reason why I think that this systems analytical approach should now be turned more and more towards the programme aspects in the countries concerned.

This would lead, I believe, at country level to a much sharper definition of what are really the national health policies; what are the defined programmes aimed at solving these priority problems; and what are the strategies and the development projects that will make the whole thing move forward at a respectable pace. This, however, does demand very careful formulation and very good management. It is very important that there should be an aggressive national identification with this, and that WHO's role should only be that of a coordinating partner, covering all the external technical and financial inputs to this process.

At regional and at central levels, I think this analytical approach to WHO's programmes should help us to overcome an all-too prevalent inertia and lead us to formulate programmes for clearly defined, realistic purposes, whether for the support of individual national programmes or for the solution of regional or global problems. This is precisely where the Organization's technical assistance role meets with its coordinating role, in that the technical programmes are made to conform with the principles of coordination I have tried to outline.

I should like in this context to emphasize that the promotion of health is inextricably linked to the promotion of other social and economic endeavours. And I think WHO has to become much more prepared psychologically to shed the last fragments of the shell of health isolationism and to be able to work together with all the other organizations of the United Nations system which are concerned about social and economic development, as well as with other agencies of a bilateral or multinational nature that wish to be involved in programmes of common concern.

All this, Mr President, distinguished delegates, is a long-term process. But in the course of time, the stresses and conflicts that have somehow arisen through the opposing pulls of technical assistance and coordination will, I believe, gradually diminish and eventually disappear. Obviously the speed of achievement cannot be imposed on anybody. Even supposing that the Secretariat can attain a rapid rate of progress towards these aims, it is still obviously for each individual country to decide on its own speed of progress. But in view of the great length of time that normally elapses between the conception of any complex plan and its ultimate realization, I humbly submit for your consideration that we must make a start now.

It is evident that the fulfilment of the Organization's mission depends to a large extent on innovation, but it is also apparent that innovation does not necessarily depend on starting new activities; it very often is only a question of a new approach to existing activities. But, above all - and I want to underline this as forcefully as I can - WHO's mission must be properly understood, accepted and articulated by its constitutional organs and its Member States; without that we shall fail. The World Health Assembly must bear this in mind when it adopts its decisions and resolutions; the Executive Board must bear it in mind when it translates the Assembly's resolutions and decisions, and particularly when the Board prepares the General Programme of Work for a specific period for submission to the Assembly; the Regional Committees must bear it in mind when they consider problems of regional interest,
Surely the Secretariat should play an essential role in promoting and supporting cooperation between Member States for the attainment of the constitutional objective of the highest possible level of health for all peoples. For the Secretariat a deeper understanding of this role is critical at this juncture in WHO’s history. We also have to realize that we have no right of independent existence as a Secretariat without the collaboration of the Member States. But I do think that, if we succeed in understanding this role, the Secretariat will be able to promote the climate of confidence in its relations with Member States without which we shall not move forward towards the fulfilment of the constitutional mandate.

Mr President, WHO’s mission is firmly rooted in its Constitution. This Constitution does not change, but in the face of new challenges the programmes based on it must constantly move forwards in a state of perpetual evolution. (Applause)

The President (translation from the French): You have all thanked Dr Mahler by vigorously applauding him. I thank him too, on my own and on everyone’s behalf.


The President (translation from the French): With your permission we shall now begin the general discussion on items 1.9 and 1.10, that is, review and approval of the reports we have just been dealing with. I should like to remind you of the terms of resolution WHA26.1 on the method of work of the Health Assembly, and in particular of those of paragraph 6, in which the Assembly recommends that:

"(1) delegations wishing to take part in the debate on the Annual Report of the Director-General and the reports of 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;
(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 be handed to Mr Fedele, to assist in the interpretation and transcription of the proceedings.

Delegates will speak from their seats. As is customary, a system of lighting has been installed: at the ninth minute the light will turn amber and, at the tenth minute, red - which indicates to the speaker that the time allotted to him is running out.

I shall now ask the honourable delegate of Mauritius to take the floor.

Sir Harold Walter (Mauritius): Mr President, my colleagues, distinguished delegates, ladies and gentlemen, in congratulating you, Mr President, on your accession to high office, it is customary to thank the outgoing President for her excellent work. This I do with much pleasure.

The advent of new management is always an occasion which should be highlighted, if only to renew a pledge of cooperation and goodwill. This Assembly meeting provides the first formal opportunity for observing on Dr Mahler's incumbency as the new WHO Director-General in succession to Dr Candau, and Dr Lambo as successor to Dr Dorolle. Even at the risk of repetition, my delegation and my country wish Dr Mahler and Dr Lambo a very long and fruitful association with their current assignments. As we reiterate our appreciation of Dr Candau’s and Dr Dorolle’s brilliant and outstanding contributions to the work of the World Health Organization and thereby to the good health of mankind, we usher in Dr Mahler and Dr Lambo as very worthy successors in whose judgements, understanding and abilities we would like to place the confidence and faith of one and all for the attainment of the high ideals entrenched in the WHO Constitution.

Hippocrates, the father of medicine, 400 years before Christ, made the statement that "time is short, the art long, the occasion instant, the decision difficult". This appears to be the problem that faces WHO at the present juncture. Analysing the situation, the Director-General quite rightly draws attention to the dangers of complacency. Were we in the course of a survey to relish lush valleys and luxuriant
vegetation and to ignore bleak and desolate stretches! Not only should we, then, harness all efforts in a continuing battle, but the determination and the urge must also be stronger and more exacting.

Coupled with the intensification and continuance of our efforts is the need for a resolute re-examination of the dynamism and the objectives set for the various programmes. There have undoubtedly been changes: changing values in society that have joined the imperatives of tradition to the requirements of a modern technological world, but also changing demands of all countries, developed and developing, as new concepts, progressive ideas, and affluent norms cause an upheaval in exigencies and aspirations, in levels of satisfaction and in greater degrees of capabilities. Changing values and changing demands, therefore, place a desirable obligation on the legitimate acknowledgement of a critical reappraisal of the role and activities of the World Health Organization.

It is in this context of a two-pronged premise for the future course of WHO action - a constant reviewing of circumstances and purposes - that one should be reminded, if needs be, of the basic doctrine underlying my country's planned health programme. It is agreed that societies undergoing economic growth must refashion their structures if they are to accomplish what the compulsions of economic growth set before them. This fundamental precept has been extrapolated as one of the guidelines to my country's four-year health plan, where the accent is placed on the extension of preventive and environmental health services, the reorientation of the medical services to shift the emphasis to preventive and promotive health measures, and the strengthening of health services as a whole. This tendency is further exemplified by the nature and scope of the projects which are under way with WHO assistance. These are: (i) strengthening of health services; (ii) health manpower development; and (iii) review and consolidation of health legislation.

Under the first project, three schemes operate, the first of which would expire at the end of this year and which has as its main target the development of basic health services. It is reported that the failure to promote the development of basic health services and to improve their coverage and utilization represents a sore patch on WHO achievements as well as those of Member States. It is our hope that we may benefit from past experiences and that our efforts will be successful. In any event, this scheme is regarded as the overhauling process that will activate the various forces for meeting the population pressure as well as the rising expectations of the community. This is why we propose putting more than our heart to it.

The second scheme under this first project refers to the proposal to develop, within the framework of the health services, population activities to promote family health and welfare through the reorganization and strengthening of existing maternal and child health services, and the integration of family planning activities. In this connexion, it would be well to reaffirm the stand taken by Mauritius in its efforts to curb population growth and to improve maternal and child health. The population control programme is already an accepted fact of Mauritian life; so much so that the immediate consideration has moved well beyond the first stage of traditional barriers and social fears. From an appraisal of statistics and progress reports, it is evident that the national campaign has reached the point where work in depth and breadth is needed. This scheme thus assumes a considerable importance at this point in time. In this World Population Year, a greater awareness has been given to the problem and Mauritius, we are proud to say, rises to the occasion.

The third scheme is a nutrition and health education programme. The aim is to study the food habits of the different communities in Mauritius and to prepare balanced diet sheets for various levels of household income. This is a scheme which reflects the spirit of the theme for this year's World Health Day and finds its proper place in the socioeconomic changes which beset Mauritius. The process will naturally be a long-term one, although the benefits cannot be underestimated.

We now come to the second project - the health manpower development. The Government is giving priority to the training, within the country, of environmental health and nursing staff. Much progress has been achieved, but sufficient levels have not been reached yet. This is an on-going project and assistance is given by providing teachers in sanitary engineering, and fellowships. In the latter case, it would not be inappropriate to make here an appeal for an increase in allocation such as will permit the maintenance of present or increased numbers of fellowships on which depends, to a major extent, the successful completion of the project. The picture would be rosier if WHO could stress to other countries that the removal of the obstacles that prevent us from placing for training our public health, psychiatric and midwifery tutors would be conducive to speedy implementation of our projects.

After having referred to the programmes in operation in Mauritius, in the success of which WHO has been and is being immensely instrumental, may I now speak of a highly significant milestone in the public health achievement. In November last, as a result
of reviewing the areas in which malaria eradication programmes have been completed, Mauritius became one of the countries included in the register of countries in which eradication has been achieved. With this achievement, a major breakthrough has happened and, unlike the inexcusable under-reporting of epidemiological information to which reference has been made elsewhere, let us hope that Mauritius will reap the benefits of malaria eradication not only in the health sphere but also in the fields of tourism and export trade. The opportunity is ripe for paying tribute to the ceaseless efforts and wide assistance provided by WHO, its services and its personnel, to all those who contributed, in one way or another, to the realization of this goal. Our task now is to maintain surveillance and not to lose the momentum.

At times of stocktaking, or of mid-term evaluation, or of planning and forecast, one is always tempted to fall into either of the two extremes - satisfaction and complacency with relaxing of effort, on the one hand, or cries of dismal failures and inability, on the other. Both are incorrect attitudes in health, since, as Hippocrates reminded us, the art is long. I am here reminded of one of the canons of emergency first aid and, as with our national malaria eradication programme, let me tell you of this first aid principle. It is: "Do not give up". I dedicate the Mauritian Government's health programme to this principle.

(The speaker continued in French): Mr President, since you addressed us in French, I shall return the compliment and say a few words now in that language about the assistance given by WHO. Though of course financial and other resources at national level enable more to be accomplished than it is possible to achieve with the limited resources of WHO, we must frankly recognize that this in no way affects the Organization's essential role and that WHO remains the hub of all action and coordination for the improvement of world health. We see this Organization as the motive force, infallible guide and pole star of the various currents of action that have been and are still tirelessly working for the common good of mankind. We are being asked to maintain a continuous dialogue with the Organization's technical services and to strengthen the existing links between the health administrations of Member States and WHO. Such an appeal cannot but have a favourable response. Achievement of the objectives set by WHO depends as much upon the Member States as upon WHO itself. It is this we want to stress: the indivisible whole required for carrying out our programmes successfully. The developing countries have finally come to realize that health is basic to their social, economic, cultural and political progress. Rather than individual efforts, it is concerted activity that is able to raise the level of health of the peoples and of the Regions. And concerted activity is a meaningless expression without the benevolent and generous help of WHO, which I take this opportunity to applaud.

(The speaker resumed in English): In conclusion, therefore, we can say that we have broken with the past and we look forward to future developments with a sense of greater determination, with hopes of fruitful realization and with meaningful awareness of the tasks that lie ahead. In all of these, the common denominator is the assistance provided by WHO. This assistance, in turn, has a firm basis in the goodwill and reputation of the Organization as a means of promoting health, discouraging disease, prolonging life and above all, enriching the quality of life.1

The PRESIDENT (translation from the French): Thank you, Sir Harold Walter, for your courtesy in speaking in two languages. I now give the floor to the honourable delegate of Malaysia.

Mr LEE (Malaysia): Mr President, distinguished delegates, the Director-General, ladies and gentlemen, I am very happy to be in Geneva again and to have this opportunity to address this august gathering of the Members and Associate Members of the World Health Organization and representatives of the other United Nations agencies. I am glad to convey to you, Mr President, and all the Members of the Organization, the good wishes and warm felicitations of the Government and people of Malaysia. The delegation of Malaysia is confident that, with your vast experience and able leadership, the Assembly this year will again be a success, and we look forward to yet another year of fruitful activities by the Organization. Permit me, Sir, to join the previous speakers in congratulating you on your election to the high office of President. My delegation's congratulations also go to the Vice-Presidents and the Chairmen of the two main committees.

The Director-General's report has as usual been most lucid and I am sure all the Members of the Organization will take heed of his advice. Dr Mahler is no stranger to Malaysia, as he has been closely associated with the officers of my Ministry in developing the project systems analysis, a new methodology in health planning. I am very proud that

1 The above is the full text of the speech delivered by Sir Harold Walter in shortened form.
the Organization has again requested the participation and collaboration of my officers in the Planning and Development Division of my Ministry in further refining the PSA methodology and developing the project implementation and management aspects of the methodology. Malaysia will gladly provide all the support and assistance it can within its available resources for this project, as we believe that the PSA methodology has the potential of becoming a useful health planning technique which can be adopted by all Member countries in their health planning process.

I must congratulate the Director-General on the fine way he has managed the affairs of the Organization in his first year of office and I have every confidence that his drive and enthusiasm will steer the Organization to greater achievements in the coming year. Malaysia will be hosting the meeting of the Regional Committee for the Western Pacific this year in September and I hope the Director-General will be able to attend it.

Our appreciation and grateful thanks also go to our Regional Director, Dr Dy, whose continued assistance and collaboration has made it possible for Malaysia to host numerous regional and interregional seminars and conferences and to conduct a six-week country training course in health planning during the past year. We are most grateful to the Organization as a whole for making it possible for the officers of my Ministry to attend the many and varied seminars, workshops and conferences overseas. We are also appreciative of the fellowships to enable our officers to undertake postgraduate courses abroad, and for the consultants and advisers for our various public health programmes.

The future of health services in Malaysia is embodied in the second Malaysia development plan for the period 1971-1975 and it will determine the course of development of the health services in the 1970s. The health plan is part and parcel of the Government's total socioeconomic programme, based on our new economic policy. The new economic policy marks a new phase in the economic and social development of Malaysia. It is designed to eradicate poverty among all Malaysians, irrespective of race, and to restructure Malaysian society in order to eradicate racial economic imbalance in the context of an expanding economy, leading towards the creation of a dynamic and just society. Therefore the present strategy of the health plan is designed to promote the health of the individual and the nation as a whole, so that it can measure up to the needs of the country's economic development and continuing social progress.

In drawing up the health plan, an attempt has been made to define the health problems of the population living in the urban and rural areas so that the right or proper emphasis can be placed on the different problems. The health plan is basically one which aims at (i) consolidating the existing health services; (ii) the proper distribution or location of new facilities to ensure an equitable distribution of these to areas that need them most; and (iii) the upgrading of facilities to ensure a better standard of health care which would maintain a steady progress of health improvement.

The morbidity and mortality patterns of diseases seen at the hospitals are changing significantly to reflect the social and economic advancement in the country. There is a significant decline in communicable diseases and a steady increase in accidents and organic diseases, indicating the emergence of an affluent society.

In spite of our achievements in health, we are still short of our desired objective. There are still many areas of health which await our attention because the limited resources available had to be deployed to areas that require our immediate attention and where the yield is greatest. I would like here to suggest and request the developed countries to provide more positive assistance to developing countries by making available expertise and facilities for the training of professional and paramedical staff for the health services.

In the field of health, besides consolidating and expanding the existing programmes like the rural health services and the national programmes for the control or eradication of tuberculosis, malaria, leprosy, yaws and filariasis, we have now started paying attention to environmental pollution and industrial health. The Government of Malaysia is increasingly concerned with the overall problems of environmental pollution in its various forms. The current pace of industrialization, the spoilage of land by mining operations, increasing deforestation for agricultural expansion, the increasing use of agricultural fertilizers and pesticides, rapid urbanization, increased motorized transport, are some of the major causes of environmental pollution in Malaysia. Measures to overcome these problems are merged in various pertinent health programmes in the second Malaysia plan, as well as in other relevant health campaigns undertaken by various agencies of Government. The Ministry of Health, besides intervening directly, will also coordinate all the anti-pollution activities and programmes of other agencies.
Mr President, you will appreciate that this is a new field in which we are venturing, and we therefore look forward to assistance from the developed countries, which have had the experience and expertise to resolve such problems.

In order to consolidate our gains achieved in the field of health, we are now paying more attention to nutrition, family health and school health programmes. In the field of dental health, we are fluoridating the water supplies on a national scale.

The patient-care services have been improved considerably. We have expanded these services to areas where none existed before and at the same time we have made every attempt to raise the standard of the present facilities. For example, we had in 1957 only 47 specialist departments in our hospitals, but today there are more than 200 specialist departments at the basic, secondary and tertiary levels all over Malaysia.

Mr President, this short résumé of health activities and improvement in Malaysia will give the Assembly some idea of the magnitude of our undertaking, in which my Ministry is involved not only in expanding the medical, health and dental services, but in consolidating and improving them.

The magnitude of our facility development programmes will have to be matched by our ability to staff them adequately, in order to deliver the services effectively and efficiently. Hence, medical manpower development has been given the high priority that it deserves. The staffing situation has greatly improved through the positive and dynamic measures we have taken in expanding our capability of training all categories of medical, health and dental staff at both the professional and subprofessional levels.

We have not confined ourselves to merely providing the basic services, but have made every effort to upgrade the services to specialty levels. Here, too, we have been developing our capability to provide, locally, courses and examinations at postgraduate level which have reciprocal recognition by overseas universities and examination bodies. The formation of our own colleges of surgeons, physicians and general practitioners will provide the added impetus for more rapid expansion of our postgraduate training programmes. Cooperation and collaboration with regional health and educational organizations will further foster and strengthen our training programmes.

Mr President, you will appreciate that Malaysia, a developing country, has made an earnest attempt to achieve self-sufficiency in medical manpower production. I am sure every other developing country in similar circumstances is or would be aspiring to attain self-sufficiency in this area. However, our sincere efforts are being dampened by the migration or brain drain of trained medical personnel, both at the professional and para-medical level, from developing countries to developed countries. One would have expected the reverse, that is, the developed countries helping out the underdeveloped and developing countries by providing more and more training facilities, especially at the professional level. This unfortunately is not so, instead every year, we see a progressive decline in the number of places offered by developed countries to the developing countries. What is more disturbing is that the developed countries have placed no restriction to the migration of professionals from the developing countries. I would like here to make a plea to the developed countries and the World Health Organization to intervene in this matter and discourage such detrimental migration of professionally trained personnel from the depressed areas of the world.

The membership and the universal population coverage of the World Health Organization has increased considerably since its inception in 1948. It will be recalled that the regional groupings of Member countries were first conceived when the Organization was first established. It may now be an opportune time to consider a revision of the original regional groupings of Member countries, which were made from the point of view of administrative convenience at the time the respective Member country joined the Organization, rather than from the more important common factors which countries share with each other, such as common boundaries, identical health problems, common languages, etc. It is suggested that when considering the redelineation of the existing regional groupings, factors of mutual interest and concern which would promote better health and understanding of the countries in the newly reconstituted regions would prevail.

Mr President, I wish to thank you for this opportunity to address this august assembly, and, in conclusion, may I extend my delegation's sincere appreciation of the dedication and diligence of the staff of this Organization, whose efforts have made this world a healthier place to live in.

1 The above is the full text of the speech delivered by Mr Lee in shortened form.
The PRESIDENT (translation from the French): I thank the honourable delegate of Malaysia. I now give the floor to the delegate of Morocco.

Dr RAMZI (Morocco) (translation from the French): Mr President, Mr Director-General, ladies and gentlemen, I should like first of all to congratulate the President, the Vice-Presidents and the members of the General Committee who have been elected by this Assembly. With their guidance the various discussions we are going to hold will, we are sure, have positive results.

While every Member State is more or less directly affected by the health situation prevailing in the other countries, and while our work should enable each of us to obtain, if possible, a more exact knowledge of the real facts regarding the various health problems in the world, of advances in techniques and their application, we must also be able, as national and international authorities, to select the measures that strike a proper balance between the desire of some for efficiency, and the need to cause as little inconvenience as possible to others. And we have every confidence that the World Health Organization, one of whose chief functions is the coordination and dissemination of knowledge and information, will devise the means to reconcile the desire of the rich countries to protect their nationals' health even outside their borders with the desire of other nations that their socioeconomic plans, their plans for tourism or just their health plans, should not be compromised by the laying down of excessively strict and unsuitable measures, or by the public's being kept in a state of unwarranted anxiety.

The Executive Board and the Director-General have deplored the deterioration of health services in many countries. Of the reasons they give, the rate of population increase heads the list. That is also our opinion. The most far-reaching health plans are in danger of being brought to nothing by the rapid population increase. There is a steadily worsening disequilibrium between the needs to be satisfied and the means available, whether they be financial resources or personnel. Many governments and many people are already showing a certain amount of discontent with health services that appear to be having more and more difficulty in meeting basic needs.

To avert the danger we must launch resolutely out upon a policy of family planning, and support what is being done by the United Nations, which is very properly linking together population problems and nutritional problems, for success in the struggle against malnutrition depends primarily upon the success of programmes for reducing the birth rate.

The Director-General has said a great deal about the coordinating function WHO ought to have at country level and about the fear of seeing the Organization reduced to the role of mere administrator of the assistance it gives States. Though it is right that this function and this assistance should be constantly evaluated and modified, it must never be forgotten that while that is being done care must be taken to avoid producing the ambiguous situations that arise when account is not taken of local health structures, national competency and the nature of countries' priority programmes. WHO experts must follow the trend of national activities, or they may find themselves in a conflict situation, such as arises when they try, deliberately or otherwise, to redirect programmes - for which they are in any case not responsible - along lines that suit them but that are not necessarily the most suitable, or when they set themselves up as critics or mentors of national health services.

While malaria control, in regard to which WHO has been engaged in large-scale concerted action, has not been as completely successful as might have been hoped, the results are nevertheless definitely positive. The progress made will undoubtedly depend upon the expansion of basic health services in rural areas, as we have repeatedly pointed out. But the work that is now being done, in particular on malaria vaccination, permits optimism about the future, as was stated at the international symposium on malaria research held early last month in Morocco. I should like to say once again how appreciative our country was of the honour of being selected as the venue of that symposium, which was most instructive in a number of ways.

Our work in control of communicable diseases and malnutrition should help us to define more clearly the ultimate objectives of public health services, to decide upon priority objectives in relation to available means - in a word, to plan a progressive health policy aiming at catering for the essential needs of the whole of the population by an increasingly close network of hospital and outpatient services covering the whole territory. The activities of such a systemized infrastructure must be integrated into programmes constantly readjusted to take account of developments.

Thus, thanks to recent advances in therapy, the control of mental diseases should be progressively integrated into the health services, in the same way as tuberculosis control, after the necessary field trials have been carried out.
I cannot conclude this brief statement without mentioning three important points.

The first is the training of qualified personnel, which has constantly engaged our attention; in the case of medical and paramedical personnel alike, the meeting of needs, as regards both quality and numbers, must be the first consideration, since we know that is the prerequisite for a still speedier rise in the level of health in our countries.

The second point concerns pharmaceutical products, upon which any improvement in health depends. I shall not go into this in detail, but I should like to draw your attention to the increase in prices, and to the possibility that essential raw materials may become scarce, with the result not only that the development of national industries indispensable to a country's needs may be compromised, but also that the treatment of certain diseases may become difficult or even impossible. We have succeeded in virtually solving the problem of quality control, but we are uneasy about the present overconsumption, or rather, the excessive and purposeless consumption of drugs - a veritable pollution by drugs. There are many myths to be destroyed here, and risks people must be made aware of; we shall support any efforts made to ensure that this is done.

Before I conclude I must mention our concern about the fate of the Sahel peoples and of the Palestine refugees, and express the hope that WHO will take more far-reaching action to come to their aid.

Lastly, I have pleasure in conveying to this honourable Assembly the good wishes of our sovereign, His Majesty the King, for the success of its work and for improvement in the level of health of all the peoples of the world.

The PRESIDENT (translation from the French): I thank the delegate of Morocco. I now give the floor to the delegate of Indonesia.

Professor SIWABESSY (Indonesia): Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, the delegation of the Republic of Indonesia has pleasure in joining the previous speakers in warmly congratulating you, Mr President, and your colleagues who will guide our deliberations during this Assembly. We would also like to congratulate the Director-General and his staff on the work of the past year, of which the report is now before us.

The year 1974 has a special significance for Indonesia. We have just completed the first five-year development plan and on 1 April the second five-year development plan - or PELITA II, as it is named in Indonesian - began. There will be a change in emphasis. Whereas before development projects were directed mainly to economic development - that is, in the agricultural and industrial sector - in PELITA II development in the social sector, including health, is also regarded as important.

In this connexion, the President of Indonesia has given instructions to allocate special funds on top of the Ministry of Health budget for the development of health centres, water supply and refuse disposal in rural areas. This special fund, called "Inpres", will be channelled through a bank directly to local authorities where projects will be carried out.

Health centres are frontline units providing health care to the people. These facilities are very important in rural areas, where there are no hospitals. During PELITA I, 2343 health centres have been established, to be increased to 3400 during PELITA II, so that each subdistrict will have at least one centre. In this budget year 2.7 billion rupiahs, the equivalent of approximately 6.5 million US dollars, have been allocated under "Inpres" for the erection of new health centre buildings, including three staff houses. Beside the erection of new buildings, we shall endeavour to improve also the quality of health care by in-service training of health centre staff, providing them with manuals, and by increasing the drug supply to health centres. In this undertaking we attempt to follow the principles as laid down in the resolution passed in the Twenty-third World Health Assembly concerning strengthening of health services.

About the same amount as for health centres has been allocated to the project for rural sanitation. At the present moment less than 1% of people in rural areas enjoy potable water which fulfils hygienic requirements. It is hoped to increase this to at least 5% during PELITA II.

I would now like to report to you with great satisfaction that on 25 April this year an international commission appointed by the World Health Organization declared Indonesia free of smallpox. This event is important internationally as well as nationally. The eradication of smallpox from Indonesia means that epidemiologically a large part of the world does not constitute a high risk area any more. Our neighbours - that is Singapore, Malaysia, the Philippines and Australia - do not have to fear importation of smallpox cases from our country. We indeed feel very proud of this. I would like to
take this opportunity to thank WHO sincerely for assisting Indonesia, technically and materially, in bringing its smallpox eradication programme to a successful end. We hope that global eradication of smallpox will be achieved in the near future.

In the field of nutrition, vitamin A deficiency is being given full attention beside protein malnutrition. In order to prevent xerophthalmia in pre-school children a pilot project is being undertaken on Java island to administer 200 000 IU of vitamin A twice a year to about 200 000 children between 6 months and 4 years old. This project is being assisted by UNICEF and the Association for Overseas Blind. If the results of this pilot project prove to be satisfactory, clinically as well as operationally, it will be expanded to cover 2 million pre-school children by the end of 1978.

Since the Sixteenth World Health Assembly great emphasis has been placed on the desirability of implementing a drug control system. I am happy to report that since 1971 the Government of Indonesia has intensified its activities to control the quality of drugs imported into or produced in Indonesia. A law has been established regulating the production of drugs in Indonesia according to the WHO code of good manufacturing practices. Laboratories for drug control have been set up in seven provinces and drug inspectors are available in each of the 26 provinces in Indonesia to take samples from drugstores and pharmacies.

Since last year Indonesia is producing 90% of its drug needs and is also exporting drugs. We realize that drug control is now even more important, because of the international implications of exporting drugs. In March this year a seminar on good manufacturing practices was held in Jakarta with WHO assistance and attended by government officials as well as private drug manufacturers.

Before concluding, I would like to comment on the importance of health systems providing wide coverage. In accordance with government policy the implementation of health planning and evaluation will be strengthened at all levels. Till now this has been undertaken by ad hoc committees. This year a unit for health planning is being established in the office of the Secretary-General of the Ministry of Health. Therefore, we welcome very much the assistance of WHO to the project for the strengthening of national health services comprising health planning and evaluation, research and development in health services, including the establishment of a health service development institute and health care delivery, and to the project for country health programming for which preparations are in progress. With these efforts we are convinced that Indonesia's limited resources will be utilized more effectively and, as the Director-General states in his Annual Report, may provide health care which has the primary qualities needed by many populations.

Mr President, distinguished delegates, my Government believes in the coordinating role of WHO and we therefore support wholeheartedly the hopes expressed so inspiringly this morning by the new Director-General of WHO, Dr Halfdan Mahler, that a high degree of confidence will be placed in the Organization by developed and developing countries alike. We wish the Twenty-seventh World Health Assembly every success.

The PRESIDENT (translation from the French): I thank the delegate of Indonesia. I give the floor now to the delegate of Belgium.

Professor HALTER (Belgium) (translation from the French): Mr President, many of your predecessors attained to the office you now hold after a journey of many years; but in your own case reputation and ability have brought you straight to that eminence. I should like, therefore, to offer you my especially warm congratulations. May I take this opportunity also to pay a tribute to Dr Mahler, who is attending this Assembly as Director-General for the first time, and whom I am especially glad to see in his present post because I have been able to follow his career and have known him for very many years. I should also like all those friends who kindly put forward my name for one of the posts of Vice-President of this Assembly to know how appreciative I am of their kindness, friendship and concern for me, and to thank all the delegates present here who were so good as to elect me Vice-President, so that I have the signal honour, Mr President, of sitting here on the dais with you.

Listening to the excellent report of Dr Ramzi, representative of the Executive Board, and to the remarkable presentation of the Director-General's Report just made by Dr Mahler, and glancing through the list of subjects covered by the debates of the
Executive Board and the Director-General's Report, one cannot but make a distinction between activities that are already supported by adequate scientific and technical knowledge, and problems whose solution is still being held up by our all too frequent ignorance of their component elements and of their factor/effect relationship to health. That is why I shall once again be talking about the environment, about environmental health, and shall be taking it upon myself to ask some questions.

Can it be denied that environmental health is a determining part of any health policy? Can it be denied that any action in this field is for the benefit, above all, of human health? Can it be denied that the advance of hygiene in the nineteenth and the beginning of the twentieth centuries saved millions of human lives? Can it be denied that the environment is now being savagely attacked on an ever-increasing scale as a result of the uncontrolled development of industrial activities, the improvement of agriculture, indispensable though it is, and—unfortunately also—pointless squandering of resources? Can it be denied, lastly, that human health is being jeopardized by this new situation? It is upon the World Health Organization and the national public health authorities alone that the difficult task devolves of combating those abuses and rehabilitating our environment that is now endangered. This mission, which bulks increasingly large in our activities, requires an ever-increasing amount of money. Unfortunately, there are other calls upon us. That makes the situation particularly disquieting.

I should like to pay a particular tribute to the Executive Board and the Director-General for the modest nature of their proposals for next year's budget. But a 6% increase goes further than maintenance of the status quo: there is some danger that programmes will be curtailed. In view of this I feel I must appeal once again to all those who are able to do so to increase their contributions to the Voluntary Fund for Health Promotion. And it occurs to me that, in view of certain changes that have occurred lately in the economic balance affecting some countries, those countries that have benefited thereby might perhaps consider devoting part of those resources to doing something which would certainly be spectacular at the global level, for it would make a mighty contribution toward realizing our Organization's objectives and also make possible a substantial increase in the volume of activities we are charged with carrying out. I for my part feel it would be wonderful for those countries if they were to ensure that world health benefited from the changes in the economic balance—some of them accidental—that have taken place recently.

Within the World Health Organization, I note that the Regional Office for Europe is playing a particularly important part in research and in the promotion of knowledge in all health fields. The funds of the Regional Office for Europe are chiefly used for this scientific research and this promotion of knowledge, and, with a few exceptions, the countries of the Region benefit from it only morally, intellectually and scientifically. All countries of the world, however, profit from the work that is done in Europe. The same of course might be said of some other Regions; but what I am asking for is a review of the distribution of resources: for I am sick at heart when I see important work frustrated or hampered by lack of resources when experts, knowledge and opportunities for progress are available. Ought not therefore a larger share of the Organization's budget to be assigned to the work done in the European Region, since that is essentially work which is likely to be useful to all the countries of the world? For 5.7% of the WHO budget does not seem to me enough for carrying out the activities presently envisaged and for catering for the great need, particularly for knowledge, that is felt in all countries of the world.

If the World Health Organization is really to perform its function it will be necessary also to define more clearly its position in the United Nations system and in particular its relations with certain United Nations bodies, one of which is the United Nations Environment Programme. We feel somewhat uneasy when we see the direction in which the work of some of those organizations is heading; for them human health seems to be only a very secondary matter. I cannot but think that, however lovely nature may be, however well protected resources may be and however well balanced the earth's ecology, all that would not mean much without mankind, without a healthy mankind; I think therefore we ought to increase efforts in this field still further. It is urgently necessary
to support the principle of an intensified action with the aid of the World Health Organization.

I should like to say a word about certain bilateral assistance programmes. My country is in a position in which much has been done in that field, and we would urge that WHO take steps both to sponsor and to catalyse this research or this assistance work.

We believe that WHO is better placed than any other organization to play the part of objective expert in selecting programmes and deciding priorities. Here again I should like to see more frequent action taken by WHO and also perhaps more frequent channelling of funds into the Organization. For I think that if you compare the Organization's budget with the enormous sums at present spent on technical assistance you may feel, as I do, that the work done would thereby be more fruitful, waste would be reduced and efficiency would be increased. Imagine, my dear colleagues, what might be done if the Organization acted as the requisite catalyst:

I should like to conclude, Mr President, by appealing once again for an effort to be made to promote health education, because in the lean years we have now entered upon, and in view of the financial difficulties we are experiencing all over the world, a great deal of wretchedness, sickness and disease could, we are convinced, be avoided if individuals - the public - took the right steps in appropriate circumstances to save themselves, to protect themselves, and to improve in some instances their status and their health.

The PRESIDENT (translation from the French): I thank the delegate of Belgium. It is past noon. With your permission I shall therefore adjourn the meeting till 2.30 p.m. this afternoon.

The meeting rose at 12.5 p.m.
FOURTH PLENARY MEETING

Wednesday, 8 May 1974, at 2.30 p.m.

President: Professor A. POUYAN (Iran)

GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTY-SECOND AND FIFTY-THIRD SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1973 (continued)

The PRESIDENT (translation from the French): Ladies and gentlemen, the meeting is called to order. With your permission we shall continue the general discussion on items 1.9 and 1.10. The first speaker on my list is the delegate of Sierra Leone, to whom I take pleasure in giving the floor.

Mr SEMBU FORNA (Sierra Leone): Mr President, Director-General, distinguished delegates, I wish in the first place to convey on behalf of my delegation our sincere congratulations to you, Mr President, on your election, and to all the officers who have been elected to serve during this Twenty-seventh session of the World Health Assembly, and to assure you of the fullest support and cooperation of my delegation throughout the session of the Assembly.

I also wish to pay tribute to Professor Julie Sulianti Saroso, of the Indonesian delegation, for the very outstanding and brilliant manner in which she conducted the business of the Twenty-sixth World Health Assembly as its distinguished President.

Another year has passed since we met in this august Assembly to review the work of the Organization and to programme the areas of its future activities. We were then ushered into a new era of the Organization's existence, leaving behind a quarter of a century of dedicated service to the health and wellbeing of mankind, and with determination equipping ourselves to face the challenge of the succeeding years, characterized by the prevalence of disease, hunger, insecurity, population explosion and greed, the world over. Never yet has there been such a heavy demand on our resources, material and otherwise, but as members of a united front we have pledged ourselves to the service of mankind, not only within the confines of our own immediate environment, but in every corner of the globe, in order that by so doing Member States will ensure that every human being without distinction is given an opportunity to enjoy the highest attainable standard of health.

It is within this context that I would like to raise the question of assistance to the liberation movements in Africa, and the areas covered by them. The United Nations General Assembly has by resolution given clear and precise guidance to its organizations as to the need for channelling their assistance to our peoples who are still suffering under the yoke of colonial domination. FAO has nobly responded in no small way in the matter of food supplies, and I wish to submit that the time is most opportune for WHO to respond in a similar manner to this call, so that adequate health care facilities could be made available and accessible to the peoples involved.

I would like at this point to express the very deep appreciation of my delegation to the Director-General and his staff for the manner in which the Annual Report has been presented. It presents in depth a detailed analysis of the activities of the Organization during the year under review, highlighting the successes achieved and the reasons which have in one way or the other created a setback to the full realization of the approved programmes. In the same way, the reports of the Executive Board are very factual in detail, covering the areas of its activity with clear and precise information on the effective role the Board has played in and out of sessions. There is abundant evidence that considerable thought and time have gone into the preparation of these reports for the benefit of Member States, and for this our grateful thanks are due to the Director-General and the Executive Board.

The world monetary situation, aggravated by recent trends in the money market, has affected man's activities in the field of health to no uncertain extent. This phenomenon, which is worldwide, tends to play havoc with our programmes and budgetary provisions and, while it lasts, we in the health field continue to be hard hit, as has been the case all along, in our endeavours to raise and maintain the standard of health of our peoples. Our main difficulty - and this experience is no doubt shared by many - is money, or the lack of it. The economist still finds it difficult to appreciate the need for a substantial outlay on health or, for that matter, the fact that the health of the people is fundamental not only to the attainment of peace and security but also to the socio-economic advancement of any country. The Director-General is himself faced with the
intricate problems of making both ends meet in the face of revaluation, devaluation and the inevitable result - inflation; but, at the same time, it is my opinion that the Organization could be of great assistance to Member States in this regard if it could bring home forcibly to the notice of the governments of Member States the inescapable need for increased financial support to health administrations.

The health situation in my country is still far from satisfactory. The incidence of disease in general is still very high, and tuberculosis, river blindness, intestinal infestations, dysenteries, malaria, malnutrition, leprosy, etc., continue to ravage the population. Concerted efforts are being made to combat the endemic and communicable diseases, but we urgently need the services of an epidemiologist to help with the control and eradication programmes. Some positive assistance from WHO is urgently needed in this regard, and my delegation cherishes the hope that a request of this nature, based on need, would receive the urgent consideration of the Organization.

I would like at this point to mention a revolution that is sweeping throughout the country in the health field. There is a general awakening to the benefits and advantages derivable from modern scientific methods of health care and an appreciation of the fact that, though the Government has declared its avowed policy to provide a national coverage of health care facilities, easily accessible to all, its resources are not unlimited and the full implementation of its development plans must take a considerable time to materialize. As a result, the various communities are embarking on self-help projects involving the building of hospitals and other health units. This change in the attitude of the public towards an important field like health is a truly laudable one, though there is a great risk that it might upset the national health plan if the various voluntary efforts are not coordinated with it. On the other hand, these efforts tend to accelerate the pace for the provision of staff and equipment and create a problem for the health administration. However, UNICEF is prepared to help by providing some of the equipment, and I would like to take this opportunity to appeal to Member States and other interested agencies for assistance in the provision of equipment and other medical supplies, which would contribute in no small measure to the success of the self-help projects.

The development of the basic health services continues to receive active consideration, since they play a very vital role in the overall health care programme. Rural and community health care programmes are closely linked with these services and, in order that the facilities might be accessible to the greatest possible number of the population, provision has been made for the development of rural health centres and peripheral health units which would provide an integrated health care service designed to ensure that the benefits of both curative and preventive health care facilities are enjoyed by all.

The infant mortality rate is still comparatively high. We have therefore accelerated the plans for a comprehensive maternal and child health care programme aimed at providing a national coverage for the mother and child, which, apart from ensuring the health of the mother, would also increase the life expectancy of children born. To this end, every effort is being made to provide a country-wide network of maternal and child health clinics, and also clinics for the under-fives. These facilities now exist in all the main towns throughout the country, and some coverage for the rural areas is provided by satellite units and mobile teams. When the plan is fully implemented these facilities would be within easy reach of the various communities throughout the country, and with regular care and attendance the health of both mother and child would be considerably improved and maintained. My Government attaches very great importance to this aspect of health care, and a survey of fetal, infant and childhood mortality is currently in progress with the assistance of the World Health Organization and UNICEF. This survey would provide valuable statistical data to help plan for the development and improvement of the maternal and child health services as envisaged in the overall plan for the health care services of the country.

The Government has, in association with the Governments of the sister States of the Gambia, Ghana, Liberia and Nigeria, embarked on cooperation in the field of health. A regional health secretariat has been set up in Lagos, Nigeria, and the first move is to establish a West African postgraduate medical college, which would be responsible for the professional postgraduate medical education of doctors from the five States. To make the cooperation a truly regional endeavour, provision has been made for the full participation of other States in West Africa. In due course, the activities of the regional health secretariat will cover every field in which effective cooperation could be assured to the benefit of all the participating countries.

In view of the very vital role which health statistics play in the planning and development of the health care services, the Government has been engaged in the reorganization of the medical statistics unit with the assistance of the World Health Organization and UNICEF. In the process of this reorganization, a national committee on vital statistics has been set up and legislation regarding the registration of births and deaths, which would provide a nationwide coverage, is at present under consideration.
A training programme for medical auxiliaries, which would involve the establishment of a regional training school in a rural area, with a strong orientation towards primary health care in the rural areas, is under consideration. This school, when established, will provide comprehensive training facilities for students not only from my country but also from other countries in West Africa. The training programme is being designed to equip the students fully for ultimate responsibility for primary health care, which would include the treatment and care of conditions that do not require specialist attention. On completion of their training, the medical auxiliaries would function as members of the integrated health team at the rural health units.

A regional centre for the training of hospital maintenance technicians has been opened in Freetown with the assistance of the World Health Organization. The centre caters for students from the English-speaking countries south of the Sahara and is under the direction and control of a WHO expert, with a Sierra Leonean serving as his counterpart. The programme of training at the centre is meeting a long-felt need in the health service of my country by providing trained staff to maintain and repair hospital equipment - a facility the lack of which had hitherto resulted in a great waste of public funds.

Within the capacity of its resources, my Government will, with the interest and assistance of the World Health Organization and other external agencies, continue to strive for the provision of adequate health measures on a nationwide basis so that everyone may enjoy the highest attainable standard of health.

Mr President, distinguished delegates, it is the earnest hope of my delegation that the World Health Organization will grow from strength to strength and that our united efforts to raise the standard of health the world over will be crowned with abundant success.

The PRESIDENT (translation from the French): I thank the delegate of Sierra Leone, I too hope, and am convinced, that the World Health Organization will assist you so far as it is able. I give the floor to the honourable delegate of the Federal Republic of Germany.

Professor WOLTERS (Federal Republic of Germany): Mr President, like the previous speakers, I first of all offer my warm congratulations to you and your colleagues on being elected to your important offices. I am confident that the present World Health Assembly will produce stimulating results under your able guidance. I would also take this opportunity to thank the Director-General and his staff, as well as Dr Kaprio and his staff at the Regional Office for Europe, for their cooperation with my country in the past year, which we feel has again proved valuable.

The World Health Organization has achieved admirable results in the fight against disease. We know today what strategy is needed to eliminate smallpox. Vast regions have been rid of endemic malaria. A long-term programme has been started to free the Volta River basin from onchocerciasis - and I am glad my country has been able to help in the preparation of this new programme. It is also willing to assist in its implementation.

But it is precisely when we consider the results and the shortcomings of such promising programmes that we realize we are unable to keep pace with developments. Not only in the developing countries but also in the industrial countries, which one would think ought to have all the necessary material resources, we are still a long way from the goal of guaranteeing equal opportunities to all citizens to benefit from all the achievements of modern medical science.

In 1973 the Executive Board noted a widespread dissatisfaction with the existing health services, and the Director-General concludes from this - and here I quote from the introduction to the Annual Report we have before us: "This unequivocal admission may well mark a turning-point in the life of the Organization". I fully agree with him, though I quite realize that in so doing I provoke, like him, the contradiction of the traditionalists within WHO and of the representatives of the present system of health care for the populations of Member States. My view of the situation will perhaps be clear if I briefly mention the following consequences. We need first of all new norms and decision-making criteria to be able to fight for the political priority of public health, in competition with education, transport, economics and defence. In order to give health policy a comprehensive perspective, we shall need (1) complex planning of the health system incorporating all discernible factors, instead of deciding on short-term measures to remove deficiencies, which has often been the method practised up to now; (2) criteria by which to judge the effectiveness of measures implemented, and which make allowance both for the broad definition of public health applied by WHO and for their economic quantification, in order (3) to achieve by means of effective guiding instruments an expedient, coordinated and flexible structure for the entire public health system and thus ensure its proper functioning.
In emphasizing these points, I have been considering the situation from my country's point of view, but I am convinced that these matters are of not much less priority at the international level.

These three problems, therefore, should be given special priority in relation to the important field of activity of WHO, following on from previous activities such as the recent European conference on national health planning, held in Bucharest. Only WHO can serve as the medium for international exchanges of experience, in this case a comparative assessment of the results achieved in Member States and the concentration of what are ultimately the most suitable and most expedient methods in the form of recommendations.

The shift of emphasis from curative to preventive treatment in providing the best possible health care for the population plays an important role in this connexion. In principle this is not likely to be a point at issue in this Assembly. However, I should like to underline the importance of health education in this context. It is not merely a question of a change in behaviour, of inducing people to change their eating and other consumer habits or their leisure-time activities. It is equally important to influence the members of all health and social welfare occupations to get them to see themselves and their functions in a different light, the ultimate objective being to give currency to the principles of health policy in the political institutions. If these claims are to be met, a general evaluation of the results of health education will be inevitable.

My delegation will be taking this point up again in the main committee meetings.

In conclusion, I wish to assure the Director-General that my Government is willing to continue to assist in any way possible in the work of WHO.

The PRESIDENT (translation from the French): I thank the delegate of the Federal Republic of Germany and give the floor to the delegate of Nigeria.

Mr KAMÔ (Nigeria): Mr President, I would like first of all to congratulate you on behalf of my delegation on your election to this high office. I would also like to congratulate my fellow Vice-Presidents and the Chairmen of the main committees, and I pledge you all the cooperation of my delegation in carrying out your assignments. I would also like to take this opportunity to express my profound gratitude to my brother delegates from Africa who have unanimously nominated me to be a Vice-President of the Assembly, and to thank all other delegates who have given me their votes.

My delegation wholeheartedly welcomes the Bahamas to this Organization, and extends to the new Member our warm congratulations. We also look forward to the admission, later at this session, of the Republic of Guinea-Bissau to full membership, and of Namibia to associate membership. This will not only bring us nearer to our goal of universality, but will also deal once more a decisive blow at the forces of colonialism, which are destined to total liquidation on the African continent.

Mr President, I wish to thank the representative of the Executive Board for his able presentation of the report of the Board's activities. I also congratulate the Director-General on the presentation of his first ever Annual Report, for the year 1973.

Please allow me now to make a few observations on the Director-General's Annual Report. The Director-General has rightly pointed out that, with limited resources, it is not possible to give equal priority to all health problems and, further, that a great deal more could have been accomplished if all available knowledge had been properly applied. This underlines the need for health planning and proper determination of priorities in order to ensure that available resources are utilized in areas that will yield maximum benefit. It is in this context that we express our appreciation of the recent assistance from WHO and UNDP for health planning activities in Nigeria.

The efforts in communicable disease control continue to be impressive. The progress of smallpox eradication all over the world is encouraging. We are still actively continuing the maintenance phase of the eradication programme in Nigeria, and since 1970 no single case of smallpox has been reported in the country. We have, however, experienced some setbacks in other areas. There were outbreaks of yellow fever in three areas during the year, all of which were promptly controlled by mass vaccination. We would also like to acknowledge the assistance of the Virus Research Laboratory at Ibadan University in controlling these outbreaks, and in carrying out surveillance activities to prevent further outbreaks. We have only had a minor outbreak of the highly communicable but little known disease by the name of Lassa fever. We appreciate the cooperation of USAID and the Center for Disease Control, Atlanta, in the diagnosis and the control of this outbreak. WHO has very recently held a consultation on this disease here in Geneva, at which Nigeria was represented. There is, however, an urgent need for more intensive research with a view to finding effective preventive and control
measures against this disease, and we urge WHO to accept this challenge. Another area of research in which we shall continue to press for more action is cerebrospinal meningitis. Research must be intensified until an effective and stable vaccine is discovered for the prevention of this disease. We are particularly interested in the efforts now being made for the effective control of onchocerciasis in seven West African countries covering the Volta River basin area. As we have already indicated to WHO, we would have liked this novel project to be extended to cover Nigeria where, in many areas, the incidence of this disease is alarming. We therefore urge that any knowledge gained from the early evaluation of this project should be promptly applied in starting a similar control project in Nigeria and other affected areas of the Niger River basin. The control of tuberculosis and leprosy at present undertaken by individual states in the Federation of Nigeria will be effectively coordinated under a national control programme to be established during the next national development plan period, 1975-1980. Efforts are continuing in Nigeria to promote the development of epidemiological and statistics units as well as laboratory services in all our states, which are all so necessary for the effective control of communicable diseases. We appreciate the cooperation of WHO epidemiologists and statisticians in this important exercise.

Regarding basic health services, the Director-General has stated in his Report: "The most signal failure of WHO as well as of Member States has undoubtedly been their inability to promote the development of basic health services and to improve their coverage and utilization." We are very much aware of this deficiency in coverage, and all the Governments of the Federation are doing their best to bridge the gap. In our next development plan, which is covering the period 1975-1980, emphasis is to be laid on the development of health centres to link up all deficient areas. Intensive efforts are being made to train all categories of health personnel required for this broad coverage. We thank WHO for its assistance in promoting this development, particularly in helping to recruit teaching staff for our training institutions.

In the field of environmental and occupational health, positive steps have now been taken to establish an environmental and occupational health unit in the Federal Ministry of Health, in line with resolution WHA25.63. As a result of the drought that has affected several countries in West Africa, including some parts of Nigeria, the need for adequate supplies of water has never been more felt. All the Governments of the Federation are now embarking on huge water supply projects which we hope will bring substantial results in the very near future. We take this opportunity to thank all the governments, organizations and agencies that have contributed in many ways to the relief of drought victims in West Africa, and we do hope that they will not relax in their efforts until the situation is brought under control.

Progress has been made in the field of health legislation. A food and drugs decree has recently been passed for the effective control of food and drugs, including drugs advertisements. Legislation is also being formulated very soon for the control of smoking, in the spirit of resolution WHA24.48, and also for regulating the use of ionizing radiation.

Nigeria was delighted to play host to the twenty-third session of the WHO Regional Committee for Africa, held in Lagos in September 1973. We were particularly happy that so soon after their assumption of office both the Director-General, Dr Mahler, and his deputy, Dr Lambo, were able to attend the meetings to see at first hand the health problems of Africa, so that they can join hands with us in finding effective solutions to these problems.

Finally, Mr President, I would like to express our appreciation to the WHO Regional Director for Africa, Dr Alfred Quenum, and his agents in Nigeria, for the excellent work they continue to do for the progress of health in Nigeria.

The PRESIDENT (translation from the French): I thank the delegate of Nigeria and take pleasure in giving the floor to the delegate of New Zealand.

Mr TIZARD (New Zealand): Mr President, may I offer you and the Vice-Presidents warm congratulations on your election. I am confident that the Twenty-seventh World Health Assembly will work through its agenda harmoniously under your capable guidance. May I also thank on this occasion the Organization's Director-General, Dr H. Mahler, and his staff. We appreciate their continued work to foster international cooperation and coordination in health.

New Zealand has a very close liaison with the World Health Organization. Our involvement covers membership of many of the expert advisory panels, the provision of New Zealanders as short-term consultants, and the training in New Zealand of students
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sponsored by the World Health Organization. But we are most grateful for the opportunities that this Organization gives our health administrators to attend international seminars, and we are particularly grateful for the fellowships that are made available each year. Educational programmes must be maintained at their fullest level if we are going to achieve greater coordination of each country's priorities with those set by this Organization.

New Zealand is a small nation. The total area is some 26.5 million hectares, which makes it roughly comparable in size to Italy. But we have a population of only 3 million compared with the 50 million of Italy. Despite our small size some areas of our preventative health services have earned us a certain envy in other parts of the world: reference has been made at a previous Assembly to the dental health auxiliary scheme.

I want to talk briefly of something new that we have introduced. This year we have enacted legislation which puts New Zealand in the forefront of the world. It ensures that every person, including visitors to our country, gets adequate compensation in case of an accident. I might add that this even extends to women in their own homes. This compensation is received irrespective of fault and without any need to make an insurance contract to cover the contingency. One of the main objectives of this accident compensation scheme is that we should develop our rehabilitative services. I think it is fair to say that the scheme will not survive without an expansion of those services. But an equally important principle of it is that greater emphasis is given to the preventative side of accidents. This second principle accords well with the philosophy of this Organization.

Then I feel there is one other area that might interest delegates. It is the thinking that is going into the restructuring of health services in New Zealand. At the present time, statutory responsibility for administering our health services is shared by the Department of Health, hospital boards and local authorities. This system has never been adequately overhauled. It goes back over a hundred years to a time when local rating provided the funds for the services. And it has now got to take account of the changed interrelationships of the three agencies I mentioned. So the need for reform is obvious. Adequacy, efficiency and evaluation are all crucial to present and future health services, and inherent in this critical evolution is the concept of a functionally integrated health service. So we must strive to achieve unity, placing much greater emphasis than at present on preventative and rehabilitative medicine, and on health education. Simply maintaining the curative aspects of medicine would leave us with an unbalanced and inefficient service; and so to regain this necessary balance the traditional barriers between hospital medicine and community care must be removed.

The plan now under investigation would divide New Zealand into 14 regional authorities. They would be of varying size, but each would serve a population of between 150,000 and 450,000. These groupings are large enough for areas to be functionally self-sufficient, yet small enough for them to retain a regional identity. Subject to national plans and policies, these authorities would be responsible for the whole range of health services. To handle these widened responsibilities, a wide range of special skills must be involved at the administrative level, and very careful thought is being given to this aspect to ensure that the new authorities are competent to handle their responsibilities. The key concepts of this proposed restructuring are, as you will have noted, unity, self-sufficiency and regional identity.

Mr President, I propose to close my address on a note of regret. I draw the attention of delegates to the recurrence of nuclear testing in the atmosphere of the Pacific. At its last meeting this Assembly reported its continuing concern at the potential hazards of such tests. But the Government of France has ignored the firm stand taken by this Organization and by other international bodies. It has ignored the repeated objections of New Zealand and other countries immediately affected. The Pacific peoples were again subjected to radioactive fallout from tests conducted in the latter part of last year. We deplore this attack on our environment and the health of our peoples. We deplore this breach of international standards.

The PRESIDENT (translation from the French): I thank the delegate of New Zealand and give the floor to the delegate of Zaire.
Dr KALONDA LOMEMA (Zaire) (translation from the French): Mr President, honourable delegates, the delegation of the Republic of Zaire offers its warmest congratulations on their election to the President and the other officers of the Assembly.

We have studied the Report on the work of the Organization in 1973 with great interest and are gratified at the constant and untiring efforts of the Organization to improve world health. We offer the Director-General our sincere thanks for this most detailed and full report, which shows that year by year the Organization is moving closer to the targets it has set itself.

Health is recognized today as an important factor in production, investment and consumption. This awareness has not come about by chance: for some years now there has been a tendency to integrate social and economic aspects in general development plans. When such plans have been drawn up, the directors of health services have become aware of the weakness of their position when confronted by the powerful and far-reaching arguments of the economists.

The World Health Assembly has not omitted to stress the importance of such integration; in particular it has invited "Member States to take any steps deemed necessary to ensure that adequate emphasis is placed on the health component within their overall plan for national socioeconomic development, and to inform the Organization of such health plans formulated for implementation during the development decade".

In Zaire the improvement of public health is one of the State's basic and priority objectives. Health is a cardinal factor in the happiness of individuals and the essential condition for the harmonious social development of the nation, and indeed the very basis of economic prosperity. In his address on general policy on 30 November 1973, the Head of State indicated the main guidelines which, in the light of the past, are intended to direct the activities of the Republic towards the unceasing search for continuous progress and for greater welfare for the people of Zaire. Allow me to read you a passage from that address. "As regards the internal policy of Zaire, as you know I put the economy before politics. My planning departments are beginning to suggest specific lines for our development. The priorities are now known: agriculture, transport, education and health. There is no room for timidity in organizing or reforming these priority sectors. There is a need for far-reaching changes, for a real revolution. Accordingly a National Health Council has been set up to suggest the best policy to adopt in the field of preventive and curative medicine."

As a factor in economic development, public health deserves every consideration and requires as high a level of capital investment as the traditional sectors which tend to be wrongly regarded as the only sectors that yield an economic return.

In my address during the Twenty-sixth World Health Assembly I spoke to you of the epidemiological situation in the Republic of Zaire and of the efforts to control certain endemic diseases. While continuing its untiring efforts to consolidate and improve the results achieved, the Health Department intends this year to devote special attention to the control of onchocerciasis and schistosomiasis. The Departmental Order of 26 November 1973 set up the Lusambo Entomological Mission, the aim of which is to eradicate blackfly along the River Sankuru and its tributaries. This mission has started its work. It is conducting a two-pronged campaign, directed on the one hand against adult blackfly, the vectors of onchocerciasis, and on the other hand against the larvae of these insects. Insecticide spraying operations are taking place along the rivers harbouring the breeding places of these insects. Simultaneously, a team of physicians has the task of treating all patients suffering from onchocerciasis. Injection centres have been set up in several localities selected according to the distribution of the disease; they are visited regularly by mobile teams specially set up to provide care for patients. Each year several tens of thousands of new cases of schistosomiasis are reported in several regions of the country. With the arrival on the market of a new form of therapy, consisting of a single-dose chemotherapeutic treatment, more economic and more effective control campaigns against this disease can be initiated. Arrangements have been made to organize treatment with the new product.

The Departments of Health and of Agriculture, anxious to make use of all the natural resources of Zaire, have taken the initiative to set up a commission to study the medicinal plants used in traditional medicine in Zaire. The commission has obtained the collaboration of research workers at the National Bureau for Research and Development and
of the relevant faculties at the National University. Regional commissions are operating in each region to collect any information on the use of such plants that might be of interest to the national commission.

Countries at an advanced stage of development have to some extent made their influence felt, condemning traditional medicine to remain in a very backward state. Thus discouraged, traditional medicine has been unable to develop its techniques, its expertise, its procedures, and operational methods, even though it may have knowledge, secrets and considerable exceptional talents that the scientist might well utilize.

Since the aim of both systems of medicine (modern and traditional) is the same (to safeguard health), and the products used as drugs are also identical in nature (vegetable, animal and mineral substances), the main points of difference lie in the modernity of techniques, procedures and methods of work, in the dependence on and constant reference to science, in the preparation and storage of products, in material equipment, in the nature of the services provided, and in outward form. Thus, in order not to give away his secrets, his expertise and his knowledge, and to make a psychological impression on the patient, the traditional healer often makes use of the rituals of magic and witchcraft, accompanied by a series of meaningless gestures.

Our political philosophy of a return to authenticity, as advocated by the guide of the Zairian nation, General of the Armed Forces Mobutu Sese Seko, now allows us to take a backward look, and we feel it is necessary to make a study of the medicinal plants used in traditional medicine in Zaire in order to discover their therapeutic properties and to make rational use of them.

Mr President, honourable delegates, I have just given you an account in broad outline of the health situation in my country and the future prospects. I thank the august Assembly for the attention it has given to my statement and express the hope that all the discussions will take place in harmony and in the interest of world health.

The PRESIDENT (translation from the French): I thank the delegate of the Republic of Zaire and have the honour to give the floor to the delegate of Hungary.

Dr SCHULTHEISZ (Hungary): Mr President, ladies and gentlemen, let me first of all congratulate you and the other members of the presidium on behalf of the Hungarian delegation on your election. I greet the Director-General, Dr Mahler, and his collaborators, as well as all those present here, and I wish that our meeting should accomplish successful work.

WHO, since its Twenty-sixth Assembly, held last year, has taken a great step forward towards universality. The German Democratic Republic and the Democratic People's Republic of Korea were granted full membership and participated from the very beginning as full-right Members at the Health Assembly, and Guinea-Bissau has applied for membership.

In this connexion, I would like to mention that the situation is intolerable in which only South Viet-Nam represents Viet-Nam, thus questioning the legal rights of the Democratic Republic of Viet-Nam and of the Revolutionary Government of South Viet-Nam, which signed the Paris agreement.

We share the opinion of all progressive forces concerning the criticism of the present situation in Chile, where the basic human rights are ignored and so the Constitution of WHO is not respected.

Despite the above, the favourable changes that have taken place during the past few years in the international situation, the détente resulting from the policy of peaceful coexistence - which is expanding more and more, with the exception of a few fields - provide favourable circumstances for discussing and solving the items on the agenda of the Twenty-seventh World Health Assembly.

When the most important questions of world health will be discussed at this conference, only after determining and analysing the general world situation can we define our most important tasks. The signing and introduction of agreements of great importance, the negotiations of the great powers, the cease-fire in Viet-Nam, the settlement of European problems, the progress in the Security Conference, the measures taken for the settlement of the Middle East question - all help the peoples to have confidence in the future. We should never forget that the great tasks in the field of health can be solved only on the basis of strengthening the détente and by making its progress irreversible. Only by taking into consideration these facts and their reality can we assure the identification and realization of the special tasks before the Organization and its Member States.

We have read with great interest Dr Mahler's Report and heard his address on the work accomplished in 1973. We are pleased to note that those tendencies which are essential for successful work have strengthened in the activity of our Organization.
We are strongly convinced that our Organization shows the spirit of our Constitution in its work only if it concentrates its activities and means on general tasks, serving the interest of every Member State. We agree with the Director-General in giving priority to the coordination of the whole of the international health efforts in our Organization.

We are convinced that WHO greatly contributes to the improvement of the health condition of world population if it concentrates its activities on, for example, the broadening of health service, the formation and postgraduate training of specialists, the coordination of scientific research, first of all in the two major groups of death-causing diseases — not only infectious diseases but also cardiac and vascular illnesses as well as tuberculosis — and the coordination of the efforts made for the preservation of the human environment and for solving ecological problems.

Besides the proper selection and clear definition of the objectives, the planned and concentrated utilization of means available is an essential condition of efficient work. This is why we greet the efforts expressed in the Director-General's Report, which give a wider range for the introduction of planned activity. In the opinion of the delegation of the People's Republic of Hungary, these tendencies should be further strengthened and should dominate in our work.

The results achieved so far serve as a basis for quicker progress in increasing the efficiency of our cooperation and the successful activity of our Organization. I am sure that, working in this spirit, our Assembly will greatly contribute to the solution of our most important tasks.

The PRESIDENT (translation from the French): I thank the honourable delegate of Hungary and now give the floor to the delegate of Spain.

Dr BRAVO MORATE (Spain) (translation from the Spanish): Mr President, fellow delegates, ladies and gentlemen, first of all I should like, on behalf of the Spanish delegation, to congratulate the President, the Vice-Presidents, and the Chairmen of the committees of the Assembly on their election.

As is customary, the Director-General has submitted a very full Report, following in the footsteps of his predecessor, Dr Candau, of whom he is the worthy successor. Because of Dr Mahler's relative youth and his professional maturity, we expect much of him in his difficult mission, in which all of us are under an obligation to give him our most firm support.

Let us now briefly consider some aspects of the Report of the Director-General. We fully agree with the opinion expressed in paragraph 1.7 regarding the defective notification of cholera cases to WHO, which impairs the effectiveness of the warning systems that have been set up. Last summer, faced with the threat of introduction of the disease, Spain strengthened and improved the health measures previously introduced, concentrating on the surveillance, control, diagnosis and treatment of all diarrhoeal conditions, the provision of pure drinking-water to the smallest population centres, the sanitary disposal and treatment of sewage, and the inspection and health surveillance of foodstuffs.

We feel that in the control of this disease it is relatively easy to halt an epidemic outbreak, but that what is important is to bring about final eradication by eliminating carriers and removing sources of infection, as well as to safeguard the future by improving the basic health infrastructure of the country, personal hygiene and food hygiene. That is what we did during the 1971 outbreak and the results can now be seen.

In paragraph 1.30 of the Report of the Director-General, reference is made to new laboratories participating in the collection and distribution of information on virus infections other than influenza and arboviruses. One of these laboratories is situated in Madrid and has cooperated in the programme for epidemiological surveillance of poliomyelitis in Europe, receiving more than 600 samples for virological diagnosis in 1973. Most of these were from suspected polio cases, the diagnosis being confirmed in 67 of them, a figure lower than that of the previous year. Of these cases only 9 were type 1 and 6 type 2, while 52 were type 3. Almost 80% of the poliovirus strains found in the faeces of the 67 child patients were type 3, which is in contrast to previous findings; in 1972 type 1 virus was detected in 95% of cases, which may be explained by the intensive use of monovalent type 1 virus vaccine.

With reference to paragraphs 1.31 and 1.32, we may say that influenza was present in Spain in 1973 but to a lesser extent than in the previous year. Our virological services, and especially the national centres in Madrid and Barcelona, in constant liaison with the World Influenza Centre, in London, tested numerous serum samples against 14 virus antigens. The immune precipitation test was used for the analysis of influenza antibody in 7300 serum samples from donors, while the complement fixation, haemagglutination inhibition and enzymatic inhibition techniques were employed for comparative tests.
Passing on to paragraph 1.92, we may say that Spain has pursued the tuberculosis eradication plan by extending activities so as to cover the widest field of chest diseases, such as bronchitis, asthma, emphysema, heart diseases - both infectious and ischaemic - as well as cysts and tumours. In cooperation with the medical faculties we have set up three departmental laboratories which work on the isolation, typing, biochemistry and serology of mycobacteria in suspected tuberculosis patients. Also carried on are studies of resistance, mycology, parasitological diagnosis of hydatid disease and tumours, and - which is equally or more important for us - the training of higher grade and intermediate staff. All this, combined with the recent adoption of the standard treatment of primary pulmonary tuberculosis, based on utilization of a single dose of rifampicin, hydrazides and ethambutol, has put us in a position where we can give the final blow to the disease by using the most orthodox and scientific methods.

Although no large-scale outbreaks of cerebrospinal meningitis occurred in Spain during 1973, the tendency of the disease to become endemic is causing us concern. We have found, as mentioned in the Director-General's Report, in paragraph 1.155, that the resistance of Neisseria meningitidis to sulfonamides seems to be on the increase, compelling us to use chloramphenicol as a more effective drug. We consider it essential for the control of this disease, whose morbidity and high mortality rate we regard as a serious threat, to increase and intensify research on the vaccine.

The Director-General states in paragraph 2.4 of his Report that, with the increase in international travel, a considerable number of cases of malaria occur annually among persons unadvised of the dangers of the disease. That is very true. Although there has been no indigenous case in Spain since 1964, we realize that there is an increased risk of transmission resulting from tourism and the utilization of foreign workers. Consequently, thorough studies have been made on the entomological aspects of malaria receptivity in certain areas. In one of them, despite the far-reaching ecological changes that have taken place in recent decades, the density of Anopheles atroparvus, the former vector in the area, was found to be similar to that observed at a time when there was intense malaria transmission. The species has developed almost complete resistance to the dieldrin-HCH group and partial resistance to DDT.

We should like to make a brief comment on Chapter 6 of the Report. With the help of the United Nations Development Programme, and with WHO as executing agency, we have initiated two interesting projects. The first is one for control of the pollution of rivers and coastal waters; it is centred in the north of the country, which is very industrialized and has the most serious pollution problem. The project aims at studying the problem with all its ramifications in a pilot area, so that the results of the investigation can be applied in action taken all over the country to solve this problem.

The second project, entitled "Air pollution control in urban and industrial areas", has as its objective the establishment of a strategy for this type of control in a pilot area, so as to help us in our national policy for improvement of air quality.

Spain is one of the 14 countries mentioned in paragraph 6.60 of the Report of the Director-General that are collaborating in the WHO air pollution monitoring programme and, in accordance with that programme, the national health authorities have three continuous pollution monitoring sites in Madrid.

Furthermore, I feel that it may be of interest to explain to the Assembly that in the Almadén area, where, as is well known, the richest mercury mines in the world are situated, we have started a complete study of the environment and of the effects of mercury compounds on the general population, in collaboration with the environmental protection agencies of the United States and the University of Rochester.

The importance we assign to environmental pollution is demonstrated by the recent promulgation in Spain of the Law on the Atmospheric Environment and the coming regulations for its implementation, as well as by the inclusion of the Subdirectorate-General of Preventive Medicine and Environmental Health in the recent administrative reform of the Ministry of the Interior and the setting up of a National Environmental Health Centre in the National Institute of Health.

In 1973, a WHO working group on the public health aspects of tourism met in Málaga-Torremolinos. The main result of the meeting was an agreement to draw up health
standards for tourist areas, and to establish a pilot area in the province of Málaga for testing their application. We feel that the practical application of the conclusions of the working group is a matter of urgency.

Finally, we welcome the increasing confidence of WHO in the utilization of our experts, who last year responded to the call of the Organization for consultants for poliomyelitis and for cholera control. Moreover, we have received WHO fellows for further study in our centres and institutions.

The PRESIDENT (translation from the French): I thank our Spanish colleague and give the floor to the delegate of the United States of America.

Dr EDWARDS (United States of America): Mr President, on behalf of the delegation of the United States, I wish to join in congratulating you on your election, and our congratulations are also extended to the Vice-Presidents and the Chairmen of the two principal committees. We are certain that under your direction and guidance our work will surely be most productive.

Mr President, my delegation expresses satisfaction with the comprehensive report of the representative of the Executive Board, Dr Ramzi.

The review of WHO's role in coordinating biomedical research, begun at last year's Assembly and continued at the fifty-third Executive Board, is of particular interest to us. The role of this Organization could influence our work for years to come.

The Board's organizational study on the interrelationships between WHO's central technical services and programmes of direct assistance to countries is most timely. As national concepts and values undergo re-evaluation and change, so must this Organization. A valid concept of two decades ago may no longer apply, and a study to test such a concept is due, and in our judgement, most welcome.

And so we congratulate the Executive Board on its review of the programme and budget, and its recognition of the need for continuing evaluation.

Mr President, we compliment the Director-General and his staff on a stimulating and a very far-sighted Report. The determination of the Director-General to follow the objectives and guidelines described by him has the confident support of the Government of the United States. The stress that he places on continuing critical reappraisal is most reassuring. It is a process that we are undertaking in our own country, because no project can be inflexible, and we must be prepared, individually and collectively, to respond to the demands of a changing society.

I am reminded of the discussion at the recent extraordinary session of the United Nations in New York City. Our Secretary of State, Dr Kissinger, endorsed the concept of change and stated: "The contemporary world can no longer be encompassed in traditional stereotypes. The fundamental challenge before this session is to translate the acknowledgement of our common destiny into a new commitment to common action, to inspire developed and developing nations alike to perceive and pursue their national interest by contributing to the global interest."

That message is most appropriate to our own Organization. As the Director-General pointed out in the Introduction to his Annual Report, effective partnership between WHO and its Member States is the mechanism to realize mankind's hopes for better health. In the absence of such a strategy, we could apply the most sophisticated technology and still not solve the immediate problems or those that will arise in the years ahead.

The problems that face us daily in my country are certainly familiar to many here. How do we guarantee quality medical care at reasonable cost? How do we resolve the problems of maldistribution of our medical manpower? How do we assure the safety and efficacy of drugs without delaying important new drug discoveries and the benefits they will provide to the sick? How do we establish meaningful priorities in biomedical research? And how do we provide universal access to health care? These are just a few of our pressing concerns.

We are just now establishing throughout the United States a network of professional standards review organizations. Under these so-called PSROs we are calling upon the medical profession to develop, adopt, and enforce standards of care and to evaluate the work of the individual physician in caring for patients who receive public assistance - chiefly the elderly and the poor.
These new organizations provide great potential for improvement in health care practices and by the optimum utilization of health care facilities and services, and thus can help to improve the quality of health care for all of our citizens. Comprehensive health insurance will, I believe, soon become a reality in the United States, and it will help make health services available to all our citizens at a cost that both the individual and society can afford. It is estimated that in 1974 expenditure for health in the United States will reach 100 billion dollars and yet, despite this high investment, we have not yet found a way to provide equal access to medical care for all our people and at a reasonable cost.

The number of United States medical and osteopathic schools has grown from 92 in 1963 to 121 in 1974. And total enrollment has increased by some 60%. Yet, in spite of these increasing numbers, the maldistribution of medical personnel persists. For years the United States heavily supported biomedical research to advance science and, as a planned by-product, helped train more doctors by expanding and upgrading the facilities and the faculties of our medical schools. However, that plan, like most plans, did not produce all of the desired results. Highly trained specialists did not enter primary care in the numbers that we had hoped, thus compounding the problem of providing quality health care in rural and poverty areas. There is increasing support for the view that our Federal Government, as the largest single source of funds for medical education, should use its financial leverage not just to help pay for education but to influence what kind of practice physicians engage in and where they decide to practise.

It is clear from the issues that I have briefly noted that the Federal role in health in the United States is undergoing re-evaluation. Our concerns are similar to those that will occupy us here during this Assembly.

We are making efforts to fill the gaps in our system and in so doing we may need to depart from traditional concepts and traditional values. These will be traumatic changes, but none of us - not governments, not industries, not the health professions - can succeed by clinging to the past. Let us accept the need for change as the guiding principle in our discussions over the next three weeks.

The President (translation from the French): I thank the delegate of the United States of America. I now give the floor to the delegate of the Syrian Arab Republic.

Dr KHIYAMI (Syrian Arab Republic) (interpretation from the Arabic): Mr President, honourable members, it is indeed with great pleasure that I extend to you, Mr President, and to your five honourable deputies my personal congratulations and those of my colleagues in the delegation of the Syrian Arab Republic on the confidence given to you by our Assembly in electing you for its twenty-seventh session, which we sincerely wish every success under your judicious administration.

I also wish to thank the Director-General of the Organization for his valuable Annual Report, and particularly for its explicit reference to the shortcomings of our Organization and the failure in a large number of its Member States to raise their basic health services to the standards that it had been hoped for them to attain. If anything, it is this courage, as manifested in such self-criticism, which makes us more and more confident in the ability of our Organization to score more and more important successes in future, and to fulfill whatever of its tasks it has failed to fulfill up to the present. I wish also to take the occasion to thank the Chairman and members of the Executive Board for their sincere efforts in the course of the two previous sessions and for preparing for the agenda of the present session.

Mr President, will you allow me to pay here tribute to all those who contributed to the tremendous work carried out in my country in the way of extending medical and surgical services in the speediest and most efficacious possible manner to hundreds of civilians, consisting mostly of children, women and old people, whose homes were destroyed by treacherous air attacks on the cities of Damascus, Homs, Tartus and Latakia and on many peaceful villages; the destructive marks of those irresponsible acts on the part of Israel can still be seen in numerous places, such as the offices of the medical association, the hospitals of Al-Shark and Al-Mezze and the Syrian Red Crescent, the premises of the Soviet Cultural Centre, and the Institute for the Deaf and Dumb. Due mention should also be made in this respect of the high efficacy demonstrated by our hospitals in the way of treating and attending to our men who suffered injuries during the October war and also in attending to Israeli war prisoners, who were given surgical and medical treatment of an order by no means inferior to that rendered to our own men.
Next I wish to comment on that part of the Director-General's Report which refers to the Organization's shortcomings in bolstering the basic health services programme in my country. Such services were introduced in Syria some three years ago and since then we have been trying to extend them gradually and by stages through the various provinces of the country; but I must admit here that our measure of success in this respect has in no way been better than in other developing States.

The difficulties that stand in our way are formidable, and the most formidable of them is perhaps that of finding the requisite number of community doctors, who must essentially constitute the very backbone of any programme of basic health services. Community medicine, as a course, has not yet been developed to a sufficient degree at our medical schools to meet our practical needs.

Another source of difficulty lies in the shortage of social health visitors, laboratory assistants and other technicians who graduate from our institutes every year and, despite the most valuable support rendered us in this field by the Regional Office and Dr Taba, its Director, I must state that the present rate of increase in the number of paramedical assistants is still far from satisfactory.

There are other sources of difficulty, whose nature I am certain cannot be unfamiliar to the honourable members of the Assembly, who must have had to deal with them at one time or another when trying to introduce the programme of basic health services in their respective countries.

I also wish to bring to your notice that the Syrian Arab Republic is now launching an integrated maternal, child and family health project, and that we have actually submitted an application to the United Nations Fund for Population Activities requesting its assistance in the implementation of this project, which before long we hope will start to yield good fruit. A special administration has been set up at the Ministry of Health to be responsible for the project. Also a nongovernmental association has been founded for the purpose of promoting the objectives and principles of this project and providing it with material and social support.

I must also emphasize the considerable progress achieved by my country in the field of medical education, whose programmes are steadily adjusted with a view to catching up with up-to-date developments and to meeting the ever changing and growing needs of the community. In the meantime, there has been a very marked increase in the number of our medical students. Together with this, a new medical school will soon be opened in the city of Latakia to join our two schools of Damascus and Aleppo.

I am also gratified to bring to your kind notice that my country has had no quarantinable diseases during the past year, that infectious and endemic diseases are scarce compared to other developing States, and that our main preoccupation at present in this respect is the control of bilharziasis, which we are combating and trying to eliminate from the one restricted area that is still affected by it in the entire country, along with trachoma, which continues to hit a considerable number of our citizens.

Finally, and in the same spirit of self-criticism as characterizes Dr Mahler's Report I wish to express the concern of the Syrian Arab Republic with regard to the unnecessarily slow procedures involved in sending an expert commission of inquiry into the health conditions of the inhabitants of Palestine and other Israel-occupied territories. I must express my Government's anxiety at the delay in sending this commission, which finally arrived just a few days before we left home for the meetings of this session.

If the commission of inquiry's final report had been duly prepared in time for the opening of our session, the honourable members of the Assembly would have had the opportunity to acquaint themselves with the severe conditions, both physical and psychological, which the unhappy inhabitants of those areas are going through under Israeli military occupation.

All the same, I wish to thank the Organization for its kind attention as displayed by its decision, and I wish sincerely the success of our present session.

The PRESIDENT (translation from the French): I thank the delegate of the Syrian Arab Republic and now give the floor to the delegate of Trinidad and Tobago.

MR MOHAMMED (Trinidad and Tobago): Mr President, Mr Director-General, distinguished delegates of the Twenty-seventh World Health Assembly, may I first of all join with previous speakers in extending sincere congratulations to you, Mr President, on your election to the prestigious post of President. I am sure that under your skilful guidance the Assembly will arrive at speedy and wise decisions.

Let me take this opportunity also of congratulating the Director-General on his election to his present post. I wish him a successful tenure of office and pledge to him the fullest support of my Government in the execution of health programmes of national and international importance.
May I, Mr President, before continuing read a message which I have received from the Prime Minister of the Government of Trinidad and Tobago, the Right Honourable Dr Eric Williams:

"On behalf of the Government and people of Trinidad and Tobago, I extend greetings to the Director-General of the World Health Organization and the delegates to the World Health Assembly on the occasion of the twenty-seventh meeting. WHO continues to make a signal contribution to the health of all countries in the world, especially among developing countries, and I wish to extend best wishes for the success of the deliberations of this meeting. We pledge to play our part in ensuring this success." (signed) Eric Williams, Prime Minister

Mr President, although it is less than one year since our Organization has been under new management, already one can appreciate that a critical reappraisal is being made of WHO programmes. A clear call has been made to banish any notions of complacency or self-satisfaction that may have arisen from success in the smallpox eradication campaign, and to examine basic deficiencies in the delivery of health care, so that an adequate level of health services may become available and accessible even to the populations of our most rural areas.

Let me immediately state that we unreservedly share the concern expressed by the Director-General; we are ourselves reassessing our health goals and objectives, redefining them and evaluating them in the light of the objectives of the Ten-Year Health Plan of the Americas approved by PAHO and in the light of our need to document a new health plan to replace our first national health plan, 1967-1976, for the people of our two islands - Trinidad and Tobago.

Recognizing the importance of the role of management in every facet of the delivery of health care, we have been directing much attention to this area. Three areas which have been the focus of special attention in this regard are the administration of health services, management of the maternal child health and family planning programme, and supplies.

With reference to administration of health services, our largest hospital (a 900-bed institution) and a county with a population of 116 000 people, out of a total population of 1 200 000 people, who have been selected for intensive study with a view to improving the efficiency of the health care delivery system. The Pan American Health Organization has been very closely identified with this project, which was requested by our Caribbean Health Ministers' Conference and which is being conducted on a regional basis. In the Caribbean area, following closely on the formation of our new trade grouping known as "CARIFTA" in 1968, which was converted to a Caribbean Community only two weeks ago, our Governments have formulated regular agencies to deal with matters such as foreign affairs, education, labour, agriculture and health. In 1969 the first meeting of Caribbean Health Ministers was held; these meetings have been held each year and our sixth meeting will be in the Bahamas - to whom we would like to extend a very warm welcome to WHO this year - in June next, when several non-English-speaking countries will attend as observers.

With regard to the maternal and child health and family planning programme, although integration has taken place in several clinics, we are still going through a trial period before further plans are made to extend this system. Within this framework a private firm of management consultants has been requested to review integration within the maternal and child health and family planning programme.

We are in the midst of a reorganization of our central supply department, designed to reduce the quantity of stock held in our warehouses and institutions and to provide a more rapid receipt and delivery system. At the regional level, bulk purchasing of drugs is being considered by the Caribbean Health Ministers Conference, which consists of 16 Member governments.

The control of communicable disease remains an area of major concern and activity for our Government; we agree with the Director-General's diagnosis that lack of sufficient personnel, failure of health education programmes and organizational problems are the main contributory factors to the non-application of available knowledge in this field - to the detriment of the health of our children in particular and of the community as a whole. We realize that a necessary prerequisite of communicable disease control is an effective surveillance system; we are therefore continuously updating and modernizing our national surveillance system and have gained private practitioner cooperation through our local Medical Association. The system therefore now involves medical officers of health, special officers in hospitals and private practitioners, and much effort is being expended to achieve an effective and harmonious working relationship. We are also pursuing this matter at the Caribbean Health Ministers Conference.
Mr President, failure of health education programmes as well as lack of community involvement and participation have been identified as causes of failure in the control of communicable disease. Permit me to quote from the Ten-Year Health Plan of the Americas:

"As far as health problems and the promotion of health are concerned, they constitute a framework which in its broadest sense will act as an educational background, a factor stirring the conscience of the man in the street to change his way of thinking and his behaviour and to see health not merely as a right but as an overriding responsibility of the people, who must no longer be content to accept programmes, but must participate wholeheartedly in them so that the health resources created by and for them will expand and multiply."

Let me mention, sir, at this stage that last year our Government organized a national consultation on venereal disease, drug abuse and family life education. The purpose of this consultation was to consult as well as to acquaint the community with some of the pressing psychosocial problems of our time, in view of the need to mobilize the resources of the family and the community in an attempt to arrive at viable solutions to these problems. The Conference was a unique one. It lasted five days; there were 300 participants from a wide cross-section of the community, representing several organizations and associations from youth groups to chambers of commerce, teachers and students from primary schools to university. The recommendations which emanated from the consultation were submitted to our Cabinet and steps are now being taken to have appropriate recommendations implemented. It is our opinion that implementation of the recommendations will be that much easier because of the public participation in their design.

In all the programmes we have mentioned above, one of the problems has been the inadequacy of our medical records and medical statistics. We have been tackling this problem vigorously. We have increased the staff of our statistical unit at central level, introduced mechanized data processing. Summary forms for reporting of hospital discharges have been developed; a hospital statistics system is now in operation in our two major hospitals; several local training courses in medical records and statistics have been held; and an officer has recently returned from overseas training. In all this we are very grateful to the Pan American Health Organization for its assistance and guidance.

The dearth of medical manpower remains a serious obstacle to the better delivery of health care. True enough, it may be thought that, with a doctor/population ratio of 1:2500 in our country, Trinidad and Tobago, the situation is not too critical, but due to the urban-rural distribution of health personnel, the lack of medical personnel in the public health field and the overriding need to maintain vigorous programmes to combat communicable disease and improve environmental sanitation, we are giving serious attention to the type of training our medical students are receiving and to reorganizing the conditions of service and the utilization of public health officers to provide them with more job satisfaction so as to reduce the disparity in income which prevents more dynamic officers from entering this field. However, we are also giving serious attention to introducing the nurse practitioner, who has been mentioned by our colleague from New Zealand. This officer will have a well defined role in the psychiatric programme, in the maternal and child health and family planning programme and in the chronic disease programme. This officer, functioning along specific guidelines, will help to improve the existing service and to extend health coverage in the rural areas.

The situation with regard to dental manpower leaves much room for improvement, there being only 50 dentists, ratio 1:20 000, to serve our 1 200 000 population. Recognizing this, we have made advanced plans to commence later this year a training programme for the school dental nurse on the New Zealand pattern. We anticipate that an initial class of 35 girls will enrol for this two-year training programme. This project has UNDP support, for which we are very grateful.

In the field of environmental health, although we are still grappling with the problem of wastes disposal, we have made a significant step forward with the passage of an Anti-Litter Bill, which makes provision for the prevention of and punishment for the littering of public places and premises. We have also created an Anti-Pollution Council whose function is to advise the Minister on all matters relating to the human environment. A Veterinary Public Health Unit has been established in the Ministry of Health and we are anticipating better standards of food hygiene, better standards of meat inspection, and a better standard of sanitation in our abattoirs.

In the field of health legislation we have now passed legislation for compulsory immunization of schoolchildren, so that no child can enter school without showing
evidence of immunization against poliomyelitis and smallpox. We are making steady progress towards improving our maintenance capability for hospital equipment through the cooperation of both local training institutions and external aid.

Physical plant is also being improved through new building construction; thanks to a World Bank loan in connexion with the maternal and child health and family planning programme the first delivery unit is due for completion in a rural area within two months. We are currently negotiating with the IDB a loan to improve our rural health centres and to build a pathology/physiotherapy/paediatric complex and a psychiatric ward as an essential part of our large general hospitals.

We are deeply indebted to the Government of Canada, through whose cooperation we recently opened a radiotherapy centre, so that for the first time we are able to offer our citizens the benefits of cobalt therapy and modern methods of cancer treatment.

We are currently participating with WHO in poliomyelitis surveillance, in the international information system on registration of drugs, and in an infant mortality and morbidity survey in one of our countries.

Let me end by making a few suggestions to WHO. There are other areas in which WHO may be of assistance in developing countries and I recommend for your consideration that WHO should accelerate its programme of direct assistance to Member countries; and the type of assistance given to Bangladesh in country programming is an effort which should be undertaken on a far wider scale.

I note that WHO proposes to embark on a study of the causes of migration of health personnel. I feel that, as an adjunct to this study or even as a separate issue, WHO should prepare a register of scarce human resources, such as public health officers, anaesthetists, radiotherapists, ophthalmologists, pathologists, university lecturers, and maintenance technicians. This register should contain the names of those personnel who are willing to provide services in developing countries.

To conclude, Mr President, I know that the length of our Assembly - fully three weeks and the frequency of our meetings - once each year - have been the subject of repeated debate. I am now convinced that the Director-General should as a matter of urgency review the frequency of these WHO meetings. Many of us feel that there is no need to have these meetings every year. For, apart from the problem of keeping our ministers and top medical personnel away from their jobs for such a long time, the cost of sending delegations to WHO has now become a matter of frightening concern. For there is a disease which is now spreading like wildfire across the world, it is worse than cholera, smallpox or typhoid, it is the disease of inflation. This inflation has caused the cost of transportation, accommodation and meals to rise to astronomical proportions. Developing countries like ours, Mr President, cannot afford this. Any moneys saved, therefore, can be better utilized to improve the health services of our respective countries. Indeed, it is my view that this same proposal should be considered by the United Nations and its other agencies as well as other regional and subregional groupings.

May I also add, Mr President, that another area of urgent review must be the documentation of this Organization. In the light of spiralling costs as mentioned above, a review of the records as well as documentation to eliminate bulkiness should be instituted forthwith.

WHO, Mr President, is one of the most important of the United Nations specialized agencies. It has contributed significantly to the economic and social development of millions of people all over the world. Its role in the future will become even more important. My Government therefore, while urging a review of certain aspects of its operation for reasons of economy and efficiency, having regard to new developments of the present time, pledges its fullest support to you, Mr President, the Director-General and WHO, to help in any way possible to strengthen its efforts.

Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, in concluding may I express the hope that our deliberations will constitute a significant addition to the storehouse of scientific knowledge in the interest of all our peoples.¹

¹ The above is the full text of the speech delivered by Mr Mohammed in shortened form.
The PRESIDENT (translation from the French): I thank the delegate of Trinidad and Tobago. The delegate of Brazil now has the floor.

Dr MACHADO (Brazil): Mr President, Vice-Presidents, Mr Director-General, distinguished delegates, ladies and gentlemen, it is indeed an honour for me to express on behalf of the Brazilian delegation my sincere congratulations to you, Mr President, on your election to the presidency of this Assembly.

It is my earnest wish also to express on behalf of my country our warmest congratulations to the Director-General and staff of WHO on the excellent Report on the activities of the Organization for 1973.

I am sure I will be forgiven if at this time I mention our pride at the outstanding contribution made by my countryman, Marcolino Candau, to the work of the World Health Organization until the final day of his term of office, as is so well evidenced in this Report. And here I most deeply and sincerely wish to pay a particular tribute to our new Director-General, whose imaginative and realistic touch is already quite distinguishable. We do wish once more to assure him of our fullest support and cooperation for all time.

With regard to the health situation in Brazil, I would state that we do have somewhat polar conditions in that there exist both developing and developed regions. In addition to the predominantly rural areas, where the disease pattern requires health strategies including campaigns against the communicable diseases, particularly those originating from lack of adequate sanitation or that are vectorborne, the health problems in metropolitan industrialized areas are demanding increasing attention from my Government. But addi-
tionally, and not least important, Brazil has also to tackle the development of remote areas such as those in the heart of the Amazon valley now being opened up for progress. Such projects call for special health programmes and pioneer research work. Studies on human ecology have begun at the National Institute for Research in the Amazon Region. The first data on the impact of human input and the recent results of the assay of an architecture and urbanization programme specifically designed to reduce indoor heat and humidity are representative of the research work being done to protect human health in this area. Strengthening of malaria and leprosy control programmes have, of course, always been a basic preoccupation in this region, and a further leprosy programme is due to start next August, utilizing, for the first time in Brazil, a large number of paramedical/auxiliary trained assistants.

As far as traditional health work is concerned, I am glad to state that the campaigns against smallpox and urban yellow fever - both of which have been implemented with the excellent support and technical assistance of WHO through the Pan American Health Organization - have been entirely successful. Special reference should also be made to a pro-
gramme in the field of community sanitation which my Government decided to launch a few years ago. Following studies showing that in 1967 only 35% of the urban population of Brazil were provided with safe water and that the situation was no better regarding the disposal of wastes, special legislation was enacted creating the national plan of sanitation, whose execution is under the responsibility of the Ministries of Health and of the Interior, the former through the Special Service of Public Health, and the latter through the National Housing Bank. A financing mechanism was created which permitted the establish-
ment in each state of the country of a local coordinating agency which is responsible not only for planning and construction of community sanitation public works but also for continuing technical and administrative supervision. Our experience has proved that, if properly administered, such sanitation services are capable of self-maintenance, and can in time reimburse the initial investment cost. It is hoped that by the end of this decade more than 80% of the urban and at least 50% of the rural population will have safe drinking-water.

The Brazilian Government is glad to note the importance that WHO is giving to the problems of environmental health, especially where environmental pollution is concern-
ed as a threat to human health, and particularly in the metropolitan areas. I have much satisfaction in informing you that last October the Secretariat for the Environment was created within the Government to deal with the overall problem: in consonance with the Ministry of Health and other appropriate ministries, whatever action recommended is thus coordinated. Here I wish to mention, with a word of thanks to WHO, that before this important step was taken a number of projects in the field of environmental pollution had already been initiated with the Organization's cooperation, and these are in full progress.
My Government is well aware that in special circumstances, such as the smallpox eradication campaign, or in situations of national disaster such as the effects of the drought in the Sahel area of Africa, WHO may need additional assistance from its Member States. Brazil is therefore prepared to share any efforts that WHO may decide to undertake in order to help those countries so gravely affected, and we are ready to mobilize a contribution from a new Brazilian agency which has recently been created to strengthen the health and medical care programmes of our various states through the free provision of vaccines and specially selected drugs to treat the predominant sicknesses. The Brazilian Government would regard it as a privilege to offer to the nations of the Sahel areas, through WHO, this modest assurance of solidarity of the Government and people of Brazil.

I wish to close my statement with my wholehearted good wishes to you, Mr President, for a most successful term of office.

The PRESIDENT (translation from the French): I thank the delegate of Brazil and now give the floor to the delegate of Lebanon.

Mr DANA (Lebanon) (interpretation from the Arabic): Mr President, delegates, at the start of my address I should like to join with the previous speakers in congratulating you, Mr President, on your election to the highest office at this twenty-seventh session of the World Health Assembly. I also congratulate the Vice-Presidents, the Chairmen of the committees and their Vice-Chairmen, together with the Rapporteurs, on their election. We hope that their ability will enable them to bring the work of this session to a successful conclusion.

On this occasion I should like to express the gratitude of the Lebanese delegation to Dr Candau, the former Director-General of the Organization, for the considerable services he rendered to all Member States over many years. The Lebanese delegation would like to convey to him its deepest regard and sincere gratitude, wishing him health and happiness.

Mr President, with the transfer of responsibilities from Dr Candau to Dr Mahler, the new Director-General of WHO, the torch has passed from firm and safe hands to other hands no less firm and safe. Thus the calling of public health continues to make progress at its highest levels and in its most noble aspirations, for the wellbeing of mankind as a whole. After putting our complete confidence in Dr Mahler, we must smooth the path to success for him and collaborate with him in all areas where action is capable of raising the level of health in the world and of providing all peoples with physical, moral and mental wellbeing in an equitable manner. For this reason we once again congratulate Dr Mahler, the new Director-General of the Organization, and wish him success.

Mr President, since I have not previously had the honour of representing my country and taking part in the meetings of the Organization's Assembly, I am pleased to have the opportunity this year and to be able to express my views about health in Lebanon and the world. Lebanon, which is small in area but has great capacities and potential, and which is endeavouring with other Member States to improve public health at the national and international levels, is exposed to one of the greatest dangers to public health at those two levels, namely, the acts of Israeli aggression on various regions of Lebanon, particularly the south. In these acts of aggression houses sheltering peaceful inhabitants are blown up, schools and peaceful villages are bombed by artillery and aircraft, killing women, children and old people, and people are driven from their homes and their land and left without shelter. These acts, which have been continuing for some years, are more detrimental to public health than an epidemic disease and are thus lowering the level of humanity and health; moreover, they constitute a contradiction of all the values set forth in the Constitution of this Organization. These attacks on Lebanon are merely a continuation of the acts of aggression that Israel has committed and is still committing against the Arab populations of the territories it has occupied, thus creating one of the most serious social and health problems of our time, the problem of the Palestine refugees and homeless persons.

In the past WHO has already adopted many resolutions aimed at persuading Israel to give up her aggressive acts and to treat the populations of the occupied territories in conformity with the United Nations Charter and the WHO Constitution. However, all these resolutions have been ignored. Today we are suggesting that reason and justice should prevail and are asking for the application of the principles of this Organization to ensure that no more innocent souls are sacrificed and that public health is not prejudiced; for if health is not protected legally it will find itself obliged to seek such protection by illegal means.
While on the subject of victims of aggression I must reaffirm that Lebanon warmly supports the liberation movements in Palestine, Africa and elsewhere in the world, and adds its voice to those of all friendly delegations that intend to provide the assistance needed to protect the health of the inhabitants of those regions struggling for their freedom and independence. We are convinced that the representatives of the liberation movements recognized by the regional organizations, movements struggling against foreign domination and racial discrimination, have the legitimate right to take part in sessions of the Organization to explain their situation and their needs.

In conclusion, Mr President, I should like to thank Dr Taba, Director of the Regional Office, for his praiseworthy efforts in the interest of public health in Lebanon and in other countries of the Region.

The PRESIDENT (translation from the French): I thank the delegate of Lebanon and take pleasure in giving the floor to the delegate of Uganda.

Mr KYEMBA (Uganda): Mr President, fellow delegates, ladies and gentlemen, I am privileged to bring greetings from the Government and people of the Republic of Uganda to the nations represented at the Twenty-seventh World Health Assembly. On behalf of the Uganda delegation, I wish to congratulate you, Mr President, upon your election to this high position, and also the Vice-Presidents and the Chairmen of the two main committees.

I also wish to congratulate the Director-General on his first Report, which, as he rightly points out, reflects much of the work carried out by his predecessor, Dr Candau, but which reveals a new dynamism, aggressiveness, and spirit of self-criticism which I hope will characterize the work of the Organization in the future and bear fruits which will soon become apparent.

As was indicated in previous years, 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, the Uganda Government 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 zoonoses, animal laboratory services, and food hygiene. A pertinent point regarding this subject is the transfer from my country of WHO personnel in the field of entomology, vital and health statistics, maternal and child health and public health, and their non-replacement.

In the sphere of major communicable diseases, Mr President, Uganda has been free from outbreaks of smallpox, yellow fever and cholera during the past year. In this regard we are pleased to note that the theme for the World Health Day 1975 will be "Smallpox - point of no return". Uganda has contributed in the past to achieving the present global reduction in the incidence of the disease and is committed to putting in whatever final effort may be required for achieving the total global elimination of the disease.

In connexion with onchocerciasis, my delegation notes with interest the plan to rid the Volta River basin of the disease and congratulates the seven African Governments of Dahomey, Ghana, Ivory Coast, Mali, Niger, Togo and Upper Volta, WHO and other associated United Nations agencies, and the International Bank for Reconstruction and Development, on the ambitious, forward-looking steps they have taken to rid the area of the disease. Uganda is watching this operation with keen interest, because it believes a similar regional approach in East Africa is worthy of serious consideration in respect of similar problems in the Nile basin and the surrounding mountains.

Turning to the WHO-assisted tuberculosis control project, the BCG vaccination campaign was completed in December last year. The seven-year campaign which started in July 1967 was carried-out district by district and has protected just over three million children in the age group 0-14 years. This gives an overall coverage of 70% for that age group for the whole country. A central tuberculosis register was opened during the year and three BCG ex-vaccinators were given in-service training and posted to one district to perform active case-finding and defaulter-tracing. The success of this exercise will certainly lead to the spread of its activities to the rest of the country.
Development of basic health services continued on an integrated basis, with emphasis in the training schools on the development of polyvalent health auxiliaries. Rural health centres constitute a focus of all the aspects of the basic health services. The ultimate goal is to have a health centre for every 15,000 of the population. It is in this spirit that the Uganda Government, through my Ministry, is planning to establish a training and demonstration area which is meant to provide in-service training for personnel already serving in the basic health services. The training of laboratory attendants, 23 of whom qualified recently, has the same aim of strengthening the health infrastructure. About 60% of Uganda's population consists of children and women of childbearing age. The overall infant mortality now stands somewhere between 80 and 120 per 1000 live births. With the steady expansion of health infrastructure facilities, the nationwide immunization programmes which are already in force against whooping-cough, tetanus, diphtheria, tuberculosis, smallpox and poliomyelitis will eventually cover all the vulnerable groups.

In the area of health manpower development, Makerere University at this year's Congregation turned out 57 doctors and awarded postgraduate medical degrees and diplomas to 18 others. These are modest figures by all standards, and plans are already in force to increase them from year to year. It is fitting to mention here that the Makerere Department of Preventive Medicine is to be converted into an institute of public health and the Department of Psychiatry is to be strengthened under our new WHO project. In addition, a regional medical teacher training centre is to be set up at Makerere to meet the increasing need in this field.

In spite of the foregoing, Mr President, the most urgent task for the public health planners in developing countries is the proper staffing of the various health sectors. The present ratio of doctors to the population is one doctor for every 16,000 people. Because of this, the Uganda Government, as I have mentioned before, continues its efforts to train paramedical personnel. The increased number of nursing and midwifery training schools, the increased intake in registered nurses' and midwifery schools, and the establishment of nursing and midwifery tutor colleges all point to the importance which the Government attaches to the training of its medical and paramedical personnel.

In conclusion, Mr President, I wish to repeat what I have said before, and that is the dynamism, aggressiveness and spirit of self-criticism revealed in the Director-General's Report. This very attitude was also spelt out in his speech at the opening of the twenty-third session of the Regional Committee for Africa, held in Lagos, Nigeria, in September last year. I wish to express our gratitude to his able staff for guiding and assisting us in Uganda in our efforts to improve the level of health of our people. I wish also to record our appreciation for the excellent work that is being carried out by Dr Quenum and his colleagues at our Regional Office in Brazzaville in guiding the Africa Region in its objectives to provide for the many and varied needs of the Region, and in particular for the sympathetic consideration they have already given to requests from my country.

May I also thank my colleagues and fellow delegates for their contribution to this body for the good of mankind at large. It is our sincere desire in Uganda that WHO shall continue to play its rightful role as long as the human race endures.

The PRESIDENT (translation from the French): I thank the delegate of Uganda. The delegate of Iraq has the floor.

Dr MUSTAFA (Iraq) (interpretation from the Arabic): Mr President, honourable delegates, on behalf of the delegation of the Republic of Iraq I have the pleasure to congratulate all those who have been elected to the various posts, wishing them all success in their endeavours.

The Annual Report of the Director-General reflects truly and clearly the activities carried out by the World Health Organization during the year 1973. In this connexion I should like to commend highly the earnest efforts of Dr Candau, Director-General Emeritus of the Organization; and to wish the Organization all success and progress in the humanitarian services that it renders so well.
Mr President, the Government of the Republic of Iraq is concentrating its efforts on comprehensive basic health services throughout the country, with special attention to the rural areas, to which high priority has been given within the national development plan. The Health Insurance Law has thus been implemented for four years now, starting with the rural areas and expanding progressively to include practically all parts of the country. The Revolutionary Government of Iraq has made every effort to render the most up-to-date health services possible to the rural population. These measures set the doctor/patient relationship, humanitarian in nature, free from any abused materialistic relations.

The medical services in our country, both preventive and curative, have actually expanded - both horizontally and vertically and at all levels - as compared with what they were before, taking into account international health indicators and not only the indicators of the country alone. On this basis, we have adopted a scientific planning process in order to study the means of obtaining the best results that we can expect in the various medical fields, and in order to be able to exploit the natural products and wealth of the country. It is impossible to supply all the necessary medical and paramedical personnel, but the implementation of well studied programmes and scientific plans has enabled us to increase the number of staff, and thus the staff that we now have conforms to international standards. The number of physicians has doubled in all fields and all specializations; the same holds true for ancillary medical personnel; the number of health institutions has doubled, as has also the number of hospital beds. We are continuing the implementation of this plan in order to attain the aims we have set ourselves.

The adoption of the principle of preventive action as a basis for medical activities has given a possibility of obtaining substantial results. It is thus that we have started our project for community water supply in all rural networks. We should like to recall here the precious assistance that has been given us by WHO. We have many other projects which we have not time to talk about here, but which have been completed or are now being implemented.

Mr President, we must recall here the human tragedy to which our Arab people in Palestine - and in other occupied Arab territories as well - are exposed as the result of imperialist and Zionist aggression. The Arab peoples have suffered many years from destruction and injustice; they have been subjected to the most savage campaigns of genocide and collective extermination. These people are defending their legitimate and just right to return to their fatherland and to have autodetermination on their own territory. Israel's Zionism represents the most horrible form of spoliation: it practises an aggressive policy, it continues to invade territories, it takes absolutely no account of the United Nations resolution which has allowed the right of the Arab people in Palestine to autodetermination on their own territory. We are convinced that this Organization, which is a humanitarian Organization, must exercise its rights within the framework of its prerogatives; it must support a people that has been oppressed, dispersed and forced to leave its national territory. It must ensure a healthy and social life, as required by human dignity in the twentieth century.

In conclusion, Mr President, I would like to thank the Director-General, the Regional Directors and their deputies, and all the experts of WHO who participate in all our health projects. They have shown a spirit of cooperation. I should also like to thank the Organization for its continued collaboration with us.

The PRESIDENT (translation from the French): I thank the delegate of Iraq. Before giving the floor to the delegate of the Democratic People's Republic of Korea, I shall ask Dr Lambo to explain a point concerning the language.

The DEPUTY DIRECTOR-GENERAL: Mr President, the delegate of the Democratic People's Republic of Korea has asked to speak in Korean. I wish to draw your attention to Rule 87 of the Rules of Procedure of the World Health Assembly, which establishes that "any delegate or any representative of an Associate Member or any representative of the Board may speak in a language other than the official languages. In this case, he shall himself provide for interpretation into one of the working languages. Interpretation into the other working language by an interpreter of the Secretariat may be based on the interpretation given in the first working language."

An interpreter provided by the delegate of the Democratic People's Republic of Korea will read simultaneously the text of his speech in French.

The PRESIDENT (translation from the French): I now give the floor to the delegate of the Democratic People's Republic of Korea.
Dr HAN Hong Sep (Democratic People's Republic of Korea) (translation of the French interpretation from the Korean): 1 Mr President, Director-General, delegates, first of all, on behalf of the delegation of the Democratic People's Republic of Korea, I should like to offer sincere congratulations to the newly-elected President and Vice-Presidents and wish them every success in the fulfilment of their responsible task.

I should also like to pay tribute to the Director-General, Dr Mahler, for his untiring work in the service of WHO. May I be permitted on this occasion to thank the Director-General of the Organization, the Regional Director for South-East Asia and the members of their staff for the invitation and hospitality they recently gave us so that we could learn about the work of WHO.

The Director-General's Report shows in detail the entire field of WHO's work. It reflects the concern and the will to improve public health and to find an effective solution for the problems still outstanding in Member States in conformity with the WHO Constitution and the requirements of our time, a period when there is a growing awareness of the value and importance of health as an increasing number of countries are managing to achieve social progress and build a new life. Public health activity is a noble task in the service of man and beneficial to the health of populations.

On the basis of the Ju-che ideas of President Kim Il-Sung, the great leader of the Korean people, whereby man must be the central concern and everything must be used to serve him, the Government of the Democratic People's Republic of Korea invariably grants privileged attention to public health. Our country applies a system of full and free medical care for all, provided entirely by the State; efforts are directed mainly towards the prevention of diseases on the basis of prophylactic medicine.

As a result of the great efforts made by the Government of our Republic in preventive medicine, the acute epidemic diseases such as malaria, cholera, Japanese encephalitis and measles have long been completely eradicated from our country; through the improvement of medical services, the death rate has been halved by comparison with the period before the Liberation, while the mean life expectancy of the population reached 70.1 years in 1972.

Health workers have reached a very high scientific and technical level, and a solid basis for the manufacture of drugs and medical equipment has been established in our country. Through this achievement, we are able ourselves to cover most of our public health needs.

All our children grow up happily in day nurseries and nursery schools which have been set up throughout the country in factories, mines, villages etc. as a result of the attention paid by our Government to the protection and education of children.

As a result of socialist industrialization and the rapid growth of our independent national economy, the Government of our Republic has finally abolished taxes - it is the first country in the world to take such an initiative - and recently it lowered the price of industrial products by an average of 30%. This remarkable measure has opened up bright prospects for the promotion of the population's health and for the development of health services.

Ladies and gentlemen, thanks to our public health system our people lead a happy life, living to a ripe old age in perfect health. However, this happiness is not shared by the people of the South because of the partition of the country. It is common knowledge that the partition of the country has brought untold sufferings and misfortune upon our people, a homogeneous nation that for several thousand years had led a harmonious life in a single land, speaking the same language and having the same culture and customs.

Although we take part with the delegates of different countries in discussing problems of international cooperation and in exchanges of experience in the health field, the brothers of North and South Korea are unable even to meet, let alone discuss the nation's health problems. Because of the partition of the nation, the son in the North and the mother in the South no longer recognize each other and the national communities of our people, formed in the course of a long history, are gradually disappearing. You may imagine how our nation is suffering.

1 In accordance with Rule 87 of the Rules of Procedure.
The independent and peaceful reunification of our homeland must be achieved as soon as possible so as to put an end to the sufferings of our people. The Government of our Republic has made the most sincere efforts to achieve the independent and peaceful reunification of the divided homeland and to develop public health in a unified manner in North and South Korea. The untiring efforts of the Government of our Republic to achieve the independent and peaceful reunification of the country led to the initiation of the dialogue between North and South and to the publication of the Joint Declaration by the North and South, the substance of which is constituted by the three following principles: independence, peaceful reunification and national union. As a concrete measure for applying the three principles of the Joint Declaration, the Government of our Republic has proposed exchanges and various forms of collaboration between North and South in different fields. If this proposal takes effect there will also be collaboration in the health field, bringing great benefits to the health services of our nation. It is fully in conformity with the humanitarian principles of WHO. Nevertheless, great obstacles are still being encountered on the road leading to the independent and peaceful reunification of our homeland as a result of meddling by outside forces. Taking into account the situation created in our country, the third session of the Fifth Legislature of the Supreme People's Assembly of the Democratic People's Republic of Korea, held last March, put forward a new proposal for the conclusion of a peace agreement with the United States. We shall make every effort, cost what it may, to achieve the reunification of our homeland and to develop the public health of our nation in a unified manner through the combined efforts of health workers in the North and South, and we shall also do all we can to contribute to the strengthening of international cooperation in the health field. We express the hope that all peace-loving and justice-loving peoples and health workers will lend their support and active encouragement to our people's struggle to achieve this burning aspiration.

In our time the peoples of the world are being swept along towards independence by an irresistible current. Each people is the master of its own destiny, and the forces required to reshape that destiny also lie with the people. It is clear therefore that the health services will develop rapidly when the people of each country act fully independently and in accordance with the true situation in their country, as masters of their own destiny. Consequently, we believe that international cooperation channelled through WHO should promote the independent development of health services in Member States. In this spirit we shall take an active part in the work of WHO and shall contribute to the intensification of cooperation in the health field. We hold the view that bilateral or multilateral cooperation between countries in the health field should also be established, so as to benefit the independent development of public health in the countries concerned.

In conclusion, I should like to broach the subject of the admission to WHO of the Republic of Guinea-Bissau. The admission of Guinea-Bissau to WHO is obviously very important for the future development of the Organization's work. Since the admission of the Republic of Guinea-Bissau to WHO is quite natural in view of the Organization's principle of universality and the requirements of our age, the age of independence, we formally state our support for its admission.

The PRESIDENT (translation from the French): I thank the delegate of the Democratic People's Republic of Korea. I now give the floor to the delegate of Cyprus.

Dr VASSILIOPOULOS (Cyprus): Mr President, distinguished delegates, on behalf of the Cyprus delegation I have pleasure in congratulating you, Mr President, on your election to the presidency of the Twenty-seventh World Health Assembly. I would also like to congratulate the Vice-Presidents and the Chairmen of the committees. You all deserve the honour that this Assembly has bestowed on you, and I am confident that under your guidance the deliberations of the Assembly will be successfully conducted.

It gives me also pleasure to express my delegation's appreciation to the distinguished Director-General, Dr Mahler, for his short but comprehensive Report on the activities of the Organization in 1973, in which not only the successes are highlighted but also the failures which tend to keep us far from the Organization's goal, that is, the attainment of the highest possible level of health by all peoples.

It is encouraging to note from the Director-General's Report that substantial progress has been made in the global eradication programme against smallpox and that an ambitious plan to rid the Volta River basin of onchocerciasis has already been started.
The Director-General's remarks that if a truly effective partnership within WHO and its Member States is brought into being it will be necessary to develop the programming and evaluation techniques by which a closer relationship is established between the two processes of priority-setting—by governments collectively at the World Health Assembly and individually at the country level—are encouraging. Indeed, WHO's coordinating role in this respect would be more beneficial, at least for some developing countries which find it difficult to solve their health problems in their proper context.

The remark of the Director-General that the most signal failure of WHO and Member States has been their inability to promote the development of basic health services and to improve their coverage and utilization must make us think more seriously and lend stronger support to the strengthening of our basic health services and the more effective use of our economic and manpower resources. May I be permitted in this respect to make it known that in my country we have endeavoured, and succeeded in a large measure, to improve substantially our basic health services during the last few years, with particular emphasis on the quality of the medical care delivered to the people. The assistance we have received from the World Health Organization in this respect in the form of fellowships and expert advisers has been most valuable.

In the field of communicable diseases, which have become a negligible source of morbidity and mortality, I am glad to say that echinococcosis, which until recently constituted one of our major public health problems, has now been brought under full control, to such a degree as to allow us to expect its complete eradication within the next few years.

Our health manpower ratios to population are closer to those observed in the industrialized countries, and so are our vital and health statistics. With the assistance of WHO we started a new campaign to assess the prevalence of thalassaemia, to provide the appropriate care to the unfortunate sufferers from this dreaded disease, which I am sorry to say is very prevalent in Cyprus, and to find ways and means of limiting its incidence. In addition to the expert adviser, supplies and equipment provided by WHO to assist us in establishing a genetic counselling service are most helpful.

In the field of communicable diseases, which have become a negligible source of morbidity and mortality, I am glad to say that echinococcosis, which until recently constituted one of our major public health problems, has now been brought under full control, to such a degree as to allow us to expect its complete eradication within the next few years.

The course, which will be of nine months' duration, will start in October of this year.

Certainly we do not breed any false sense of complacency; we will continue and intensify our efforts to improve still further our health services from a quantitative and qualitative point of view. Although our medical and health care services may be judged satisfactory in respect of coverage and utilization, yet we are exploring the possibility of introducing a sort of national health service on the lines recommended by a WHO consultant recently.

Ending my address, Mr President, I wish to record the gratitude of the people of Cyprus to the Director-General, Dr Mahler, and our Regional Director, Dr Taba, for their untiring efforts to promote the health of the people of Cyprus and all the peoples of the world.

The PRESIDENT (translation from the French): Thank you, sir. I give the floor to the delegate of the United Kingdom of Great Britain and Northern Ireland.

Dr YELLOWLEES (United Kingdom of Great Britain and Northern Ireland): Mr President, distinguished delegates, Director-General, ladies and gentlemen; first, I should like to take this opportunity of joining other delegations in congratulating you, Mr President, most warmly on your election to this high office. If I may say so, you have already demonstrated that the Twenty-seventh World Health Assembly will be most ably guided through its deliberations. I would also like to congratulate the five Vice-Presidents on their election.

Secondly, my delegation welcomes the Commonwealth of the Bahamas as a Member of the World Health Organization.

Thirdly, I should like to say that, in accord with the custom of the United Kingdom, I shall be brief.
I warmly congratulate the Director-General on the address which he made to the Assembly this morning. My delegation welcomes the opportunity for us all to be reminded of the main aims and the main functions of the World Health Organization, and the emphasis on the need for new methods in relation to these. We appreciated the sense of urgency which he conveyed, and we admired the frank and direct manner in which this was done. I know that my country will take up the challenge and that we will exert our best efforts in seeking to respond to it.

My Government notes with approval the view of the Director-General that the true role of the World Health Organization involves a coordinating function. We agree that projects should be carefully selected and should be those which take their place within programmes of development. These programmes should be ones which have already been identified by Member countries themselves, because these programmes are of prime importance for their own future wellbeing. They should also be programmes of high priority, so that action is sustained after a defined initial period.

We also welcome the new emphasis on the importance of the Executive Board in the World Health Organization. We look forward to its greater impact on the formulation of policy, and we accept that this may require new methods of working.

Mr President, this Assembly owes a debt of gratitude to the Director-General and to all the members of his staff for what they have done on our behalf during the last year. It has been a year of great financial difficulties when, through no fault of its own, this Organization, together with other international agencies, has had to take a very firm look at its priorities, in order to ensure thereby that the very best results were being obtained under the monetary threats to its resources. It may well be that this stringent self-criticism will, in the long run, prove to be a good thing. Nevertheless, the maintenance of the programme itself has been a victory in the circumstances.

The Director-General has referred in his Report to the encouraging and successful way in which, in spite of setbacks, the smallpox eradication campaign has been vigorously carried out by the staff of the Organization and with the help of the administrations in those countries in which the disease still remains endemic. I know that everyone present will join me when I assure the Director-General of maximum support during the final and, hopefully, short stage of the campaign which is still to come. While we note with approval the progress being made in dealing with this and with other communicable diseases, there must remain some feeling of dissatisfaction that, in diseases where the means of control and cure have existed for so long, progress has nevertheless been so slow.

The United Kingdom is pleased to be able to participate with some other Member States in the ambitious scheme to clear the Volta River of the blackfly, *Simulium damnosum*. The biting activities of this fly have not only driven the population away from the most fertile land in seven Member States — including in that number six of the least developed countries of the world — but it also transmits onchocerciasis, the cause of river blindness. My country through development aid has contributed £425,000, that is about one million dollars, to the first year’s activity, and is considering the scale of its further participation over the next few years.

The United Kingdom’s contributions to WHO do not all show up in a regular budget and, while I am still talking of this, I would like to mention that the United Kingdom takes great pleasure in the fact that about one in every four of all the World Health Organization fellowships are taken up in our country. We hope that this level of help can continue and increase, and that this will occur for so long as World Health Organization fellows continue to find in our country the education and training which they seek.

I should mention that some important changes have recently occurred in the organization of our National Health Service in the United Kingdom. These are concerned with the closer integration of the services relating to hospitals, to primary care and to community health. I look forward to an opportunity of saying something more about these changes at a later stage in the Assembly.

Finally, Mr President, I would like to express strong support for the efforts being made by this Organization to develop health services in developing countries. In particular we support measures designed to ensure that health professionals who will be deployed in specific regions are appropriate to the specific region, and are trained in those skills and aptitudes which are necessary to deal with its problems. If this does not occur, then other attempts to achieve higher standards of health in such regions are not likely to be sustained.

May I end by once again congratulating the Director-General and his staff on their Report and on their efforts. I wish them well in the name of the health workers of my country during the coming year.
The PRESIDENT (translation from the French): I thank the honourable delegate of the United Kingdom. I shall now give the floor to the delegate of the Republic of Korea.

Mr KOH (Republic of Korea): Mr President, distinguished delegates, ladies and gentlemen, on behalf of the delegation of the Republic of Korea, I associate myself with the previous speakers in expressing my sincere congratulations to you, Mr President, on your election to the chairmanship of this august Assembly. I am confident that under your wise leadership and guidance this Assembly will be crowned with many successes. My heartiest congratulations also go to the Vice-Presidents for their well-deserved elections.

Taking this opportunity, my delegation would like to pay particular tribute to the Director-General, Dr Mahler, and to the members of his staff, for the work they have accomplished in the past year for the benefit of all mankind. The Director-General is to be congratulated for his excellent Annual Report covering the activities of the Organization for the year 1973. It is also my pleasure to extend gratitude and respect to Dr Dy, the Regional Director for the Western Pacific, for his work in 1973.

In respect to the Annual Report of the Director-General, I wish to comment on some of the matters which appear to me to be related to the health programme of the Republic of Korea.

In the field of communicable diseases control, the Government of the Republic of Korea has been cooperating closely with the World Health Organization in reducing the incidence of acute communicable diseases. Thanks to the Saemaul Movement, which was initiated in early 1972 under the inspiring leadership of President Park Chung Hee, the promotion of health in the rural areas, which has emphasized environmental sanitation, particularly the improvement of water supply, has led to a remarkable reduction of water-borne infectious diseases during the past two years. The WHO vector research unit, which is to be closed down at the end of this year, has been a considerable help in tackling the problem of Japanese encephalitis.

Although tuberculosis is one of the major health problems in our country, with the establishment and strengthening of the basic health infrastructures we succeeded in achieving our pre-set tuberculosis control target in 1973.

The concept of the improvement of the basic health services being fundamental to the solution of the major health problems of the nation, the Government of the Republic of Korea is giving high priority to this project. A community-oriented health delivery system, aimed at the development of a comprehensive rural health programme, is now under study. The testing of this system is expected to achieve the success which will result in its implementation throughout the country in the near future.

The training of health personnel is a prerequisite for the improvement of the basic health services in the Republic. The Government has continued to place emphasis on training programmes for both medical and paramedical personnel. In this connexion, I must report to you with pleasure that currently medical personnel of the Republic of Korea are not only serving Koreans but also providing health care in many countries throughout the world. I am sure that the medical services rendered by the Koreans abroad will help promote world health and international understanding. My country is ready to make further contributions to these worthy humanitarian undertakings.

Family planning being regarded as an important and integral part of the Republic's programme for socioeconomic development, the national family planning programme is implemented through the existing central and provincial health service networks. By 1973, we succeeded in reducing the annual population increase rate to 1.6% and, with the continued and dedicated contributions of both national and international agencies, we expect further to strengthen and expand our family planning activities, thereby holding the population growth to the desired level of around 1.3% by 1980.

The Republic's extraordinarily rapid economic development and industrialization have led to the emergence of new problems of environmental pollution. Water and air pollution in major cities and industrial estates, as well as noise in large cities arising from population concentration and increased traffic in urban areas, and mushrooming of factories in the course of the nation's industrialization, have been alarming. To prevent the development of major health hazards, our Government is providing for the continuous monitoring of possible water and air pollutants in major urban and industrial areas. Data obtained through monitoring will also be valuable in our planning for new industrial projects and future urban developments.

Before closing, I would like to recall the words of the President of the Republic of Korea on the occasion of the Twenty-fifth World Health Anniversary: "We are happy to
reaffirm our active support and cooperation to the World Health Organization as it continues to strive for its noble objectives of promoting health and welfare for mankind."

The PRESIDENT (translation from the French): I thank the delegate of the Republic of Korea. I think we can go on until 6 o'clock. Consequently, with your permission, we shall continue until 6 o'clock, since we have made good progress so far. With your permission, I give the floor to the delegate of Australia.

Dr HOWELLS (Australia): Mr President, I should like first, on behalf of the Australian delegation, to add my congratulations to those of previous speakers on your unanimous election to the Presidency.

Secondly, I should personally like to congratulate the Director-General, not only on the continued standard of excellence of his first Annual Report, but also on injecting into it his own very real concern for the more basic problems which are now facing, not only the World Health Organization, but the world as a whole. Dr Mahler has asked for comment and criticism of his speech. However, I find this difficult - if not impossible - because I can unreservedly accept and wholeheartedly support its principles and philosophies as he gave them.

In the Introduction to his Report the Director-General lays considerable emphasis on the need for health services to keep pace, in both quality and quantity, with the changing needs and demands of populations. This concern is shared by the Australian Government, which is now establishing a community health programme aimed at supplying a comprehensive health care service to as wide a population in Australia as possible. In this respect also, the Australian Government has been very pleased to cooperate with the World Health Organization in the establishment and in the operation of the Regional Teacher Training Centre for the Health Professions in the University of New South Wales, Sydney. This Centre has already made significant and worthwhile progress, and we look forward to its continuing activities with great interest.

Australia, in common with the majority of Member States, is facing many problems in achieving and maintaining an environment, both social and physical, of such a quality as to permit its people to develop towards the WHO ideal of health. The Australian Government therefore views with the greatest concern the fact that atmospheric nuclear testing has again taken place in our geographical region. This has taken place notwithstanding the resolution adopted in the Health Assembly last year. This was a resolution which expressed deep concern at the threat to the health of present and future generations. It emphasized the damage to the human environment which might be expected from any increase in the level of ionizing radiation in the atmosphere from nuclear testing.

A special session of UNSCEAR, which reported to the twenty-eighth session of the United Nations General Assembly, considered the data that were available at the time of its meeting in relation to those tests. It gave particular attention also to radioactive contamination of the environment by all nuclear tests since its previous report. This Committee observed that, since its previous report, an increase in the amount of strontium-90 and caesium-137 in the environment had occurred as a result of atmospheric tests carried out in 1971 and 1972. The increases were greatest in the southern hemisphere. The Committee further noted that, in 1972 and 1973, the short-lived iodine-131 had been detected for a few weeks at a number of sites in both the northern and southern hemispheres.

The United Nations General Assembly has already responded appropriately to this information. In its resolution 3154 A (XXVIII), of 14 December 1973, the General Assembly notes with concern that there has been additional radioactive fallout, resulting in additions to the total doses of ionizing radiation. It reaffirms its deep apprehension concerning the harmful consequences of nuclear weapons tests. The operative paragraphs of the resolution deplore environmental pollution by ionizing radiation from nuclear tests. My Government, the Australian Government, considers it important to bring these matters to the notice of the Health Assembly.

To turn to a happier note, I am pleased to join in the congratulations to the Organization and associated countries on its further successes in restricting the number of countries where smallpox is endemic. It appears that, with world cooperation, we can confidently look forward to the eradication of this dread disease.

But, finally, may I call attention to another communicable disease which I believe deserves a similar concentrated attack to that on smallpox. This is the disease of tuberculosis. There may be 20 million cases of infectious tuberculosis in the world.
I believe that we have the immunization procedures, the diagnostic facilities, and the
necessary treatment to reduce substantially the ravages of tuberculosis. Further, I
believe that the World Health Organization and the International Union against Tuberculosis
have laid down quite clearly the simple principles necessary for effective attack on
tuberculosis in any country. But I believe that too many of us here are still putting our
money into expensive, unnecessary tuberculosis hospitals, into expensive diagnostic proce-
dures and even more expensive drugs. So, finally, Mr President, I would plead for an
acceptance of these simple principles and a concerted attack on this disease of
tuberculosis.

The PRESIDENT (translation from the French): Thank you, sir. I now give the floor
to the delegate of Zambia.

Dr BULL (Zambia): Mr President, the Director-General, Dr Mahler, fellow delegates,
distinguished guests, ladies and gentlemen, on behalf of my Government and delegation,
I wish to convey my hearty congratulations to you, Mr President, on your election to
the high office of this Assembly. I wish you every success. May I also extend my
congratulations to your Vice-Presidents and Chairmen of the various committees.

Having studied the Report of the Director-General before us on the activities of our
Organization during the past year, I should like to express my congratulations to the
Director-General and his Secretariat for his excellent Report. The Report has ably and
concisely covered the activities of our Organization.

My Government was highly honoured by the visit of our Deputy Director-General,
Professor Lambo, and his colleagues this year, during which time it was proposed to set up
a "Centre of Excellence for Advanced Studies in Biomedical Sciences". I should like,
Mr President, to assure the Director-General that my Government sincerely welcomes this
proposal. The importance of this Centre when established cannot be overemphasized
Indigenous scientists will be trained and will be actively involved in solving the health
problems of their countries. This therefore represents a significant breakthrough in the
concept of biomedical research in the developing countries. I am anxiously awaiting
further information and details from the Director-General for study and consideration by
my Government.

We are indebted to the World Health Organization and to our Regional Director,
Dr Alfred Quenum, in particular, for having rightly decided to set up a postbasic nursing
school at the University Teaching Hospital, Lusaka. The benefits resulting from
establishing this school cannot be overemphasized. According to the programme, the
school should have opened in January this year but, due to the non-arrival of tutors and
the WHO team leader, it has not been possible to start the school as scheduled. I am
requesting therefore the Regional Director to expedite the matter.

On behalf of my delegation, may I extend a warm and cordial welcome to the German
Democratic Republic, the Democratic People's Republic of Korea, and the Bahamas for
having been given their overdue rightful places in this world body. Their contributions
to the solutions of world health problems cannot be doubted. I look forward to the day
those countries still under colonial rule will join us and make this Organization a truly
universal one.

The problem of refugees, coupled with their enormous health problems, is still with
us. The influx of these refugees into my country from Portuguese-controlled Angola and
Mozambique, as well as Rhodesia under the rebel and oppressive regime of Ian Smith, has
already overstretched our limited resources. In this regard, Mr President, I should
like to appeal to this Organization, friendly Member States, and other agencies for
assistance in vaccines, drugs, transport and equipment to combat diseases on a more sound
basis. The problem is made the more pressing by the outbreak of cholera in all these
areas, thus putting Zambia under a constant threat of invasion by this killer disease.

As regards assistance to the liberation movements based in my country, Mr President,
my Government has already made submissions to UNICEF, UNDP, WHO and other United Nations
specialized agencies. I would like to request the World Health Organization to expedite
the delivery of this assistance to liberation movements through the Liberation Committee
of the OAU.

My Government, Mr President, strongly supports the application for membership of
this Organization submitted by the Republic of Guinea-Bissau. The Republic is recognized
by many United Nations Member States. As you are aware, Guinea-Bissau became independent
in 1973 and was admitted as the forty-second member of the Organization of African Unity.
It was also admitted as a member of the Food and Agriculture Organization at the last
meeting of that Organization. It would be inhuman not to admit the Republic of Guinea-
Bissau if we want to make this Organization representative enough of all independent
States. I appeal to all peace-loving countries to support this application.
In spite of the gradual increase in health manpower and delivery of medical care throughout the country, communicable diseases are still a priority. The high prevalence of these diseases contributes to the notoriously high infant and child mortality rates. On the basis of epidemiological surveillance, my Government has attempted to establish a scale of priorities in the health sector. In the framework of these priorities, the limited means and resources available can be measured against epidemiological trends in order to determine the medium- and long-term prospects for communicable disease control.

The birth rate in my country is high, with an average of about 50 per 1000; the average mortality rate is 21.0 per 1000 and the growth rate is about 2.9% per year. The population is therefore a young one. The geographical distribution of the population on the other hand brings out operational difficulties involved in health activities. An essential factor to be borne in mind is that the population is largely rural—about 70%.

The population density is generally low. The demographic pattern illustrates the scattered nature of the population. Although the low density and difficulties of communications may inhibit the spread of disease, they nevertheless contribute to delays in epidemiological notification.

The vaccination programme development in my country reflects the general development of the maternal and child health services. For example, BCG immunizations have increased almost by 30% from 1971 to 1972, polio by 25% for the same period, and measles vaccination increased by 35% from 1971 to 1972. We are still striving to reach higher percentages by the end of this decade. In order to reach our targets, Mr President, we shall need a substantial increase of the present assistance offered us by this Organization and other agencies, taking into consideration our shortage of trained national personnel, equipment, supplies and transport facilities.

Mr President, the recent reported outbreaks of cholera in our neighbouring countries give us cause for concern. National borders do not correspond to geographical boundaries and, except in the case of the islands, there is no epidemiological isolation of our countries. In connexion with this, and due to the fragile borders, my Government, in spite of the stringent measures being taken, has developed an expectant attitude to the possibility of the occurrence of cholera in my country. While sincerely thanking our Regional Director and other countries like the United Arab Republic for supplying us with cholera vaccine and drugs, I should like, Mr President, to appeal for more material help if we have to succeed in preventing and containing cholera should it occur.

Mr President, ladies and gentlemen, on behalf of my delegation, I thank the outgoing President and her Vice-Presidents for having ably and efficiently managed the affairs of the Assembly during their term of office. Thank you for your attention, I wish you all successful deliberations.

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

Dr GUZMAN (Mexico) (translation from the Spanish): Mr President, I should like to express, on behalf of the delegation of Mexico, the pleasure your election as President of this Assembly, and the election of the Vice-Presidents, have given us; we have every confidence that your direction will help this meeting to achieve its aims.

The President of the United States of Mexico has conferred on me the honour of transmitting a greeting to the Member States of this Organization and of reaffirming the firm support of our country for every activity leading to the health and wellbeing of their peoples.

At the Twenty-sixth Health Assembly, this delegation expressed the desire for health plans that with new criteria would respond dynamically to the needs arising from the profound changes and great contrasts characteristic of the peoples of the American continent, peoples who, like our own, are sparing no effort to speed up their development. The Report of the Director-General already contains a response which allays our anxiety. Although he has not long been in office, he has succeeded in giving new orientations to the work of WHO so that technical and material cooperation can achieve maximum productivity and efficiency.

Last year Mexico held its first National Health Convention, on the initiative of the President of the Republic. During that event, which was of paramount importance for us, it was possible to compare and analyse the manifold health needs of the country and the results of plans under way, so as to approve those programmes of indisputable effectiveness, make changes whenever necessary, and incorporate the advances of science and technology in order to ensure better health for ever wider sectors of the population.

In the Convention both the organizations making up the health sector of our country and other organs of the Federal Government, as well as the state and local governments, professionals, technicians and auxiliaries in the various branches of the health sciences,
and the most varied scientific, economic, labour and social service groups of the community participated in an act of solidarity that made it possible to establish policies for the drawing up of a ten-year plan to guide public health activities in Mexico. Thanks to the results of this analysis, we were able to appreciate the importance of the participation of the groups concerned in the planning of policies and the working out of health plans.

It is only in full knowledge of the problems arising in the communities, regions or countries that it is possible to understand the factors involved and to decide on the best line of action.

Thanks to the permanent dialogue which takes place within this Organization, its programmes correspond to our manifold and varied problems, and provide adequate and opportune cooperation.

Thus, our country has succeeded in producing poliomyelitis vaccine and other biological products, such as vaccines against whooping cough, tetanus and diphtheria, enabling intensive immunization programmes to be carried out all over the country; the results are already manifested by a substantial reduction in the frequency and the effects of these diseases. We are increasing our production of these and other important vaccines with the aim not only of satisfying our own requirements but also of being able to offer them to any other countries which may need them.

Our country has remained attentive to world demographic trends and, taking account of our particular ecological characteristics, has deemed it advisable to establish programmes, with the cooperation of the World Health Organization, the United Nations Fund for Population Activities and other international organizations, based on a policy of responsible parenthood, where family planning is a choice that can be made by every family, thanks to a process of education ensuring that a decision can be reached in full awareness of the facts, with complete respect for human freedom and dignity.

We agree with Dr Mahler on the increasing importance of environmental pollution; in this connexion the Government of Mexico has extended activities that started some years ago with the establishment of the Under-Secretariat for the Improvement of the Environment, with the aim of preventing ecological deterioration and of controlling problems resulting from urban growth and industrialization.

We are aware that malnutrition is becoming every day a more serious problem which must be attacked from many angles in order to bring about, by careful investigation of its characteristics in the country, the economic, social and educational changes required to ensure better nutrition for the whole population. Within general government plans and health programmes, Mexico has given attention to increasing activities for promoting the production of more and better foodstuffs that would provide adequate nutrition, particularly of the economically weaker groups, at the same time educating the people to make better use of national resources.

Similarly, Mexico has laid special stress on making use of its own experience as well as that of other countries in planning a system enabling all our health facilities to be coordinated in a national medical care programme, where the Secretariat for Health and Welfare, the social security institutions and the population itself, can join forces in establishing a graded system ensuring better coverage, particularly in the rural areas.

The health posts, rural centres, and local and highly specialized regional medical centres form an integral part of a system whose improvement is a task to which we are devoting special attention.

The Secretary for Health and Welfare of Mexico has taken an important initiative to incorporate in health plans the promotion of the physical and mental health of children and young people by means of sports. The setting up of a structure to provide guidance in the use of leisure time for sports or cultural activities will help to bring about the development of a healthier and more responsible generation.

We agree that it is essential to develop the auxiliary, technical and professional manpower necessary to ensure that health programmes are implemented as efficiently as possible, and for this purpose Mexico is carrying on various programmes in which the World Health Organization, through the Regional Office for the Americas, has given varied and opportune assistance.

Our country would like to express its approval of the way in which the programme of the World Health Organization has been carried out; these activities as a whole, as described in the Report of the Director-General, are evidence of the wise policy of the Organization.

The Organization should endeavour to combine to an ever-increasing extent the interests of the Member States so as to form a whole in which all ideological differences disappear, for we are convinced that, while the paths followed may be numerous and very varied, what should never change is the sole and unique aim, namely to improve the health of our peoples.
Our country is convinced that both in health and in other aspects of social life frontiers between nations, far from being mere territorial divisions, should also be a symbol of harmony, peace and liberty, sustaining an unquenchable desire for world solidarity.

The PRESIDENT (translation from the French): Thank you. Finally, I give the floor to the delegate of Malawi.

MR MAKHUMULA NKHOMA (Malawi): Mr President, honourable delegates, ladies and gentlemen, the delegation of the Republic of Malawi would like to associate itself with the previous speakers in congratulating you, Mr President, very warmly indeed on your election to preside over the proceedings of this distinguished Assembly. In the same vein permit me, Mr President, to congratulate your Vice-Presidents upon their election. It gives me pleasure to note that you should be in the honoured position of ensuring that the business of this Assembly is conducted with dignity and diligence. We have gathered here to carry out health work as expeditiously as conditions permit. I hope, therefore, Mr President, that you will give the Assembly the guidance it needs for its work.

The Twenty-seventh World Health Assembly meets at a time following the election of a new Director-General. Dr Mahler, we all wish you a very successful leadership of the World Health Organization. My delegation is very proud to observe the presence of Dr Lambo - an able and distinguished son of Africa - as your Deputy Director-General. This appointment is a signal honour not only for Dr Lambo in person but for us all, and especially those of us from the African Region of this distinguished Organization.

I have read the Director-General's Report with great interest. The level of presentation of the work of the Organization has been very well maintained. Admittedly I could not help noticing in the Report signs of change, but this is how it should be; for, while we strive to continue the work of the Organization as a whole, we must do this with the incorporation of such innovations as are deemed to add spice to the whole. Furthermore, my delegation has taken note of the Director-General's outline of the philosophy of the Organization's work. I am glad to state that I am in complete agreement with that outline of philosophy.

I am delighted, Mr President, to note the Director-General's buoyant reference to the successful onslaught on the age-old pestilence, namely, smallpox - although I am acutely aware, too, of the non-technical problems, operational or otherwise, that can beset any attempts to control, let alone eradicate, a pestilence like smallpox.

But while we congratulate ourselves on an impending complete success in all our efforts against a terrible disease such as smallpox, let us also be acutely conscious of the awesome fact that there are many diseases for which the battle is yet to be won. In this respect, the disconcerting reality is that science and technology have already shown us the way to success in the case of some such diseases. Yet in spite of all that, the problems continue to work against us as relentlessly as ever. As an example, Mr President, permit me to refer to the operational problems of ensuring that our populations are adequately vaccinated. The vaccines are there, and yet the operational problems are rampant - so much so that the disease problem is barely nibbled at. Another example is malnutrition. Both overnutrition and undernutrition on the surface would appear to be relatively simple medico-social problems. And yet our failure to combat them is startling.

It is for reasons like these that my delegation would wish to call for WHO leadership in more research into the health care delivery system. How often do we cherish the idea of a comprehensive health service coverage for the entire spectrum of our peoples? At present it is in the nature of things to bestow upon what I call privileged groups - especially in urban areas - the majority of the technological innovations which today go a long way to alleviating human suffering. I would like the Organization to research further into these problems and to show the way to tackle them. But above all, I would call upon all Members of our Organization to show some responsiveness to the new techniques that will be evolved. For, while progress comes with development, let us not forget that a very important element of development is the introduction and acceptance of a social change.

Permit me now, Mr President, to address myself to the problem of one communicable disease that has been a problem of concern to many Member countries, including my own. I refer to the problem of cholera. Since October last year my country has had to tackle the problem of El Tor cholera in virgin soil. My Government has done, and continues to do, everything possible to contain the disease. I am pleased to state that as a result of all the measures taken (and I need not give them in detail here) cholera is at present in my country not as deadly a problem as it was, say, four months ago. What the future is likely to be I cannot tell. This is often unpredictable in an environment like ours. What I hope, of course, is that it will not be as big a problem when the next hot season comes round. I am delighted that my Government and people responded to the problem of
cholera magnificently and with commendable resolve. But I am equally delighted to state that this Organization responded favourably to our request for assistance. So did many friendly governments. Our thanks are due to all who did assist and who continue to assist us so generously. It is true that in responding in the manner I have just outlined, our Organization could have moved much faster. But, alas, on the contrary - and despite the computer age - it took a long time to build up momentum. But once built, it was maintained - with constant probing from us - at an equitable level.

I am therefore pleased to note in the Director-General's Report (page 24) that "research activities, aimed mainly at improvement of cholera vaccines, continued". Cholera is a deadly disease, and the present vaccines are indeed impotent as a weapon against the disease. A search for a technically simple way of tackling it is therefore indicated. Yes, I know there is the so-called sanitation approach to the problem. This, I am afraid, takes time to implement effectively. And yet I must agree that, until an effective vaccine approach is effective as the present treatment method, our Organization will not be wasting time in looking at ways and means of effecting the sanitation approach.

I now wish, Mr President, to turn for a while to the General Programme of Work. Here I wish to reaffirm my support for the Fifth General Programme of Work wholeheartedly.

The control of communicable diseases, the development of health manpower, the development of basic health services, the coordination of medical research, to name only a few, are all worthwhile activities. It is a great pity, though, to learn sometimes that the development of basic health services is not taken very seriously in some quarters. On coordination of medical research I am pleased to note that the Organization is desirous of seeing some higher learning institutions of excellence established in Africa. For the exploratory part, my Government was pleased to receive the WHO team of scientists who toured our part of the world in order to look into the feasibility of such an undertaking. For it is meaningless to talk about coordination when there is nothing to coordinate. I hope it will not be long before we see such an institution established - an institution that will devote the greater part of its research activities to local problems.

Talking about the General Programme of Work, I naturally think also about the budget - the proposed budget estimates for 1975 as contained in the Official Records of the World Health Organization No. 212 prepared by the Director-General and commented upon by the Executive Board. All I would like to say about this document at this stage - for I know it will be discussed at length later - is that the new form of presentation, aptly described as "programming by objectives and budgeting by programmes", is a step in the right direction. It enables all of us to see more clearly how the money is spent. But I do hope, Mr President, that the new innovations in this direction will not end here. A move must be made, I think, towards establishing a methodology for evaluating the work of the Organization. And this does not necessarily have to be a computerized form of evaluation. We cannot afford to be complacent in the Organization. We must determine whether the efforts of the Organization at the periphery are bearing fruit. One way of doing this is for senior members of the Organization to go and see for themselves how the programmes are running, what is achieved, and, at the same time, advise on how best to carry on the work. Reports are all very well, but they are no substitute for an on-the-spot personal observation of what is actually going on.

The PRESIDENT (translation from the French): Thank you.

Ladies and gentlemen, before adjourning the meeting, may I inform you that I should like to close the list of speakers in the general discussion on items 1.9 and 1.10 tomorrow morning when we resume the general discussion. Consequently, I request all those who wish to take part in the general discussion to give their names as soon as possible to Mr Fedele, Assistant to the Secretary of the Assembly, if they have not already done so.

The meeting is adjourned.

The meeting rose at 6 p.m.
1. ANNOUNCEMENT

The PRESIDENT (translation from the French): Ladies and gentlemen, the meeting is called to order.

I should like first to wish you all good morning and then to make an important announcement about the annual election of Members entitled to designate a person to serve on the Executive Board. Rule 99 of the Rules of Procedure reads as follows:

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

I would therefore request delegates wishing to put forward suggestions concerning this election to do so not later than 10 a.m. on Monday, 13 May, so that the General Committee can meet at noon that day to decide on the recommendations it will be submitting to the Assembly.

2. FIRST REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT (translation from the French): The Committee on Credentials met yesterday under the chairmanship of Dr de Coninck (Belgium). I now invite Dr Lekie (Zaire), Rapporteur of the Committee, to come to the rostrum and read out the report contained in document A27/34.

Dr Lekie (Zaire), Rapporteur of the Committee on Credentials, read out the first report of that Committee (see page 541).

The PRESIDENT (translation from the French): Thank you, Dr Lekie. Are there any comments? I invite the honourable delegate of the Soviet Union to take the floor.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) (translation from the Russian): Our delegation intends to vote for the adoption of the first report of the Committee on Credentials as a whole. However, with regard to paragraph 3 of this report, we should like to make the following statement.

First I should like to refer to Viet-Nam. In 1950 Viet-Nam, as a single and undivided country, was admitted to the World Health Organization. Later the country was artificially divided, and for many long years the Vietnamese people carried on a hard struggle for its liberation against foreign aggression. There is now peace in Indo-China. The Paris Agreement has been signed, and we consider that all the three administrations which are at present parties to the Paris Agreement can and should be represented at our Assembly. I am referring to the Government of the Democratic Republic of Viet-Nam, the Revolutionary Government of the Republic of South Viet-Nam, and the administration that is installed in Saigon. We consider that the Vietnamese people should be represented in its entirety in our Organization, and the sooner that happens the better.

I shall not formally contest the credentials of the delegation of Chile, but I cannot pass over this matter in silence. Mandates are of various kinds: there are mandates from the people and mandates conferred by bayonets. And there are crimes against humankind, against the rights, liberties and happiness of man. There are also crimes such as apartheid, colonialism, genocide - crimes against humanity - which perhaps indeed do not give rise to any doubts regarding credentials or in law, but sometimes call for the application of other measures, including even those provided for in Article 7 of our Constitution. The victims of the crimes of the military junta in Chile, which is trampling under foot the rights of its own people, the rights of man, and is trying to bar for the Chilean people and the other peoples of Latin America the road to happiness and health, are today appealing to our conscience. Salvador Allende, President of Chile, has been murdered. He was an outstanding physician and humanist - I emphasize the fact that he was a physician - who believed in ideals and strove to bring the happiness of his people near. His name is linked not only with the struggle for political and social justice, but also with decisive successes in the reorganization of public health in Chile. Recently the newspapers informed us - it is difficult sometimes to get to the truth, to discover all the facts - about the tragic fate of the former Minister of Health in the Allende Government,
Dr Arturo Jirón Vargas, whose brilliant address we listened to at the last Health Assembly. We urge delegates to the Assembly to read that speech today and see with what passion, topicality and humanitarianism it is imbued. A whole group of other doctors, including the eminent surgeon Edgar Henriques, a former Minister of Education, have been sent to a concentration camp on the sinister death island, Dawson Island, where the Secretary-General of the Communist Party, Senator Luis Corvalán, and other leaders of the Popular Unity Party are languishing.

The medical workers of the Soviet Union and many other countries protest against the crimes of the military junta, and demand guarantees of liberty and medical care for the political prisoners. We consider it essential that our Assembly should express its opinion on this matter by adopting an appeal demanding that an end be put to tyranny and violence against human beings, and calling on all Member States to do everything within their power to alleviate the lot and procure the liberation of the Chilean patriots, including the public health workers.

We condemn all the doctors in Chile who have placed their knowledge at the service of the crimes of the military junta, as is testified to by the proceedings of the international commission of inquiry on those crimes, held in Helsinki from 21 to 24 March of this year. We mention the matter because this commission addressed a special appeal to the World Health Organization, to the World Medical Association, and to all medical workers to do everything in their power to save the lives of the doctors and other representatives of the medical profession who are in prison or live in danger of arrest in Chile. The commission also demands that an inquiry be held into the criminal conduct of those doctors in Chile who have violated the ethical principles of their profession.

In drawing attention to these documents and not formally challenging the credentials, we are fulfilling our professional and international duty. We are doing it in the conviction that our Organization and international cooperation in the medical field as a whole can and must be a major instrument in the struggle for the future, for the happiness and health of mankind, and for freedom on this earth.

The PRESIDENT (translation from the French): Thank you, honourable delegate of the Soviet Union. I will now ask the honourable delegate of Yugoslavia to take the floor.

Mr BOJADZIEVSKI (Yugoslavia): Mr President, the Yugoslav delegation supports the adoption of the first report of the Committee on Credentials. However, we would like to reiterate the position which we expressed during the previous sessions of the World Health Assembly, namely, that my Government recognizes the Royal Government of National Union and the United National Front of Cambodia. Therefore, we have to state our reservations concerning the validity of the credentials of the delegation of Phnom Penh.

As far as the credentials of the delegation of Saigon are concerned, we would like to point out that that delegation cannot represent the whole of the Vietnamese people.

The PRESIDENT (translation from the French): Thank you. I now give the floor to the honourable delegate of Bulgaria.

Professor MALEEV (Bulgaria) (translation from the Russian): Mr President, fellow delegates, the delegation of the People's Republic of Bulgaria will vote in favour of the report of the Committee on Credentials, and we should like to call your attention to what was said by the delegate of the Czechoslovak Republic in that Committee and has already been supported by a number of other delegates. We also consider that the representatives of South Viet-Nam are not entitled to represent the entire Vietnamese people. We all know that those participating on behalf of the Vietnamese people in the round table discussions in Paris also include representatives of the Government of the Democratic Republic of Viet-Nam and the Provisional Revolutionary Government of the Republic of South Viet-Nam.

Our delegation does not challenge the credentials of the Chilean delegates, but we cannot pass over in silence the fact that the Chilean military junta, by its criminal acts and its brutality, has endangered the lives and health of thousands of Chilean patriots. We fully associate ourselves with the appeal and proposal of the Soviet delegation on this matter. We should like our statement to be included in the record.

The PRESIDENT (translation from the French): Thank you. I give the floor to the honourable delegate of Cuba.

Dr ALDEREGUIA (Cuba) (translation from the Spanish): Mr President, fellow delegates, our delegation would like to declare its approval of the report submitted by the Committee on Credentials and, with regard to the point raised by the delegation of Czechoslovakia in that report, to make the following statement.

We wish in the first place to protest at the presence in this Assembly of delegates who do not really represent the true Vietnamese people, and in the second place to lodge a protest concerning the credentials presented by the representatives of the fascist junta in Chile, who do not represent their people either and whose presence in this Assembly conflicts with the aims of the World Health Organization.
It is common knowledge that the military government which has usurped power in Chile has distinguished itself by persistently violating all human rights with particular ferocity. The Chilean fascists have adopted torture as a method of terrorizing the population, refuse political prisoners medical and hospital care, and have tortured, imprisoned and murdered dozens of physicians merely for having discharged their functions in the service of the people in programmes of the Constitutional Government of the Popular Unity movement or simply for their ideology. All these reasons are more than enough to make us contest the validity of the credentials presented by the agents of the Chilean fascist junta and the delegation of Cuba therefore rejects them.

The PRESIDENT (translation from the French): Thank you. The honourable delegate of the People's Republic of China has the floor.

Mr YEH Cheng-pa (China) (interpretation from the Chinese): Mr President, the delegation of the People's Republic of China has listened attentively to the report of the Committee on Credentials. We consider it is necessary to point out that the traitorous Lon Nol clique is a handful of national scum, abandoned by the Cambodian people, which can by no means represent the Cambodian people. Only the Royal Government of National Union of Cambodia, under the leadership of Samdech Norodom Sihanouk, is the sole legal government representing the Cambodian people. The representative of the traitorous Lon Nol clique is utterly unjustified to attend the World Health Assembly.

The Chinese delegation wishes to point out, further, that at present there are 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.

The PRESIDENT (translation from the French): Thank you. I give the floor to the honourable delegate of the German Democratic Republic.

Dr LEBENTRAU (German Democratic Republic) (translation from the Russian): Mr President, the delegation of the German Democratic Republic will vote in favour of the first report of the Committee on Credentials; but please allow me on behalf of the delegation of the German Democratic Republic to make a statement concerning section 3 of the first report of the Committee on Credentials, document A27/34.

Firstly, in the Paris Agreement on the ending of the war and restoration of peace in Viet-Nam a clear settlement of the situation in Viet-Nam was approved. From this it follows that Viet-Nam can be rightfully represented in WHO only in full conformity with that Agreement. The delegate of the Saigon regime cannot represent the entire Vietnamese people.

Secondly, in view of the brutal crimes against humanity which, as the whole world knows, have been and still are being committed by the military junta in Chile, the delegation of the German Democratic Republic shares the opinion that this regime in Chile is, from a moral point of view, not entitled to be represented in a worldwide humanitarian forum such as the World Health Organization.

The PRESIDENT (translation from the French): Thank you very much. Are there any other comments? I give the floor to the delegate of Albania.

Professor PAPARISTO (Albania) (translation from the French): Mr President, fellow delegates, with regard to the first report of the Committee on Credentials, the Albanian delegation has the following remarks to submit.

Our delegation considers it necessary to stress that it is against the representation in WHO of the Phnom Penh puppet clique, which represents nothing - neither a people nor a State. The true legal representatives of the Cambodian people are the United National Front and the Royal Government of National Union of Cambodia. Only that Government, which exercises full and unquestionable authority over more than 90% of the territory and 80% of the population of Cambodia, and which has the backing and support of the entire Cambodian people, has the necessary qualifications and attributes to represent that people in the World Health Organization.

Our delegation is also against the representation in the World Health Organization of the Saigon puppet regime, because we are convinced that the true and sole representative of the people of South Viet-Nam is the Revolutionary Government of the Republic of South Viet-Nam.

The PRESIDENT (translation from the French): Thank you. I give the floor to the delegate of Chile.

Dr SPOERER (Chile) (translation from the Spanish): Mr President, Mr Director-General, ministers, delegates, ladies and gentlemen, it must be obvious that the person now speaking to you did not come prepared to take the floor, at any rate with
regard to unmistakably political matters which in our opinion have nothing to do with the technical context of this meeting.

Nevertheless, I must at the same time make it clear that we are by no means surprised at the boorish and insolent way in which the countries of the Marxist and socialist camp take advantage of a meeting that is definitely technical in nature to refer to political problems which have nothing to do with an assembly of this kind. We do not know exactly where these countries have managed to obtain the information about crimes, tortures and imprisonments carried out in our country. Either they have very inadequate espionage services which give them wrong information or they are inventing a pack of lies which we cannot accept.

On behalf of the Government of our country we protest energetically against the way the patience of ministers and delegates is being abused at a meeting of this kind by statements on matters which we can very well discuss in some other place. Accordingly, in order not to prolong the discussion which we have no business to be conducting here, and for the sake of brevity, we wish to place on record our most energetic protest, on behalf of the Government of Chile, at the slanderous aspersions that have been cast here. In our country there are at present some doctors who are in prison. That is true. And they are in prison for criminal offences. Our country is a country that is open - open to be visited by anyone who wishes to go there, and who can look around and go away again equally freely. As my sole reference I should like to point out to you that in the Bulletin of the International Committee of the Red Cross, published here in Geneva in February of this year, it is stated that the committees of that body which wished to visit our country were given absolute and complete liberty to do so, and were able to have interviews with the persons who are in custody, privately and without witnesses. I wish I were sure that such a guarantee exists in Russia, in Cuba and in the other countries of the socialist camp.

The PRESIDENT (translation from the French): Thank you. The delegate of the Khmer Republic may take the floor.

Dr PROMTEP SAVANG (Khmer Republic) (translation from the French): Mr President, I should like to thank you for kindly giving me the floor so that I can avail myself of my right to reply and, though it is not at this time the main purpose of my intervention, to tell you now, Mr President, that while your country must be proud of you, the delegation of the Khmer Republic is sincerely delighted at your election by acclamation as President of this World Health Assembly.

Some speakers we have just been listening to have put forward reservations and criticisms regarding my country. Adopting a purely intellectual standpoint, I would go as far as to tell them that they have a right to do so, though they should not be exercising that right in this non-political forum, and I would even accord them the extenuating circumstance that they are ignorant of my country's problem and are acting rather like doctors talking about an illness from hearsay without knowing its etiology.

What I especially deplore, however, is a certain needless passion and unprovoked rancour on the part of those to whom the Khmer Republic has never done any harm. And as to that, Mr President, I would admit that I was ingenuous enough to think that, in the sober atmosphere of our conference, where everyone is concerned for man's biological destiny and cites Hippocrates, we would all show more restraint and dignity in our behaviour.

However, I shall not reply to them: a violent reaction is sometimes only a manifestation of weakness, not to say awareness of defeat. In this specific case, the foreign aggression against my country - which its perpetrators are trying to represent as a war of liberation under the banner of a renegade prince - has not, after more than four years of war, put that prince back in power despite the promises of victory reiterated by his parti-sans each time the dry season comes round.

Mr President, distinguished delegates, the Khmer Republic is a State that has its capital at Phnom Penh, on the Khmer national soil, and not in a suburb . . . of Peking! It is there, still standing, and has every intention of remaining so for a long time, at home, in its national territory. It has problems, but that is the concern of the Khmers - of all the Khmers. The deposition of a king always entails problems. The young revolutionary France of 1789 was almost strangled by the Chouans who converged upon it from all the courts in Europe, but it was lucky enough to have a Bonaparte and a Saint-Just. The Khmer Republic is grappling with an identical situation, plus the paradox that the Khmer king had gone and sold himself to Peking. That hybrid alliance should suffice to give pause to true nationalists and to true revolutionaries.

The PRESIDENT (translation from the French): Thank you very much. I give the floor to the delegate of the Republic of Viet-Nam.

Mr LE VAN LOI (Viet-Nam) (translation from the French): Mr President, honourable delegates, my delegation categorically rejects all the statements made concerning the credentials of my delegation. Those statements are null and void. They are null because
the Committee on Credentials has found that my delegation's credentials are in order. They are void because they consist of lying propaganda which is completely out of place in this conference.

This propaganda, Mr President, is precisely what is preventing peace from being achieved in Viet-Nam as the Vietnamese people desire and the Paris Agreement prescribed. This inadmissible interference in the domestic concerns of our country comes from regimes which at home allow no freedom to their own peoples and whose representatives come and flaunt the banner of liberty here in order to meddle in the affairs of other countries. It is these very regimes, one and all, and their representatives, which are continuing to encourage and assist the communist aggression against my country in violation of the Paris Agreement.

The Paris Agreement clearly laid down that all the other powers must scrupulously respect the sovereignty, territorial integrity, and right to self-determination of the South Vietnamese people, not ferment communist aggression and create new territories and governments in vassalage to the expansionist imperialist regime in Peking or other such regimes. The Paris Agreement lays down that general elections should be held in South Viet-Nam with the participation of all the Vietnamese parties, not that two or three governments should be set up in South Viet-Nam. It is precisely upon those general elections that discussions are taking place among Vietnamese in order that a solution can be arrived at - in order that the Vietnamese can find a solution. Mr President, all the speakers you have just heard and who cite the Paris Agreement as their authority have deliberately sought to violate that Agreement, which by the way I have here on my desk and which I can prove does not contain any article stipulating that there are two governments and two administrations in South Viet-Nam. I defy those delegations to show me which article and which paragraph states that. Nobody must be allowed to use an international conference for deceiving the public.

I thank you, Mr President, and request that my statement be included in the record.

The PRESIDENT (translation from the French): Thank you. Are there any other comments? The delegate of Romania would like to take the floor.

Dr DONA (Romania) (translation from the French): Mr President, distinguished delegates, the Romanian delegation challenges the credentials of the delegation from Phnom Penh, since it considers that the legal representative of Cambodia is the Royal Government of National Union. As regards South Viet-Nam, it is obvious that the delegation from Saigon cannot represent it unilaterally.

The PRESIDENT (translation from the French): Thank you. The honourable delegate of Mongolia has the floor.

Mr NJAM -OSOR (Mongolia) (translation from the Russian): Mr President, our delegation will vote in favour of the first report of the Committee on Credentials. We would, however, like to make two remarks on this subject. The political authority now in existence in Chile is not such that we can justifiably accept the credentials of the delegation from that country, since in the first place, as is shown by the proceedings of the meeting in Helsinki, the military junta in Chile has seized power from the lawful authorities in their country; and secondly because that authority, namely the military junta, is violating the civil rights of decent citizens, including our own colleagues working in the medical field - which is completely at odds with the humanitarian aim of our Organization. My delegation therefore cannot accept the credentials of the Chilean delegation as valid. Thirdly, our delegation would like to draw your attention to one point which, in our opinion, is controversial. We have noticed that in the list of participants in the Assembly there appears the entry "Viet-Nam". One is entitled to ask: which Viet-Nam does this refer to? For we know that three sides in Viet-Nam were party on an equal footing to the Paris Agreement. Our delegation therefore considers that the Saigon regime cannot fully represent the entire Vietnamese people.

The PRESIDENT (translation from the French): Thank you. I give the floor to the honourable delegate of the United States of America.

Dr LEAVITT (United States of America): Mr President, my delegation deplores the injection of political issues in this forum, the World Health Assembly. We approve the report of the Committee on Credentials as submitted this morning. We support the positions expressed this morning by the distinguished representatives of the Khmer Republic and the Republic of Viet-Nam.

The PRESIDENT (translation from the French): The honourable delegate of the People's Republic of China has the floor.

Mr YEH Cheng-pa (China) (interpretation from the Chinese): Mr President, the Saigon authorities, with the instigation and support of foreign forces, and in defiance of
the ceasefire agreement, have continuously pursued the "appeasement" policy, launched military actions of nibbling, trampled underfoot the South Vietnamese people's rights of democracy and freedom, and gravely violated the Paris Agreement. It is no other than the Saigon authorities that flagrantly intruded into our territory and violated our sovereignty and launched military provocations against China. However, the representative of the Saigon authorities ignominiously slandered the People's Republic of China, attempting to cover up its aggressive acts by its clumsy performance. This can only serve to further reveal the ugly reactionary feature of the Saigon authorities.

The PRESIDENT (translation from the French): Are there any other comments? Any other observations? No. Then it seems that no one else wants to take the floor. Everything that has been said from the rostrum will be included in the verbatim record of this meeting.

Have you any objections to the adoption of this first report of the Committee on Credentials, with due regard to the reservations which have been expressed by the delegations that have taken the floor here and which, as I have already mentioned, will be included in the record? There being no objections, the report is adopted. I should like to thank Dr Leki for having presented this document to us.

3. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTY-SECOND AND FIFTY-THIRD SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1973 (continued)

The PRESIDENT (translation from the French): We will now continue the general discussion on items 1.9 and 1.10, but before giving the floor to the first speaker on my list I intend, as I announced to you yesterday, to close the list of speakers in accordance with Rule 58 of the Rules of Procedure. I am going to read out the names of the delegations which are still on my list and to which I would draw your attention: Bulgaria, China, Burma, Ghana, Somalia, Swaziland, Nepal, Panama, Upper Volta, Netherlands, Bangladesh, Senegal, Dahomey, Egypt, Peru, Finland, Mongolia, Argentina, Central African Republic, Gabon, Laos, Khmer Republic, Poland, German Democratic Republic, Tunisia, United Republic of Cameroon, Greece, Austria, Czechoslovakia, Lesotho, Yugoslavia, Nicaragua, Philippines, Colombia, Viet-Nam, Afghanistan, Mali, United Republic of Tanzania, Iran, Sri Lanka, Rwanda, Democratic Yemen, Madagascar, Yemen, Union of Soviet Socialist Republics, Kenya, Qatar, Papua New Guinea, Cuba, Ecuador, Romania, Canada, Mauritania, Venezuela, Pakistan, Bolivia, Sudan, Uruguay, Gambia, Burundi, Congo, Jordan, Albania, Thailand, India, Chad, Togo, Denmark, Ivory Coast, Guinea, Kuwait, Bahrain, and the Holy See.

If the Assembly agrees, I am going to declare the list of speakers closed. Are there any observations? There being none, the list of speakers is now closed.

The first speaker on my list is the honourable delegate of Bulgaria. I have pleasure in giving him the floor.

Dr TODOROV (Bulgaria) (translation from the Russian): Mr President, ladies and gentlemen, allow me on behalf of the delegation of the People's Republic of Bulgaria to congratulate you and the Vice-Presidents of this Assembly on your election to high office and to express the hope that under your guidance the Assembly will be a successful and fruitful one. I should also like once again to congratulate Dr Mahler on his appointment to the post of Director-General of the World Health Organization and to wish him success in his endeavours to attain the objectives of the Organization.

Allow me also to greet the new Members of our Organization, the German Democratic Republic and the Democratic People's Republic of Korea, and to express the hope that they will play an active part in all our undertakings and help to strengthen the role and authority of the World Health Organization in the struggle for health progress throughout the world.

Ladies and gentlemen, we have studied with great interest the Report of the Director-General, in which he emphasized the scope and variety of the Organization's work in 1973. We listened with great pleasure to Dr Mahler's statement, in which he told us how he envisages the future activities of our Organization. We share his view that the WHO Constitution must be correctly interpreted and applied in accordance with present-day concepts. Strengthening of WHO's coordinating role, cooperation between the WHO Secretariat and the Member States, and timely and efficient planning and implementation of all the programmes will enhance still further the role and authority of our Organization and the effectiveness of its work for the benefit of the peoples' health.

In connexion with the Report I should like to direct your attention to three groups of topics: firstly, some basic trends in our activities connected with world health problems; secondly, some questions of an organizational and financial nature; and thirdly, my country's part in the implementation of the programmes of the Organization.
The basic trends in our activities in relation to world health problems are clearly outlined in the Director-General's Report. Our delegation welcomes the announcement that "Smallpox: Point of No Return" is to be the theme for the celebration of World Health Day in 1975. The problem of smallpox has long been receiving priority attention from the Organization, but unfortunately it is continuing to trouble the world.

I take the selection of this theme for World Health Day as an expression of our determination to shorten the timetable for the eradication of smallpox and at the same time as a recognition of certain deficiencies in the antismallpox campaign which must be overcome. I believe that in this regard some concrete conclusions will be drawn by the headquarters of the Organization. However, the antismallpox campaign must not weaken our offensive against other communicable diseases which are doing serious damage to the health of the population in a number of countries. With regard to many of those diseases it is also both possible and indispensable to form a united front with a view to achieving considerably better coordination and cooperation among Member States than has hitherto existed.

At the same time we must intensify our efforts to control cancer, cardiovascular diseases and psychiatric disorders - the "diseases of our century". This will require both a serious pooling of efforts in scientific and medical research and determination of those major directions in which public health activities would be most effective. I mean that the international prognoses in certain fields of medicine, for example cancer control, are somewhat reserved, so that the main attention has to be focused on combating high disease-risk factors and on earlier case detection. The World Health Organization can do a great deal along these lines by suggesting new, improved methods, drugs and organizational arrangements, helped by the united efforts of eminent specialists.

In Bulgaria we are also feeling the need for effective means of detecting and limiting high risk factors and for developing means of improving mass screening.

This is the basic trend in our public health policy and its implementation is prompting us to look for the most effective means offered by world medical and technical experience. Control of the diseases of our century is closely dependent on solving the crucial problem of contemporary man's relationship to his environment. The adverse health consequences of the dynamically developing scientific and technological revolution must always be in the forefront of our attention. In this connexion a broad programme has been prepared and put into effect in my country. In order to solve this enormous problem rapid and extensive development of mass and individual prophylaxis will be required, since the medical aspects of the protection and improvement of our environment and the struggle for a healthful pattern of life, work and recreation and for rational nutrition should rank high among the activities of the World Health Organization. The methods applied in our efforts to achieve these aims must be subject to constant evaluation, in order to improve the work of our expert groups and the training of the staff and to enhance the effectiveness of scientific and technical cooperation. We must also take still more careful stock of the health implications of the changes which are taking place in the world population situation and which are closely dependent on its social and economic development. This is one of the basic tenets on which the further development of national health systems must be based. In this connexion my country welcomes the convening of a world population conference in August of this year in Bucharest.

The second group of questions I should like to raise is of a financial and organizational nature. We are being asked to vote for a budget of US$ 115 240 000, i.e., for an increase of a little more than 6% compared to the budget for this year. In this connexion an explanation is needed as to how far an optimum solution and a realistic approach have been found in regard to the expansion of the budget of the Organization. Part of the annual increase is obviously accounted for by the need to offset the losses resulting from the currency and financial crisis. Our delegation sees no good reason why the whole Organization should have to bear the consequences of the instability of certain currencies. A serious discussion should be devoted to the proposal concerning payment of their contributions by Member States wholly or partly in national currencies, instead of their being paid only in United States dollars or Swiss francs. Another part of the budget increase could be effectively avoided if the projects conducted by the Organization were scrutinized. Their financing should depend on their degree of importance. Meanwhile expenditure on projects under the United Nations Development Programme should be kept to a minimum. Part of the expansion in the budget is due to the increase in administrative costs, and here we need to be convinced that steps have been taken to curb excesses. Moreover, I think that it is very important to find a means of perfecting the structure and functions of the Organization. I consider it essential to strengthen the role of the permanent organs and particularly of the regional offices in the planning, coordination and direction of activities, since each region has its own specific problems. For that very reason the implementation of individual projects should be first and foremost the concern of the regional offices. This will call for a review of the structure and volume
of the work at headquarters and the regional offices and a search for a rational redistribution of the energies and resources of the Organization. This is the way to achieve effective utilization of our financial resources.

The third group of questions concerns my country's participation in the implementation of the Organization's programmes. In our country we are about to celebrate the thirtieth anniversary of our socialist revolution. In this jubilee year we have been conducting a survey of the status and capabilities of our public health services. On the strength of its achievements and development, I should like to express my wish - and my confidence in its realization - that my country should be able to extend hospitality and act as a centre for a number of activities of the World Health Organization. For example, the very large scientific centre which has been built in Sofia with WHO assistance is in a position to develop extensive activities in the training of specialized staff for various types of health work, in social hygiene and in public health administration in the Russian, French and English languages. By becoming a WHO base for the training of such staff, we should like to make our contribution to the fulfilment of the long-term programmes of the World Health Organization in environmental sanitation and development of community health services.

Ladies and gentlemen, the achievement of the lofty humanitarian aims and objectives of our Organization is unfortunately fraught with great difficulties in our troubled world. The violation of humane standards and democratic principles by the ruling military junta in Chile poses a constant threat to the health and lives of thousands of Chilean citizens. In the Near East, where through the fault of the Israeli aggressors the flames of war are still not dying down, the right to health cannot be guaranteed in the spirit of the United Nations Charter. In a number of other trouble spots health progress is only a dream. Our Organization cannot remain aloof from all this, since the struggle for health is also the struggle for a just peace and democratic freedoms. I should like to believe that the opinions and comments of the delegation of the People's Republic of Bulgaria will find an echo among the delegates to the Assembly and the WHO authorities and thus make their contribution to the Organization's uniquely valuable work.

The PRESIDENT (translation from the French): Thank you. Before giving the floor to the next speaker, I should like to ask you for a favour in order that everybody can obtain satisfaction. I am going to ask you to be good enough to abide by the timetable. You have heard the long list of speakers; please help me a little so that I can give the floor to everybody. Thank you in advance. I give the floor to the honourable delegate of China.

Professor HUANG Chia-szu (China)(interpretation from the Chinese): Mr President, this is the second time that the delegation of the People's Republic of China attends a World Health Assembly. We are very pleased to have the opportunity to discuss with fellow delegates questions of common concern. First of all, allow me, in the name of the Chinese delegation, to congratulate you, Professor Pouyan, on your election as President of the present session and also to thank the Secretariat for the preparatory work it has done for this Assembly.

To develop national health services and improve the people's health is an important question bearing on national prosperity and the economic development of each country, as well as an earnest desire of the people of all countries, especially the people of the Third World. And the most essential condition for the people of the Third World to realize this desire is to rid themselves of the aggression and oppression by imperialism, colonialism and neocolonialism, combat great power hegemony and power politics, win and safeguard national independence, and develop the national economy independently and by relying on the broad masses of the people. The Chinese delegation already put forward this viewpoint at the last Assembly. The development of the international situation in the past year has further proved that our view is in line with the actual state of affairs. We are glad to see that in the past year the countries of the Third World, strengthening their unity, supporting each other, and persevering in struggle, have continuously won new victories and have been playing an ever greater role in international affairs. The recent holding of the special session of the United Nations General Assembly on the problems of raw materials and development was an important sign of the excellent international situation.

The majority of the Member States of the World Health Organization belong to the Third World; their populations constitute the majority of the world's population. The World Health Organization should serve the Third World and its people, consider their opinions and try its best to satisfy their wishes and demands. This should be the main orientation of the work of the World Health Organization. Many countries of the Third World ask that the World Health Organization will, in the light of their respective
specific conditions, assist them in speedily changing the present medical and health conditions and improving the health of the broad masses of their people on the basis of self-reliance. We consider that these requests are just and reasonable and that the World Health Organization, in discussing its programme and budget estimates for 1975, should seriously study these requests and take active and effective measures to fulfil them.

We consider that the present session should take a positive attitude towards various matters according to the principle of justice. We firmly support the Arab and Palestinian people in their just struggle against Israeli Zionism. We consider that the World Health Organization should make a serious investigation and expose truthfully the crimes of aggression and maltreatment committed by Israel against the Arab and Palestinian people, and effectively increase its health aid to the Middle East refugees. We hold that the World Health Organization should actively provide aid to the liberation movements in southern Africa, which are fighting heroically for independence and liberation. The liberation movements in southern Africa representing the southern African people should be invited to participate in the discussions concerning themselves. The present Assembly should immediately send an invitation to them. All the excuses attempting to obstruct their participation in the Assembly are untenable. The Republic of Guinea-Bissau has already applied for admission to the World Health Organization. The birth of Guinea-Bissau is the victory of her people, and also a common victory of the African people and the people of the Third World. The current Assembly should express warm welcome to her and immediately approve her application. The current Assembly should express warm welcome to and approve the application for Namibia to be an Associate Member of the World Health Organization. We warmly welcome the Commonwealth of the Bahamas, which has become a new Member of the World Health Organization.

Mr President, we have listened attentively to the report on the work of WHO in 1973 by the Director-General. It is proposed in his report to strengthen and develop health services at the basic level. We deem that this is an important question. Each country should do a good job of its national health work at grass-roots level according to its own actual conditions. As far as China is concerned, to do a good job of health work at the basic level mainly refers to health work in the rural areas. Now, I would like to give you a brief account of how China builds her health services in the rural areas.

Under the wise leadership of Chairman Mao Tse-tung and the Chinese Communist Party, the Chinese medical and health services have, in the two decades and more since the founding of the People's Republic of China, followed the principles of "serving the workers, peasants and soldiers; putting prevention first; uniting doctors of both traditional and Western medicine; integrating public health work with mass movements" and have made considerable progress. The health of the Chinese people has steadily improved. The health conditions in China have undergone a tremendous change. The Great Proletarian Cultural Revolution, which has been carried out in China in recent years, and the campaign of criticizing Lin Piao and Confucius now under way throughout China, are both aimed at preventing a capitalist restoration and ensuring that Socialist China will never change her colour. They are also a strong motive force to promote revolution in health work and do health work well.

The question of whom to serve is a fundamental question, a question of principle. To serve the worker-peasant masses and the great majority of the people is the fundamental orientation of our health work. In China, peasants constitute more than 80% of the population. Hence, to serve the great majority of the people is but empty talk if the peasants are left out. Chairman Mao Tse-tung has pointed out long ago that peasants are the main concern of the health service in China. In 1965, Chairman Mao Tse-tung issued the great call: "In medical and health work, put the stress on the rural areas". Since the Great Proletarian Cultural Revolution, this important directive of Chairman Mao's has been even better implemented. The main part of manpower, material and funds has progressively been placed at the disposal of the rural areas. New things like the "barefoot doctor" and the cooperative medical service have emerged, and a high tide of urban medical workers going down to the rural areas has risen.

The "barefoot doctors", a contingent of new-type medical workers, now total a million in the whole country. While taking part in productive labour, they perform preventive and curative services for the members of the people's communes, and are greatly welcomed by the broad masses of poor and lower-middle peasants. Their main tasks are to mobilize the masses in carrying out the patriotic sanitary campaign; do anti-epidemic work, promote family planning as well as maternity and child health; prevent and treat diseases, common and with high morbidity; collect, plant and process medicinal herbs; and run well the cooperative medical stations for the production brigades. Generally speaking, "barefoot doctors" are selected from among the children of the local poor and lower-middle peasants or from the urban educated youth settled in the countryside. After receiving a certain
period of training they undertake practice in prevention and treatment of diseases. Through repeated practice and study, their political and ideological level as well as vocational skills have been raised step by step. In China there are also more than 3 million production-team health aides, and they have played a considerable role in assisting "bare-foot doctors" in preventing and eradicating diseases and treating minor injuries and ailments.

The cooperative medical service is a medical system created by the masses themselves to fight against diseases by relying on collective strength. Peasants participate in the system voluntarily and practise collective mutual aid. The financial resources of the cooperative medical service come from the public welfare fund provided by the people’s commune and production brigade, together with a small annual fee paid by the peasants who join the system. No other fees will be charged when the peasants receive medical treatment from the cooperative medical station. To run the cooperative medical service well, it is necessary to rely on the masses, adhere to the principles of self-reliance, hard struggle and practising frugality, combine traditional Chinese medicine with Western medicine, and popularize the use of medicinal herbs and acupuncture treatment. The emergence of the "barefoot doctor" and the development of the cooperative medical service have not only promoted the building of medical and health services in the rural areas but also played an active role in protecting the health of the peasants and developing agricultural production.

To organize urban medical workers to go to the countryside is an important measure in order to carry out Chairman Mao Tse-tung’s directive: "In medical and health work, put the stress on the rural areas!". Since the Great Proletarian Cultural Revolution, over a hundred thousand urban medical workers throughout the country have gone to the countryside, strengthening the medical and health work in the rural areas. Mobile medical teams are frequently dispatched by city hospitals to the countryside not only to render prophylactic and curative services to the poor and lower-middle peasants but also to give training to the medical personnel at the grass-roots level. Diseases that are common and with high morbidity are taken as the main subject for scientific research. Large numbers of scientific research workers often go to the countryside to participate in the prevention and treatment of diseases in coordination with their scientific research work. Medical students spend a certain period of time every year in the countryside, where they take part in productive labour as well as the prevention and treatment of diseases. After graduation, the majority of them are assigned to work in the medical institutions at county or commune levels.

Priority is given to rural areas in the production and supplies of pharmaceuticals used in traditional Chinese and Western medicine, biological products and medical equipment. Since liberation, the prices of drugs have been lowered on several occasions by a big margin. Compared with 1950, the present average prices of drugs are reduced by 80%. Vaccines and contraceptives are all supplied free of charge. In recent years, the State has been supplying the commune health centres with necessary medical equipment in a planned way.

In the rural areas, we now have general hospitals, anti-epidemic centres and maternity and child health centres at the county level, health centres at the commune level, cooperative medical stations in production brigades and health aides in production teams. Thus, a preliminary network of medical and health units adapted to our rural conditions and facilitating the prevention and treatment of disease for the masses has been established in the rural areas of China.

Although we have done some work and achieved initial success in building rural medical services, yet only by waging protracted and arduous struggles can we thoroughly change our rural health conditions. Full of high spirits and militancy, the Chinese people and medical workers are now carrying out the campaign to criticize Lin Piao and Confucius in a deep way, further raising the level of their political and ideological consciousness, thus pushing our medical and health service forward steadily. We hold that all countries, big or small, have their own successful experiences in developing their national health services and in combating diseases. We wish to learn modestly from these successful experiences and profit from them.

Mr President, the Chinese Government and people have always held that only after a country has won complete independence politically and economically can broad prospects be opened for the development of national health services. The development of national health services and the improvement of the people’s health are beneficial to developing the national economy and consolidating national independence. Therefore for many countries, especially for the Third World countries, if they want to develop their national economy and health services independently and self-reliantly, they must persevere in the struggle against imperialism, colonialism and hegemony; these two aspects are inseparable.
At the current Assembly, the Chinese delegation will, as in the past, work together with fellow delegates and strive for the positive results of the Assembly.¹

The PRESIDENT (translation from the French): I thank the honourable delegate of the People's Republic of China. I now have pleasure in giving the delegate of Burma the floor.

Mr KHIN NYEIN (Burma): Mr President, distinguished delegates, ladies and gentlemen, it is a great pleasure for me to have this opportunity of addressing the Twenty-seventh World Health Assembly, on behalf of my country, the Socialist Republic of the Union of Burma.

First of all, may I congratulate you, Mr President, on your unanimous election to the presidency of the Assembly. I strongly believe that, under your able chairmanship, the deliberations of the conference will be brought to a successful and fruitful conclusion. I would also like to congratulate the Vice-Presidents on their unanimous election.

Next, I wish to express our appreciation to the Director-General for his candid and comprehensive Report on the activities of the Organization.

Mr President, I would like to take this opportunity to describe briefly the health situation in the Socialist Republic of the Union of Burma as it relates to certain points raised in the Report of the Director-General. In spite of the limited resources that the Government of the Socialist Republic of the Union of Burma has been able to put into the health sector, as a result of our efforts, together with the assistance provided by WHO, UNICEF and other agencies, the health situation in Burma has greatly improved.

During the last decade, most of the registered doctors were concentrated in the major cities and big towns of the country. The rural population, which comprises more than 80% of the total population, was devoid of adequate medical and health facilities. In order to narrow the gap between the urban and the rural population in respect of the availability of medical and health facilities, health assistants were trained to take charge of the rural health centres. The rural population has benefited to a large extent through the dedicated work of these health assistants and the rural health staff. The production of doctors was also substantially increased with the opening of another Institute of Medicine. The former Institutes of Medicine, which were under the Ministry of Education, were incorporated into the Ministry of Health and placed under a newly created Department of Medical Education in October 1973. This reorganization enabled full coordination and cooperation to be established between the users and producers of medical doctors. It also facilitated the training of the doctors according to the needs of the country while still maintaining the required standard of the medical profession. Simultaneously with the increased production of doctors, the training of paramedical personnel and health auxiliaries has been carried out with the establishment of an Institute of Paramedical Sciences in 1964. Posting of doctors to outlying areas in rotation and practical training in community medicine in rural areas given to the medical students have instilled a willingness to serve in any part of the country, and we are now in a position to distribute doctors more evenly among the entire population.

In the field of disease control programmes, we have been able to make periodical assessments and, with the aid of WHO, we have been able to consolidate many programmes and to add new ones to the list, depending on the national importance of such diseases. In this respect we should like to express our thanks to WHO in general and to the Regional Office for South-East Asia in particular for giving us most valuable technical assistance and training facilities.

The Director-General in his Annual Report has rightly stated the importance of maternal and child health. The infant mortality rate in Burma, which once was very high, has come down to reasonable levels. Likewise the maternal mortality rate has decreased. By giving greater emphasis to neonatal care, we hope that the infant mortality rate will be brought down further.

Mr President, Burma has been free from indigenous smallpox since 1967. Surveillance is being carried out as part of the general surveillance activities on communicable diseases. With regard to the leprosy control programme, we have been able to register almost all of the leprosy patients and to make them take regular treatment. Steps are now being taken to release from the register those who no longer need treatment. The leprosy control programme is considered to be one of the most successful programmes and had thus the distinction of being recorded in the documentary film made for the twentieth

¹ The above is the full text of the speech delivered by Professor Huang Chia-szu in shortened form.
anniversary of the World Health Organization. The tuberculosis control programme, which
was initiated in two cities, now covers the entire country through a large network of
health centres. In malaria control, we still have pockets of malaria transmission where
communication is difficult. Though the disease is well under control in the rest of
the country, we have problems of chloroquine-resistant malaria and of increasing resistance of
vectors to DDT.

With a view to the eventual integration of the health services, we have initiated
pilot projects in different parts of the country where the mass disease control programmes,
such as tuberculosis, leprosy, malaria and trachoma control programmes, have been merged
with the original activities of the rural health centres. This integration of the
activities does not, however, mean that the rural health centres have been overloaded.
By training a basic health worker to undertake control work in all the programmes, it is
expected that he will be able to carry out his duties more effectively and efficiently in
a smaller area.

A decade ago, a dental health service was non-existent in the country. Today we
have an Institute of Dental Medicine and have already built up a dental health service.
An Occupational Health Division within the Department of Health has also been created in
order to cater for the needs of the workers in the various occupations, with special
reference to workers in the expanding sector of the mining industry and agriculture.

With regard to addiction to narcotic drugs in Burma, the Government has recently
introduced an Act which requires compulsory registration and treatment by drug addicts
and the provision of strict penal terms for those involved in trafficking in narcotics.
In the field of medical research, we have under the Ministry of Health a Department
of Medical Research which is responsible for conducting, coordinating and supporting
medical research projects carried out in the country. Projects are drawn up taking into
consideration the objectives of the health services and are mission-oriented, all directed
towards solving the major health problems in the country.

Mr President, may I refer to the Director-General's Annual Report in which, on page
103, he has said "many countries still do not have health statistical services of a
satisfactory standard". Although we realize the importance of health statistical data
in health planning and have been trying to improve the statistical services within our
limited resources, the position is still not satisfactory.

I am pleased to mention that we have had very cordial relations with WHO in the
promotion of health services in our country; this is reflected in the ever-increasing
volume of WHO assistance to Burma.

Mr President, the last point I would like to mention is that WHO, being an inter-
national organization, is well informed and is in a position to perceive the requirements
in each State. In particular, I have in mind the developing countries, which are still
trying to build their own nations. WHO should be in a position to give all information
needed by any of the Member States. WHO should always be dynamic in finding out better
ways and means to assist the Member States, particularly the developing countries, as and
when required. It is of vital importance that WHO maintain its position as an active
guiding health agency.

In conclusion, I would like to express on behalf of my country our confidence in
the ability of WHO to serve the cause of humanity through the promotion of better health
and our assurance of continued association and cooperation with the Organization in its
service to mankind.

The PRESIDENT (translation from the French): Thank you. I now give the floor to
the delegate of Ghana.

Mr SELORMEY (Ghana): Mr President, before making any contribution to our
deliberations, permit me, on behalf of the entire Ghana delegation, to congratulate you
on your appointment as President of this Assembly, and to pledge to you our unstinted
support in all your endeavours to bring the Twenty-seventh Assembly to a successful
conclusion. I wish also to congratulate the Vice-Presidents and Chairmen of committees;
I am confident that with their cooperation you, Mr President, will be able to steer the
conduct of our business with calm efficiency and timely dispatch.

We, of the Ghana delegation, are glad to learn of Dr Lambo's appointment to the
high office of Deputy Director-General in succession to Dr Dorolle. We wish to assure
Dr Lambo that we will support all his efforts to ensure that his tenure of office adds a
significant chapter to the progressive achievements of WHO. May I, at this juncture,
convey our deepest appreciation for the marvellous work done by Dr Dorolle and also wish
him a well-earned leave and retirement from the onerous responsibilities of his high
office.
Mr President, referring now to the Report for the year 1973, I wish, first of all, to express our grateful appreciation to the Director-General and the Secretariat for producing such a comprehensive work. At an extraordinary time in history, when we are all afflicted with worldwide financial and other constraints, it is comforting to learn that the work of WHO has not been brought to a halt. On the contrary, it is abundantly evident that this humanitarian Organization has sustained its efforts to bring good health to people the world over, regardless of the ever-changing fortunes of mankind.

Communicable diseases continue to be a major cause of mortality and morbidity in Ghana. Malaria is foremost as a cause of high morbidity among all age groups and as a cause of infant mortality. In this age group, it is only rivalled by measles, which contributes to the incidence of kwashiorkor. Mention of measles brings to mind the wide range of serious diseases that are amenable to control by immunization but yet wreak havoc in many developing countries. However, in view of its high cost/efficiency ratio, immunization as a method of controlling such diseases is expensive. In this connexion I would like to make a special plea for greater efforts by WHO to assist Members that are developing countries to expand their immunization programmes.

Tuberculosis, leprosy and schistosomiasis each has maintained a prevalence rate of nine cases to every 1000 citizens of our population. Control of tuberculosis and leprosy is by active case-finding and treatment in an effort to reduce the reservoir of infection. We have evolved a mass BCG campaign to improve the resistance of the population, especially the young ones. In this regard, I would like to place on record our appreciation and thanks to WHO and UNICEF for the considerable assistance we have received from them for these important national programmes.

On the control of schistosomiasis, the research project set up as part of our national health programme continues, and we are particularly grateful to WHO for the collaborative efforts being made to find solutions to the problems of this crippling and debilitating disease, which has socioeconomic implications for our development.

Onchocerciasis is another disease with significant implications for the development of our full economic potential. The Simulium fly, as the vector of this disease, has compelled many people to abandon fertile land that was once their ancestral home and eke out a precarious living on unproductive land to escape the scourge of blindness. During the year a great step forward was taken with the launching of the onchocerciasis control programme in Accra, Ghana, in October 1973. This control programme, covering the area of the Volta basin, is a regional effort involving Ghana, Ivory Coast, Upper Volta, Mali, Niger, Togo and Dahomey. At this meeting, which was opened by the Head of State and Chairman of the National Redemption Council, Col. I. K. Acheampong, the Ghana Government, as practical proof of its concern for the eradication of this disease, pledged an initial sum of $200 000 towards the programme. On behalf of the Ghana Government, I would like to take this opportunity to thank all the international agencies and all donor countries, which have not only shown interest in the programme but are contributing in no small way to its implementation. And we hope they will spare no efforts in continuing to contribute towards the eventual eradication of this disease.

In the battle against disease and ill health in all its forms, we have not forgotten the role of community participation in the delivery of health services. I wish to state that this field is engaging our serious attention, and we are appreciative of the efforts by WHO in this project.

Our cardiovascular research project is being implemented with the assistance of the Ghana Medical School, and in this connexion we welcome the team which recently joined us in Ghana, and look forward to significant developments in this field.

As part of the efforts to improve the health of our people, we have laid emphasis not only on the development of basic health services, but also on the development of manpower. At this point, I am glad to say that the postgraduate course which was established in 1972 in the Ghana Medical School continues to flourish, and last year a good number of postgraduate students were admitted to the course. Eighteen more will enter this year. For this course to realize the hopes of its founders, it must have a fully trained teaching staff. We would therefore like WHO to continue with its efforts to assist us to train such staff for the Medical School. This is important for us, because we are confident that the development of postgraduate training will help to raise the level of health of our people.

As you are aware, Mr President, the theme for this year's World Health Day celebration was "Better Food for a Healthier World". There could not have been a better area of concern at this time, when a number of developing countries suffer from malnutrition. In Ghana the celebration included a three-day National Food and Nutrition Conference, with the theme "Nutrition and National Development". This conference brought into sharp focus
the need for various departments of government to cooperate in the planning and execution of national nutrition programmes, the aims of which should be: to raise the nutritional level of the people; to reduce the high morbidity and mortality rates among pre-school children, expectant and lactating mothers; and to increase family earnings and promote national development. In this connexion, the Ghana Government calls on the World Health Organization to intensify its efforts in collaborating with other international agencies to assist developing countries in particular to raise the nutritional level of our people so that the theme of "Better Food for a Healthier World" will not continue as a mere slogan, but as one having its basis in practical reality.

In the field of family planning, I am glad to say that the gradual integration of the programme into the maternal and child health services continues to be a major objective of our national health programme. Advice to pregnant and lactating mothers on the various aspects of child care and nutrition and education in family planning have not been forgotten. We are very confident that despite the problems inherent in any integration progress, our objectives will be achieved soon.

WHO has taken a holy stand against man's greatest enemy - disease, coupled with squalor and misery - at whose hands we all stand in danger of destruction. Heaven forbid an abandonment of this stand or a return to the days before the birth of this Organization!

Mr President, before ending my statement I crave your indulgence to draw attention to the plight of millions of Africans still struggling under colonial domination in their own home lands. It has to be accepted that the health of these peoples has not received the same attention from their authorities as that given to the settlers in those territories. Life in the remote areas in these countries, where the actual liberation struggle is waged, could be endangered by lack of people with proper health facilities. My delegation does not pretend that this is a simple problem for WHO to solve. My delegation only wishes to plead with the Organization to examine ways and means of bringing basic health facilities, either directly or through appropriate channels, to the suffering masses of these territories. Another way of helping these peoples would be to begin giving basic training in health to some of the refugees from these territories, who will in the future go back to work in their countries of origin. My delegation would therefore be grateful if WHO would do all it can to ensure that these peoples of Africa enjoy basic health amenities now and in the future.

At this point, Mr President, I would like to thank the World Health Organization, UNDP, UNICEF, FAO, USAID and all friendly governments for their contribution towards raising the level of health of all peoples irrespective of race, colour or creed. Let me, on behalf of my delegation, take the opportunity also to convey our gratitude to the Republic and Canton of Geneva for the hospitality it has offered to this Assembly.

The PRESIDENT (translation from the French): Thank you. The delegate of Somalia has the floor.

Dr ALI NOOR (Somalia): Mr President, fellow delegates; we congratulate you, Mr President, on your election. We also congratulate the Vice-Presidents on their election.

Our delegation has read with great interest the excellent Report submitted by the Director-General, which in a comprehensive manner so vividly portrays the activities of WHO during 1973.

We welcome and support the application for membership from the sister State of Guinea-Bissau. We will resist the temptation to comment on a host of problems that have come under review in this Annual Report, and restrict ourselves to expressing opinion on certain aspects of the programme which we believe will be of considerable interest to fellow delegates representing the countries placed in situations similar to ours.

The Organization is now more than 25 years of age. Such an age is one of maturity, yet it has been kept younger by the addition of new Members that have been joining it every year since its inception. It will not be out of place if we retrace the history and development of the Organization so as to emphasize how it works. The majority of the founding Members were from the developed world. These Members, in spite of all their attempts to speak for the rest of the world, were influenced by the situation prevailing in their countries. However good their intentions may have been, we can say that they could not have expressed the desires and feelings of those living in the underdeveloped world, or of those countries that were denied membership for political reasons. Within the last 15 years, a number of countries, mostly from Africa, have joined the Organization. One would have expected that such a large number would alter the outlook, thinking and mentality of the Organization in its attempts to deal with the health problems prevailing in tropical countries. Unfortunately this has not happened. It was partly due to the established patterns, which were firmly established, and partly to the fact that the newly independent nations themselves could not put forward a concerned viewpoint much different from the old traditions.
Today, membership of the Organization is composed of States that have made progress in the field of health through many and varied paths. Yet, as I have remarked earlier, the traditional pattern is dominant in the delivery of services to the recipient countries. It is high time that this outlook should change and that the Organization, through the experts it selects, should realize that there is more than one path to progress. An open mind can absorb radical and opposite views and can mould them to concrete, comprehensive and easily understood methods. Unless the Organization adapts itself to the changing situation in this world, it will fall behind the rapidly developing theories which are advanced and practised by the young and quickly developing nations of the world.

Research is being carried out to eliminate the major diseases prevailing in the world; yet the importance given to communicable diseases, which are a curse in most tropical countries, is not commensurate with the magnitude of the problem. It is often argued that methods of combating these diseases are well known and could be applied. This argument does not take into consideration that the recommended methods are highly sophisticated and relatively expensive to underdeveloped countries with limited funds and manpower and a low level of health facilities. We should continue to strive to find methods other than the traditional ones which could be cheaper financially, less time-consuming and at the same time easily applied by the masses in the least developed parts of any country.

We have followed with considerable interest the gradual building up of interest in the development of community health services as reflected in the upsurge of favour among the health administrators for a transition from narrow concepts of medical treatment to broader concepts of prevention, control and - more recently - health promotion. We would like to pause and reflect as to how and why we have not so far reached a point where a fairly uniform agreement can be reached as to the requirements of community health. Plagiarism in the organization of community health is an unpardonable act. We firmly believe that a transplant from cold European climates will not flourish in the tropics. Unless the local genius blooms through a series of steps aimed at nourishing the national, scientific and technological base, the realization of an indigenous health system responsive to the local needs may remain for most of us an unfulfilled promise to our people.

During the past few years we have been made to realize that the general health level can be raised through better distribution and utilization of health services. We have been promised that the goals will be achieved through the application of such sophisticated techniques as systems analysis and development of intersectoral simulation models. What do these terms mean to most of the developing countries, where even reliable basic health indexes do not exist? We have not as yet established a system through which a regular flow of scientific and technological information to developing countries can be assured. We have yet to organize bilateral links between the scientific and technological institutions of advanced countries and those of similar institutions in developing countries.

No model of a planning process exists that can be made applicable to all conditions. The techniques available to assist planners are largely specific to a particular sub-problem within the overall planning process, and they do not ensure that a planning organization will go through all the steps necessary to emerge with an implementable health services plan which can be subjected to scientific reasoning. In the abstract, the process of planning could mean more in the realm of intuition than of science.

In spite of the preceding observations we will concede that the study of community health is now a well developed science formed by the combination of epidemiology and investigation of medical needs of the community, with all their ramifications. Application of this scientific knowledge is, however, still dependent on the development of research methodology. These methods are complex, expensive and time-consuming. For developing countries, all these are rare commodities. The greatest challenge to research in community health has been the almost total absence of means for changing attitudes and convincing doctors, nurses, students and others that new values should be explored in health.

There is an urgent need to alter the syllabus of health workers, especially doctors and nurses, so that their training emphasizes the health of the community rather than the individual. The training of today is strongly biased towards treatment of the sick. It is the masses that should benefit from the training given to health workers. Such health workers should be politically orientated towards community development, and socially motivated to take part in the activities of the health and other social life of their community, so that they become part and parcel of the community rather than waiting for patients to come to them.

In the context of these observations we welcome the establishment of an African Institute of Health Planning, which will combine training activities with operational research and methodology and evaluation. We have also noted the Director-General's intention to exploit new innovations and develop in some countries technically and
socially acceptable systems of primary health care to demonstrate their effectiveness.

We are well aware of the price paid by developed countries in pollution during their industrialization. We consider that it is appropriate that the Organization should take a leading part in ensuring that the developing countries do not commit the same errors. This can be avoided by utilization of biological control and less dependence on synthetic and artificial products. In our programme of malaria control we have been experimenting with larvivorous fish. Initial research shows that this method is effective; at the same time we avoid intoxications that are likely to arise from the utilization of synthetic products.

During the past year we have been preoccupied with the preparation of a five-year socioeconomic development programme. For the health sector we do not claim any scientific innovations, yet we believe that it is a rational plan developed to meet some of our urgent needs and correct certain imbalances in the geographical distribution of health facilities. We feel that by the time we have implemented this plan we shall have developed a reasonably sound infrastructure, and will be equipped with a chain of health facilities that may be subjected to scientific inquiry, with a view to using these as nuclei for the development of a methodology to assess their effectiveness.

Since the short period of our revolution, we have divided the country into regions, districts and village quarters: in each village or quarter of a town we have established an orientation centre, for community orientation. This centre is used for the mobilization of the masses, where they are given political orientation, so that their level of understanding and sense of responsibility will increase. It is through these centres that we have been able to give health education to the masses.

They have given training to the traditional midwives who, on return to their homes, have made great progress in the elimination of certain communicable diseases. We have constantly been giving lessons to the masses, led by voluntary workers in the field of preventive medicine. Our experience has shown that, led by these voluntary workers, the masses have greatly improved the health situation in their communities. A consciousness of health has been built up in their minds, and a realization of what a united community can do has been firmly established in their minds.

We have noted with satisfaction the spectacular success so far achieved by the smallpox eradication programme, and we are hopeful that the programme will achieve its final objectives in the near future. In the annals of the history of the Organization, the inspiring achievements of this programme will certainly be written in blue ink. During the past 12 months, Somalia again had the misfortune to deal with the situation arising out of the importation of smallpox cases from a neighbouring country. Our effective surveillance system was able to detect these importations well in time and, except on one occasion, we did not have secondary cases among the local residents. We believe our programme has clearly demonstrated the effectiveness of our vaccination procedures and the effectiveness of our containment measures. Need for better coordination of vaccination programmes along the border has been repeatedly emphasized by us, and we hope that it will be possible through the good offices of the Organization to launch a joint attack on the foci of infection in the neighbouring country close to ours. Elimination of these sources of infection will release our manpower and other resources urgently required by us to tackle other urgent public health problems.

In conclusion, Mr President, we listened with great interest to the introduction made by the Director-General. The philosophy expressed by him very much reflects our thinking. We hope that this philosophy will permeate all levels of the Organization, and we are eagerly awaiting action.1

The PRESIDENT (translation from the French): Thank you. I now give the floor to the delegate of Swaziland.

Dr DLAMINI (Swaziland): Mr President, distinguished delegates, ladies and gentlemen, my delegation would like to convey its congratulations to you, Professor Pouyan, on having been elected President of the Twenty-seventh World Health Assembly. We wish you the best of luck in your very important station, and we sincerely hope that you will make a very successful and efficient President. It is a pity, Mr President, that your chair in place of high honour is rather too far from us, otherwise we would have loved to have come up and shaken hands with you. Likewise, the same remarks go for the elected Vice-Presidents

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1 The above is the full text of the speech delivered by Dr Ali Noor in shortened form.
of the Assembly, who are distinguished members of the delegations from Belgium, Singapore, Panama, Nigeria and Mongolia. We sincerely hope that they will give you all the support and help that you will need.

Mr President, it is with great pleasure that we welcome the Bahamas as a new Member State of the World Health Organization, and we hope that they will be happy in our Organization, and make a valuable contribution in the form of new ideas. We thank also the Director-General, Dr Mahler, for the very explicit and clear-minded manner in which he expounded his philosophy on the objectives of the World Health Organization. He stressed the objective of the World Health Organization as being the attainment by all peoples of the highest level of health. Can this Assembly really say this is what we are encouraging when we, as a medical group, debar certain countries and peoples from medical benefits on political grounds? Surely, the end-result is the undesirable effect on the very group we are trying to reach, save and help.

The speed of advance in medical facilities of any country depends on the availability of resources, and these resources have many facets - not least of which is the availability of manpower, so that training plays a considerable part in the progress of medical services, and training remains a priority in Swaziland. It is fortunate, of course, that many countries that have the facilities for training medical and paramedical personnel have made provisions for those which do not have such facilities in their own countries. This cooperation is to be lauded, for without it the tempo of progress and improvement would be even slower. We in Swaziland still have to depend to a large extent on expatriate recruitment of doctors, and at the present time we need first of all to produce enough general practice doctors before we can embark on full scale specialization. It is quite clear that for many years in the specialist field we shall continue to depend on expatriate specialists and technical assistance. One major area of concern is the field of pathology - whether clinical or forensic; Africa, in common with other continents, has not enough of this specialist group. Is there some way in which young doctors can be motivated and encouraged to take up this specialty?

I would like further, Mr President, to emphasize that, in recognition of the importance of environmental influence in health matters, my Government has made its intention very clear in its second development plan. The first step towards this has been taken by directing corrective attention to rural water supplies and sanitation. We are happy to note that the subject chosen for this year's Technical Discussions reflects the acceptance of the high priority environmental health deserves. Funds have been made available for the improvement of rural water supplies and sanitation. With this project in full swing it is envisaged that water-borne diseases will be greatly reduced.

Last year cholera broke out in a neighbouring country. Epidemiological measures were instituted to prevent spread into Swaziland. We feel that cholera vaccination, which we instituted as a travel requirement - although its efficacy is a controversial issue - has contributed to the non-appearance of cholera in Swaziland. This of course was supported by other measures, for which we were severely criticized internally, but which we feel were justified in the light of having managed to check entry of the disease into Swaziland, even after eight months. We sincerely hope we can continue to do so.

An upsetting issue of great concern is the universal increase of venereal diseases. I think we are all agreed that more intensive steps need to be introduced, and while it is of course the responsibility of each country to do so, we look for guidelines to the World Health Organization. I was pleased to learn from the Executive Board's Chairman, Dr Ramzi, that this would be the subject of Technical Discussions next year.

I am happy to report that all activities, programmes and projects are gaining momentum in Swaziland, but particularly pleased to report the progress of integration and the activities of family planning, which are considered as part and parcel of maternal and child health services and run as such by the Ministry of Health.

Finally, Mr President, while our concern for the wellbeing of mankind grows, improvements are instituted, and medical care becomes more sophisticated, we realize more and more that with the appearance of so many disasters - floods, drought, warfare, etc. - we are thrown back; what socioeconomic progress has been achieved seems to be nullified by these disasters, and our sympathies go out to the countries so affected.

The PRESIDENT (translation from the French): Thank you. Before giving the floor to the delegate of Nepal, I would request Dr Lambo kindly to give you a brief explanation.

The DEPUTY DIRECTOR-GENERAL: Mr President, the next speaker, the delegate of Nepal, has asked to speak in Nepalese. In accordance with Rule 87 of the Rules of Procedure of the World Health Assembly, an interpreter provided by the delegate of Nepal will read simultaneously the text of the speech in English.
The PRESIDENT (translation from the French): Thank you, Dr Lambo. The delegate of Nepal has the floor.

Mrs THAPA (Nepal) (interpretation from the Nepalese): Mr President, on behalf of the delegation of Nepal I extend my hearty congratulations to you on your election as President of the Twenty-seventh World Health Assembly. I also present my cordial congratulations to the Vice-Presidents and the Chairmen of the committees.

I should also like to express my deep appreciation and sincere thanks to the Director-General for his comprehensive Report outlining the achievements to date of the World Health Organization as well as the problems that are still to be dealt with.

It is very gratifying to note that the Organization is at the moment engaged in developing a mechanism so as to assist the developing countries in identifying national capabilities as well as national priorities. This is the modern concept of country health programming, and my country Nepal has had the good fortune to be one of the countries to be selected by the Organization for help with country health programming.

In Nepal various programmes are in operation for the control and eradication of communicable diseases like malaria, smallpox and tuberculosis. Remarkable progress has been achieved in Nepal in the control of malaria, with great impact on the national economy; but recently there have been some setbacks in some areas in the malaria programme due to resettlement, the movement of people, resistance of the causative organism to drugs and of the vector mosquito to DDT, some focal outbreaks in highly receptive and vulnerable areas, and the importation of cases from outside the country.

The appearance of DDT-resistant strains of Anopheles annularis and drug-resistant Plasmodium falciparum has been of great concern to us. We are very grateful to WHO for a quick response to our request for the supply of DDT after the withdrawal of USAID from Nepal's malaria eradication programme. The setback in the malaria programme will adversely affect our national economy, so we request the World Health Organization to give sympathetic consideration to this pressing problem. It seems to us that greatly increased help and assistance from WHO will be necessary to help us cope with problems of such magnitude as those we are facing.

In the smallpox eradication programme we have been making satisfactory progress. Since March 1973 Nepal has been classified as a non-endemic country for smallpox in WHO's Weekly Epidemiological Record. We have been able to develop a cross-notification system between Nepal and India, which has been helping a great deal in the surveillance and containment operation in both the countries.

As regards other communicable diseases like tuberculosis and leprosy, more effort is being put into control programmes, and we hope to expand these programmes throughout the whole kingdom. The two pilot projects for delivering integrated basic health services, started by His Majesty's Government two years ago in two topographically different areas, have proved to be effective. On the basis of the experience gained, the integrated service is being introduced into four other districts.

The average growth rate of the population in 10 years in Nepal is 2.07%. The people are mainly dependent on agricultural output. In order to strike a balance between the growth of population and national economy, His Majesty's Government in Nepal has given top priority to maternal and child health and family planning programmes.

To man the various expanded health activities as required, we are handicapped by an acute shortage of medical and paramedical personnel. With a view to making up this shortage, the Institute of Medicine is training various categories of paramedical workers.

The deep concern of His Majesty the King for the health of the people is reflected in the statement: "Just as I have affection for my country and people, so also I bear my responsibility to alleviate the suffering of my sick and hungry countrymen."

The Ministry of Health, in order to fulfil His Majesty's wishes, has launched a nationwide programme of establishing health posts scattered all over the country and manned by paramedics so that an optimum of health services can be delivered to the maximum of population.

Mr President, may I express my cherished hope that under your able leadership this Assembly's deliberations will produce fruitful results towards the betterment of the health of all the peoples of the world.

The PRESIDENT (translation from the French): Thank you. The delegate of Panama has the floor.

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1 In accordance with Rule 87 of the Rules of Procedure.
Dr SAIED (Panama) (translation from the Spanish): Mr President, I am the bearer of greetings from the Republic of Panama and its Government to the health authorities of the countries of the world gathered together in this hall under the auspices of the World Health Organization. The occasion is also an appropriate one for congratulating the distinguished delegate of Iran on his election as President, and my fellow Vice-Presidents of this Assembly. We also congratulate the new Director-General on his Report, on his brilliant address, and on the effective work done in 1973.

Panama has not remained on the sidelines as regards the accelerated pace of development which nowadays, with its favourable repercussions in the health field, has become a universal trend. It is therefore with satisfaction and gratification that we are able to report on the highly significant changes which have taken place during the past five years in the major indicators that determine the health situation of the million-and-a-half people living today in our isthmus. Between 1968 and 1973 we succeeded in bringing down to levels unprecedentedly low in Panama the infant, maternal and general mortality rates and significantly increasing life expectancy at birth. The population is at present increasing at a steady 2.8% per year.

One of the fundamental objectives of the Central Government of my country is to speed up the process of integrating the deprived part of the population into the system of health services and enabling them to benefit from the improved conditions of living and of development in general.

At the same time, our Government is doing its utmost to stimulate the settlement of regions which hitherto were considered inhospitable and inaccessible, and this is a matter of some concern to us since the disturbance of natural conditions will produce situations that will lead to the appearance of diseases which hitherto have not constituted health problems in Panama.

This explains the recent occurrence - in February of this year - of two cases of jungle yellow fever in the district of Chepo. Despite the fact that these two cases of jungle yellow fever concerned a very small and clearly delimited zone and although the international notification had been made promptly, we were disagreeably surprised at the attitude of some countries which issued certain instructions, gave out inaccurate information and took measures completely at variance with and in violation of what is laid down in the International Health Regulations for situations of this kind. The occurrence of these cases of jungle yellow fever is in accordance with the ten-year epidemiological cycle followed by the virus of this disease in that part of Panama. Meanwhile, we have had to invest considerable sums in strengthening the programme to control Aedes aegypti, which has been detected in a limited area of the city of Panama; this reinfection comes from the north and the index is at present less than 0.1%.

The results of this programme up to the present year have been very encouraging and the mass vaccination against yellow fever carried out during this year has had very warm support from the community, the coverage attained being one of the highest recorded in a vaccination programme.

Now being actively implemented as part of the revolutionary process and in pursuance of the National Constitution is the organizational and functional integration of all the State agencies that constitute the health sector with a view to establishing a single national health system. This integration is being carried out in three of the nine provinces and will be progressively extended to all of them. The results obtained to date justify this very important development in the conduct of my country's national health policy.

The malaria eradication programme has continued to progress, despite a slight increase in the number of cases recorded in the eastern part of the country, which borders on the Republic of Colombia. In the rest of our territory the incidence of the disease is continuing to decline. In 1973, for the first time, we had no deaths from malaria. At present the percentage of positive reactors for malaria stands at 0.5% for the country as a whole and we recently transferred to the consolidation phase an area containing 41% of the originally malarious localities.

Vaccination against communicable diseases has been stepped up and a reduction obtained in the incidence of all of them. We are able to report that since February 1972 no cases of poliomyelitis have occurred in Panama.

With a view to tackling in a practical and immediate way the problem of malnutrition, which affects a sizable proportion of the population of Panama, we have started a supplementary feeding programme as the first stage in a broad programme of nutrition aimed at a population with a high risk of malnutrition; we have selected 15 districts and some 50 000 persons will be benefiting from the programme.

With respect to drinking-water supplies, work is proceeding intensively on expanding the coverage of this programme as regards the population benefited and the population served; the goal for the urban areas having already been achieved, the main emphasis is being placed on the rural areas, partly through self-financing supply systems in
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communities with over 500 inhabitants and partly under an ambitious programme for construction of rural supply systems and of drilled and dug wells being implemented by the Ministry of Health with its own funds in smaller communities, which are giving us valuable cooperation through the health committees, contributing with money and manpower to the implementation of these projects and subsequently assuming the responsibility for their administration and maintenance.

The participation of the community on an organized basis and with awareness of its rights and duties is playing an ever more influential role in the development of our health programmes. We are absolutely convinced that in the overall situation confronting our countries the goals we have set ourselves can be achieved only with the participation and active support of the communities themselves. We are therefore giving all necessary backing and attention to the education and organization of our communities through trained personnel.

We are able to inform this Assembly that approximately one thousand health committees, at various levels of development, have been established. These committees work in close coordination with the councils at the level of the country's 505 municipalities and then form themselves into nuclear bodies representative of the Government at the local level. The community participates actively in the development of health activities such as vaccination campaigns, maternal and child care and production of its own food supplies, and in the improvement of local environmental conditions.

Finally, we should like to draw the attention of the health authorities of the countries of the world represented here to the desirability that at these international gatherings there be some discussion of the repercussions which certain aspects of politics and international trade produce in the health field, to the extent of interfering with the normal development of the programmes. Thus, adverse effects are being experienced from the present energy crisis, with market restrictions in the production of insecticides such as DDT and malathion and limitations on the international market in iron and steel for the production of equipment for everyday use, the shortage of which is seriously affecting the programmes.

In conclusion, we should like to express the gratitude of the Panamanian Government and people to all the countries which have been and are supporting Panama in its struggle for full sovereignty and for the right to use its most valuable natural resource, which is its geographical position, for the benefit of the thousands of Panamanians who are now leading underprivileged lives and to whom our Government is anxious to give a share in the country's prosperity and development. Without their support and unless we are successful, the right to health for these people is no more than a dim hope. We are also grateful for the technical assistance which we receive from the World Health Organization, through the Pan American Health Organization, and which has been made possible by the persevering and effective efforts of PAHO's present Director, Dr Abraham Horwitz, and those working closely with him.

The PRESIDENT (translation from the French): Thank you. The delegate of Upper Volta.

Dr SAWADOGO (Upper Volta) (translation from the French): Mr President, Mr Director-General, distinguished delegates, I should first like to convey to you fraternal greetings and a message of sincere friendship from the people and Government of Upper Volta, which I have the honour to represent at this Twenty-seventh World Health Assembly. I should also like, Mr President, to offer you my hearty congratulations on your election to the post you occupy today, and to congratulate the Vice-Presidents and the Chairmen of the main committees.

Allow me also to reiterate here, in public, the thanks and gratitude of the people and Government of Upper Volta to our dynamic and dedicated Regional Director, Professor Alfred Quenum, and all his staff at the Regional Office for Africa for the assistance they have constantly accorded to our various public health projects.

After studying the Report of the Director-General, the delegation of Upper Volta would be remiss not to express its deep gratitude to the World Health Organization for the outstanding work it has performed during the year under review and compliment the Director-General, Dr Mahler, to whom I should like to express my country's hope of seeing WHO's activities continue successfully under his leadership. To his staff, whose keenness and devotion are universally recognized, I should like to convey my thanks and my encouragement for all their wide-ranging and fruitful activities.

We are faced with the problems of underdevelopment and of shortage of resources in a country with a weak economy. All these problems have been aggravated by the calamitous drought which has reigned for several years past. We are doing our best to control the situation, but we shall not be able to do so without international aid.

I do not propose to go again into all the details, which in any case you know very well from the reports and from the information media (press, radio and television), but I should like to ask you to do everything possible to ensure rapid and effective implementation of resolution WHA26.60, "Drought in Africa".
Thus, the problems are very numerous and highly complex and I should like, Mr President, to sketch for you in a few words the medical and health situation of my country and my Government’s policy in this field.

The implementation and development of the programmes for control of endemo-epidemic communicable diseases are still among our principal concerns. The development of the basic health services - and, more particularly, maternal and child health care - is an urgent and imperative need to which we are devoting our attention. The training of medical and allied personnel and advanced training of staff, especially in the field of public health and control of endemo-epidemic diseases, also remain major subjects of concern. At the same time, we are striving to improve material conditions for the practice of personal medical care.

Among the prevailing endemo-epidemic diseases, I will refer in particular to malaria, measles, meningitis, trypanosomiasis, leprosy, tuberculosis, trachoma, cholera and onchocerciasis. Without wishing to dwell at length on what has already been said in this very place, I should merely like to sketch for you in a few words the trends of the endemo-epidemic diseases which affect us. Malaria is still causing us concern despite the expansion of the basic health services. Measles is still with us: in 1973 we recorded 42,472 cases, with 2,389 deaths, i.e., a death rate of nearly 5%. It seems to have been enabled to assume such proportions by the herding together of populations due to the drought and also by the vulnerability of the organism caused by malnutrition. Cerebrospinal meningitis, on the other hand, is showing a definite decline in comparison with previous years. Trypanosomiasis, which for many years ravaged whole villages and has been energetically combated for a long time, is a continuing source of anxiety in our country because of the persistence of residual foci. Thus in 1973 we recorded for the territory as a whole 73 new cases. Smallpox and yellow fever have put in no further appearance since 1968; nevertheless, the surveillance system has not been dismantled and we hope that the assistance of WHO and of friendly countries will continue and will enable us to maintain the good results already achieved. The leprosy control operations conducted with vigour for the past 15 years and more have given very good results, on which we hope to improve by strengthening the means at our disposal through the launching of a combined leprosy-tuberculosis campaign. Cholera, whose appearance dated from 1970, had practically disappeared by 1972, but it reappeared from June 1973 in the northern and north-eastern parts of the country, where the drought holds sway.

While we have the melancholy privilege of harbouring in our territory a veritable mosaic of so-called tropical diseases, we pin our hopes on WHO and, through the Organization, on the sister countries and friendly nations which give us moral and material support. I should like to reiterate to them here our thanks and assure them of our gratitude.

Mr President, Mr Director-General, distinguished delegates, it would be remiss of me to pass over in silence the enormous effort it has entailed for friendly countries and the international agencies - the World Bank, FAO, UNDP, IBRD, the European Development Fund and WHO - to assume such a direct and such a concrete role in the onchocerciasis control project. I should like to thank very sincerely all the architects of this enormous project, from which my Government and the populations of Upper Volta are expecting a great deal.

We pin high hopes on the continuance, of course, but also on the intensification of the assistance which WHO is affording our country for the implementation of the project aimed at maintaining and enhancing the health service potential, without which it would be vain to imagine any progress possible in the social, economic and cultural fields.

That is why, without underrating the scope and size of the efforts put forth hitherto by WHO, I venture to draw the kind attention of the Assembly to that group of countries particularly hard done by through the implacable laws of nature and figuring among the most deprived in the Third World, whose economic take-off is dangerously jeopardized by the health repercussions of the disasters stemming from the persistent drought, which is creating an alarming situation. Despite the help of every sort provided by sister and friendly countries, only a temporary, ephemeral palliative has been applied to this situation: if it is to become a complete and lasting solution, the goodwill of the better-endowed States will have to be still more actively mobilized.

After thanking you Mr President, and all of you who are participating in this Assembly, for the attention you have been kind enough to accord me, I shall conclude by expressing the hope that the end product of all our efforts will be the true well-being of all peoples without distinction, united in peace and fraternity.

The PRESIDENT (translation from the French): Thank you, sir. I now give the floor to the delegate of the Netherlands.

Dr BRAHIM (Netherlands): Mr President, Mr Director-General, honourable delegates, May I first of all congratulate you, Mr President, on behalf of the delegation of the Kingdom of the Netherlands, on your election to the high office of President, and extend
my congratulations to the Vice-Presidents. I wish to express my gratitude also on behalf of my delegation to Professor Sulianti, your charming predecessor, for her excellent work performed during the past year.

We have studied with much interest and appreciation the first Report drawn up by the new Director-General. In his Annual Report, as well as in his statement, the Director-General lays emphasis on WHO's coordinating role. He stresses the importance of coordination between the several sources of medical development aid in both the developed and developing countries, the mobilization of national resources for WHO coordinated studies and to ensure the implementation of the decisions of the WHO governing bodies.

Our delegation has a positive attitude towards the Director-General's ideas on these points and considers they should be further developed with a view to the future of our Organization. On the other hand, I am well aware of the great obstacles to be overcome before a satisfactory policy will be attained. I would like to ask the Director-General further to work out his ideas so that they may be discussed at the national as well as the international level and, if applicable, put into practice. As far as coordination of external inputs in the developing countries is concerned, I underline the importance of good working relations between WHO and UNDP.

Another very important point mentioned by the Director-General in his Introduction is the structure of health delivery systems. I believe that this is a problem not only for developing but also for industrialized countries; in both cases one of the objects pursued is to bring the health services nearer to the people. In most industrialized countries, health delivery systems have generally come into existence spontaneously and freely as the need was felt, and without considering how to fit them into a more comprehensive structure of health services. The result of this development has been that in these countries many overlapping health delivery systems exist and, moreover, that most of them have concentrated their activities in the curative, and especially the costly intramural, sector of medicine.

Today, in the Netherlands, ways are sought for a new organization of the health delivery system which not only allow for financial limitations and efficiency but also for the improvement of general accessibility to the population. Therefore, first-line medical care by the general physician and his paramedical co-workers, as well as medical prevention, are to be encouraged.

The developing countries having to organize their own health delivery systems will also strive for equitable coverage all over the country and general accessibility to the people. At the same time, their means of developing their own health system may often be relatively small because of an inadequate infrastructure and limited financial possibilities. These are the reasons why a gradual build-up of a comprehensive health delivery system may be necessary. This may be a reason for the authorities to promote a system of public health that can penetrate more easily into the country and that is directed in a more general way to the improvement of the physical and mental health of the people. Such a system of public health may extend itself from prevention to vaccination and eventually first medical aid, as well as from personal hygiene to the improvement of environmental conditions - for example, we took note of the successes that have been achieved in the People's Republic of China. In this way, health services can be brought towards the people, whilst at the same time several simple medical and related tasks can be accomplished by paramedical workers under the supervision of a medical or health officer.

In Surinam the policy will be to implement a similar system with the assistance of the Netherlands, PAHO and WHO.

I have noticed with pleasure that WHO is already paying much attention to health education, which is a basic element for the development of a public health system.

Mr President, we have mentioned several times in this Assembly that health and the environment are two elements determining the wellbeing of people all over the world. We have been fighting actual illness for a long time. We also learned to take certain preventions - for instance, by vaccination and the procurement of sound food. We only recently fully realized that we even have to go one step further - that is, to take care of the hygienic condition of our environment. These three different kinds of policy should together protect ourselves and our children. As far as WHO is concerned, I would like to express our approval of the progress made with the WHO health criteria programme. The results of the studies carried out under this programme are badly needed as a scientific basis for planning, implementation and evaluation of government programmes concerning the human environment. In this context, however, I feel obliged to warn against what I would call a misuse of criteria. Criteria may give rise to increasing pollution in relatively clean areas simply because no direct health hazards are to be expected. As I explained, the environment and its ecological system also need our attention because of the indirect effects deterioration will have if we leave our third line of defence. The ultimate goal of our environment policies must be the fight against pollution at the source, such as the development of clean production and waste disposal techniques, which in fact may necessitate a change in our way of life.
Mr President, finally I would like to underline the viewpoint of the Director-General in which he suggests that WHO's role in the execution of health activities should be by means of programme, rather than of projects. I also agree fully with him that WHO should act internationally rather than supranationally.

Speaking for a moment as a member of the Government of Surinam, I am proud that I can announce that Surinam will achieve its independence with the full cooperation of the Netherlands at the end of 1975, at which time it will gladly apply for membership of our Organization.

The PRESIDENT (translation from the French): I thank the delegate of the Netherlands.

4. AWARD OF THE DR A. T. SHOUSHA FOUNDATION MEDAL AND PRIZE

The PRESIDENT (translation from the French): If you agree, we will now take up item 1.16: Award of the Dr A. T. Shousha Foundation Medal and Prize (reports of the Dr A. T. Shousha Foundation Committee). The Assembly has before it the financial report on the Dr A. T. Shousha Foundation Fund (document A27/6)¹ and the report of the Foundation Committee (document A27/7).

We will begin with the financial report, which has the document symbol A27/6. Have you any comments to make on this report? There being none, I take it that the Assembly wishes to note this report.

We now turn to the report of the Dr A. T. Shousha Foundation Committee, contained in document A27/7. I invite my good friend Dr Ramzi, member of the Foundation Committee, to present this report.

Dr RAMZI (representative of the Executive Board and member of the Dr A. T. Shousha Foundation Committee) (translation from the French): Report of the Dr A. T. Shousha Foundation Committee (meeting of 22 January 1974):

The Dr A. T. Shousha Foundation Committee met on 22 January 1974, in conformity with the Statutes of the Dr A. T. Shousha Foundation, under the chairmanship of Professor A. Pouyan.

The Committee reviewed the replies received to the Director-General's letter of 4 October 1973 requesting nominations from the Member States of the geographical area in which Dr A. T. Shousha served the World Health Organization and from the former recipients of the Prize, and examined the documentation received in support of the proposed candidates.

The Committee decided to recommend to the World Health Assembly that the Dr A. T. Shousha Foundation Prize for 1974 be awarded posthumously to the late Dr Mohamed Taieb Hachicha.

The Committee also reviewed the reply received to the Director-General's letter of 9 August 1973 dealing with the nominations for the granting of the Dr A. T. Shousha Fellowship, as provided in the revised Statutes of the Foundation (Articles 3 and 5 bis).

The Committee decided to grant the fellowship to Dr Kamil Abbas Al-Dorky of Iraq for study at the London School of Hygiene and Tropical Medicine during the academic year 1974/75 to obtain the diploma in tropical public health.

The PRESIDENT (translation from the French): Thank you, Dr Ramzi. Has anyone any comments? There being none, I shall ask the Deputy Director-General, Dr Lambo, to be kind enough to read out a draft resolution. Dr Lambo, please.

The DEPUTY DIRECTOR-GENERAL: Award of the Dr A. T. Shousha Foundation Medal and Prize:

The Twenty-seventh World Health Assembly

1. NOTES the reports of the Dr A. T. Shousha Foundation Committee, and its decision that the Dr A. T. Shousha Fellowship should be awarded to Dr Kamil Abbas Al-Dorky for the academic year 1974/1975;

2. ENDORSES the proposal of the Committee for the award of the Dr A. T. Shousha Foundation Medal and Prize for 1974;

3. AWARDS the Medal and Prize to the late Dr Mohamed Taieb Hachicha; and

4. PAYS TRIBUTE to the late Dr Mohamed Taieb Hachicha 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 (translation from the French): Thank you, Dr Lambo. Are there any comments on this draft resolution? Since there are none, the resolution is adopted.²

² Resolution WHA27,1.
This year, the award of the Shousha Foundation Medal and Prize is a sad occasion, for this distinction goes posthumously to the late DrMohamed Taieb Hachicha, whom many of us vividly remember as a delegate to the meetings of the World Health Assembly, including the Twenty-sixth session last May. Shortly afterwards, in September, he was at Bludan, in the Syrian Arab Republic, as a member of the Tunisian delegation to the Regional Committee for the Eastern Mediterranean, and those of us who were present will remember the important part he took in the deliberations at that meeting. Two months later, during an assignment in his native Tunisia, a tragic road accident was to put an end to his brilliant career.

We should like to assure Mrs Hachicha, who has kindly consented to be here for the presentation of the award, of our deep sympathy. It will perhaps be some consolation for her to know that her grief is shared by many friends and colleagues of Dr Hachicha from many countries around the world.

Dr Hachicha had the same pragmatic approach to public health problems, the same breadth of views, the same feeling for humanity which characterized Dr Aly Tewfik Shousha, the initiator of public health in the Eastern Mediterranean Region, whose memory we seek to honour by awarding this distinction every year. By the impetus he so brilliantly gave to his country in its battle for health, and by his contribution to international cooperation, particularly as regards cholera and malaria in North Africa, Dr Hachicha showed his ability to take up the torch which Dr Shousha had lit. In Tunisia Dr Hachicha's work, notably in the fields of malaria eradication and schistosomiasis control, made him for ever dear to the hearts of his assistants and his colleagues.

Born in 1913, Dr Hachicha obtained his medical doctorate at the Faculty of Medicine in Paris in 1946. The following year he began to practise medicine in a rural area of his native country. Throughout his career as a private practitioner, from 1947 to 1962, he elected to devote himself exclusively to the rural regions. He nevertheless kept in close touch with the health authorities, to whom he gave the benefit of his experience of rural health problems, communicating to them his observations in particular of the ravages of malaria and of typhoid and paratyphoid fever among the country children. It was he who finally persuaded the health administration to take measures against malaria in the country areas and launch a vaccination programme for pre-school age children.

In 1963, Dr Hachicha accepted an appointment as head of the public health and preventive medicine section at the Secretariat of State for Public Health in Tunis. In 1966, he was appointed regional medical inspector for a region with a population of over a million. Two years later, he was given responsibility for directing the malaria eradication programme in Tunisia. Finally, the following year, he also took over the directorate of preventive and social medicine, which includes the epidemiology, frontier sanitary control and health education sections.

As evidence of his inexhaustible energy and devotion to the public weal, he was able, despite the crushing burden of his responsibilities, to conduct with success a number of scientific studies on the main public health problems facing Tunisia. In these studies, he took stock of the situation and inquired into control methods with respect to many diseases such as cerebrospinal meningitis, cholera, schistosomiasis, leprosy, malaria, poliomyelitis, rabies, rheumatic fever, salmonella infections, trachoma, tuberculosis and the venereal diseases. His paper entitled "Feasibility of malaria eradication in an epidemiological context", which was unfortunately to be his last, was presented a month after his death during a WHO seminar on the epidemiology of malaria in the countries of the Mediterranean, held in Algiers last December.

Between 1964 and last year, Dr Hachicha represented his country at several sessions of the Regional Committee for the Eastern Mediterranean and of the World Health Assembly. In 1968, he sat on the UNICEF Executive Board. He also took part in a large number of seminars and conferences which bear witness to the diversity of his interests in the public health field. Twice leader of the Tunisian delegation at the Mecca Pilgrimage, he was also a member of the Tunisian relief mission sent to Turkey in August 1966 to help the earthquake victims.

I now invite Mrs Hachicha, widow of the late Dr Mohamed Taieb Hachicha, together with the chief of the Tunisian delegation to the Twenty-seventh World Health Assembly, Mr Mzali, to come to the rostrum.

Mrs Hachicha and Mr Mzali took their places on the rostrum.

The PRESIDENT (translation from the French): Mrs Hachicha, I have the great honour to present to you the Dr A. T. Shousha Foundation Medal and Prize, awarded posthumously to Dr Mohamed Taieb Hachicha.

Amid applause, the President handed the Dr A. T. Shousha Foundation Medal and Prize to Mrs Hachicha.
The PRESIDENT (translation from the French): I now invite the chief of the Tunisian delegation, Mr Mzali, to take the floor. Mr Mzali, you have the floor.

Mr MZALI (Tunisia) (translation from the French): Mr President, delegates, ladies and gentlemen, the solemnity of this ceremony and the words you have just uttered, Mr President, in praise of the late Dr Hachicha have moved me deeply. They bring back to me the painful memory of the sudden loss of a valued colleague and of a friend. Nevertheless, a feeling of pride and, if I may say so, of consolation is mingled with my sorrow, for I am convinced that, if this great distinction had been conferred upon him in his lifetime, Dr Taieb Hachicha would have considered it as the highest award for his efforts.

A conscientious, dynamic and disinterested physician, Dr Taieb Hachicha was the pioneer of preventive and social medicine in his country. It is to him that Tunisia is indebted for the organization and successful implementation of several campaigns to control communicable diseases which used to be real scourges. As an example I will mention the campaign against malaria, supported incidentally by WHO, the results of which to date enable Tunisia to take its place among the countries that have practically achieved the eradication of this scourge.

Dr Hachicha also made a valuable contribution to the development of the health protection of the population by the role he played in the national vaccination programmes. In his capacity as Director of preventive medicine, he extended certain forms of vaccination (notably BCG) to all the maternal and child health centres and schools. This enabled some serious diseases such as tubercular meningitis and diphtheria to be effectively combated in Tunisia.

Another instance of the late Dr Hachicha's spirit of initiative was the organization of the programme of integrated medicine, launched in 1970 in the Cap Bon region. This pilot project will certainly play a major role in the improvement of the hospital and health structures and their adaptation to the requirements of modern medicine.

You, Mr President, have already recounted with eloquence and sincerity Dr Hachicha's career. I should like for my own part to stress that, thanks to his imaginative turn of mind and to his perseverance, he succeeded within one decade in establishing on a solid footing a coherent and functional system of preventive and social medical services which constitute the basis for effective health protection of the population. More even than a doctor, Dr Hachicha, who died accidentally in the performance of his duties, was a real public health militant and a personality known and liked in this very place, for in addition to regularly attending most of the sessions of WHO since Tunisia acceded to independence, he took part in many seminars and technical and scientific meetings organized by WHO and other bodies at the regional level.

Mr President, ladies and gentlemen, it is with a feeling of deep gratification that I receive, jointly with Mrs Hachicha, the Shousha Prize instituted to commemorate the outstanding services rendered by him whose name it bears. I should like, before closing, to pay tribute to the memory of that great man who dedicated part of his life to the promotion of public health in our Region.

The award of this high distinction represents a great honour not only for Dr Hachicha but also for his family and for his country. Mrs Hachicha, who has been good enough to come in person to Geneva to take part in this ceremony, is proud to see her late spouse numbered henceforward among the winners of the Shousha Prize.

Allow me, Mr President, to express on my own behalf, on behalf of Mrs Hachicha and her daughter who is with us here, and on behalf of Tunisia, our gratitude to the Shousha Foundation Committee and to the members of our honourable Assembly who have been kind enough to award posthumously to Dr Hachicha this Prize which links his name with those of the men of science who have dedicated all that is best in them to the promotion of public health.

The PRESIDENT (translation from the French): Thank you, Mr Mzali. In paying a last tribute to the memory of Dr Hachicha, I declare the meeting adjourned.

The meeting rose at 12.35 p.m.
SIXTH PLENARY MEETING

Thursday, 9 May 1974, at 2.30 p.m.

Acting President: Professor S. HALTER (Belgium)

GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTY-SECOND AND FIFTY-THIRD SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1973 (continued)

The ACTING PRESIDENT (translation from the French): Gentlemen, we shall now resume the general discussion, but first of all I should like once more to thank you for electing me to the vice-presidency of this Assembly. Our President, Professor Pouyan, whose energy and whose conduct of the proceedings have been in the highest degree exemplary, has paid me the honour of asking me to preside over this afternoon's meeting, for which I am particularly grateful to him; I shall endeavour to do as well as he.

I would remind you that there are more than 60 delegations that still have to speak on items 1.9 and 1.10 of our agenda and consequently I should like to make a special appeal to all those who feel able to speed up the proceedings by slightly curtailing their statements. In principle you are entitled to 10 minutes, as you know, but if each of you could reduce this to nine there would be a total gain of nearly 60 minutes. In that way we could expedite our work and perhaps avoid something that most of us do not like very much, namely, the need for a night meeting to complete the discussion on the reports of the Executive Board and the Director-General. In any case, I should like to thank you in advance for the willingness I am sure you will show in this respect. I now invite the delegate of Bangladesh to take the floor.

Mr CHOWDHURY (Bangladesh): Mr President, Director-General, distinguished delegates and distinguished representatives, I bring you the greetings of the Government and the people of Bangladesh - I bring you the greetings of the father of the nation, Bangabandhu Sheikh Mujibur Rahman. I do so with the utmost honour and pleasure. My delegation offers its sincere congratulations to the President on his election to preside over this august House. My delegation is confident that under his able guidance and leadership the deliberations of this House will be immensely useful for the promotion of world health. We also gratefully recall the services rendered by his distinguished predecessor, Professor Julie Sulianti Saroso. My delegation also offers its sincere felicitations to the distinguished Vice-Presidents and the other officers and members of the committees, who have taken on the task of discharging their respective duties for the smooth functioning of this conference of eminent physicians, surgeons and leaders of public opinion and thought.

We are confident that WHO, under the leadership of Dr Mahler, who is a person of energy, ability and deep humanism, will go forward for the fulfilment of its noble mission. He has taken up the heavy responsibilities with the zeal of a missionary. In his timely and forthright Report, Dr Mahler has referred to the national and international problems in the sphere of health. He has rightly emphasized the coordinating role of WHO. There must be, I feel sure, international collaboration in the services that WHO would be rendering for promotion of health. We also feel the imperative need for non-sophisticated technology. While we agree with him that the nations should be as self-reliant as possible, we would also like WHO to focus on the needs arising in different regions, particularly in the underdeveloped countries. It is indeed the prime responsibility of the country concerned to mobilize its available resources for the promotion of national health, but the need for the collaboration and assistance of more fortunate countries - the developed countries of the world - and WHO cannot be overemphasized, for in the ultimate analysis we look forward to a healthy world. We are happy that Dr Mahler has reiterated that the efforts of WHO will be anticipatory rather than retrospective in nature.

Although we in Bangladesh are faced with a baffling situation calling for an increase in aid and assistance, we most gratefully acknowledge the services rendered by the WHO advisers and experts in working out the programmes relating to malaria, tuberculosis, smallpox, leprosy, venereal diseases, etc. They have also assisted us in strengthening the epidemiological services and in the matters of community water supply and sanitation, occupational health, organization of health services and planning, pharmaceutical quality control, family health, nursing advisory services and training, production of rehydration fluids, strengthening of rural health services, and in all important fields of education in public health.

The achievement of independence has brought us the opportunity to establish "people-oriented" health services in the rural areas, consistent with the WHO philosophy as expressed clearly by the President and the distinguished Director-General.
Mr. Winspeare Guicciardi, representing the Secretary-General of the United Nations, rightly expressed the concern of man at the frightening overpopulation and economic situation of the world.

My delegation places on record its appreciation of the services rendered by WHO, which is engaged in a relentless battle against disease, undernutrition, malnutrition, overpopulation and other social maladies. We are also aware of the laudable services that are being rendered by United Nations agencies such as UNICEF, UNESCO, UNDP, UNFPA, and ILO and other bodies at this hour of global crisis. I have mentioned these only to say that the holding of the Twenty-seventh World Health Assembly at this time has a special bearing in the prevailing critical global situation.

We meet here when the world situation is indeed unfortunate. The peace of the world is very often shaken, and in its wake the sense of security is disturbed. This affects what is called mental peace. People all over the world are suffering from high prices, inflation and scarcity of raw materials. These are the challenging conditions under which this distinguished Assembly is meeting to deliberate and find ways and means for promoting the health of man in this planet of ours.

The distinguished Director-General of the European Office of the United Nations, Mr. Winspeare Guicciardi, representing the Secretary-General of the United Nations, rightly expressed the concern of man at the frightening overpopulation and economic situation of the world.

We recall with gratitude world sympathy for us in 1971 and the welcome we received from this House as a new Member in 1972, and I have no doubt that the same support will be available for the gigantic plans adopted by us for the solution of our health and population problems. You will be glad to hear, Mr President, that despite our meagre resources and difficulties the Government of Bangladesh has in fact already adopted a gigantic programme for the improvement of national health.

We have one doctor for 10,000 persons and one nurse for every 10 doctors. There is a similar shortage of paramedical staff and technical hands in the country. So we are in a most difficult situation for want of trained manpower. There are only 12,000 hospital beds and these are moreover located in urban areas. The health assistants, vaccinators, malaria eradication workers and sanitary inspectors - the total number being 12,500 - constitute the only available manpower for health services. They were long working under various vertical projects. Subsequently they were renamed "family welfare workers". These workers constitute the foundation of the new health and family planning scheme. They have been made responsible for the delivery of effective health and family planning services at the doorstep of every family. This is an inadequate number to cater for the needs of 15 million families spread out in 64,000 villages, with an unhappy communication system. WHO was good enough to send a task force, consisting of six members with outstanding experience, to examine our integrated health and family planning programme. They, of course, found it to be a feasible one. According to their calculation, at least 30,000 family welfare workers are necessary for
You are aware, Mr President, that adequate facilities for the prevention of diseases like cholera and such other diseases as smallpox, tuberculosis and malaria are now available. It is therefore considered to be of the utmost importance that this knowledge should be made known to the rural people. Science has attained great success in the prevention and cure of these diseases. It was therefore necessary that all prejudice and ignorance should be removed and that the age-old maxim, "prevention is better than cure", should be a reality in our country. We therefore pressed into service all available means to acquaint the people with the necessary facilities available, for prevention is less expensive than treatment.

While disseminating this knowledge about the facilities for prevention of diseases we created awareness of the responsibility of the people themselves. The health regulation has to be observed by everybody, for nature does not forgive anyone. A family suffering from various maladies is a burden on society, and therefore the trained personnel considered it a social duty to bring this knowledge home to the people in the furthest corners of the country. This again has had a salutary effect in bridging the gulf between city dwellers and the rural population. We have also adopted a well-thought-out scheme for educating the people as to the need for cleanliness. For this purpose seminars are being held, not only in cities but also at police station headquarters and even in villages.

To us, improvement in health is considered to be a national asset. After the achievement of independence in 1971 the Government of Bangladesh spared no time in realizing that the greatest tasks lay in the control of population and the prevention of communicable diseases. It therefore adopted the philosophy of integrated services soon after liberation. During this period a massive training programme was conducted at the national, district, police station and union levels. The incidence of tuberculosis has been found to be alarmingly high. The Government has adopted a comprehensive and massive scheme to prevent, cure, and eventually eradicate this fell disease.

I have taxed your patience, brother delegates, with a gloomy situation prevailing in our country in the hope that, imbued with the spirit of fellowship, you will come forward to help as much as you can. We are trying to help ourselves and we deserve your full cooperation in solving the problems facing us in the sphere of health and in fighting against deadly diseases, which take a heavy toll every year. Our fervent hope is speedily to impart health education, make facilities for treatment available, and create awareness of health responsibility among the people. This new nation is looking forward to a better living and a good life. In that great endeavour we seek the cooperation of fellow citizens of the world and WHO.1

The ACTING PRESIDENT (translation from the French): I thank the delegate of Bangladesh. The honourable delegate of Dahomey has the floor.

Mr BOURAÏMA (Dahomey) (translation from the French): Mr President, Mr Director-General, Mr Deputy Director-General, Regional Directors, honourable delegates, ladies and gentlemen, on behalf of the people of Dahomey, on behalf of the Revolutionary Military Government of Dahomey and its leader, Lieutenant-Colonel Mathieu Kérékou, I have the honour to assure you of the deep gratitude of my country, which greatly appreciates the efforts made and the already impressive results obtained by our Organization.

Allow me to avail myself of this opportunity to share with you the reflections and suggestions prompted by the Annual Report of the Director-General in the light of the health policy of my Government. We must express, together with our gratitude to the Executive Board and the Director-General, Dr Mahler, our deep admiration of the Director-General's Report, which sets out so brilliantly and in such detail the activities of the Organization during the past year and reveals so well the future prospects as well as the lines of attack he deems best calculated to achieve the best possible state of health. The Fifth Report on the World Health Situation is a full one, and its methodically set out contents give an overall view of the position.

1 The above is the full text of the speech delivered by Mr Chowdhury in shortened form.
The option followed by Dahomey in the matter of health policy since 30 November 1972 has been clearly defined in the statement on the programme of the Revolutionary Military Government in these terms: "The new policy of the Government in the field of health must be concentrated essentially on the masses. It is therefore urgent to provide our country with an adequate health infrastructure: equipment and premises, medical centres, especially in the rural areas; to give priority to preventive medicine over curative medicine; to combine modern and traditional medicine for the well-being of our masses and for the progress of medical practice in Dahomey, while recognizing the importance of our pharmacopoeia; to institute a National Health Council composed essentially of the practitioners really in contact with the masses in our towns and countryside, and responsible for inspiring and guiding state policy in the field of public health . . . "

Breaking once and for all with the old policy, whereby the greater part of the health budget was absorbed by curative medicine, and having resolutely decided that the country should rely primarily on itself, on its own strength, and follow a policy in accordance with its resources, the Revolutionary Military Government is giving priority to preventive medicine. As we well know, medical treatment is so expensive that it alone could absorb all external aid without the health problems with which we are confronted being resolved. In Dahomey more than 85% of the population of 3 million live in the rural areas and do not enjoy the benefits of medical treatment as they should do. It follows that, for us, the total health coverage of our people, including, in particular, the protection of maternal and child health, in fact family health, upon which hinges public health action as a whole, is a fundamental option.

In accordance with that viewpoint we have just taken a certain number of measures. Thus, we have set up a National Health Council responsible for inspiring and guiding government health policy with the active participation of our people, and we have established a national committee responsible for control of environmental pollution and improvement of the environment.

Happily, the efforts of my Government are being backed up by the assistance of the World Health Organization. Thus, project STR 01 ensures the strengthening of the basic health services, to which we have just added health education, and project HLS 01 ensures us of health laboratory services. Finally, thanks to project MMD 99, health manpower resources can be developed.

Mr President, Mr Director-General, honourable delegates, the great achievements of the World Health Organization, its already impressive successes, warrant our sincere gratitude. The implementation of future projects will require, as in the past, its total dedication and active collaboration. For, while the eradication of a veritable scourge such as smallpox is a success which is to the credit of our Organization, while very definite advances have been made towards the eradication of tuberculosis, to mention only those, nevertheless we must recognize the fact that there are other diseases which constitute major brakes on the economic and social development of numerous countries of the Third World. This applies to malaria, from which more than 300 million people are suffering, most of them in the least favoured countries, to trachoma, which threatens with progressive blindness nearly 400 million persons living for the most part in the same countries, to schistosomiasis, onchocerciasis and cholera, which call for our vigilance and action. In regard to onchocerciasis, we must stress the special effort being undertaken in the Volta River basin area by our Organization.

Mr President, Mr Director-General, honourable delegates, it is agreeable to note that the fundamental option of my Government is in perfect accord with the main lines of action of our Organization with respect to the developing countries. For proof I need no more than the following phrases from the Director-General's report to the Executive Board reproduced in document A27/11: "Problems of biomedical research, difficult in themselves, take on a special character when one considers the lack of available national resources and trained manpower which constitute the common lot of developing countries . . . Authorities of these countries are becoming increasingly dedicated to the concept of self-reliance, which means maximum reliance on their own resources for the attainment of the greatest possible technical and economic capability and independence for dealing with their own problems . . . The aim . . . is to promote national scientific and technological capacity. Without this, 'a country has no means of being aware of its own needs, nor of the opportunities existing in science and technology elsewhere, nor of the suitability of what is available to its own needs'."

It is for this reason that we pay sincere tribute to the Director-General, Dr Mahler, and to the Deputy Director-General, Professor Lambo, for the Organization's decision to set up high-level biomedical research centres in Africa. We are deeply grateful to them for the sound choice they made in selecting our country as one of the sites for these centres, thus correcting the existing lack of balance. In fact, the WHO institute of advanced
biomedical sciences in Cotonou will harmoniously complement the research institutes existing in West Africa - the Institut Pasteur, ORSTOM etc. Dahomey solemnly undertakes to do everything possible to ensure the full development of this institute for the benefit of the whole of Africa. It will form part of our Department of Health Sciences, which provides integrated health team training, a training adapted to African conditions.

Mr Director-General, allow me to make a final suggestion: that the Organization should give effective assistance in the study of traditional African pharmacopoeias. Of course, various resolutions along these lines have been adopted in the past. However, we suggest, as a new public health aim for our Organization, the preparation of certain drugs locally, based on the scientifically tried and tested data of our traditional pharmacopoeias.

Mr President, all the items on the agenda seem to us of interest. We strongly support the candidatures of Guinea-Bissau and Namibia, and we approve the assistance of our Organization for the liberation movements in southern Africa.

Mr President, Mr Director-General, honourable delegates, I should fail in my duty if I did not address a few words of thanks to the authorities of this country who are granting us all necessary facilities for holding our assembly. We must also thank all friendly countries and all those bodies which are giving us their assistance and whose cooperation has already been secured, at least we hope so, for the installation in Cotonou of the WHO institute of advanced biomedical sciences.

We should like to congratulate the President of the Twenty-seventh World Health Assembly on his brilliant election, and also wish him every success in his conduct of the discussions and proceedings.

Mr Director-General, we wish you every success. We pay sincere tribute to you and to all your collaborators, in particular the Deputy Director-General, who has spared neither time nor trouble in order to help us.

Mr Director-General Emeritus of the World Health Organization, the work you commenced is continuing; despite your departure from the leadership of our Organization you are not forgotten, for your contribution to the cause of health has been an exceptional one. We support the recommendation that has been made and earnestly hope that the Léon Bernard Foundation Prize will be awarded to you.

Mr President, Mr Director-General, fellow delegates, according to Hippocrates "Great things are achieved only when men work together in friendship". It is on that hopeful note that I shall conclude, wishing all of you fruitful work, free from all passion and egoism, for the happiness of all.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Dahomey and invite the honourable delegate of Egypt to take the floor.

Professor MAHFOUZ (Egypt) (interpretation from the Arabic): Mr President, Director-General, dear colleagues, on behalf of the Egyptian delegation it is a pleasure to extend my congratulations to the President, the Vice-Presidents, and the Chairmen and members of the committees on their election at this Twenty-seventh Assembly. I wish them all success. I would also like to express my gratitude to the former President and her officers.

Mr President, during the Twenty-sixth World Health Assembly last year the Egyptian delegation contributed to the discussions on health planning and expressed its thoughts and experiences about this problem. We then explained the philosophy of integrated health services and demonstrated the preliminary results of its application in three of the governorates of Egypt. It gives me pleasure to see in the present Director-General's Report an obvious parallel and an almost identical trend towards this approach to integrated health services at the various levels of health services, whether preventive or curative.

The Director-General in this Report adopted a methodology in which he endeavoured to devote some attention to some health problems in the developing countries and to health organization and planning. But we were expecting more of a change towards more concentration on regional activities, less expansion at the central, headquarters level, more utilization of regional expertise to act as a channel for technology transfer to developing countries. We were also expecting that the budget proposals be expressive of all the hopes illustrated during the Twenty-sixth Assembly; but we found that these budget proposals are identical to the previous budget, with a decrease in the funds allocated for communicable disease control and an increase in the funds proposed for salaries, wages and transportation.

Mr President, dear colleagues, health development in the developing countries faces difficulties at the present time which need to be considered in this Assembly. In spite of the goodwill, plans and resources for the implementation of health development, health programmes are slow and unsteady - a problem which would lead us to ask "Why? What are the reasons?" No doubt this reflects the lack of coordination between health
development, which is a component of social development, and the national plan for socio-economic development in the country.

We believe that there are three fundamental factors in health development: first, health planning; second, resources and technical means; third, human and social behaviour. This third factor is fully influenced by socioeconomic development. Hence we can envisage the staggering of plans and projects to control many health problems and diseases prevailing in developing countries.

It is our belief that correction or betterment of the environment, which may seem to some a technological problem, is also to be looked at within the context of socio-economic development. Human behaviour towards health practices is influenced by the degree of cultural and social consciousness. It is also influenced by the economic abilities, which are a reflection of the economic development of the country. I have no doubt, Mr President, that you agree with me in this view; that is, efforts towards coordination between health development and socioeconomic development at the national, regional and international organization level are a "must". It is noteworthy that the concept which would make our Assembly feel happy is more reliance on regional activities and their endorsement from the executive and technical aspects and also in applied research. No doubt the cooperation of a regional group of countries and the utilization of their resources, supplemented from the WHO Regional Office, towards the eradication of a disease and consultation on a particular problem by all available resources, international, regional and local—all this would enable us to accomplish the desired targets. This approach will also lead to endorsement of world peace and security based on better human relations between different peoples and countries, and will strengthen the objective of the World Health Organization as a catalyst in the transmission of assistance from developed to developing countries.

I would like also to ask the Executive Board and the Director-General to devote their attention to the problem of coordination between health development and socioeconomic development, and to endeavour to the best of their abilities to ensure that our Organization can accomplish for humanity everywhere health and welfare as soon as possible. I hope that my colleagues will support the inclusion of this topic in the agenda of the conference.

Let us visualize what developing countries expect from the World Health Organization after its twenty-seventh year of continuous work. In general, health conditions in developing countries still suffer from problems in planning because of weakness in their statistical machinery. They also suffer from problems in health manpower development. This exhausts a great deal of their resources and of the assistance they obtain. Their need for paramedical and technical health manpower is immense, and research activities in local health problems in most of these countries are still short of meeting and concentrating on the priority health problems existing locally. We have observed that, whenever the eradication of a particular health problem is linked to social and economic aspects, confusion and negativity take place, and as a result the desire for disease eradication gives place to satisfaction with disease control.

In our understanding, this big problem which we have just illustrated is not unsolvable. It is suggested that a conference be organized, including the WHO Director-General and the directors-general of the other United Nations specialized agencies and other relevant organizations directly or indirectly concerned, to study the causes and investigate the reasons which are behind this weak coordination between health development and socioeconomic activities.

Moreover, the world today is in great and pressing need of defining the behavioural relations between the developing and developed countries regarding the transfer of technology from one to the other. The law of behaviour is a law of civilization which originates from human values and depends on the hope of humanity in achieving international results and honourable peace based on justice. I am sure that the conference which I have just proposed will lead to fruitful interaction of ideas and will be of benefit to mankind and, particularly, to our Organization.

We have all to visualize the pattern which we hope for the future doctor. I think we all agree that he should be prepared to be a community-oriented doctor, and we should plan for him a scientific career which would satisfy his desire for continuous scientific development. As regards auxiliary and technical manpower, we should not neglect quality for the sake of quantity. We should not forget that these are the main force for health; and so we can clearly see the importance of their receiving technical training to the best standard, and also social and cultural preparation to the extent that enables them to bear the responsibility of building up their nations.

Mr President, the Egyptian delegation supports the admission of Guinea-Bissau as a Member in our Organization, and also the request of Namibia for admission to associate membership. Meanwhile, we look forward to the day when all African peoples struggling
for their liberation in the southern part of the continent, and also the Palestinians, will take their place with us as full Members of this international organization. Until that day comes, we must take all positive measures during this session so that the Organization will take a more active role in providing assistance to those nations and peoples struggling for their right to self-determination.

The Egyptian delegation supports the strengthening of WHO assistance to all the liberation movements recognized by regional intergovernmental organizations. We also request that all obstacles be removed from the way of making this assistance directly channelled to the liberation movements, and we look forward to the presence of representatives of liberation movements as observers in the relevant WHO meetings.

Mr President, some of the sister African countries suffer at present from the results of drought to an extent which is unprecedented in the history of our continent. We cannot tolerate standing idle in the face of this human tragedy. My delegation calls upon WHO to provide more assistance to these African countries. Equally, we appeal to all Member States to intensify their nutrition and health assistance and all other kinds of aid to these countries.

I would like to refer at this stage of the general debate to the item concerning health assistance to the refugees and displaced persons in the Middle East and the decision this Assembly adopted last session. The Egyptian delegation, while offering its thanks to the Executive Board and the Secretariat for its efforts, cannot but express its concern for the delay in establishing this committee. This will mean that the time will be short for it to submit its comprehensive report on the health conditions in the occupied territories in time. The suffering of these people obliges us in this Assembly to take the necessary measures to alleviate their sufferings and to provide them with sufficient health and medical care, especially as their sufferings have been augmented as result of the October 1973 war.

In conclusion, I wish success to the Organization and hope that the ideas and expectations of its Members will find their way into the plans and programmes which the Organization proposes to conduct.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Egypt and invite the delegate of Senegal to take the floor. May I remind you of my request that the time limit for statements be respected.

Mr Diouf (Senegal) (translation from the French): Mr President, dear colleagues, my delegation has genuine pleasure in joining all those which preceded it in congratulating the President on his brilliant election at the Twenty-seventh World Health Assembly. There can be no doubt that, thanks to his competence and great abilities, our session will be very successful in its search for increased resources and new approaches to ensure better health and a happier future for mankind.

We congratulate Dr Mahler, our new and brilliant Director-General, who, with his very first Report on the work of the Organization, has won our sympathy and convinced us that we made a happy choice in calling on him last year to succeed the distinguished Dr Candau. At this point of the discussion I should like to comment very briefly only on a few aspects of the Report which concern my country more especially.

First of all, I fully share the concern of the Director-General that in the establishment, improvement and strengthening of basic health services there have been inadequacies, and uncertainties, and in some cases failure. Senegal, which is receiving assistance from WHO in this field, has experienced, day after day, the hopes and then the difficulties and anxieties connected with the setting up of these health services with the dual aim of ensuring as wide and decentralized a coverage as possible and increasing the efficiency of the services by integrating activities and bringing about a truly harmonious symbiosis.

Since no doubt is felt regarding the value of the concept and its aims are not disputed, we feel it essential and urgent rapidly to correct the inadequacies and mistakes. To do this we believe, as suggested by the Report, that a rapid, clear and objective reappraisal must be made of priorities and resources, and that the latter should be energetically and speedily made available in the service of the former, on the basis of scientifically established criteria. It seems evident to me, in this connexion, that the priority of priorities remains the training and further training of adequate numbers of qualified medical and paramedical personnel.

My delegation considers that WHO should make an increased scientific and technological research effort to develop means of containing, or even eradicating, scourges which are unknown or unimportant in the developed countries but still terribly present and devastating in ours. Cerebrospinal meningitis, because of its persistence in what has become known as the meningitis belt, is a challenge and, at the same time, an anachronism. Onchocerciasis, a blinding and debilitating disease, whose main focus is in the Volta River basin but which extends beyond the borders of Mali, Guinea and Senegal, warrants special efforts to obtain a better understanding of its pathogenesis, diagnosis and, consequently, of its treatment and prevention.
Finally, I should like to inform you that vaccination against cholera, which I praised here last year, has continued to prove miraculously effective and has preserved my country from any new case for more than a year. Consequently, and although we have accepted the new international regulations and no longer require a cholera vaccination certificate from travellers, we shall maintain a periodic immunization plan until there is no doubt that the last manifestations of the El Tor cholera pandemic have disappeared for good.

Mr President, honourable delegates, in order to be faithful to the spirit and the letter of the Constitution, which has the aim of ensuring "a state of complete physical, mental and social wellbeing", our Organization should, without further delay, concern itself intensively with national liberation movements whose purpose is to enable millions of human beings to enjoy the first essential of wellbeing, namely existence as free men in a free people. That is why all the African delegations, grouped together in the Organization of African Unity, will submit during the discussions of the present Health Assembly pertinent resolutions, so as both to define the field of assistance to these movements and to invite the Health Assembly to allow them to participate as observers in the universal forum of the World Health Organization, which is of the closest concern to all men.

I have said "all men". It is that spirit of universality embodied in our Constitution and in the logic of our activities which gives me the firm hope that our brother people of Guinea-Bissau will be admitted to membership during this session. That valiant people, which, at the cost of enormous sacrifices, has liberated by far the greater part of its territory and set up a Government recognized by more than 75 Member States of WHO, is completely justified in claiming full membership of the World Health Organization. My delegation warmly supports this candidature.

Mr President, I reaffirm the attachment of my delegation to the annual meetings of our Organization, the best guarantee that the objectives we have set ourselves will be achieved, and wish the present session every success in its work.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Senegal and give the floor to the honourable delegate of Peru.

Mr MIRÓ QUESADA (Peru) (translation from the Spanish): Mr President, Mr Director-General, Mr Deputy Director-General, fellow delegates, first of all I should like to greet the delegates to the Twenty-seventh World Health Assembly, on behalf of the Revolutionary Government of Peru and its delegation, and to congratulate, both personally and in the name of our delegation, Professor Pouyan of Iran on his election as President of the Assembly.

In view of the briefness of the time allotted to me I shall restrict myself to stating that the Government of Peru agrees with the Director-General’s views regarding the solution of health problems at country level; these should be put into practice without delay within the World Health Organization. We feel moreover that it is important to deal at the subregional level with those aspects of health problems, for example, the epidemiological aspects, that are not confined to individual countries. In this connexion I have to mention malaria, the incidence of which has increased in our country because of the introduction of cases from neighbouring malarious areas. This situation shows that the budgets of the Pan American Health Organization/WHO at the subregional level should be as flexible as possible, so that the different zones of PAHO can give appropriate, priority assistance in the solution of problems of a regional nature.

I should also like to state, in connexion with the subject for the Technical Discussions at the present Assembly, namely the role of the health services in preserving or restoring the full effectiveness of the human environment in the promotion of health, that during the interregional meeting on high altitude human physiology and pathophysiology and their medicosocial implications, organized by the World Health Organization in collaboration with the Pro Bolivia Foundation and the Bolivian Institute of Altitude Biology, which was held in the city of La Paz in July 1972, the setting up of centres for the study of high altitude biology and pathology was recommended. In this connexion Peru has already organized a multinational centre for advanced training in high altitude physiology and pathology. This centre, which has two years' experience, was formed by combining two Peruvian university institutions specialized in the investigation of high altitude biomedical problems, and has already been able to train physicians from the Republics of Mexico, Ecuador, Bolivia, Chile and Peru, who attended as fellows. In coming years this centre, known as CEMUAL from its initials, will be converted into an
institution not only for teaching but also for high altitude biomedical research of a
multinational character, covering the specialties of respiration, cardiology, haematology
and others. The running of the centre will call for financial aid from WHO/PAHO amounting
to some $30,000, while the Government of Peru will undertake to provide an equivalent sum
as a contribution towards the solution of the problem posed by high altitude, which affects
16 million inhabitants of the Andean region.

In the same way, as regards the deterioration of the human environment caused by
environmental pollution, Peru mentioned at the second meeting of Ministers of Health of the
Countries of the Andean Area (Hipólito Unanue Agreement) the need for a subregional
study in order to lay the foundation for a multinational control policy directed against
environmental pollution. This proposal was fully accepted by the other countries; Peru
was made responsible for coordinating and implementing a subregional study for establishing
the policy and strategy to be followed, and is to submit its report to the third meeting
of Ministers of Health of the Countries of the Andean Area, which will take place next
December in Caracas.

It may be remembered that Peru is the headquarters of CEPIS, i.e., the Pan American
Centre for Sanitary Engineering and Environmental Sciences, which has been functioning for
some years in Lima. At present, with the support of PAHO/WHO, suitable premises are
being constructed to ensure its efficient operation, using the most advanced technology
and methodology as required for this new discipline, known as environmental science.
If the aid requested for the functioning of CEMUAL, i.e., the Multinational Centre for
Advanced Training in High Altitude Problems, were granted this would result in the
creation, as in the case of CEPIS, of a highly technical body which would greatly help, in
this case, to solve the problems arising in the subregion, which, because of its
geography, has problems that are common to several countries. Consequently the financial
assistance requested by the delegation of Peru cannot be regarded as additional support
for a single country, since it will benefit a whole human group to which Peru, with its
tradition of Pan American solidarity, as well as its deep revolutionary convictions, is
offering moral, material and economic collaboration.

The Peruvian delegation has also much pleasure in seeing that every year new
countries are attending our Assembly, are being added to our Organization. We feel
that large groups of people which, for political reasons or reasons of remoteness, have
not yet enjoyed the benefits that can be given by the World Health Organization, cannot
remain outside that Organization. I support previous requests that all those countries
not belonging to the Organization should be invited to this Assembly as observers and that
we should do more for the developing countries, giving them permanently the possibility
of access to the sources of knowledge for the solution of health problems.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Peru and
call now upon the delegate of Finland.

Mrs KARKINEN (Finland): Mr President, Director-General, distinguished delegates,
may I congratulate the President, on behalf of the Finnish delegation, upon his
election to the presidency of the Twenty-seventh World Health Assembly.

A review of the main documents presented to this World Health Assembly is at the
same time most delighting and most depressing. These mixed feelings are due to the
discrepancy between potentialities and actualities in world health. When one looks at
the Fifth report on the world health situation one can see many significant advances in
the health situation in a number of developing countries. We are all aware of the
important contribution of WHO assistance as one of the catalysts of this encouraging
development. However, the main conclusion at which one arrives after reading this ex-
cellent report is that the world today is filled with sickness and disease which could
be either prevented or cured.

The greatest killers in today's world are still the well-known communicable diseases,
the breeding ground for which is created by the lack of environmental sanitation and by
poor nutrition. The problem is not the lack of medical knowledge, for there is no field
in medicine more developed and useful to public health than applied microbiology. The
problem is the lack of resources and the lack of concerted effort to agree upon effective
action to put into effect the necessary changes that would rid the world's under-
privileged peoples of the omnipresence of disease and malnutrition. The fact remains
that the greatest killer in the world is not some unknown, unprecedented or mystical
disease without cure, but simply poverty.

If we admit that the above description is true, the prescription is clear: there
will be no world remedy to world morbidity, no technical panacea which could wipe out the
problems mentioned. Medical knowledge and technical skill are necessary, but not
sufficient, conditions for better health. They cannot do much amidst poverty and misery.
What is needed is a decisive response at the national and at the international level to wipe out inequality and injustice, of which poverty, misery and omnipresent disease are only signs and symptoms.

Mr President, the Annual Report of the Director-General on the Work of the World Health Organization in 1973 is an excellent report. In spite of the difficulties created by the monetary crisis, the Organization has been able to carry out its most important function: direct assistance to countries where it is most needed without interruption or major disturbances.

I would like to stress two points connected with health planning which I think deserve even more attention by the World Health Organization than has been the case thus far. Both of these also relate to the role of the World Health Organization in today's and tomorrow's international cooperation. If one thinks of the practical problems of Member States in the pursuit of better health care, there seems to be almost universal pressure towards building more and more institutions with more and more expensive technology, capital, and especially running costs. This means sharpening the top of the pyramid of health care at the cost of the more important base. Governments all over the world have great difficulty in resisting these unhealthy tendencies and, I am sure, would greatly appreciate concrete support from the World Health Organization in the form of recommendations and expert opinions in regard to the cost/effectiveness of alternative measures in health care.

Allocation of scarce resources is the common denominator of the problems met by governments in health planning and policy. I am convinced that I express the opinion of many when I say that the World Health Organization could and should assume an even more active role as a spokesman of the best qualified international public health expertise in this central question. Facing the problems in governmental decision-making concerning major health issues, one would often welcome more concrete recommendations from those who know best.

In the beginning of my statement I mentioned that there is also something desperately disappointing in reading the Report of the Director-General. That has actually had nothing to do with what has been done. In fact, I think that what has been done has been done very well and efficiently. The problem is what cannot be done because of the lack of resources and effective international resolve. Thinking how much has been achieved with scarce resources, and on the other hand how much has been wasted, for example, on killing people in wars, it is a central task for WHO to stress the intrinsic value of health as a moral imperative and to raise the collective conscience of mankind to observe and to correct the aforementioned confusion of human values. As the Director-General, Dr Mahler, said at the meeting of the WHO Regional Committee for Europe last September, the knowledge, experience and ability exist; what is needed is more imagination, more will, more determination and more social passion to confound injustice. Health should become a basic human right, not only in the Declaration of Human Rights but in practice as well.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Finland.

Mr NJAM-OSOR (Mongolia) (translation from the Russian): Mr President, honourable delegates, ladies and gentlemen, it is my agreeable duty to congratulate our esteemed President, Dr Pouyan, on his election as President of this session of the World Health Assembly. I should also like to congratulate my colleagues the Vice-Presidents of the Assembly, and the Chairmen of the main committees. At the same time I take this opportunity to express my gratitude to the delegates of the Twenty-seventh World Health Assembly for the great honour they have done me and my country in electing me as one of the Vice-Presidents at this session of the Assembly.

Mr President, permit me to address the Assembly as the delegate of my country on the subject of the Annual Report of the Director-General of WHO and on the reports of the Executive Board. We listened with great interest to statements of the Chairman of the Executive Board and the Director-General, and we have also studied the Director-General's Annual Report that was distributed beforehand. I associate myself with those delegates who have expressed a high opinion of the Executive Board's work and of the reports on the work of the fifty-second and fifty-third sessions of the Board. I have pleasure in congratulating our excellent Director-General, Dr Mahler, on his interesting and full Report. We, like the other delegates, found in that Report a concentrated extract of accounts of WHO's work during the past year, with references back to the results achieved throughout WHO's existence.

Chapter 1 of the Report describes the results of WHO's work for the control of communicable diseases. In 1973 the World Health Organization did a great deal in the
field of communicable disease control, and it is gratifying to note the successes achieved in smallpox eradication; but it is easy to see from this same chapter of the Report how much still remains for the World Health Organization and its Member States to do in order to eradicate or substantially to reduce the prevalence of other dangerous communicable diseases. For example, we cannot but be disquieted by the scanty results that malaria eradication work is still obtaining, the continuing cholera epidemic in 29 countries of Asia and Africa, the somewhat high morbidity from tuberculosis in certain countries of the world, and so on.

The Director-General's Report also reflects the results of work carried out in the field of noncommunicable diseases. As you know, cardiovascular diseases and malignant tumours are important causes of mortality in many countries, including my own. We all attach great importance to WHO's work in that field. We must emphasize, however, that many problems to do with chronic and degenerative diseases are closely bound up with biomedical research. The World Health Organization ought to pay more attention therefore to the development and coordination of biomedical research.

Further on in the Report we learn how much importance WHO is assigning to the development of basic health services and to the training of health personnel. Both of these are crucial factors in the successful development of national public health services. This is confirmed by the experience of setting up and developing public health services in the Mongolian People's Republic, where paramount importance has been assigned to the training of health personnel and to the creation of a public health service infrastructure. You may be interested to know that in pre-revolutionary Mongolia there was not a single physician, and naturally no medical institutions, whereas now our country has an extensive network of medical institutions in the towns and in rural areas. These institutions are adequately staffed with medical and auxiliary personnel. According to the 1973 figures, we have 20 physicians and 99 hospital beds per 10,000 population in our country. I could mention a great number of instances and examples of the rapid and successful development of public health services and of medical research in Mongolia, but I shall confine myself to saying that the success we have had in the public health field is due to our having observed and implemented the fundamental principles of socialist public health, namely: that a public health service must be organized by the State, of a mass character (covering the whole population), free of charge, available to all and prevention-oriented.

Summing up this part of my statement, let me stress that the abovementioned public health principles and public health experience of the socialist countries are of manifest interest and deserve careful study.

Mr President, I should like to say a few words about some points in the statement made by the Director-General yesterday. We welcomed the Director-General's views and position regarding the most important aspects of WHO's work. With many of these we are in agreement, and they have our support. For example, we agree with the Director-General's position in regard to technical assistance at country level, and that small fragmented projects ought not to be encouraged but that a greater amount of attention should be given to large projects intended to solve the main national public health problems. Permit me to add that the World Health Organization's projects are successful and bear fruit only where the government pays them sufficient attention. An example of this is to be seen in the experience of cooperation between our country's Government and WHO: many projects have been successfully completed and others are being carried out with no less success.

In his statement the Director-General stressed once again that the objective of WHO laid down in its Constitution is the achievement by all peoples of the highest possible level of health. Mr President, we are prepared in the future as in the past to coordinate our Government's activity with WHO's projects, in order to attain that objective. It appears to us that expansion of WHO's cooperation with other specialized agencies of the United Nations system would still further increase the effectiveness of WHO's programmes.

We take this opportunity to say how glad we are to see delegations from the most diverse nations and countries brought together at this session of the Assembly to discuss the common problem of public health. Unfortunately there are still, as the honourable delegate of the Democratic People's Republic of Korea has observed, nations in the world that cannot reach a common viewpoint for the solution of national problems. On that subject our delegation shares the views of the delegation of the Democratic People's Republic of Korea.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Mongolia and give the floor to the honourable delegate of Argentina.

Dr LIOTTA (Argentina) (translation from the Spanish): Mr President, the delegation of the Argentine Republic offers its most cordial and sincere congratulations to the officers
elected at this Assembly and its wishes for the most complete success of this Twenty-seventh Assembly.

The Argentine Republic, under a truly popular Government, is undergoing a process of profound change in the health sector, a change which had become imperative as a result of the situation of real emergency in the sector when we took it over in July 1973. Indeed, from the city of Posadas, capital of a province in the north-east of Argentina, we informed the country in that month of our distress to find that over 60% of the Argentine population lacked adequate medical assistance and elementary preventive care. At the same time we showed that the sharply rising curve in the figures for infant mortality which reflected the deterioration of the health situation (infant mortality had reached 63.3 per 1000) and in the figures for communicable and chronic diseases could be shown to correlate with almost mathematical precision with the decline in the State's sense of bounden duty and responsibility as indicated by the annual allotments for health within the national budget. This withdrawal of the State coincided with a distorting growth of the other two sectors with responsibilities for health in my country: the private and social welfare sectors. Group solidarity was given precedence over national solidarity, leaving 60% of the population, as I said above, without adequate health cover.

The three subsectors do their planning, financing, organizing and administering separately, thus leading to duplication of efforts and to competition instead of coordination.

Obviously the road to follow was clear. The budget called for in the bill for an Integrated National Health System put before Congress has been increased from a miserable 1.87% of the national budget in 1972 to 6.48%, the highest figure in the whole history of public health in Argentina.

The law on the National Health System will bring about a rearrangement of the public sector and coordination in the social welfare sector at the programming area level, as well as wide integration of objectives and standards at the level of the Federal Council.

A bill supplementing that on the National Health System deals with the national health professions and will alleviate the anxious and frustrated situation in which the health professions in Argentina now find themselves.

The Integrated National Health System is basically changing the rules of the game by transforming health care into a service instead of a means of making profit. It is replacing the concept of group solidarity, which led to the present dispersal of efforts, by the concept of national solidarity.

In this first stage the System is making a start by bringing order into the state subsector at its three levels (national, provincial and municipal), which together represent 75% of installed capacity, while at the same time placing itself at the disposal of the social welfare and private subsectors, which will be able to use its facilities on a voluntary basis following the signing of appropriate agreements.

The concept of the hospital as an operative unit is also to change and, instead of waiting for patients, hospitals will be opened to the community through the establishment of programming areas and will carry out health campaigns covering the individual and the environment.

These programming areas constitute the operative units of the System and it is estimated that their establishment throughout the country will take at least three years, beginning with the most ill-provided provinces of the north-west and north-east and Patagonia.

The administration of the Integrated National Health System will be based on the principle of joint management and will follow the federal structure of the country. Within the System there will be basically three administrative levels: the national level, consisting of the Federal Council and the National Executive Secretary; the provincial level, with a Provincial Council and a Provincial Executive Secretary; and the programming area, with an Area Council and a Programming Area Director.

At all the levels the councils will include representatives of the State, the organized workers, business, the professions and the community. The university, which bears the responsibility for staff training and is therefore a fundamental pillar of the System, will be represented at the highest levels: in the Federal Council and the Provincial Councils.

After promulgation of the law establishing it, the Integrated National Health System will function in the relevant programming area as coordinator of planning and health campaigns in the social welfare and private sectors, although these will not be incorporated in the System. In this way we shall be able, in the future, to achieve efficient rationalization of manpower and of material and financial resources.
The System will be financed from various sources. As a result of the political decision that the people's health is to be given one of the highest priorities among national tasks, the percentage of the national budget devoted to the health sector is being considerably increased and by law must never be less than 5.1%. The percentage envisaged for this year is 6.48%. Provincial budgetary allocations to public health will also contribute to financing the System. In percentage terms these allocations must not be less than in the year immediately preceding the one in which the province joins the System. The same criterion has been applied to the budget of the Buenos Aires City Council. Also envisaged is some income from the contributions of those parts of the private sector that join the System and the money derived from taxes or special laws that may be passed in the future. The whole will form the National Health Financial Fund, which will be of the nature of a special cumulative account.

The System makes no claim to be free for the whole population. For the higher-income sectors a certain form of payment is envisaged, whereas the low-income sectors will be given free medical attention of equal standard.

Once the Integrated National Health System has been launched throughout the country, it is our aim that no inhabitant shall be more than 30 minutes, whatever the means of transport used, from some point of entry into the System, that no inhabitant shall be more than two hours away from a hospital with a medium level of equipment or more than 24 hours away from a hospital with the fullest possible level of equipment and where the most advanced methods of diagnosis and treatment are available.

The National Health Professions Act will regulate the activities of all the workers in the health team, whether professional, technical or auxiliary. We believe that all are important and that all contribute to the saving of human lives.

The Health Professions Act will enable proper distribution of manpower resources by opening up opportunities for professional and auxiliary staff in places today considered as unattractive because of the lack of financial incentives. Entry into the profession will be voluntary and by competitive examination for professional staff up to the level of programming area director. The profession will have a mechanism of horizontal promotion by seniority and a mechanism for vertical promotion, since all changes of grade and promotion to top-level posts will be on the basis of periodic examinations. Finally, there will be facilities for leaving the profession, under which members of the health team in the System will be able to retire at a reasonable age and enjoy their declining years in peace. Continuing education will be provided for all professional staff and there will be a legal guarantee that nobody will remain for more than three years in sparsely populated areas, since the State undertakes to transfer staff in such areas to more urbanized zones after that lapse of time.

The two bills to which I have referred will be discussed at length today, Thursday, at a lecture which I shall have the honour to give in the Palais des Nations. Other participants in the lecture from the Argentinian side are the chairmen of the health committees of the National Congress who form part of this delegation and whose presence indicates the interest and steadfast resolve with which we shall promote in our country the health reforms so urgently necessary for all our people as part of real social justice. These health reforms will form part of the three-year plan of national reconstruction.

I now wish to analyse the health situation. Overall mortality is 9 per 1000, and the expectation of life 68.9 years for men and 69.9 for women.

The main causes of death in Argentina are as follows: cardiovascular diseases, 24.4%; cancer, 16.5%; cerebrovascular diseases, 9.0%; accidents, 8.0%; pneumonia, bronchitis, influenza and asthma, 5.4%; perinatal disease, 3.5%; other causes, 33.2%; total: 100%.

Infant mortality, which amounts to 63.3 per 1000 live births, is as high in some areas as 132.6 per 1000 as a direct result of shortcomings in medical care and poor environmental conditions, mainly connected with water supply and nutrition.

The high incidence of poliomyelitis recorded in the past has now disappeared as a result of repeated and effective campaigns of free vaccination, which have made it a rare disease. The situation is somewhat similar in regard to whooping-cough, vaccination against which is free in every maternal and child health centre. Smallpox has been eradicated. The death rate from tuberculosis for the whole of the country is 7 per 1000. The national prevalence of leprosy is 0.8 per 1000, the cases being concentrated mainly in the north of the country. Chagas' disease is rife over large areas of the country as a result of deficient housing, despite repeated spraying campaigns.

Malnutrition, which although it is not always recognized as a disease is always an anatomical and clinical condition that leads to greater morbidity and mortality rates, is not easy to quantify. Its effects make themselves felt mainly among children in the less developed areas.

Better health education of the public has increased the efficiency of our cancer control services. Early case detection has improved survival rates, although the distribution of cancer services, as is the case with other aspects of medical care, leaves much to be desired. The overall death rate from cancer is 154.7 per 1000.
There are 140,000 hospital beds in the country. Almost three-quarters of them are in the official subsector, with somewhat over 20% in the private subsector and the rest in the parastate subsector. In contrast the official subsector has at its disposal only 20% of the financial resources.

Mental health continues to pose a serious problem, both because of the obsolescence of a large number of the 25,000 beds at the disposal of the National Institute of Mental Health and because of the excessive cost of private care, which the majority of the population cannot afford. Recently, beds in general hospitals have been set aside for this purpose and outpatient services and other ways of making maximum use of bed capacity are being strengthened.

Good immunization has reduced the incidence of diphtheria, of which only isolated cases now occur. Measles, despite regular vaccination campaigns in the last few years, which have covered between 80 and 85% of the population at risk, is still responsible for a death rate of 6.4 per 1000. Malaria, which reached its lowest level in 1970, increased again in the subsequent years.

Environmental conditions are raising problems in both urban and rural areas, their nature depending on the characteristics of the different parts of the country. In the urban areas critical situations are arising because of the increase in the demand for drinking-water and other sanitary services. The overpopulation of many towns, with the consequent swampin of the areas with satisfactory services, is creating problems similar to those found in rural areas but aggravated by the greater population density. By way of example, it may be pointed out that 58.6% of the population of Argentina is served by drinking-water supply systems. Sewage disposal systems of a satisfactory sanitary standard serve 25.7% of the population. The problem of refuse disposal is practically solved so far as collection is concerned. Various solutions to the disposal problem have been applied in different areas. Thus the use of rubbish for land-fill is the solution adopted in areas with 24.5% of the population. Refuse is incinerated in areas with 2.2% of the population. Three industrial salvage plants have been built. In the rural areas, drinking-water supply systems serve 13.7% of the population. Industrial development has brought about problems of air and water pollution similar to those found in various other countries. The Public Health Department has contributed to a diagnosis of the problem in cooperation with other state bodies. Food control is carried out at the local level in the case of perishables and through food hygiene laboratories at the municipal and national levels, with satisfactory results.

Manpower resources for medical care show marked imbalance. While doctors and dentists together number 18.9 per 1000 inhabitants, other types of health personnel are notably in short supply. All types are irregularly distributed, with a relatively high concentration in the big towns.

In Argentina, coverage in the health sector has traditionally been ensured by three subsectors: the State, social welfare and private subsectors. The State subsector provides care at three levels - municipal, provincial and national. The social welfare services have been organized by the State or the trade unions and sometimes in a mixed form by both. The private subsector has obtained its community coverage through mutual aid bodies of various types, particularly those established by immigrants, and through private profit-making bodies, which carry out their functions in return for various types of payment, including prepayment.

The general picture is largely dominated by the principle of group solidarity. This leads to social injustice, since each group, according to its economic possibilities and its capacity for struggle, obtains a greater or lesser coverage and there is no total and universal coverage. It is quite common for the same family group to pay contributions to different subsectors without any of the subsectors meeting the whole of its possible requirements. The duplication of administrative work in the three subsectors increases overheads and thus reduces the amount of money available for the specific purpose of supplying medical care. In short, the three subsectors do their planning, financing, organizing and administering separately, and this means competition instead of coordination.

This situation is repeated in the geographical distribution of facilities. It is commonplace that while in some centres "installed capacity" is greater than is needed by the population concerned, the people in other areas of the country do not have even minimum facilities available.

As the State withdrew from its responsibilities in the health sector, reducing its percentage contributions, those responsibilities were transferred to the community, organized according to the principle of group solidarity and partly filling the gap. However, the absence of a definite policy in medical care led to the situation described above. At the same time, health indicators, such as infant mortality, have been worsening in the last 10 years, thus showing the inefficiency of the present system.

In face of this situation, only those means that will modify, in sufficient depth and breadth, the organization, the administration and where necessary the amount of resources...
set aside for public health in our country, will be able to ensure the change which the
population has the right to expect in view of its level of education and development.

Organization of medical care in the Argentine Republic

Medical care in Argentina is independently organized through three sectors (state, social welfare, and private) in respect of planning, implementation and finance.

State sector. The country as a whole, the provinces and the municipalities, are self-sufficient, but (a) resources are badly distributed and there are areas where services are duplicated while in others they are almost completely lacking, (b) medicine is split up between the various administrations, thus producing competition instead of coordination, (c) the efficiency of the health team is at a very low level because of plurality of employment and the lack of stability and incentives, and (d) hospital establishments are gradually deteriorating through inadequate finance and poor utilization of resources. The consequences are a low level of care for the people, frustration in the health team and failure of the State to carry out its duties.

Social welfare sector. State, parastate and trade unions: (a) group solidarity instead of the concept of national solidarity: large-scale social schemes side by side with others with scanty resources, (b) a gradual trend towards financing medical care by deductions from wages, (c) partial coverage in a multiplicity of social welfare schemes, (d) direct payment (mutual insurance), which is restrictive for lower-income groups, (e) unnecessary surcharges in the cost of care provided by the private sector, (f) contributions on different scales by groups of the same economic status. The consequences are social injustice, a greater burden on those most in need, and a growth of the private sector under the incentive of commercialized medicine.

Private sector. Mutual aid societies, non-profit-making private bodies, profit-making private bodies: (a) inadequate, individual, non-integrated medicine; (b) inability to modernize equipment; 60-70% of the private centres in Argentina are not equipped in accordance with modern medical standards; (c) a gradual increase in commercial systems of providing medical care: health as a means of making profit; (d) exploitation of the health team as cheap labour. The consequences are crises in the short term through the increase in the complexity and cost of modern medicine, a different level of medical care for well-to-do patients, and survival based not on real necessities but on misuse of resources.

National health policy

Health is a basic right of all the inhabitants of Argentina. The State is taking the responsibility for making this right effective without any type of discrimination. On the basis of the principle of national solidarity, it will provide a coverage which is to be identical and equal for all Argentinians.

Implementation of the national health policy - Integrated National Health System

I. General considerations

The Integrated National Health System, which it is planned to make the executive agent of the national health policy, will be a unified system and will provide services on an equal basis for the whole of the country. This will be achieved in successive stages, the immediate objective being the reorganization, rehabilitation and integration of the public (state) subsector. In all cases, the principle of joint management will be in force, with planning carried out through centralized establishment of standards but decentralized implementation. The plan will be brought into force, to begin with, in those provinces where the population is most exposed to avoidable risks of disease and death. In areas where the Integrated National Health System is not yet being established, the present operational level will be maintained.

The state subsector suffers from shortcomings that have a serious effect on the process of change and existing resources will therefore have to be concentrated on them first and foremost. Activities designed to remedy these shortcomings will be organized through "critical programmes".

The priorities in medical care will be as follows: to meet spontaneous demand and to rationalize the giving of care by making optimal use of resources and achieving effective coverage of the population in the rural areas; to continue, in cooperation with other sectors, the programme of nutritional care, until the greatest possible proportion of the population exposed to the greatest risk of nutritional deficiencies is covered; to give maximum support to campaigns involving immunization in order to achieve effective levels of vaccination; to consolidate epidemiological surveillance and to control diseases such as Chagas' disease, tuberculosis, leprosy, malaria, ancylostomiasis, hydatid disease, Argentine haemorrhagic fever and venereal disease; to establish standards of medical care and promote their application by providing help to ensure that the standards are met by all the subsectors; to extend extramural hospital activities to all the programming
areas; to strengthen programmes for health control at the frontiers; to increase preventive activities in regard to mental illness and to ensure that psychiatric establish-
ments and staff are adequate to meet the demand; to draw up and develop a rehabilitation programme which will coordinate services, organize campaigns and promote new activities; to investigate and determine the beliefs, attitudes and behaviour of the population in regard to health and their effect on the demand for medical care; and to encourage the active participation of the population in health activities.

In regard to environmental sanitation, the priorities will be: to promote in the rural areas the planning and organization of the basic sanitary infrastructure, i.e., sanitary improvement of housing, including the surroundings of dwellings, the provision of drinking-water, the sanitary disposal of excreta and the hygienic disposal of refuse; to participate in determining health priorities in the planning of sanitation works for the urban population, for which specific bodies are responsible, by checking from the health viewpoint the quality of services such as water supply and the collection and final disposal of refuse and providing technical and economic assistance for provinces and municipalities; to carry out, on behalf of the working population, the investigations needed for correct evaluation of the working environment by studying and evaluating the devices and systems for correcting shortcomings and setting up control bodies suited to the various types of regional conditions; to establish and implement, with due regard for the ecosystems in general, the standards of sanitation in the physical, chemical and biological environments on the basis of studies and investigations that will enable operational research to be applied to health.

II. Organization and planning

Levels of care and degrees of complexity: medical care in the state subsector will be organized on the basis of four levels of care. Each of these will offer a set of services of increasing complexity so that at the fourth level the patient will receive the highest quality of care that the country is able to provide. Medical care activities can be carried out by three operational methods - visits, consultations and hospitalization - and by various combinations of the three. These operational methods of providing medical care present nine degrees of gradually increasing complexity, according to the staff and infrastructure required to implement each of them.

First level: contact between the community and the System. The use of field auxiliaries trained in community development techniques is proving to be of great value in organizing this first level of care. The population will be in contact within not more than 30 minutes with a field auxiliary or with organized community groups which will ensure communication with and entry into the System. The field auxiliaries are subject to supervision by the staff at more complex levels.

Second level (Degrees of complexity I and II): outpatient care. This is developed by outlying clinics, health posts and hospital outpatient clinics. The population will be able to reach one of these centres within one hour at most.

Degree I. Elementary intramural and extramural services provided continuously by auxiliary health personnel given periodic help and supervision by doctors and dentists: (a) general medical care; (b) training to improve the family environment, with emphasis on health education.

Degree II. Services similar to those in Degree I, provided by a doctor and auxiliary staff who live in the community.

Integrated medical care is given on the professional level and environmental health services on the technical or auxiliary level.

Third level (Degrees of complexity III, IV, V and VI): medical care of low or medium complexity.

Degree III. Inpatient care given by a general practitioner with a laboratory and X-ray services. The medical care supplied by this establishment is of a general type but may be available, on a permanent or intermittent basis, some specialties such as obstetrics and paediatrics, if the demand justifies it. It will carry out community tasks with field auxiliaries and conduct environmental sanitation activities. The population should be able to reach a Degree III establishment in less than two hours.

Degree IV. This corresponds to general hospitals or a set of nearby establishments which can provide the four basic services (clinical medicine, surgery, paediatrics and obstetrics) and can supply care in the main specialties at stated intervals, with auxiliary services for diagnosis and treatment. The population will have access to a Degree IV establishment in less than three hours.

Degrees V and VI. Care at these degrees of complexity will be given in general hospitals or groups of neighbouring establishments, which will provide differentiated medical care in the four basic services and in the main specialties on a permanent basis, and will have facilities for diagnosis, including morbid anatomy facilities. The following are considered as main specialties: perinatology, otorhinolaryngology, ophthalmology, traumatology, cardiology, neurology and psychiatry. The population will
have access to establishments of this degree of complexity in less than four hours.

**Fourth level (Degrees VII, VIII and IX):** care of a high degree of complexity.

Here, the establishments have the highest level of equipment so they can deal with all clinical and surgical specialities and carry out research tasks and university-level teaching. The population will have access to establishments of this degree of complexity within a time not exceeding 24 hours.

The already existing highly complex institutions have recently been joined by an establishment of particular importance by virtue of the nature of its objectives. By decree of the National Executive Authority, a National Institute for Cardiovascular Research has been set up as a highly specialized centre for the study and investigation of the causes of cardiovascular diseases, with a view to assisting in prevention, cure and rehabilitation in this group of diseases, which are responsible for such a large proportion of the mortality and morbidity rates.

The National Institute for Cardiovascular Research, in order to achieve these objectives, is dealing with areas of research and study concerned with clinical medicine, epidemiology, genetics, biomedical engineering and organ transplants. These, with the initial support of immunology, ergometry, Biophysics and applied mathematics, will not only help to determine the causation of cardiovascular diseases, but will promote the search for solutions by designing and manufacturing cardiac prostheses, artificial ventricles, oxygenation apparatus for extracorporeal circulation, etc. The scientific development of cardiovascular studies as a speciality will lead to the establishment of other areas of study.

The Institute will draw up research programmes integrated with the general research programmes of the System. It will take part in the investigations and surveys needed to help improve the health of the population and is proposing to draw up and publish conclusions which can be put to use in field trials through the competent bodies. It will place special emphasis on the training of technical and administrative personnel, exchanging fellows with related establishments, including those in other friendly countries. It will supplement its teaching activities by arranging courses and seminars. It will be integrated with the health plan in general and with the Integrated National Health System in particular and will assist bodies, at all levels in the State, in planning, implementing and evaluating programmes for the control of cardiovascular diseases and in developing similar centres in the interior.

### III. Programming areas and regionalization of the health services

The programming areas of the Integrated National Health System are operational units for public health administration which have the task of meeting the health needs of the population in a particular area through a unified process of programming and management of all the available health resources.

In order to determine the boundaries of these programming areas, a diagnosis will be made of the condition of the provincial networks of medical care establishments, and the investment programmes proposed by the provincial governments when they apply to join the Integrated National Health System will be evaluated. For diagnosing the condition of the network of medical care establishments, three aspects have been taken into account: (1) the characteristics of the population requiring health services and its size and territorial distribution; (2) the accessibility of medical care units for the population, and (3) the physical and functional features of the medical care units.

In regard to the accessibility of the medical care units, a survey has been made of the road and rail infrastructure, the public transport routes and service flows; thus the "catchment areas" of each establishment have been determined, together with the times needed to reach them.

To determine the features of the medical care units, the degree of physical obsolescence was evaluated. This, together with the degree of complexity of the health activities carried out, made possible a first assessment. Those units requiring reconstruction or replacement were then singled out.

In evaluating the investment programmes of the provincial governments, an analysis is made of the changes required in the level of complexity of the existing units, their reconstruction and replacement, and of proposals for new construction work. In the same way, the various architectural designs put forward are also analysed. The programming areas are then defined on the basis of knowledge of the present functioning of the network of medical care units in the province, an analysis of the proposals of the provincial governments and a survey of the staff, equipment and maintenance facilities at present available. In delimiting each programming area, the medical care units in a group are placed in order of importance and subareas are defined and linked together in accordance with the principles of regionalization of the health services.

### IV. Programming

In the Integrated National Health System, the process of programming and budgeting has its beginnings in each establishment within a programming area. In all cases, the
principle of joint management will be followed and planning will conform to central standards. This will form the basis for decentralized implementation of the programmed activities.

The possibility is being studied of linking the launching of the programmes with the services ultimately to be offered, with a view to facilitating management control.

It is the duty of the Programming Area Director, advised by its Council and responsible for this basic organizational unit, to submit to the Provincial Executive Secretary the programmes and their budgets, which will be jointly implemented within his administrative area. The Provincial Advisory Council concerned coordinates all the programme budgets and sends the result for its own province to the Federal Council, which in its turn determines priorities in budget allotments and takes the administrative action required through the Executive Secretary.

V. Administration

The Federal Administration of the Integrated National Health Service is composed of the following bodies and principal officials: (a) the Federal Council; the National Executive Secretary; (b) the Provincial Advisory Councils; the Provincial Executive Secretaries; the Executive Secretary of the Buenos Aires City Council; the Executive Secretary of the National Territory of Tierra del Fuego, the Antarctic and the South Atlantic islands; and (c) the Programming Area Councils.

Each of the basic operational units will be directed and administered by a Programme Area Director. He will be a health professional, appointed by the National Executive Secretary on the basis of competitive examination in accordance with the standards laid down in the law governing the health professions.

From the date on which provinces join the System and begin to put it into effect, they will transfer to the Nation, under the jurisdiction of the Ministry of Social Welfare and the Federal Administration of the Integrated National Health System, the goods, staff, money in hand and rights of any kind enjoyed by the bodies under its jurisdiction brought within the ambit of this law.

The Federal Administration of the Integrated National Health System will be authorized to enter into contracts of sale or lease with private bodies providing health services, whatever their legal status. Contracts of sale or lease will be permitted which will cover the whole or part of the installed capacity.

VI. Manpower resources

The Integrated National Health System, on the basis of its diagnosis of the situation in the programming areas and their respective subareas, will make it possible to draw up a positive or negative balance-sheet of manpower resources.

The incorporation in health staff of categories traditionally not considered as such has made it necessary to study the characteristics defining those categories and to review the definitions of the categories already existing. The need for a National Health Personnel Register is becoming obvious. Among its many advantages one is that it will make it easy to obtain the information on those entered in the Register, which is indispensable for forecasting the situation in the future. Analysis of the characteristics of the new services provided will make it possible to readjust the numbers and redefine the characteristics of each category of staff. Techniques for training and further training in the field, training which is covered by the law on the health professions, are at an advanced stage of investigation. The National Health Professions bill supplements the bill for the establishment of the Integrated National Health System. It will give the staff better incentives to work hard in the service. The text covers scope of application, regulations, rules for entry, duties and rights, work regulations and qualifications, the rules governing discipline and dismissal, and standards governing the establishment of permanent, national and provincial career committees whose duty it will be to supervise the health professions.

The bill covers all the personnel working in the System and comprises the whole team of health workers, the term being understood as applying to all persons whose activities contribute to the delivery of health services. The bill therefore covers not only professional grade staff trained in the medical sciences, but also people in the other professions now important in carrying out health tasks (hospital engineers, architects, etc.) and by definition also all the technical and auxiliary staff and all the maintenance and administrative workers who make it possible to provide services efficiently.

The career regulations will guarantee operation of the Integrated National Health System at full efficiency by regulating clearly and precisely the mobility of the health team through precise mechanisms for competitive entry, promotion, stability, salaries, social welfare and pension provisions, etc., in accordance with the importance of the work carried out. The guarantees and assurances necessary for all health workers to be able to devote all their personal efforts and spiritual ideals to the service are supplemented by economic, scientific and training incentives which will transform health work into a truly satisfying occupation. The career regulations will make it possible
for the System to achieve a rational distribution of manpower, making it easy to establish health services in poorly endowed areas and making provision for the basic necessities to be covered in the way of housing, transport, equipment, instruments and technical support and thus establishing new sources of work. This will wipe out the stigma mentioned by the former Minister, Carillo: "There is an ever increasing number of doctors without patients and of patients without doctors".

The career regulations will ensure that the Integrated National Health System will have the essential operational stability and be protected against interference from factors alien to public health, since health will be considered as a social asset of national importance, above policies that represent only the interests of sectors or groups. Team work, today the prerogative of centres that are highly equipped but only accessible to a few, will be used for the benefit of the population in general. The career regulations provide for continuing education, including periodic entry into centres of a higher degree of complexity. In turn they will permit a gradual movement of the members of the health team towards the urban centres in accordance with the regulations set up with that in view. They will thus finally eliminate, among other things, the spectacle of our nurses wearing themselves out by working too many shifts so that they can earn an adequate salary.

A Standing Committee on the Health Professions, subject to the National Executive Secretariat and formed of officials and of separate representatives of the professional and nonprofessional staff, will be responsible for evaluating the results of applying the career regulations, proposing amendments to those regulations and advising the Integrated National Health System on everything to do with staff policy and administration. In each Provincial Executive Secretariat, a Standing Provincial Subcommittee on the Health Professions will operate; its composition and duties will be similar to those of the national Committee.

The health profession regulations will cover both professional and nonprofessional staff and promote full-time work for the System in a single centre or programming area. They will ensure for the health team stability, continuing training with regular rises in grade, a basic salary, even in cases of temporary, or permanent disablement, annual leave periods, all the services of the social security system, incentives for teaching and clinical research within the working day, incentives for improving the standard of care and for achieving maximum productivity by work study of each particular task.

Health activities will seek to fulfill a social and humanitarian purpose and will be free of the profit motive.

Remuneration of the health team will include (1) progressive basic salary; and (2) incentives for professional training, for dedication to duty and for extra work after the normal working day, for combined clinical research and teaching, for scientific production and for work in poorly endowed areas.

VII. Financial resources

The bill on the Integrated National Health System envisages the establishment of a National Health Financial Fund as a special cumulative account, which will consist of the National Fund for Public Health, the unused balances after each financial year and contributions from the State, the provinces and the Buenos Aires City Council.

The National Government's contribution will come from general revenue and for the current year will reach a total of as much as 3400 million pesos (9.98 Argentine pesos = 1 US dollar). This reflects only the health sector's share of the national budget and excludes provincial and municipal budgets and the public health expenditure of the social welfare and private subsectors.

The financial effort that must be made by the National Government will be easily understood, as well as the marked change that will be undergone by the health sector in this respect. The proportion of the national public health budget as compared with the total national budget had fallen since 1961 from 5.24% in that year to 1.87% in 1972. The investments it is proposed to make in the sector in order to establish the Integrated National Health System will represent for 1974 6.48% of the national budget, the highest proportion of the last 15 years.

This important investment in health by the Public Exchequer is based on an economic policy of improving real wages by providing social benefits without cost to the wage-earning sector. These real wages in the Argentine have fallen 22 points in the last 20 years, so that a large share of the national income is held by capital.

At the present time 70% of the funds used to finance public health are obtained from the already straitened wage-earning sector. The objective of the new System is to replace the important contribution made by this sector. As a consequence of this financial policy, the System will succeed in eliminating economic status as a condition for full access to the services.

VIII. Operations research

Operations research, while quite widely used in the private sector, has only recently begun to be employed in the public administration of Argentina. The experiment is in its
initial stages in the health sector, where an attempt is being made to adapt to the sector's needs a method which arose essentially from the needs of profit-making bodies. It should be understood that we mean by "operations research" a method which enables integrated evaluation of an organization's internal and external activities towards attaining objectives previously planned for a particular social milieu. An essential condition for this method to be beneficially applied is that there should be a planned set of objectives. This condition is met by the Integrated National Health System, in which, despite the apparent multiplicity and lack of uniformity of the activities carried out, the systematic approach adopted makes it possible to quantify a representative group of end products. Of course it is not only this quantitative evaluation, whether it be final or in stages, that represents the main value of this method, since other methods could produce similar results. We intend through its correct application to determine the causes which may have led to errors or omissions. Any qualitative or quantitative change noticed by those responsible for operational research will enable them to inform those responsible at the level concerned so that they can apply the most suitable corrective measures. The concept of end products, which was the real source of the very idea of operational research in the public health field, will be applied, in line with the characteristics of the Argentinian system, mainly to visits, consultations and admissions to hospital. Personnel are available who are trained in the interpretation of the standards laid down and in the collection of the information needed.

IX. **Relations with the community**

By its very definition the Integrated National Health System, governed by the principle of sharing of administration and benefits, requires the representation of the community, which is thus enabled to make known its own needs and to determine whether they are really and adequately covered. The representation of the community in the various councils through the municipalities and the workers' and employers' associations constitutes from the basic up to the very highest levels a real sounding board, thus making sure that correct feedback prevents bureaucratization of the system and of health activities. The health workers, whether of professional grade or not, will conduct their relationships through the representatives of the appropriate bodies, which will make their voices heard in the councils already mentioned above. As for the university, it occupies a special place in these councils as the entity primarily responsible for manpower resources, so that it can adjust the quantity and quality of graduates it trains to the needs of the people. The organized community, in line with one of the fundamental objectives of the national government's policy, is thus involved at all levels in the running of the Integrated National Health System.

X. **Relationships within the sector**

In the Integrated National Health System the stated objective is to achieve a unified health impact. Completion of the integration of the three parts of the state subsector has been indicated as the first stage of the plan. Later, in successive stages, the various private bodies and social welfare organizations will be able to join the system voluntarily. We can assume here and now that the achievements of the first stage will make it possible, by rationalizing resources and by joint planning, to improve the levels of medical care and of environmental health activities.

The optimum quality which has been fixed as one of the purposes of the System will be guaranteed by the representation of the various sectors of the governing councils, whether local, provincial or national. The participation in these councils of representative bodies at the different levels will ensure fulfillment of the principles of copartnership in benefits and administration.

XI. **Intersectorial relationships**

The population most exposed to avoidable risk of illness and death suffers from deficiencies not only in regard to health but also, and in equal measure, in regard to all the sectors of social life. Only coordinated action which provides its members with sources of permanent employment at adequate wages on the one hand and on the other supplies services that include education for children and adults, public health, housing, social security, clothing and recreation, will enable the population most at risk to become gradually incorporated in the developed area.

If the present lack of coordination between the initiatives and activities of the various sectors of development persists, it will be practically impossible for the less favoured areas of the country even to begin to aspire to substantially higher levels of health.

It must be admitted that the problems confronting the public health sector are created not only by deficiencies in the sector itself but also by economic and social causes outside its specific competence, which may hamper it in its attempts to reach or maintain the levels of effectiveness possible with present techniques. If it is admitted that the health component is conditioned by the other social and economic factors, which
in its turn it also conditions to a certain degree, then to under-estimate this inter-
dependence as a variable to be taken into account in tackling health problems will be
equivalent, in our opinion, to tackling those problems only in part.

In our country, despite the present efforts, effective steps have not so far been
taken to achieve the goal which we consider to be of prime importance, of coordinating
expenditure in the different sectors by concentrating it selectively where the population
is exposed to greater risks. Unemployment, inadequate wages and illiteracy are always
present side by side with nutritional deficiencies, lack of housing and social insecurity
and all of these always go hand in hand with avoidable illness and death. This lack of
coordination with the other areas of development remains of greatest significance in regard
to the social sectors, particularly labour, education and housing, without simultaneous
and coordinated progress in which a high level of health can never be hoped for. When we
all succeed in taking a comprehensive view, it will not be the health sector itself that
will be the most important in our efforts to maintain good levels of health. For these
reasons there is provision in the national health plan for the establishment of channels
for permanent intersectorial communication, with a view to ensuring that the resources of
all the sectors are not merely added together but also potentiate each other for the
benefit of the most needy sections of the population.\(^1\)

The ACTING PRESIDENT (translation from the French): I thank the delegate of
Argentina. I now give the floor to the honourable delegate of the Central African
Republic.

Mr MAIDOU (Central African Republic) (translation from the French): Mr President,
honourable delegates, Mr Director-General, Mr Deputy Director-General, ladies and gentlemen,
the Central African delegation which I have the honour to lead at this Twenty-seventh World
Health Assembly wishes to convey its cordial greetings to the distinguished delegates and
to the representatives of organizations gathered here today. We should like to take
advantage of the opportunity thus given us to pay a tribute also to the President of the
Twenty-sixth World Health Assembly and her officers for the efficient way in which they
guided its work. Finally, it is our pleasant duty to convey to the President of the
Twenty-seventh World Health Assembly and his officers our cordial congratulations on their
well-deserved election. Their well-known competence augurs well for the smooth running
of our work.

Mr President, the Central African delegation has been specifically asked by its
Government, presided over by His Excellency General Jean Bedel Bokassa, to convey to the
former Director-General and Deputy Director-General its profound thanks and high regard for
the numerous services which they have rendered to world health in general and to health in
the Central African Republic in particular. Dr Candau and Dr Dorolle, with their legendary
modesty, have never liked to hear themselves praised. On this solemn occasion the Central
African delegation requests the President of the Twenty-seventh World Health Assembly
kindly to convey to them on behalf of its Government this token of satisfaction for their
twenty years of devotion, competence and efficiency in the service of humanity. Our best
wishes for good health go with them.

My delegation has also been asked to convey to the new Director-General and the new
Deputy Director-General, Dr Mahler and Dr Lambo, the most cordial congratulations of the
Central African Government, which assures them of its confidence and wishes them full
success in their arduous tasks. Finally, my delegation wishes to thank the representatives
of the Executive Board for their report, which is very useful and very profitable for us
all.

Mr President, honourable delegates, since the responsibilities of our Organization
are becoming more important from day to day, the Central African delegation thinks, like
many others, that a review of the present structure is necessary, particularly in regard
to the Executive Board, in which the countries of the great African continent are inadequa-
tely represented, and also in regard to the Secretariat. We believe that some provisions
in the basic texts, drawn up and adopted at a period when many Member States were not yet
represented, also need review. For that reason my delegation is glad to see on the agenda
of the Twenty-seventh Assembly an item 3.10: "Amendments to the Rules of Procedure of the
World Health Assembly". The suggested changes would be improved, or at least so we think,
by being based on Article 18 (e) of the WHO Constitution, which envisages the establishment
of "such committees as may be considered necessary for the work of the Organization", in
other words, necessary for the study of any question.

During the past year the Central African Republic has made great efforts towards the
promotion of public health. The introduction of an obligatory health card for every
resident in our country has meant that patients now have easy access to clinics and to
laboratory and X-ray facilities. Furthermore, the opening of pharmaceutical services in
most of our prefecture capitals and in our main towns is enabling the population to obtain

\(^1\) The above is the full text of the speech delivered by Dr Liotta in shortened form.
medicaments at very low prices as part of a system of real mass medicine. The definition and application of a clear terminology for all the health units in the country and the precise determination of their functions have also been a feature of the past year.

Finally, the introduction of a National Health Day, to be celebrated on 22 September each year, is a reinforcement and extension in our country of the celebration of World Health Day, and its purpose is likewise to make the population of our country fully aware of the very topical problem of environment and health.

Our Government has always placed staff training in the forefront of its priorities and is at present reviewing, with the help of the Organization, the programmes of five training institutes in urban and rural areas.

In regard to health activities, the lack of vaccines for the maternal and child health programme is likely to delay our projects and is a source of real concern. The campaign against tuberculosis has recently taken on national importance, the disease having become a source of anxiety. Unremitting vigilance has so far prevented the introduction of cholera into the Central African Republic. Trypanosomiasis, the recrudescence of which we reported to the Twenty-fifth Assembly, has been arrested and the campaign has gone back into the consolidation phase. Leprosy is still on the retreat and the number of patients has fallen from 66 000 in 1958 to 19 000 today.

All our WHO-assisted programmes are continuing to our full satisfaction and I seize this opportunity on behalf of my delegation to congratulate our Regional Director, Dr Alfred Quenum, very cordially for his signal devotion and determination in the service of health in Africa, and to thank the World Health Organization.

Although it is not in the zone actually stricken by the drought, the Central African Republic is concerned on the one hand by the seriousness of the health situation among the African populations affected and on the other by the prospects of this calamity spreading further. It is for that reason that my country urges the Twenty-seventh Assembly to give effective consideration to emergency and long-term assistance programmes.

Mr President, I could not find a better conclusion to my speech than this quotation from the Director-General contained in volume No. 213: "The World Health Organization is a unique forum for the constant exchange of knowledge and experience, in an atmosphere of great freedom of expression. The more actively Member States participate in this exchange, the nearer will the Organization draw to becoming the international health conscience so clearly envisaged in its Constitution."

In conclusion, Mr President and fellow delegates, we wish to declare the public and solemn support of the Central African delegation for Guinea-Bissau's application to be admitted to membership of our Organization.

The ACTING PRESIDENT (translation from the French): I thank the delegate of the Central African Republic and would now like to make a statement to this Assembly.

First, I thank all the delegates for the brevity and content of their statements.

Secondly, it is proposed to continue this meeting until six o'clock or perhaps a quarter past six in order to ease the burden as much as possible for Dr Pouyan when he presides. The General Committee will be meeting immediately after we rise. I will therefore ask the delegates present here who might possibly have thought that their turn would not come today kindly to remain in the hall.

I now give the floor to the delegate of Gabon.

Mr NAMBAKA (Gabon) (translation from the French): Mr President, Mr Director-General, fellow delegates, ladies and gentlemen, it is the custom for each delegation to comment on the Annual Report of the Director-General of the World Health Organization. However, before carrying out this traditional task, I should like first of all, Mr Acting President, to convey, on behalf of my country, myself and my delegation, my hearty congratulations to the President on his well-deserved election to the post in which he is directing the labours of our august Assembly, and to yourself and the other Vice-Presidents, who will bear the serious responsibility of helping him in his task.

Ladies and gentlemen, far be it from me to attempt to give here an exhaustive account of the results of our study of the Director-General's Annual Report. I must, however, say that as usual this document arouses in our minds a feeling of satisfaction at the intellectual honesty with which it is compiled. When the health of mankind is being discussed, the truth and the whole truth must be told. For that reason not only the Director-General of WHO but also the Regional Director for Africa and their respective staffs deserve our gratitude for work well done.

I have said that, where the health of mankind is concerned, the truth and the whole truth must be told. Cooperation in the deepest sense of the word is above all a mutual state of mind. In paying tribute to the World Health Organization and to the experts whom it places at the disposal of our countries, we wish to express more our appreciation of their openness of mind than of their technical capabilities. It is a commonplace that the expert's role must be concerned with training his national counterpart, but it must also be realized that an apprenticeship must necessarily be limited in time; otherwise either
the pupil is untrainable and therefore incapable of later assuming his responsibilities, or else the educator does not know how to educate and is therefore incompetent, or else, finally, the educator has no wish to train anyone. This last point, as you see, is certainly the most difficult one and therefore the one to which most attention must be paid. It is a matter of the taking-over by national staff of the health policy of their own country and therefore of respect for the rights and legitimate responsibilities which those nationals may claim.

If public health is to be successful, its success will be due only to a continuing spirit of enterprise among health workers. The world today rightly assigns a very important place to mathematical schedules in the case of every activity which man has to undertake. This means that all countries without exception are now drawing up plans of health development. However, for those plans to be successful, instruments are needed to carry them out; these are above all the statistical and planning staff whose task it is to follow up the development of the plan. We can therefore never emphasize enough that our Organization should give our countries an opportunity not only of drawing up concrete and feasible plans but also, and above all, of following up their application and undertaking evaluations. Some of our countries are not sufficiently well-equipped to meet these obligations. It therefore seems to me reasonable to ask WHO for extra efforts to meet these deficiencies, which are the consequence of the youth of our health administrations, the consequence of history.

The second development plan in Gabon, so far as public health is concerned, has established in its programme the sort of priorities which we have all come to know in our subregion: development of the health infrastructure by adopting as a philosophy for action the regionalization of medical care and the integration of the health services; intensification of the campaign against the major endemic diseases; promotion of environmental health; and training of staff. To achieve our objectives we have been obliged in the first instance to undertake a reorganization of the central departments of our health services, hoping in that way to make them more effective. Thus this year we have drawn up a national tuberculosis plan and a national programme of maternal and child health, and appointed a director to take charge of each programme. There is already an environmental health board. For completeness it will be necessary also to devise an appropriate structure for other national programmes, i.e., those concerned with malaria, leprosy, schistosomiasis, treponematoses, and trypanosomiasis.

At the same time my Government is making an effort to set up primary and secondary care services throughout the country.

Furthermore, programmes of vital national importance, which yesterday were still in the planning stage, have been launched as a result of the energetic action of the Government. These include, in particular, the construction of a sewerage system at Libreville, the provision of drinking-water, and a beginning of medical education. Other schemes not less important that are practically ready are concerned with the problem of fertility, the death rate and the natural increase in population, the national programme of health education, and problems of occupational health. No health activity is practicable without the participation of the people who are to reap the benefit. This participation, or I might say cooperation, will be obtained solely through information and education. For that reason, next month the Ministry of Public Health and Population of the Republic of Gabon is to establish a national health education department. Finally, occupational health, too long neglected, is now to be given special attention. It is intended for well-defined population groups within which decisive health activities can be carried out with maximum effectiveness. I consider that this approach is essential for solving some of the health problems of Africa.

There is an industrial investment whose economic and social repercussions will be of decisive importance for my country: the construction of the trans-Gabon railway. As in the case of all industrial projects of any size, it is natural to have regard for its health component. My Government wishes to thank the World Health Organization for the help it has given in the study of this problem.

All that I have mentioned is very well, but it would remain a set of mere pious hopes if WHO did not undertake to place supervisory staff at our disposal. We are often reproached for not giving effect quickly enough to the reports drawn up by the consultants, but this depends not on us, but on the general situation. In order to establish services and develop them, we need specialists. If none are to be found among our own nationals, we are obliged to approach the World Health Organization.

Mr President, as the persons responsible for public health in our countries, we are all a little like sentinels, i.e., we must be constantly on the qui-vive and evaluate the seriousness and imminence of a danger so as to be able to bring into play the appropriate means of intervention.

In the operational plans that we devise in cooperation with WHO, the supply of equipment is entrusted to other bodies. That would present no disadvantages if they were not in many cases international agencies with a different view of the public health strategy.
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A large proportion of the medical and paramedical staff during this war period were trained
by extending the establishment of rural health centres throughout the kingdom on the model
of those already in operation;
of Public Health, is already guided by the four following main objectives;
the Royal Government and the Néo Lao Haksat, in February and September 1973 respectively.
the situation in my country, Laos.
the policy of the new Government, presided over by His Highness
Prince Souvanna Phouma, the Prime Minister, and of which I have the honour to be the Minister
of Public Health, is already guided by the four following main objectives: (1) to recon-
struct, improve and extend our hospital services; (2) to develop the basic health services
by extending the establishment of rural health centres throughout the kingdom on the model
of those already in operation; (3) to train or retrain at all levels the medical and para-
medical personnel whom we need; and (4) to reinforce the nationwide services to which we
attach prime importance in our development programmes, particularly the services for malaria
control, maternal and child health, and control of drug dependence.

It goes without saying that 30 years of armed struggle have totally paralysed the
Laotian economy and prevented any nationwide planning. Large numbers of hospitals and
similar establishments have been destroyed or seriously damaged, or have deteriorated
through being abandoned, and will need to be reconstructed, developed and re-equipped.
A large proportion of the medical and paramedical staff during this war period were trained
to meet the imperative needs of the moment. They must now be retrained or given entirely
new training in order to supplement the existing regular staff. At the present time,
however, we cannot know precisely either the real potentialities or our staffing needs,
since they depend on numerous factors including the demobilization of military health
personnel and the integration of the medical staff belonging to the forces of our fellow-
countrymen, the Pathet Lao, and to foreign assistance missions.
The health centres that the Government has already set up in part of the kingdom with technical assistance from WHO will have to be extended to the whole of the country and there again it is difficult for us to foresee the rate at which they can be established. Of course, we are anxiously and hopefully awaiting the forthcoming visit to Laos of a consultant from the Organization with the task of reviewing with us the most suitable composition for the staff of these centres in view of the objective to be achieved - integrated medicine - and determining the cost of their operation, which must remain commensurate with our real budgetary possibilities.

As part of the strengthening of national services, special efforts have been devoted to the Department of Maternal and Child Health. For several years now this has been undergoing spectacular development, particularly in regard to the programme of family welfare, with its voluntary birth control and nutrition projects.

The campaign against malaria, the most serious scourge in our country, which began in 1952, has known many vicissitudes - being abandoned and then taken up again, depending on whether the times were troubled or safe. Malaria is now the subject of an eradication programme, supported by technical assistance from WHO and a financial contribution from UNDP and USAID.

Another problem, of which little is known at the present time and which has resulted from this war, is the problem of drugs. A year ago, this problem was the subject of legislative measures on the part of the Royal Laotian Government: the National Assembly voted for prohibition of the cultivation of opium poppies and the adhesion of Laos to the Single Convention on Narcotic Drugs. The medicosocial aspects of the problem are being attacked through the establishment of a drug addiction treatment centre at Vientiane, the capital, which will soon extend its activities to the provinces.

These, fellow delegates, are the problems which face this new Laos. Of all the countries of embattled Indo-China, Laos is the first in which the cease-fire has become effective and in which a political settlement has produced a solution; but it remains seriously damaged, with a political and administrative organization to re-establish and an economy which must be restarted on a completely new basis. This means that the problem arises of assisting Laos after the cease-fire. Assistance must be rapid, effective and long-lasting. Nobody can estimate the time which will elapse between the cease-fire and the return of real peace. It is during that period of uncertainty, with its mixture of still vivid memories of the terrors of yesterday and hopes of tranquillity for tomorrow, that the great powers must provide assistance that will enable this people which has been the victim of a war not its own to regain its taste for life and its confidence in the future. This assistance must be without strings, and its real purpose must be to enable Laos, through its own resources, one day to achieve balanced existence and development through a healthy and prosperous economy.

Mr President, distinguished delegates, where better than in Laos will the United Nations and its specialized agencies, the great powers and men of goodwill find such an ideal terrain for assisting a country to recover from its long sufferings and to repair the enormous damage wrought by a war that was imposed upon it? It is with this hopeful appeal that I should like to bring my brief statement to a close, asking all the delegations present at this august Assembly kindly to bring it to the attention of their governments. I thank you all, Mr President, ladies and gentlemen, for your kind attention.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Laos. I now call upon the delegate of the Khmer Republic.

Professor SOK HEANGSUN (Khmer Republic) (translation from the French): Mr President, distinguished delegates, ladies and gentlemen, I should like first of all to congratulate you, Mr Acting President, on your election as Vice-President of this Assembly and on the noble task you have undertaken in assuming the presidency of this sixth plenary meeting. It is my privilege and honour to convey, through you, to Professor Pouyan my cordial congratulations on his unanimous election to the presidency of this Twenty-seventh World Health Assembly. My delegation followed with very lively interest his presidential address, which bore witness to his eminent merit and his outstanding personal qualities. My delegation is convinced that under his presidency the work of our Assembly will be successfully conducted in a felicitous spirit of harmony and that our Organization will continue along its path towards new achievements and new successes for the wellbeing, health and future of mankind. I congratulate also the Vice-Presidents of this Assembly and all the other officers. Lastly, I am happy to take this opportunity of addressing my congratulations to Dr Mahler, Director-General of WHO, for his excellent Report on the work of our Organization during the past year. This Report has shown us that in its search for solutions to medicsocial problems of whose complexity we are all aware our Organization has pursued a rational work programme and made appreciable progress.

As far as we are concerned, Mr President, the relations between my country and the World Health Organization have a history of over 20 years, 20 years during which the Khmer
Republic, aware of the need for joint action with other countries, had made a full contribution which, while modest, nevertheless bears witness to our earnest wish to cooperate. Twenty years during which also the Khmer Republic has received from WHO important assistance in the way of experts, equipment and financial aid, for which it is my pleasant duty to express here the sincere gratitude of my country and its Government and people. During previous Assemblies we have had occasion to mention the results obtained in the joint activity undertaken by the Khmer Republic and WHO. In this connexion I venture to recall the achievements made in regard to the control of epidemic communicable diseases such as malaria, cholera, smallpox and tuberculosis and in regard to maternal and child health, family planning and the training of our national health personnel.

Recalling these achievements, in which we can take pride as doctors and as the persons responsible for the health of our people, leads me to underline the present situation of insecurity which is unhappily preventing us from making as much progress as we wish towards new attainments. The aggression of which the Khmer Republic is the victim and which was launched to serve the policy of hegemony of its authors, under the guise of a war of subversion provoked and maintained by those same people, is dangerously aggravating the health situation in my country by upsetting our aims and creating new problems. In disregard of the most elementary principles of humanitarian international law, our medicosanitary infrastructure in the countryside has been almost entirely destroyed. Our wounded fellow-citizens can no longer find a place in our hospitals, whose numbers and equipment were not designed for wartime conditions. In addition to wounds and injuries, there is almost everywhere a recrudescence of chronic and epidemic, nutritional and communicable diseases which had disappeared for a time. The massive exodus of civilians fleeing from the enemy and the combat zones represents another urgent problem for our public health service. These then, in outline and very briefly, are the new medicosanitary problems confronting my country and which result from foreign aggression which, specifically because it is foreign, has nowhere else wreaked such a degree of destruction.

Mr President, distinguished delegates, before concluding I must say that my delegation wishes once more to express its deep gratitude to WHO, to friendly countries and to the various international humanitarian bodies which have so kindly given my country their aid and assistance, thus enabling us to save the lives of thousands of innocent victims of this aggression.

The ACTING PRESIDENT (translation from the French): I thank the delegate of the Khmer Republic. I should like to say that if matters continue to develop as they are doing now, we shall be able to meet the wishes of all the delegations who wanted to speak today.

I give the floor to the delegate of Poland.

Professor GRENDÄ (Poland): Mr President, Director-General, honourable delegates, ladies and gentlemen, first of all I would like to congratulate the President of the Assembly and all the Vice-Presidents on their election to those honourable posts.

I would like to thank the Director-General for the concrete and up-to-date approach of his Report on the World Health Organization for the year 1973, and for his address yesterday. His energy, high professional qualities, and personal involvement in creating from WHO "the international health conscience" are well known in Poland, also thanks to direct and close contacts.

I am convinced that the Organization will continue to admit new Member States according to the principle of universality envisaged in the Constitution. I entirely agree with the Director-General's statement in his Report that a reassessment of WHO's role and activities has been taking place for a number of years. Undoubtedly it is not only due to the progress of the Organization's methods of operation but also is the result of the universal increase of awareness of the role of health in social and economic development.

Poland appreciates the leading role of the World Health Organization in the international efforts for the health of the nations. We try to do our best to support the Organization in implementing its great ideas and to fulfil our duties as a Member State. We would like to place our scientists and research potential at the Organization's disposal to a greater extent than before. Poland is always ready to participate in any planned international collaboration in the field of health, not only in the European Region. We hope our experience may serve all the Member States of our Organization.

Taking the opportunity of participating in the World Health Assembly, I would like, however, to express our concern at the continual increase in the regular budget of the Organization, to which the Polish delegation has drawn attention on many occasions. Poland is in favour of a stabilization of the WHO budget, because it is is difficult for us and other Members to pay for the consequences of the devaluation of certain currencies. We think that the structure of the new budget should be made from the viewpoint of
The delegation of the German Democratic Republic forcefully condemns the crimes of the present authorities in Chile and vigorously supports the appeal made by the international commission in Helsinki in April this year, to WHO, to the World Medical Association and to all doctors to take immediate measures to save the life of doctors and other medical staff who have been imprisoned or are threatened with arrest in Chile. It is also urgent for the World Health Assembly, in conformity with the decisions of the thirtieth session of the United Nations Commission on Human Rights, to associate itself with the protests of world public opinion against the massive violation of human rights in Chile and to take a stand for the protection of the life and health of the political prisoners and for their immediate release. In this context, just a few words on what the representative of the military junta in Chile said here this morning: demagogy, lies and calumny will never succeed in

savings in the still increasing expenditures related to the administration of the Organization. The possibility of paying a part of one's contributions in national currencies should also be reconsidered. We entirely approve recent efforts aiming at a greater concentration on important problems and preventing the dispersion of resources. We expect more WHO initiatives in identifying priorities.

In the European Region, to which my country belongs, thanks to the propitious atmosphere of détente, we should be better able to solve our health problems resulting from urbanization, industrialization, and the aging of the societies. The Organization of health services, degenerative diseases, environmental protection and occupational medicine are priority issues for my country, as well as for the other countries of the Region. Declaring ourselves for the development of collaboration in those areas, we see it as a means of furthering the international détente and peaceful coexistence which may guarantee man's highest good - his health. The idea of guaranteeing people their health has consequently been implemented in the people's Poland, which is celebrating this year the thirtieth anniversary of its socialist existence.

The attention paid to health matters by the highest authorities and by society in Poland has resulted in many decisions affecting the improvement of the nation's health status, one of them being the provision of free medical care to the entire population. The development of medical research and health services in Poland owes a great deal to the international exchange of ideas and methods under the aegis of the World Health Organization. I would like to indicate that there is a long-term government programme for the development of health protection in Poland, covering the period up to the year 1990. We are therefore very much interested in a broad exchange of information on country-level programming and on evaluation of the delivery of health services in Poland as compared with other countries. Let us hope that the World Health Organization will continue to initiate the exchange of information to promote collaboration and studies on the effectiveness of health protection systems.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Poland. I now give the floor to the delegate of the German Democratic Republic.

Professor MECKLINGER (German Democratic Republic) (translation from the French): Mr President, honourable delegates, ladies and gentlemen, on behalf of the Government of the German Democratic Republic I wish to convey to our President, to the Vice-Presidents and to the Chairmen of the two main committees of the Twenty-seventh World Health Assembly my most cordial congratulations on their election to those responsible posts.

My Government pays tribute to the many efforts made by WHO during the past year with a view to improving the state of health of mankind. I wish to mention in particular in this context the remarkable success obtained in smallpox control. The Director-General's excellent Report and introductory address bear witness to this. We support the idea that it is particularly important on the occasion of the annual World Health Assembly to judge WHO's activities in the matter of health policy on the basis of the following criterion: to what extent has our Organization succeeded in improving the basic conditions of life, health and happiness of mankind, that is, to what extent has WHO been able to contribute to the solution of the fundamental problems of our epoch, i.e., the continuation and extension of international détente and of peaceful and constructive cooperation between States with different social systems on the basis of the principles of peaceful co-existence, and thus to contribute to the maintenance and guaranteeing of peace?

Thanks to the initiative and policy of the States belonging to the community of socialist States and of other forces in the world which support the ideas of peace and realism, the world is witnessing a turning-away from the cold war towards relaxation of tension and from military confrontation towards the consolidation of international security. The most important task of a specialized agency of the United Nations system, such as WHO, which is particularly dedicated to the principle of humanism, is to make an ever greater contribution to this process.

The situation of conflict in Indo-China, the continued occupation of Arab territories and the overthrow of the constitutional Government of Chile demonstrate clearly that where war and tension is fomented, where the fundamental rights of man are trodden underfoot, there cannot possibly be economic and social prosperity and medicine is unable to carry out its mission in the service of the health of the peoples.

The delegation of the German Democratic Republic forcefully condemns the crimes of the present authorities in Chile and vigorously supports the appeal made by the international commission in Helsinki in April this year, to WHO, to the World Medical Association and to all doctors to take immediate measures to save the life of doctors and other medical staff who have been imprisoned or are threatened with arrest in Chile. It is also urgent for the World Health Assembly, in conformity with the decisions of the thirtieth session of the United Nations Commission on Human Rights, to associate itself with the protests of world public opinion against the massive violation of human rights in Chile and to take a stand for the protection of the life and health of the political prisoners and for their immediate release. In this context, just a few words on what the representative of the military junta in Chile said here this morning: demagogy, lies and calumny will never succeed in
covering up the proven crimes of the Chilean military junta or in stilling the impassioned protests of hundreds of millions of men throughout the world.

With the same energy, the German Democratic Republic states its support for a lasting and just peace in the Middle East, on the basis of implementation of the relevant resolutions of the United Nations and of the guarantee of the legitimate rights of the Arab people of Palestine. In the same way we raise our voices for a lasting peace in Viet-Nam, for respect of the lawful national interests of the Vietnamese people and for the strict application of the Paris agreements on Viet-Nam.

The delegation of the German Democratic Republic reiterates its unreserved solidarity with the peoples of Asia, Africa and Latin America in the just struggle against imperialism, colonialism and neocolonialism for their national liberation, the consolidation of their political independence and the attainment of their economic independence, as well as for social progress. It is for that reason that my delegation fully supports the request of Guinea-Bissau to become a Member and that of Namibia to become an Associate Member of the World Health Organization. My delegation also holds the view that the national liberation movements in southern Africa should be given observer status in WHO.

In view of its humanitarian and universal nature our Organization could not conceivably be effective in the world if it did not make an effective contribution to the solution of these international problems. It is only if this is done that WHO will be able to apply itself to an ever greater extent to the following tasks: (1) increasing the effectiveness of WHO programmes by means of scientific analysis of the successes and failures recorded, the development of long-term planning and the concentration of efforts on priority worldwide and regional tasks; (2) the development of relationships of real trust and partnership between WHO and the national health authorities; (3) the promotion of modern methods of management and implementation in carrying out national and general programmes and the stricter application of criteria of quality and effectiveness in drawing up the programmes, budgets and structural plans of the Organization; and finally, (4) the strengthening of WHO's coordinating and consolidating role with a view to giving greater support to medical research work on a world and regional scale.

We should like to draw attention to the fact that, in applying WHO's Fifth General Programme of Work, very great importance must be attached to the consistent implementation of the resolutions of the World Health Assembly I am about to mention. The German Democratic Republic emphasizes the special importance of resolution WHA23.61 on the most effective principles for the establishment of national health services. The German Democratic Republic supports resolution WHA25.60, on WHO's role in the development and coordination of biomedical research, and resolution WHA26.61, on long-term planning of international cooperation in cancer research, and expects this Assembly to take concrete steps with a view to applying that resolution.

Obviously this raises the problem of how these worldwide tasks will be financed from this time onwards. All the Members of our Organization know that for years a number of States have been seriously worried by the increase in the level of the budget. The delegation of the German Democratic Republic believes that this problem cannot be overcome unless the question of budgetary stability and of the effective use of the financial resources available is raised more energetically in terms more concerned with priorities and unless a way is found of financing certain WHO tasks in national currencies. In our opinion there is no reason to keep any sort of exclusive rights for the currencies of capitalist countries in financing WHO's tasks. We think also that it would be in the best interests of WHO's world mission and of its Member States if resolution 3093, adopted by a large majority of the participants at the twenty-eighth session of the United Nations General Assembly on the initiative of the USSR, were put into practice as early as possible. This resolution, of course, is the one envisaging a reduction of 10% in the military budgets of the permanent members of the United Nations Security Council and the use of some of the money thus released for assistance to the developing countries.

Mr President, distinguished delegates, ladies and gentlemen, in October this year the German Democratic Republic will be celebrating its twenty-fifth anniversary. These have been 25 years of socialist health policy which, under our social conditions, free of the exploitation and oppression of man by man, can take legitimate pride in many good results in the battle against disease and death for the wellbeing of mankind and the happiness of the people. During these 25 years we have seen confirmation of the fact that medical science and practice can develop and flourish in their humanitarian aspects only if they are supported by the State and by society as a whole.

Allow me, Mr President, to state that the German Democratic Republic intends to continue playing an active part in carrying out the universal tasks of WHO.1

The ACTING PRESIDENT (translation from the French): I thank the delegate of the German Democratic Republic. I now give the floor to the delegate of Tunisia.

Mr MZALI (Tunisia) (translation from the French): Mr President, Mr Director-General, fellow delegates, ladies and gentlemen, may I first of all convey to the President of the

1 The above is the full text of the speech delivered by Professor Mecklinger in shortened form.
Twenty-seventh World Health Assembly my cordial congratulations on his election to that highly responsible office. I am convinced that the work of this Assembly will proceed harmoniously and under the best possible conditions as a result of his experienced and competent guidance. I also wish to congratulate the Vice-Presidents and the Chairmen of the main committees.

I should like to take this opportunity of thanking the Director-General very cordially for the excellent Report that he has submitted to us. As usual this document paints a complete picture of the various activities of WHO during the past year and throws light on the health situation in the world.

In introducing his Report the Director-General made special mention of the Executive Board's organizational study of January 1973 and emphasized the fact that in many countries the health services are going through a period of decline due either to their inadequate development or to the rate of population expansion, which in some cases is outpacing the efforts made. The problem raised is indeed a complex one and deserves our full attention.

For its part Tunisia has set itself the task, within the framework of its ten-year forecasts and the fourth plan of economic and social development (1973-1976), of solving as far as possible both aspects of the problem. To accomplish this the Tunisian Government has set itself the aim of giving the health services the priority they deserve, while at the same time carrying out a bold family planning programme. Thus in the field of public health the four-year plan now being implemented envisages an overall annual total investment (five million dinars or 11 860 000 US dollars) five times as great as that made in the same sector during the last decade. Since the policy of Tunisia is to bring medical care within the reach of all citizens, the strengthening of the basic health units is among its main concerns. Special attention is also being paid to the promotion of preventive and social medicine. As for maternal and child health, it occupies a privileged place in our public health system.

The development of public health activities presupposes, of course, the existence of adequate numbers of competent medical and paramedical personnel. The strengthening of the Faculty of Medicine in Tunis, which now has over 1100 students, 330 of them in their first year, and the establishment of two other faculties - one at Sousse and the other at Sfax - envisaged for October 1974, will contribute to a solution of the problem in the near future. A commission has been appointed for the reform of the medical curriculum and is at present working to readjust medical education to the essential needs of the country. In order to meet the requirements of the basic units and the preventive medical services, special attention will be paid to the training of general practitioners and public health doctors. In the health schools the departments for physicians' assistants will disappear, to be replaced by departments for specialized auxiliaries, who will henceforth be recruited on the basis of a better and fairer regional balance.

Side by side with these efforts to develop the health infrastructure and the training of medical and paramedical staff we have launched a national family planning programme, conceived as part of an overall policy of integrated economic and social development. President Habib Bourguiba is constantly reminding our national leaders and the people that it is not only a question of ensuring a better balance between economic resources and population growth but also of striving for the true liberation of woman, the happiness of the family and the promotion of Tunisian society.

Our programme is therefore conceived and carried out on the basis of protection of mothers, children and the family. It consists primarily in helping parents to become aware of their responsibilities towards the children whom they bring into the world, enabling them to have only the children that they wish and when they wish, and ensuring that they can bring them up under good conditions. Its second purpose is to inform them of the contraceptive methods made available to them free of charge, and its third task is to enable those who opt for sterilization to have it carried out free of charge in any health centre.

In view of the importance attached to family planning as part of the programmes of economic and social development, a National Office of Family Planning and Population was established in 1973. The task of that Office, within the framework of the demographic policy proclaimed by the Government and in conformity with the objectives of the country's development plans, is firstly to undertake studies and carry out research of an economic, social and technical nature with a view to ensuring the harmonious development of the population (to this end proposals for laws and regulations are submitted to the Government); secondly to draw up and carry out, in cooperation with the public and private bodies concerned, every type of programme and plan of action designed to bring about and maintain balance in the family and to protect the health of its members; and thirdly to provide continuous information and education for the population at the family, school and professional levels. A network of family planning centres has been established in the various regions of the Republic.

Other legislative measures have also been taken. Mention may be made of the law of 26 September 1973 liberalizing abortion, and particularly of its first article, which stipulates that "artificial interruption of pregnancy is permitted when it is carried
out during the first three months in a hospital or other health establishment or in an authorized clinic by a physician with legal authority to practise". Standards providing the necessary guarantees at all stages in each operation, as part of family planning, have been established and are strictly observed.

Another very important point was raised by the Director-General in his Annual Report: the question of communicable diseases. As a result of national efforts and the vigilant activities of WHO, several diseases which used to constitute real scourges of humanity are now happily on the road to extinction. The Director-General does mention, however, the spread of certain diseases, such as cholera, which are tending to become endemic in certain countries, particularly those of the Mediterranean basin and Africa.

The Tunisian Government has strived to establish and apply a programme of surveillance and prevention of the waterborne diseases. Selective vaccination, regular bacteriological examination of drinking-water and the repair of water supply points are the main measures taken. Moreover, Tunisia was declared free from cholera several months ago and precautions have been taken to avoid the reappearance of the disease. I wish, however, to take this opportunity of making a few comments.

I should like first of all to draw the Assembly's attention to the recommendations contained in resolution WHA26.55 of 23 May 1973 adopting the Additional Regulations amending the International Health Regulations. It would be desirable to re-examine those concerned with cholera within one of our technical bodies in order to facilitate their entry into force and to study if possible new measures which might be taken for the eradication of the disease. Moreover, in view of the exaggerated anxiety still provoked by cholera wherever it occurs, certain newspapers would benefit from being better informed and more objective, so that they do not alarm the public unnecessarily by publishing erroneous information.

Mr President, many other points raised in the Report under discussion deserve considerable reflection and I can certainly not comment on them adequately within the time at my disposal.

I wish before concluding to pay tribute to WHO for its unflagging and noble efforts to ensure the protection and improvement of the health of mankind. May these activities develop still further in the years to come!

I also wish to take this opportunity of thanking UNDP and UNICEF for their participation in carrying out public health programmes.

I could not conclude without drawing the attention of our honourable Assembly to the health situation of the Palestine refugees. Vigorous efforts must be made in a spirit of active and generous solidarity for the benefit of millions of men deprived of their homeland and seeking to live in freedom and dignity.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Tunisia.

I call upon the delegate of the United Republic of Cameroon.

Mr FOKAM KAMGA (United Republic of Cameroon) (translation from the French):

Mr President, Mr Director-General, your Excellencies, distinguished delegates, ladies and gentlemen, we have just followed with very great interest the report of the representative of the Executive Board on the work of the Board at its fifty-second and forty-third sessions. I can say that everybody is highly appreciative of what was done by the Executive Board to prepare the ground for our meeting here.

In regard to the Annual Report of the Director-General on the work of WHO in 1973, we have noted with very great satisfaction that our new Director-General has succeeded with remarkable skill in emphasizing on the one hand the positive aspects of WHO's work and that of the Member States in the intense struggle being waged with a view to ensuring the best possible state of health for the whole of mankind, and, on the other hand, the domains in which the efforts of both the Organization and the countries are meeting with difficulties of every kind which can only hinder our progress towards the health objectives we have set ourselves.

For the developing countries, the analysis made by the Director-General is very pertinent, and the Executive Board, by emphasizing that in many of these countries the health services are deteriorating instead of improving, has thrown into stark relief our major anxiety of the present day. Indeed most of the developing countries are facing immense health needs, expressed by a population that is becoming more and more enlightened, but with financial resources that are often ludicrously scanty.

The Director-General's Report states that the Organization should make more efforts and find new formulas for action in assisting the countries to resolve the difficulties mentioned. Solutions are put forward to that effect, based on a reassessment of the role and activities of WHO and on more methodical management as a result of using communications science techniques.

We, for our part, believe that the success desired cannot possibly be obtained if the problem is approached solely from the point of view of its health aspects. On the contrary, we must envisage a complete revision of the strategy used to promote the socioeconomic and health development not only of the under-industrialized countries but also of the developed countries.
In the Third World the impact of naturally hostile geographical and ecological conditions, the deterioration in the terms of trade and the cumulative effect of so many other unfavourable factors, such as illiteracy, famine, poverty and the population explosion, almost nullify all the efforts so enthusiastically made to ensure the protection and promotion of health. In the case of the highly industrialized countries the ill effects of all sorts resulting from industry and from uncoordinated technological development, and just recently the two great scourges whose painful repercussions we are feeling now, i.e., the energy crisis and inflation, also constitute equally great obstacles to any improvement in the health services.

In face of this critical situation, which may worsen in the future, it is absolutely essential that the States reach agreement at the highest levels in order to find appropriate formulas on a worldwide scale for the better development of mankind and for humanity's very survival.

We are convinced that the World Health Organization can and should play a primary role in guiding international policy towards this concept of development strategy, understood as the resultant of a multidisciplinary campaign in which the health parameter, while remaining of first-class importance, is nevertheless integrated with the others. This means that the World Health Organization, together with the other United Nations bodies such as the United Nations Development Programme, FAO, UNICEF and UNESCO, should institute for each country a general, well-coordinated development plan that takes into account the possibilities of the States concerned and the assistance that may be received from other bodies concerned with bilateral or multilateral cooperation.

A second aspect which must be underlined here is the inexplicable powerlessness of scientists and research workers in their efforts to gain a real mastery of the immense achievements of modern technology so that they can be used for promoting the wellbeing of all mankind.

Among the major problems mentioned by the Director-General in his Report there are some that have particularly attracted our attention.

The first is that of the development of health manpower. In the case of Cameroon, particular emphasis is placed on the need to recruit and train adequate numbers of health personnel of the required standard to ensure the total health coverage of the population that is planned for 1980. The University Centre for Health Sciences, the originality of whose conception has often been mentioned, is continuing its progress, with the opening of new sections for senior nursing staff and technicians of various categories, as an essential centre for such training. However, at the same time, 16 other public and private centres have been established in the seven provinces of the country with a view to the training, at various levels of various categories - medium-grade or junior - of health staff. Our main concern in this respect is still the training of teaching staff properly conversant with the methodology of modern medical teaching and the establishment of a system of continuous training, designed for both senior staff and basic operational staff. The first Journées médicales of Yaoundé, which took place in December 1973, convinced us of the need for such a system. For that reason we strongly urge the launching with more vigour and determination of project AFRO 6206, which is concerned with centres for the training of teaching staff, and also wish to make a vigorous appeal for more substantial awards of postgraduate fellowships.

As every year, communicable diseases are dealt with at length in the Director-General's Report. As far as we are concerned, the evolution of this problem is largely associated with the evolution of socioeconomic conditions in the country and the priority given to integrated community development programmes. Whether it is a question of cholera, measles, trypanosomiasis, malaria, onchocerciasis or schistosomiasis, all the subject of active control campaigns and applied research in Cameroon, it is obvious that until the environmental health conditions and standard of life of the people have been improved it will be difficult, if not impossible, to eradicate these diseases.

It is for that reason that the chapter on the strengthening of the basic health services also seemed to us worthy of attentive study. We have to admit that here again the main obstacle in the way of rational and systematic planning lies generally in the lack of financial resources and of equipment and personnel. The experience acquired in our public health demonstration areas has been very instructive in this respect. The consultants that we have had from WHO on laboratory services or dental services have reached the same conclusions, for what we lack now is not so much a complete understanding of our needs as the means necessary to meet these needs. It is true that the participation of the public itself in preventive health work on an individual basis or within the community can be of great assistance, but it cannot possibly make up entirely for the lack of resources.

The prospects that seem to be offered by traditional medicine, on which thorough research is in progress in many countries at this moment, do not seem to me to be capable of solving the difficulties encountered here and there in the supply of pharmaceuticals, at least in the immediate future. Indeed this research is as complex as it is long and
It seems to me not unwarranted to say at this juncture that the process just instituted by WHO of long-term country health programming should be encouraged and tried out in practice, provided that during the drawing-up of the programmes the other bodies involved in the development programme, i.e., the government authorities concerned and the other bodies and institutions engaged in cooperation or assistance, also take part.

These then are the brief comments I wish to make on the reports which have been submitted to us.

Allow me before I conclude to convey the friendly and fraternal salutations of the people of Cameroon to the delegates from all the countries represented here, and in particular to our brothers of Guinea-Bissau, a young State which should be admitted to full membership of the World Health Organization.

Allow me also to congratulate the President of the Twenty-seventh World Health Assembly and all those who have been elected to guide the work of this session, which is taking place during a critical phase of the economic and monetary history of the world. I hope that, despite the heated discussions which will take place here, this team will succeed in channelling the goodwill of all towards the achievement of success in our work.

I must in this catalogue of thanks express the deep gratitude of the United Republic of Cameroon to the friendly countries and the numerous organizations which are giving us such valuable help in carrying out our projects for health and social development, particularly France, Canada, the United States of America, the Federal Republic of Germany, Great Britain, Switzerland, the Order of Malta, and many others that will excuse me if I do not mention them all.

I cannot conclude without saying to the Director-General that from the very first contacts he has completely fulfilled the hopes placed in him, and at the same time thanking all his staff at headquarters - in particular Dr Lambo - and in the regions - particularly the Regional Director for Africa, Dr Alfred Quenum - for the immense efforts made with such dynamism to help us to improve the state of health of our peoples. I wish to assure them of our confidence and our wish to cooperate.

The ACTING PRESIDENT (translation from the French): I thank the delegate of the United Republic of Cameroon and give the floor to the delegate of Greece.

Dr VIOLAKIS-PARASKEVAS (Greece): Mr President, Director-General, Deputy Director-General, distinguished delegates, ladies and gentlemen, I would like to express the pleasure of the Greek delegation at the appointment of Professor Pouyan as President of this World Health Assembly. These congratulations also extend to the Vice-Presidents, including you, Professor Halter, who are acting as President. We have no doubt that they will conduct this session in such a way as to ensure its unqualified success.

The Report which Dr Mahler is submitting 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. The Annual Report of the Director-General for 1973 maintains the high standard we have all come to expect. I want to congratulate Dr Mahler and his staff on the very high quality of the Report on the work of WHO, which is fully maintained. 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.

The problem of the human environment in its widest sense is given a high priority in the Director-General's Report and the Greek delegation considers this emphasis to be justified. Problems of mass social environment, such as the abuse of drugs, of dependence, are of increasing concern throughout the world and no doubt will receive much consideration during this Assembly.

During these 26 years the field of action of WHO has enlarged massively. The world population has continued to grow and has made the nutrition problem still more difficult to solve in many countries. Technological development, which in many countries has led to an expected rise in levels of living, has on the other hand endangered the human environment with increasing pollution of air, water and soil. New agents of disease and new kinds of diseases have appeared and many diseases have spread, as the result of the greater mobility of people today, to areas where they were earlier unknown. 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. Greater effort and imagination should indeed be the Organization's model, as pointed out so well in the Introduction to the Director-General's Annual Report, in order to meet the challenge of our problems in the field of health. Not less important is his remark on critical assessment of the work of our Organization if complacency and self-admiration, with their defeating action, are to be avoided.
I would like to refer to some items that I feel deserve our special attention.

On communicable diseases, the importance of epidemiological surveillance systems is widely known and recognized. The encouragement and help provided by WHO in the strengthening of national epidemiological services is therefore noted with satisfaction. Those services constitute the basic elements for a sound surveillance system on which can be built an effective control of communicable diseases, taking into consideration national priorities as well as problems of intercountry and international interest.

Noncommunicable diseases - Cardiovascular diseases, page 59: The results of the WHO-coordinated cooperative study on the registration of acute myocardial infarction are spectacular and of great importance. It would seem advisable to emphasize here especially the importance for the general public to know how to recognize the condition of an acute myocardial infarction and to ask for appropriate medical assistance. Perhaps the conveyance of this knowledge to the general public needs more effort and intensity. It should be kept in mind that the first and most important contribution to man's health comes from himself - this independently of what should be done in developing emergency health services and parallel preventive and control measures. All of the above remarks made in connexion with the activities in cardiovascular diseases control may be applicable equally to the work in the field of cancer control. As health education plays an important role in the improvement of the health of the people, the health education services in countries must be developed and strengthened.

On environmental health: The development of the programme in environmental health is followed with great interest. It is gratifying to note that the request reiterated in resolution WHA26.58 of the Twenty-sixth World Health Assembly to accord high priority to WHO's long-term programme in environmental health is being properly reflected in the Organization's work under review. The efforts to develop environmental health criteria respond to a real and growing need, and deserve every support. Perhaps should be emphasized here the importance of expediting the wide circulation of the results and recommendations of studies undertaken and of minimizing delays in the dissemination of knowledge. These may substantially impair the expected benefits, especially nowadays, when very rapid development and change are experienced in needs and problems. An important problem in the field of environmental health which does not seem to have a single and simple answer, and which hampers the proper handling of the required work, is the development of an appropriate institutional national arrangement. The matter deserves further study and thorough and frank discussion among all interested specialists in order that appropriate recommendations can be developed.

The UNDP-financed project for environmental pollution control in the metropolitan area of Athens, for which WHO acts as the executing agency in collaboration with the Greek Ministry of Social Services: The project commenced in July 1972 in a preliminary activities phase. The project document was signed in the presence of Dr Kaprio, and full operations were authorized in September 1973. Efficient and timely provision of inputs for signing this project document permitted rapid development of project operation, thus strengthening our hope that this project will achieve its ambitions and difficult objective. I would like to take this opportunity of thanking the WHO Regional Office for Europe, and especially Dr Kaprio, for the assistance given.

Library and documentation services, page 133: Is there any information bulletin on the use of MEDLINE, and how countries may benefit from it?

Mr President, Greece has enjoyed a very satisfactory degree of economic development and social progress as a result of organized and well-established socioeconomic plans. Today health services have developed according to five-year and fifteen-year plans which are drawn up yearly. The maintenance of health is generally acknowledged to be one of the basic human rights. The Greek Constitution contains the article that health services shall be available to all citizens. Our health policy aims mainly at the provision of the highest possible quality of medical and health services to the public, improvement of services through the provision of capable administration by various means of training and education, coordination of the work of different health services in order to prevent duplication, improvement of the health services and achievement of better coverage in rural areas, and strengthening of the epidemiological surveillance of quarantinable diseases.

Mr President, problems of health are universal, and can be solved only by international cooperation. In the struggle against disease, no organization or institution is in a better position than WHO to act as an international centre for coordination and information, and there is no doubt that none has such high morale.

Finally, I cannot end without wishing our new Director-General success in his new, difficult task and a prosperous life. I am quite sure that this Organization will
continue its work in the coming years in the same harmonious spirit and success with the aim to build a better and healthier world.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Greece and call upon the distinguished delegate of Austria.

Dr VELIMIROVIC (Austria): Mr President, Mr Director-General, very distinguished delegates, the delegation of Austria has read with interest the Report of the Director-General for the year 1973.

We would like to commend the Director-General on the work done. Particularly we should mention the part of the Director-General’s Report dealing with the reassessment of the World Health Organization’s functions and activities, namely, his stressing that the “process of critical reappraisal must not only continue but be intensified if WHO’s role is not to degenerate into a purely managerial one in relation to the assistance it provides to countries”.

We do hope that the teaching of managerial skills, no doubt necessary in public health, will not outweigh the technical side and the capacity of the Organization to provide advice in those fields where it is the only body potentially able to do so.

As staunch supporters of WHO we believe that well-merited critical voices should balance the well-merited praise. Our experiences tell us that the managerial efforts of the Organization do not automatically bring an improvement in the services provided to countries.

Our experiences tell us that the managerial efforts of the Organization do not automatically bring an improvement in the services provided to countries.

We have noted with satisfaction that the Organization has at present under study an ever important, as yet only partially dealt with, question, related to the fuller exploration of immunization possibilities. Considering that the readiness of the population to submit to immunization in general is diminishing, that it is increasingly difficult to maintain a high level of immunity, as for example in Austria with poliomyelitis, and furthermore considering that discussions were initiated requesting abolition of certain vaccinations, on which occasion arguments are heard putting in question the ability of the Organization to inform or to respond to challenges of misinformation from outside, we believe that the World Health Organization should take an active and leading part in all questions and problems related to immunizations. WHO has shown itself to be able to tackle this problem in individual diseases and vaccines. But more, much more, is needed.

We hope that the Director-General will be so kind as to tell us, later in the discussion, something more about this programme.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Austria, and give the floor to the delegate of Czechoslovakia.

Professor MATĚJČEK (Czechoslovakia) (translation from the Russian): Mr President, allow me on behalf of the delegation of the Czechoslovak Socialist Republic cordially to congratulate the President of the Twenty-seventh World Health Assembly on his election. I also congratulate the Vice-Presidents and the Chairmen of the committees.

Mr President, ladies and gentlemen, the Czechoslovak Socialist Republic, one of the first Member States of the World Health Organization, has always considered that one of the Organization’s main functions is to engage in activities in the field of the application of new knowledge in medical science to practical public health work. Every year in the course of the proceedings of the session of the World Health Assembly we come across, again and again, instances of new knowledge in medical science being applied to public health practice with great difficulty in many countries. We are living at a time when the need for more research is constantly increasing and the importance of coordinating that research internationally is increasing; yet much of what has been discovered in science and methodology is not, in all cases, being used for the benefit of the whole population of our planet. We must concentrate on discovering the reason for this, for to know it will help our Organization to perform one of its main functions. The Fifth General Programme of Work deals, among other things, with the responsibility of society for the wide application of the results of advances in medical science to public health practice.

At previous sessions of the World Health Assembly the delegation of the Czechoslovak Socialist Republic has invariably supported the view that, in addition to controlling communicable diseases, WHO should devote its main attention to the organization of national public health services, including the training of their staff. It is obvious to everyone that the performance of tasks in this field is one of the most important conditions for the further advance of medical science and for the thorough application, for the benefit
of the health of all peoples, of knowledge about various problems on which scientific and methodological work has already been done. From the official documents of previous sessions of the World Health Assembly we have learnt very little about how our Organization's function in this respect is being performed.

It is undeniable that our earlier views on problems to do with the basic functions of public health services at world level and with WHO's mission with regard to their implementation are consonant with the Constitution and with our Organization's resolutions, and that they have been given full expression in the practical work of our own public health service. In our country, as in other countries with a socialist system, health protection of the population fully complies with the WHO Constitution, the principal objective of which is the attainment by all peoples of the highest possible level of health. The principles of our public health system arise from the nature of a social system that has eliminated uncertainty in life and given all strata of the population a high standard of living and the right to work, to leisure, to education, and to being looked after in ill health and in old age, together with the right to medical care free of charge, including drugs and other medical necessities. Equally well known is the extent of our public health service's participation in WHO's activities, both the work of our specialists in WHO and the work of WHO experts, consultants and fellows in our institutions; also the extent of our institutions' participation in solving WHO's research problems, the work of the reference centres and laboratories in our country, and the organization there of courses, seminars and symposia.

We just now mentioned WHO's Fifth General Programme of Work. Let me remind you of the increasing importance of WHO's coordination function. Our delegation, like the delegations of other countries, has on a number of occasions stressed that only activities carried out within the framework of long-term programmes, based on the General Programme of Work, can significantly promote the gradual fulfilment of WHO's mission. It is a pity we have not yet had an opportunity to study a report on the implementation of WHO's Fifth Programme, and that there is not so much as a first draft of WHO's Sixth Programme on the agenda.

The documents and material that delegations have before them show clearly the importance of WHO's economic problems. Year by year its budget is increasing excessively. All WHO bodies should be required to take steps to stabilize first and foremost the Organization's regular budget. Measures must be taken to ensure that the Organization's budget does not increase as a result of inflation in some of the Organization's Member States. Active steps should be taken to obtain funds for technical assistance from other sources, not from the regular budget, and administrative costs should be cut down.

Mr President, our delegation considers that the Twenty-seventh World Health Assembly must not fail to pay heed to the appeal made by the international commission inquiring into the crimes of the present Chilean regime to our Organization, the World Medical Association and all public health workers in connexion with the events in Chile, in respect of a violation of the bases of humane principles incompatible with concepts of public health. I have in mind such things as the murder of Dr Allende, the legal President of Chile, and the arrest and martyrdom of the legal Minister of Health and of other physicians and medical workers.

Mr President, honourable delegates, I should like to say, in conclusion, that I am sure that at this session the Republic of Guinea-Bissau will be admitted to membership of WHO and Namibia to associate membership. This will bring WHO yet nearer to the goal, embodied in its Constitution, of making our Organization universal.

The ACTING PRESIDENT (translation from the French): I thank the delegate of Czechoslovakia. I now call upon the delegate of Lesotho.

Dr MOKETE (Lesotho): Mr President, honourable delegates, the Director-General of WHO, ladies and gentlemen, the Lesotho delegation takes this opportunity of congratulating the President and Vice-Presidents upon their election to undertake this onerous task of steering the World Health Assembly through its annual session. May their task be crowned with success. We also wish to pay tribute to the Director-General of WHO and his team for executing the tremendous WHO programme over the last year.

The Kingdom of Lesotho wishes to place on record its thanks to WHO for help received in the past years, and especially last year, in combating disease in Lesotho. The tuberculosis control programme is currently being reviewed by a WHO expert and the local personnel. Thanks to WHO's technical aid two years ago, the problem of typhus, though not completely wiped out, is contained. Typhoid, which is yet another major hazard, is receiving attention with the technical and material help of WHO and other international agencies.

Lesotho has appreciated WHO's interest and help in consolidating our laboratory services, a mainstay of proper diagnosis. Stabilization and localization with consistent training would guarantee this permanent and necessary investment.
A bad ratio of one doctor to 23,000 people still exists in Lesotho, and perhaps not only in Lesotho but in all developing countries, hence the need for an even more intensified WHO training programme, bearing in mind also the voiceless over 20 million needy people in the southern part of Africa. The programme, to be complete, would need the complementary training of other medical and paramedical personnel, to which we know WHO has already made a significant contribution.

Lesotho's health policy is for integrated basic health services with curative, preventive and promotive aspects, which is a better investment for developing countries. This was well manifested in this year's World Health Day week-long celebrations involving all health workers and the public.

Communicable diseases and malnutrition, which have become the lot of developing countries, still take a big toll of the children. Thanks to the WHO and UNICEF aid, the mortality and morbidity are being reduced.

Migrant labour, with its attendant problems of venereal diseases, mine phthisis and other social problems, still plagues our country and, we believe, no less the other developing countries with similar problems. We are happy to note that WHO has the above problems on the coming year's programme.

We hope that the World Health Assembly in this twenty-seventh session, through its deliberations, will intensify yet more, as it has done before, its technical assistance for programmes in combating disease, with special emphasis on the Third World for the sake of humanity as a whole.

The ACTING PRESIDENT (translation from the French): Thank you. I now call upon the delegate of Yugoslavia.

Mr Dragâšević (Yugoslavia) (translation from the French): Mr President, I wish to join the previous speakers in addressing my hearty congratulations to Professor Pouyan on his election to the presidency of the Twenty-seventh World Health Assembly. I also wish to convey my cordial congratulations to the Vice-Presidents and to the other officers of this Assembly.

It is a particularly pleasant duty to offer on behalf of the Yugoslav delegation all my congratulations to the Director-General, Dr Mahler, who is present at the Assembly for the first time in this important and highly responsible capacity.

The Yugoslav delegation has attentively studied the Director-General's Annual Report. It recognizes the importance of the problems raised and approves the estimates contained in it and the trends in future activities it outlines. We share the Director-General's view that the establishment of a truly effective partnership between the Organization and its Members requires an improvement in the methods of programming, planning and evaluating the health services in order to establish a closer relationship between priority-setting in the Organization and in the various countries.

We also approve the positive statement made in the Director-General's Report on the application of the principle of the universality of WHO, which has been put into practice by the admission of China, the German Democratic Republic, the Democratic People's Republic of Korea, the Bahamas, etc. We are certain that this Assembly will show consistency in upholding the principle of universality by accepting the requests for admission submitted to it.

My delegation considers that this Assembly cannot remain silent in face of the attacks on liberty and the threats menacing the life and basic rights of man such as are taking place in Chile, for this runs counter to the essential principles and purposes of WHO. We associate ourselves with the delegations which have condemned these actions.

Mr President, in regard to the achievements and problems of our Organization, it must be mentioned that towards the end of last year our country celebrated solemnly an important success obtained with assistance from the World Health Organization, namely, the eradication of malaria. This scourge, which was one of our most serious health problems between the two world wars, has now been eliminated as a result of the efforts of the community and the health services in our country and thanks to the assistance of WHO.

Obviously any achievement of one country in improving the health of its population contributes to the improvement of health conditions the world over. For that reason we greet with satisfaction all the measures taken in all continents with a view to improving the living conditions and wellbeing of the peoples.

Mr President, allow me to mention a few of our main concerns in regard to health protection.

There are well-marked tendencies in our country towards the improvement of public health and of the position of the workers in regard to health and other social activities. The objective is to develop and strengthen the relations of socioeconomic self-government in these domains of activity and to ensure their complete integration in the system of production. Yugoslavia's new Constitution provides a still wider basis for the building of an integral system of self-government in which the workers exercise their rights and shoulder their responsibilities in regard to the determination and satisfaction of
requirements in all spheres of social activity, and hence also in the sphere of health. The foundations for these new relations are as follows: public health workers draw their income from a free exchange of their work with that of other workers who benefit from the health services; the exchange of work and the direct determination of mutual relations are carried out within the framework of new social institutions known as self-governing associations of joint interest, which are made up of those who benefit from the health services and the health workers and other employees of health establishments and institutions. They are set up on a regional basis according to the specific health problems that are to be solved. Within the framework of these self-governing associations those concerned determine their common needs in the health sphere, set a direct value on the work and elaborate a policy of development and improvement of the health services which respects the principles of solidarity and reciprocity. The planning and programming of health protection measures that are of general social value and whose aim is to base health protection on the prevention of disease and the treatment and rehabilitation of the sick are ensured by cooperation between the self-governing associations which, in their turn, form associations at the republic and federal levels. The communes, the Republics and the Federation also exert an influence on similar procedures in the health services. Thus, public health workers play a very active role in drawing up the policy for the development and improvement of the health services which, as a result of the establishment of direct relations between those services and economic undertakings, should ensure more complete, rational and effective satisfaction of needs in the field of health protection and public health in general.

I should like to emphasize that, in addition to rights and obligations in regard to health protection, the Yugoslav Constitution contains provisions whereby it is the duty of the socialist community to ensure the necessary conditions for the preservation and improvement of natural and other environmental assets which are of value for the quality of life and the work of man. I believe that this will represent an important contribution from our country to humanity’s battle to preserve and improve the environment and human health.

Mr President, the Middle East crisis and the worsening of the crisis of the system of international economic relationships have very deeply marked the development of the international situation in recent months. These two crises, which illustrate the fundamental contradictions of the modern world, have thrown into still greater relief the real problems which the world must face and which result from inequality of rights and from aggression, the use of force, and exploitation. The recent special session of the United Nations General Assembly devoted to the problem of raw materials and development demonstrated the weaknesses of the world economic system and indicated the means of overcoming the present problems in the declaration it adopted on the establishment of a new international economic order. We consider that the documents adopted by the special session throw the main tasks into relief and are of great interest to WHO.

Even though the World Health Organization has only limited financial means with which to accelerate the transformation of the countries of our modern world and to bridge the immense gap which separates the rich from the poor, its strength lies in the humanitarian vocation of those who form part of it.

When we celebrated World Health Day we remembered the message of WHO’s Director-General recalling that the world is rich but that its riches are not within the grasp of all, that millions of men are the victims of starvation while other millions live in abundance, which creates new problems of public health. The stability and the prosperity of the world and consequently the effective protection of public health cannot be based on inequalities such as those that characterize the economic relationships at present existing in the world. That is why the struggle to speed up the progress of the developing countries is an integral and essential part of our Organization’s work.

The ACTING PRESIDENT (translation from the French): I wish to thank the delegate of Yugoslavia and now give the floor to the delegate of Nicaragua.

Dr VALLE (Nicaragua) (translation from the Spanish): Mr President, the Nicaraguan delegation congratulates Professor Anoushirvan Pouyan, Minister of Health of Iran, on his election as President of the Twenty-seventh World Health Assembly, Professor Halter, who is presiding over this Assembly this afternoon, and the other Vice-Presidents so deservedly elected, who will all with their great experience bring brilliance and dynamism to the development of the discussions of the agenda items. We also congratulate the Chairmen of Committees A and B and the 14 elected members who make
up the General Committee of the Twenty-seventh World Health Assembly.

Our delegation has great pleasure on behalf of the Government and people of Nicaragua in conveying its cordial salutations to all the delegates of countries throughout the world and to the representatives of the international institutions who come to this Assembly with every wish to cooperate and assist in ensuring the successful implementation of the health programmes of our countries, which will confer undoubted benefits on the whole of humanity.

At the same time the delegation of Nicaragua congratulates the Director-General of the World Health Organization, Dr Halfdan T. Mahler, for his brilliant work in the few months in which he has been exercising his high office and assuming his great responsibilities. His Report provides us with a general panorama of the state of health of all the countries of the world, of the programmes that the World Health Organization has developed in those countries, of the benefits obtained in the unremitting struggle for the control of diseases and the constant efforts to improve the health of the communities.

The Republic of Nicaragua has good reason to thank the World Health Organization, the Pan American Health Organization and the international organizations, AID, UNICEF, FAO, the Red Cross, etc., the financial institutions such as the Inter-American Development Bank and other bodies concerned with health and all the governments throughout the world that have given us their assistance in our reconstruction of the health sector, which was almost completely destroyed by the earthquake which struck the capital of the Republic in December 1972.

Despite the results of the earthquake, Nicaragua has fulfilled its financial obligations to WHO and PAHO, although at the cost of great sacrifices owing to the difficult conditions experienced in Nicaragua since the catastrophe. Following that catastrophe we have witnessed in these last two years joint efforts made by the Government of Nicaragua, through the Reconstruction Board, headed by the President of the National Emergency Committee, and by the institutions responsible for health, the organizations providing international assistance and the inhabitants of Managua to restore the medical care services to their former level.

An emergency plan for Managua is being implemented. It has the following aims: construction of two hospitals, with a total of 500 beds, which will begin functioning this year; the drawing-up of a preliminary project for a central specialized hospital with a capacity of 500 beds and for a national health centre, both projects recommended by the WHO Executive Board in its resolution EB51.R43 - for their valuable help in this connexion the Government of Nicaragua thanks PAHO and WHO and the Inter-American Development Bank, which have made notable efforts to bring this scheme to fulfilment; construction of the National Public Health Laboratory, a high-priority project which will be responsible for the development of all laboratory services throughout the country; the construction of five health centres for giving outpatient care under the programmes of the Ministry of Public Health and the construction of a hospital for the Nicaragua Social Security Institute. These projects will merely enable us to regain the standard of hospital services that we enjoyed in 1972.

During this stage the Ministry of Public Health has undertaken intensive and sustained work with its limited resources to avoid the development of epidemics and a deterioration in the health of the people. We can report with justified satisfaction that as a result of the epidemiological surveillance measures and vaccination campaigns, as was emphasized at the Caribbean conference on epidemiology held in Kingston, Jamaica, on 20 April 1974, by Dr David Sencer, Nicaragua has been free of epidemiological risks during the period since the earthquake.

In 1967 an epidemic of poliomyelitis was recorded which led to 458 cases (25.4 cases per 100,000 inhabitants). According to the epidemiological cycle the increase in the susceptible population should have produced a new outbreak in the year of the earthquake. Nevertheless the immunization programmes carried out in urban and rural areas freed us from that risk.

Another important achievement during this period is concerned with malaria morbidity. While 25,303 cases were recorded in 1971, the figure in 1973 was only 4,246 cases. This decrease of some 83% is unprecedented in the historical evolution of malaria in Nicaragua. The reduction is due to the use of the insecticide propoxur recommended by PAHO/WHO and donated by the Federal Republic of Germany. This effort can only be maintained if assistance and partial supplies of insecticides continue.

Mr President, we wish to repeat our congratulations and to express our best wishes for the complete and resounding success of this Twenty-seventh World Health Assembly.
The ACTING PRESIDENT (translation from the French): I thank the delegate of Nicaragua. I am now going to call on the last speaker for today, the delegate of the Philippines.

Dr SUMPAICO (Philippines): Mr President, distinguished delegates, ladies and gentlemen, it is my distinct privilege to convey to you - to all of you - most cordial greetings from the Republic of the Philippines.

In association with the sentiments expressed by other delegates before me, on behalf of my delegation I congratulate our President on his election to the premier post of this prestigious Assembly. This is an eloquent recognition of his sterling qualities that fit him admirably for that position of honour. By the same token, we also felicitate the Vice-Presidents and the committee Chairmen. We offer them our best wishes for their successful incumbency. In addition, I would like to compliment our outgoing President, Madame Sulianti Saroso, on the exemplary manner in which she has discharged her trust.

I wish to congratulate the Director-General on the manner in which he introduced his Annual Report. His approach is refreshingly logical and our delegation wholeheartedly endorses the manner in which we should examine the work that must be done by the World Health Organization; to quote him, "Don't adopt - adapt" is a most appropriate philosophy, particularly with regard to the transfer of health technology, proven effective in industrialized countries, to developing ones. In regard to the areas covered by the whole Report, I wish to remark only on those that are relevant and crucial to my own country's experience.

The sweeping political changes in the Philippines are matched by the developments in the economic and social fields. The latter, in particular, is an overriding concern of our administration, and health is one of its major components. Accordingly, the thrusts of our developmental efforts are geared toward maximizing the provision of comprehensive health services, especially to the rural segments of our population, which comprises about 85% of our people. Our main objectives are the upgrading of quality of services and expansion of coverage. The urgency with which the Government pursues these objectives is dictated by the recognition of their indispensability to national development and progress.

The need for strengthening the health services is heightened by our high rate of population growth, and the increasing awareness of our people of matters pertaining to health. Because of financial constraints that limit expansion of facilities, efforts are being exerted to maximize the effectiveness of existing resources. An operational research project, with WHO assistance, has resulted in a review and redefinition of the roles of the members of the health team. Their traditional functions have been reassigned and expanded. The results and information obtained from this field study will be used and incorporated into the national health plan.

Together with health manpower development, hospital and other health infrastructure development is emphasized. Related to this effort is a new programme that requires new medical and nursing graduates to render medical service in the rural areas of the country. This is an approach to fill in the need for health services in doctorless areas. Coincidently, this measure provides an exposure of the new graduates to the real actual needs of rural communities. This strengthening of our general health services is aimed at the solution of our major public health problems, which are still the communicable and parasitic diseases. Emphasis is being given to tuberculosis, malaria and schistosomiasis because of their economic repercussions.

The campaign against these diseases is receiving a big boost from WHO. Thus the regional BCG vaccine production centre has been established with WHO and UNICEF assistance. Equipment for the centre is forthcoming and operations are expected to commence late this year, with 1975 as the target for the initial distribution of the finished product.

Two other diseases against which measures are being intensified are rabies and cholera. Our rabies incidence is one of the highest in the world, and we have embarked, with WHO assistance, on the laboratory scale production of chick embryo rabies vaccine for dogs. Considering that the main vector of rabies virus in the Philippines is the dog, we are hopeful that the immunization of the dog population will finally eradicate rabies from our country.

The field studies on cholera are being continued and even expanded to embrace other gastroenteric diseases. The results we have obtained, particularly in the effectiveness of simple sanitary measures against cholera, are being translated into control programmes in the areas perennially affected by the disease.
Hand-in-hand with the intensification of disease control is the expansion of our family planning programme. This activity has a high priority among our health activities because of our relatively very high rate of population increase, which is a deterrent to economic progress. Again, field research studies are being undertaken, with assistance from WHO and other United Nations agencies, to evaluate various family planning approaches and their impact in reducing population growth. Meanwhile, family planning activities are carried out by the rural health units and in hospital-based maternity-centred clinics.

Nutrition is another aspect of health work which is being accorded increasing emphasis. A project being assisted by WHO is on goitre control. This involves prevalence surveys and prophylactic treatment for simple goitre in known endemic areas.

With the economic development of the country, with its increasing industrialization and urbanization, the problems of environmental sanitation are gaining greater recognition. Pollution control programmes are being strengthened and expanded so that the lag between what is being done and what should have been already done could be closed.

These and various other activities are being pursued to sustain the tenet that health is the fundamental right of every human being. The modest successes we have achieved give us the strength to face the future with courage.

In the same vein, for all that WHO has stood for in the community of nations, we reaffirm our continuing faith in its crucial role in uniting the efforts of peoples of diverse colours, creeds and races in the common pursuit of health, peace and social progress.

The ACTING PRESIDENT (translation from the French): I thank the delegate of the Philippines.

Fellow delegates, we are now going to bring to a conclusion this afternoon's meeting and I should like to thank you particularly for the patience you have shown, the quality of your speeches and above all the effort that each of you has made to keep within the time limit, thus allowing us to say that we have now finished our work for today.

I thank you once more for your attention. I wish those of you who are not participating in the Technical Discussions a good and long weekend, and the others excellent work. The meeting is adjourned.

The meeting rose at 6 p.m.
SEVENTH PLENARY MEETING

Monday, 13 May 1974, at 8.30 p.m.

President: Professor A. POUYAN (Iran)

GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTY-SECOND AND FIFTY-THIRD SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1973 (continued)

The PRESIDENT (translation from the French): The meeting is called to order.

I thank you for coming and I also thank those who have not come, since they must be thinking of us just as we are thinking of them. With your permission we shall continue the general discussion on items 1.9 and 1.10. The first speaker on my list is the delegate of Colombia, to whom I take pleasure in giving the floor. You have the floor, sir.

Dr MORA (Colombia) (translation from the Spanish): Mr President, on behalf of my delegation I should like to express our sincere gratitude to the distinguished Director-General, Dr Mahler, not only for his well prepared Report but also for his excellent presentation of it. In both cases a critical attitude of great significance was evident, commensurate with his responsibilities in the Organization.

I should also like to congratulate the President, Professor Pouyan, on his election to his high office, and also to extend my congratulations to the five Vice-Presidents.

Mr President, Colombia, like other developing countries, is at present confronted with serious health problems. The main causes of death in our population of 22 million - which will have doubled by 1991 - are diarrhoeal and respiratory infections, which account for 43% of the total mortality in the population group under four years of age. Moreover, 22% of the population have no access to medical care; 57% of them receive such care from the official and mixed subsector, 15% from the private subsector, and only 6% from the social security subsector. Those receiving care from the official and mixed subsector get it through institutions which vary greatly in origin, financial capacity, population groups covered, salaries and personnel policy, scientific orientation and, especially, in the type of services they offer to the community.

The abovementioned situation, which is common to many countries in our Region and throughout the world, has led to a clear awareness of the characteristics of the problems involved and of the importance of uniting efforts in a multinational approach to their solution. As a result, the III Special Meeting of Ministers of Health of the Americas, held in 1972, defined in terms of a Ten-Year Health Plan the common goals to be achieved by the countries of the Region - a task that was ably supported and coordinated by the Pan American Health Organization.

I have drawn attention to the said Ten-Year Health Plan because our country has just taken a very important step to comply with one of the recommendations of the Plan, worded as follows: "Begin installing machinery during the decade to make it feasible to obtain total coverage of the population by the health service systems in all the countries of the Region".

In fulfilment of that aim the Ministry of Health of Colombia decided to carry out an investigation, starting in September 1972, for the purpose of identifying the main causes of the present state of affairs and of proposing alternative solutions in order to set up, as from 1974, a national health system. This investigation was given the name of "Redesign of the National Health System of Colombia" and was placed under the direction, supervision and control of the Ministry of Health, with the technical advice of the Pan American Health Organization.

Thus in 1972 the initial political decision was taken regarding the type of system the Government desired; the sources, amount and timing of the financing of the project were defined and the selection and engagement of the personnel required to carry out the specific studies were begun. The initial responsibilities of the project were shared between 17 working groups, which so far have produced some 33 documents in accordance with the aims of the project.

In 1973 the Congress of the Republic approved two laws giving the President special powers to reform public administration and the national health system. The preparation of decree laws on this basis was commenced with the participation of the different working groups and was completed last April, when the President of the Republic signed a group of 16 decree laws, representing the most important legal reform in the 20 years of existence of our Ministry of Health.
I should like to say that my Government is greatly satisfied with the efforts made, to such an extent that it has decided to pay public recognition to the meritorious work of the coordinator of the investigation for the Redesign of the National Health System, Dr Hernán Ramírez, and to submit his candidacy for the Award for Administration conferred annually by the Pan American Health Organization. We should like to take this opportunity of once more thanking that Organization for the great help it has given our country. This is a magnificent example of participation in the undertaking I have just described.

Mr President, the outstanding achievements we are once more acknowledging today cannot make us neglect the need for a critical reappraisal which should be constantly intensified with the aim of ensuring that the role of the Organization does not degenerate into a purely managerial one in relation to the assistance it provides to countries, as has been well said by the Director-General in his Report. It is essential that the Organization, through its regional offices, make an ever-greater effort to adapt itself to the changes that are taking place in each country, by strengthening its coordinating and supporting function, which, in our view, is the one most important for its future.

Finally, my Government fully agrees with the words of the Director-General in the Introduction to his Report: "The World Health Organization is a unique forum for the constant exchange of knowledge and experience, in an atmosphere of great freedom of expression. The more actively Member States participate in this exchange, the nearer will the Organization draw to becoming the international health conscience so clearly envisaged in its Constitution".

The PRESIDENT (translation from the French): I thank the delegate of Colombia and give the floor to the delegate of Viet-Nam.

Dr HUYNH VAN HUON (Viet-Nam) (translation from the French): Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, on behalf of the delegation of the Republic of Viet-Nam to the Twenty-seventh World Health Assembly I should like to offer warm congratulations to the President, the Vice-Presidents, and the Chairmen of the two committees on their election to those high offices.

I also take this opportunity of congratulating the Director-General on his Annual Report for 1973 which, besides giving a full review of the numerous activities of WHO, presents a brilliant analysis of the successes achieved and of the inadequacies and limitations that became apparent during the past year. The Introduction deserves special mention, since it brings out all the salient points of health activities in the world and bears undeniable witness to the vision and stature of the Director-General. The survey that follows has enabled readers to obtain a clear picture of a large number of scientific data of excellent quality that can be used as reference material and as a source of inspiration to all of us who are endeavouring to improve health and health services throughout the world. Moreover, this valuable document that we are discussing today contains a number of points that draw attention to many of the problems arising in my own country.

Progress has been made in my country during the past year in the control of communicable diseases, particularly in the development of the system for notifying cases, for the taking and dispatch of specimens, and the communication of laboratory findings. This system has enabled the responsible authorities to take adequate measures in good time in order to contain the disease once it has been notified. Thus plague and cholera occurred only in the endemic state and smallpox was subjected to continued surveillance, even though no case of smallpox has been recorded for a very long time. However, the year 1973 in the Republic of Viet-Nam was marked by the recrudescence of cases of haemorrhagic fever, and vector studies revealed a high level of Aedes in various parts of the country. If the control of the mosquito vectors should prove beyond our national resources, we hope we shall receive technical assistance from the World Health Organization so as to prevent any outbreak of this disease in our country in the course of the current year or in the future.

As regards the strengthening of health services, the Report of the Director-General is extremely useful to us, since the guiding principles for the organization of a health system meeting the needs of each country can be used as a guide for our programme for developing community health services. With the aid of the World Health Organization, an advisory committee has been set up to assist the responsible officials of the Ministry of Health in carrying out studies for the preparation of the second national health plan. An initial series of studies has in fact been carried out. Its purpose was first of all to try out the local health personnel in the collection of vital statistical data, then to obtain an accurate picture of the needs of communities with regard to the use of basic health teams at the intermediate and peripheral levels, and finally to ascertain the work
actually performed by staff in hospitals and rural health centres. These studies, although limited at the start, made it possible to draw conclusions that will be applied in larger-scale activities in the future. The results of subsequent studies will enable the health plan to be constructed on a solid base in accordance with the real needs of the population.

Relying on a health infrastructure that is fairly strong throughout the country and based on the wide use of auxiliary personnel, our Ministry makes unceasing efforts to make the infrastructure even more effective by strengthening technical supervision at all levels and in particular by raising the quality of the manpower employed. Physicians, aided by technicians and assistant technicians, are to be sent in the near future to the district health centres, each district comprising 10,000 to 20,000 families, or 50,000 to 100,000 inhabitants.

The strengthening of health services goes hand in hand with the development of health manpower, to which our Ministry grants very high priority. Courses for further training, organized at all levels, are available to all categories of personnel. Practical courses at the place of work have also been increased in number, particularly in the hospitals. Thus the teaching staff of the medical schools and able physicians at national hospitals are invited from time to time to visit the provincial hospitals to help the local doctors to improve their techniques and also to learn about their difficulties.

The training of auxiliary health personnel, such as technicians and assistant technicians, has been given particular attention by our Ministry. With the aid of the World Health Organization, the National Institute of Public Health of the Republic of Viet-Nam has been selected to coordinate the mobile centres set up by the Educational Technology Resources and Display Centre in Geneva. With equipment for the application of new techniques in medical and paramedical teaching, with the assistance of World Health Organization experts, and above all with the training of our staff in teaching technology, our Institute will be able to help the other schools of the country to improve the quality of the teachers and thus to raise the standard of the health workers they train.

Moreover, the Institute, with the facilities at its disposal, will be able to take part in organizing courses and seminars for the countries of the Region. I am very pleased to emphasize here the great success of the French-language course on bacterial gastroenteritis, sponsored by WHO, which was held at the Institute of Public Health in Saigon last March, with about 20 participants from French-speaking countries and territories in the Western Pacific Region.

I should also like to take this opportunity to repeat our gratitude to the World Health Organization, and in particular to our Regional Director, Dr Francisco Dy, who together with his staff has made unceasing efforts to help us in setting up this Institute, which will fill an undeniable need in applied public health research and in the training of health personnel in the Region. Moreover, I have to report that the first phase of the construction of the Institute should be completed within the next few months and that supplementary funds will be required for the completion of the following phases in order to finalize this project that will serve other nations besides our own.

Mr President, before concluding I should like to reaffirm our desire for international collaboration and the support that the Government of the Republic of Viet-Nam has always given to the efforts of the World Health Organization to achieve the objective stated in its Constitution, the attainment by all peoples of the highest possible level of health.

The PRESIDENT (translation from the French): I thank the delegate of Viet-Nam and take pleasure in giving the floor to the delegate of Afghanistan.

Professor AZIM (Afghanistan): Mr President, on behalf of the delegation of the Republic of Afghanistan it gives me great pleasure to congratulate you on your election to the high office of President of this august Assembly. Let me also voice my congratulations to the Vice-Presidents, the Chairmen of the main committees, and other officials of the Assembly on their election to office.

My delegation considers it a great privilege to represent for the first time the Republic of Afghanistan in this Assembly. The revolution came into being on 17 July 1973. It has been the profoundest social and political change in our grand history of more than five thousand years. With the establishment of the new regime, new objectives have been set in all fields, including health. Our focus of attention is the widest coverage of health services benefiting the majority of the population - and in our case the rural communities constitute more than 85% of the population.

Before I go further into the new health policies of our country, I find it relevant to touch upon the excellent Report of the new Director-General of the World Health Organization, Dr Mahler, who also took office last year. We consider the coincidence
of the new eras in WHO and in our country as a good sign of more progress in the field of health, which is essential for all development.

Mr President, let me emphasize the great needs of my country in the field of health with regard to all resources. Among these, we realized that the most important was the issue of manpower. I have the honour again to report to this Assembly that the new Republican regime of the country has introduced the Afghan health programme, mainly focusing on the training aspects of medical and paramedical manpower for both curative and preventive services.

More importance is being laid on the issue of combating malaria in my country by the Government, and the programme enjoys overall priority. This is especially so because of the importance of the healthy manpower needed for both agricultural and industrial development. It has been a sad moment for us to realize that UNICEF is gradually withdrawing from assistance to malaria programmes all over the world. It surprised us to a great extent. However, we take it that this does not mean assigning lesser importance to the malaria campaigns. On the contrary, we consider the priority assigned to malaria to be very well justified, especially when it will be coupled with new vigour and new organization aiming at control rather than eradication.

The new Republican order of the country also established the new National Institute of Tuberculosis. It is our object to introduce new methodologies in this area as well as in the area of other communicable diseases. We have found that with concerted efforts in the whole area of communicable diseases we shall be in a position to economize on all our resources. Another new and useful step taken by the Republican regime of Afghanistan is the establishing of the Institute of Histopathology, much needed by the public as well as the profession.

The new regime has also embarked upon other aspects of health services in a more realistic manner. The establishment of the Department of Family Health and the new realistic emphasis on maternal and child health have created greater optimism amongst our medical professionals for better services to the population in need and to those vulnerable groups who previously had limited access, or no access at all, to the health services.

Our new order has also dealt with realism with the most important issue of medicines - beautifully packed, nicely labelled, and well advertised pharmaceutical products, the efficacy of which created doubts in the minds of physicians as well as patients and, with their high prices, almost made it impossible for many of the needy to benefit from them. Many a time quality was overshadowed by the beauty of the product. We have embarked upon a remedy for the situation, which we have found to be the popularization of generic medicines, which will certainly be cheaper and more reliable in quality for our developing country.

These are examples of our modest efforts in trying to popularize health services among our population. However, we hope, as in the past, not to be left alone in our noble goals for the attainment of a high standard of health for our people. We do rely, and to a greater extent now, on international and bilateral assistance, and we look forward to the greater effectiveness of such cooperation. It is our thinking that in this area of cooperation drastic measures are required to ensure effectiveness. Many of the developing countries, including our own, have benefited from assistance for long years. How much real progress has been achieved so far? What are the final objectives? And how near have we come to achieving those objectives? These are questions needing almost immediate answers if we are to be realistic.

Let me put forward to this great Assembly of health the idea of the need for a revolution in health assistance to the developing countries. Let us free this Organization and many others from their set mandates and empower them to render assistance in the forms actually needed. Let us redefine technical assistance. Let us not only see technical assistance in the form of experts alone. Let us also bear in mind that in the course of the many past years technical corps, although limited, have been formed in many of the developing countries which, because they have been brought up in the society itself, are more aware of the problems of their respective societies and also to some extent of the solutions. Let us come up and give them the tools to work with. Let us support them in their high national ideals.

At this moment it gives me great pleasure to voice the support of my Government for the membership of Guinea-Bissau and for the associate membership of Namibia in this world body. We believe that WHO's principle of universality will prove an asset to the health of all mankind.

Mr President, distinguished representatives, let me once again congratulate the Director-General for his first Annual Report on health and on the work of WHO. Let us
hope that his second Annual Report, and many more, will also point to much progress in health on the globe. Let us all support him in his noble ideals which have emanated from his long years of service to the people of the world; and let us all hope for the betterment of the health of our world in an atmosphere of peace, security, and cooperation. Let us also hope for the days when the conquest of nature by man is complete, his control of disease realized.

The PRESIDENT (translation from the French): I thank the delegate of Afghanistan and give the floor to the delegate of Mali.

Dr SANGARÉ (Mali) (translation from the French): Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, on behalf of the delegation of Mali, I should like in my turn to express warm congratulations to the President of this august Assembly on his election to that high office and also to the Vice-Presidents of the Assembly and the Chairman of the committees. We are convinced that, through their great experience, they will all lead our discussions competently.

May we congratulate the Director-General on his very full Annual Report. We take this opportunity to mention a number of matters affecting the Republic of Mali.

First of all, we have completed the attack phase of the smallpox eradication campaign with the effective assistance of USAID and WHO. Still with the aid of WHO, we have been engaged in the maintenance phase for two years. It has been a striking success because for five years we have not recorded a single case of this disease.

Another campaign, the BCG campaign, is to be completed this year, this time with the assistance of UNICEF and WHO; however, maintenance will prove more difficult because of the delicate nature of the technique used, the inadequacy of the basic health services, and the difficulty of integrating smallpox and BCG campaigns.

WHO is in charge of the new project for onchocerciasis control in the Volta basin. This project has our full approval, but it excludes the western half of our national territory, which is also seriously exposed to onchocerciasis. Consequently, our Government is urging that the project be extended to the basin of the Senegal River.

In environmental health, the UNDP study project on the drainage system of the capital, Bamako, on the water supply has been completed. The World Health Organization's sanitary engineer made an active contribution to this. Nevertheless, it is in teaching that his assistance has been most valuable to us. His departure, a severe blow, has left a serious gap in the implementation of the training programmes of our public health schools - the National School of Medicine and the Secondary School of Health. His replacement has been long awaited and is becoming increasingly urgent.

In the development of basic health services, the inadequacy of which has already been mentioned, we greatly appreciate the valuable contributions of UNICEF and WHO in maternal and child health and health education activities. In maternal and child health in particular, we have initiated a new experiment involving rural maternity centres run by traditional midwives trained in regional hospitals. These maternity centres with about 10 beds are built by the village communities alongside the rural dispensaries and are run by locally recruited staff. This formula has the advantage of contributing to the development of the maternal and child health services without any appreciable increase in the expenditure of the State. About a hundred of these rural maternity centres are already in operation, and here again the encouragement and support of UNICEF are of great help to us.

As regards the training of intermediate-level personnel, WHO has supplied constant assistance by regularly providing midwifery and nursing instructors. Their contribution to the preparation and implementation of programmes and to the evaluation of teaching methods has been greatly appreciated.

Before the setting up of our National School of Medicine, which now trains our senior health staff in the context of the true requirements of the country, we received a yearly quota of fellowships for basic training in foreign universities. Since 1970, WHO has helped to provide visiting teachers. However, the training of senior health workers has a large number of aspects that need to be satisfied concurrently as far as the available resources permit: specialist studies, refresher courses, and the training of teaching staff are some of the needs that must be met. In order to plan these activities more effectively, we feel it is important to know how many fellowships we can hope to be allocated each year by WHO, whose role in this area is of fundamental importance.

Mr President, Mr Director-General, this very satisfactory picture is offset by another aspect of the health situation in our country that deserves attention. The Twenty-seventh World Health Assembly is being held at a time when the Republic of Mali is going through one of the most critical periods in its history. As all the world knows, Mali today is...
the victim of a natural disaster, the drought, which because of its cumulative effects and persistence over a number of years is becoming increasingly dramatic in character.

Our constant efforts to provide our people with health services of an acceptable level are being compromised by the inadequacy of our resources, which itself results from an economic and financial situation that has become particularly unfavourable through the impact of the drought. There is hardly any need to remind this august Assembly that among our disaster-struck population, weakened by hunger and thirst, there is an alarming level of morbidity that may well take a heavy toll of lives unless adequate and very substantial measures are taken quickly. Already, in these areas of lower resistance, we have had to record several outbreaks of epidemic diseases such as meningitis, cholera, influenza, and measles - the latter being particularly serious among children suffering from undernutrition and malnutrition.

Admittedly, some emergency action has already been taken, and the various forms of assistance - bilateral, multilateral, and from nongovernmental organizations - have enabled us to keep the damage within bounds and in particular to become better organized to deal with this unpredictable natural disaster. We take this opportunity to express all our gratitude to those who have assisted us in the very painful circumstances afflicting our country.

In this situation, however, it is important to remember that emergency health problems readily extend into short-term, medium-term and even long-term problems. This is tantamount to saying that their solution requires a global strategy and the preparation of a relief plan that continues at least into the medium term. This was our major concern in presenting to the last session of the Inter-State Committee for Drought Control (comprising Senegal, Mauritania, Mali, Upper Volta and Niger) an integrated development programme prepared with the industrious assistance of experts from the WHO Regional Office in Brazzaville; the implementation of this programme will no doubt require substantial resources.

We reaffirm to the Twenty-seventh Assembly of WHO the hopes we place in this international organization to sensitize and mobilize all sources of assistance at the worldwide level so as to provide further confirmation of human solidarity, international solidarity, solidarity between peoples.

We have noted with great satisfaction resolution EB53.R46 adopted on 24 January 1974 by the WHO Executive Board at its fifty-third session. We are convinced that the Twenty-seventh World Health Assembly can only strengthen its provisions.

Mr President, Mr Director-General, honourable delegates, I cannot close without drawing the attention of this Assembly to the highly dramatic and unjust situation of the national liberation movements, which for many years now have been fighting to win their dignity, their right to justice, their national independence. We maintain that it is the bounden duty of WHO to develop and define a solid and effective policy of assistance for these national liberation movements.

Moreover, our delegation requests the Twenty-seventh World Health Assembly to consider, with the greatest objectivity, the timely request of the Republic of Guinea-Bissau for membership of WHO (document A27/2), the request of the national liberation movements recognized by the OAU to take part in WHO meetings as observers, the admission of Namibia as an Associate Member of WHO in accordance with Article 8 of the WHO Constitution, and the invitation to the representative of SWAPO to take part in the work of WHO.

The PRESIDENT (translation from the French): I thank the delegate of Mali and now give the floor to the delegate of the United Republic of Tanzania.

Mr MWINYI (United Republic of Tanzania): Mr President, distinguished delegates, the previous speakers have congratulated you, Mr President, on your election to direct the present World Health Assembly, and also the Vice-Presidents and other office-holders.

On behalf of the Tanzanian delegation, I would like first of all to associate myself with the sentiments which have been expressed and also to wish you every success in carrying out the duties of your office until next year.

Secondly, Mr President, I want to congratulate our new Director-General for his comprehensive and thought-provoking Annual Report, which is now under discussion. After reading this Report, his first Annual Report, one cannot help being satisfied with our choice of the writer to fill the office of Director-General. There is evidence in this Report to indicate that the good work of his predecessor will not only be continued but also is sure to be expanded and strengthened. What has impressed me most in the Report is its style of modesty, its self-questioning and critical approach, and its avoidance of putting too much emphasis on the achievements of the Organization during the past year.
This slight departure from the tone of previous Reports is most welcome. Humility is a fitting virtue for this scientific Organization of ours. Furthermore, as the Director-General points out, to rejoice in our few and isolated achievements at a time when in many countries the health services appear to be deteriorating rather than improving would indeed be a mockery of the mission of this Organization.

Mr President, it is in this spirit and in the realization of what remains to be done that we read the Director-General’s review of the work of WHO during the past year. Since the text of the Report in question consists of 21 chapters, which are grouped into two parts, and there are many appendices, my delegation has tried to limit its immediate attention and interest to those areas which are considered more relevant to our country and Region. But even within these limits we found it very difficult to decide what exactly can be considered as being of little importance to us. Indeed, our health needs are so numerous and all our health problems are so serious that we have a crisis in trying to determine priorities. We look to WHO for guidance in this matter, but in vain, it seems. Certainly the WHO general programmes of work covering specific periods are of little use in this respect, and modern management techniques are equally unsuitable to our situations. We therefore often fall back upon the lesson gained from the story of the daughter millipede asking the mother millipede which leg to put forward first, and the mother millipede replying: "Walk, just walk". And so often we just walk on, in trial and error, so it seems.

This question of determining priorities in health is a difficult one. In view of this, it is also difficult to choose areas of interest in the all-embracing Director-General’s Report. But my delegation belongs to a region in which communicable diseases are generally regarded as the biggest cause of ill-health and death, and where the basic fabrics of health care are among the weakest in the world. My delegation therefore wishes to comment briefly on these two aspects of the Director-General’s Annual Report. In Tanzania we have to continue directing our effort both towards developing and strengthening our general health services and towards attacking specific diseases. In the case of the development of health services, we have in my country interpreted this to mean direction of our main effort to the rural areas. In this connexion, I am glad to say that we have had the full support of friendly countries, to whom we wish to renew our thanks. We are also glad to note that WHO is actively creating a favourable climate for development of rural health systems in a number of countries, especially the developing countries. I am very hopeful that, through our individual effort and determination and with the support of WHO and friendly countries, we will in due course see better health services for the masses in our rural areas.

It is a different story with the endemic infections and parasitic diseases which are affecting millions of Africans and other nations of the Third World. And here, in the matter of control of communicable diseases, the biggest contribution of the Director-General is that he has so clearly shown in his Report that so very little has been achieved, and that worldwide and large-scale campaigns against specific diseases by WHO have been limited to smallpox and malaria. The question that should now be asked, when we are considering the work of WHO during 1973, is whether really no more could be done in this field, and whether with more determination and will we could not have broken the back of yet another plague. I have in mind measles. It is a very widespread disease and is a big killer in many countries. It can be fought with a simple weapon, one similar to that used against smallpox. Indeed, we are glad to read in the Report that there was measles vaccination in 20 countries of West and Central Africa. But why as yet is there no large-scale campaign to get rid of measles? Why do we have only these piecemeal projects? Could this be because the more well-off Members of the Organization do not fully realize that measles is a big killer in the Third World? If that is the case, I want to ask WHO to make this good. We look forward to hearing in due course that the message is put out to the effect that some urgent and concerted action against measles is necessary in the interests of world health.

As to the many other communicable diseases affecting the African Region and many other developing countries, such as malaria, bilharzia, and river blindness (onchocerciasis), my delegation wishes to thank the Organization for its efforts directed
towards working out better ways of utilizing available knowledge and finding better weapons against them. But we have to note that it is not only technical problems which are holding up progress. The Director-General has referred to a pilot control project against bilharzia which was conducted in my country. The results of this project showed clearly that the incidence and prevalence of bilharzia were reduced over a five-year period by two measures which are at our disposal, namely, drugs to treat those infected and chemicals to kill snails. But the cost was prohibitive, about four dollars per head. Control of bilharzia, therefore, is possible and is waiting for the well-off nations to turn their interest to this problem. I hope that a day will come when WHO will lead and coordinate a large-scale campaign against this disease. I am encouraged in these thoughts by the campaign that has been started against river blindness in West Africa. It is only in such a spirit that we can hope to narrow the health gap that exists in the world today.

Finally, Mr President, I want to say a word about development of health manpower. There are always two aspects to this matter: we require a large number of health personnel, and we want such personnel to have sufficient skill to carry out the tasks that they have to perform. But it seems to me that what we are doing in development of health manpower is to concentrate on the second aspect, at the sacrifice of the first. Wherever you turn for guidance and inspiration, you see schemes of training auxiliaries being designed to last three or four years; and those for professional staff can be twice as long. Many reasons are given in support of prolonging rather than shortening training courses. Since we are all very short of staff, and since we now have a few notable examples to show us that these long courses are not a vital link in a nation’s effort to improve its health status, I would like to appeal to WHO to consider this problem of prolonging training courses. The medical professions in individual countries look to WHO for leadership, and I hope the Organization will provide this.

Mr President, before I stop, may I take this opportunity to pay a tribute to our Regional Director, Dr Quenum, and his fellow workers for the part they have continued to play in finding new solutions and approaches to the overwhelming African health problems. We have had the pleasure of welcoming Dr Quenum and a number of other WHO officials to Tanzania during the past year. Such visits are invaluable as a method of bringing the Organization into close and direct contact with the realities in our countries. Reports and speeches are not an adequate substitute in this matter. We would therefore welcome more visits of this kind, with the objective of assisting the Director-General to succeed in his declared intention of getting the World Health Organization to participate effectively in identifying health problems and opportunities at the country level.

The PRESIDENT (translation from the French): I thank the delegate of the United Republic of Tanzania and give the floor to the delegate of Iran.

Dr DIBA (Iran) (translation from the French): Mr President, dear colleagues, ladies and gentlemen, my delegation expresses its sincere gratitude to the honourable delegates who have placed confidence in you and done great honour to my country. I congratulate the Vice-Presidents and the other officers of the Assembly and wish them every success. I also congratulate our outgoing President, Mrs Sulianti, who most competently led the discussions at our previous Assembly. The very full and encouraging reports of Dr Ramzi, representative of the Executive Board, and Dr Mahler, our Director-General, show the great concern of the leaders of our Organization to carry out as full a health programme as possible within a limited budgetary framework. We are confident about the future because our very capable Director-General, Dr Mahler, backed up by his competent staff, will enable this Organization to take great new strides and thus contribute to improving the health of mankind.

I shall not go into the details of the programme since these will be discussed in the committees and my delegation will make its contribution there. Nevertheless, I must state that my Government is in agreement with the programme and budget presented and gives its full support to the tasks that WHO has set itself.

One point that is of major interest to us and about which I must inform this august Assembly is that, following the establishment of the health corps pioneered by Iran, his Imperial Majesty Shahinshah Aryamer gave the Ministry of Public Health the task of carrying
out, as soon and as fully as possible, the following five measures that should give all Iranians, in every part of the country, access to a health service: (1) general vaccination; (2) screening; (3) intensification of health education; (4) environmental sanitation; and (5) initiation of a health document for each individual. We believe that the implementation of these measures will lead to a spectacular improvement in all areas of health in our country and that our experience may be useful to other countries.

I should also like to refer to one of our Government's programmes that is already being carried out with the collaboration of the World Health Organization. This project aims at the complete health coverage of one province of Iran, Western Azerbaijan, where the best method of delivering health services (including the training of the necessary medical and paramedical staff and environmental sanitation) is being studied; this project will certainly be of interest to all countries.

Mr President, Iran, which on many occasions has given assistance when disaster has struck other countries, is prepared to collaborate to the extent of its abilities and resources with the World Health Organization in order to support the implementation of its programmes where needs are most urgent.

The delegate of Sri Lanka has the floor.

Dr WEERATUNGE (Sri Lanka): Mr President, distinguished delegates, ladies and gentlemen, let me first congratulate you, Professor Pouyan, on your election as President of this august Assembly. May I also take this opportunity of congratulating the Vice-Presidents and the Chairmen of the committees elected for the Twenty-seventh World Health Assembly. We wish to express our appreciation for the very efficient manner in which Dr Julio Sulianti Saroso, the outgoing President, conducted the Twenty-sixth session.

Dr Mahler, we are indeed very impressed with your maiden Report, which introduces a new approach spelling a happy augury for the World Health Organization's involvement in the problems of the health of the peoples of this globe. We will always treasure in our memories the very inspiring speech you made on 8 May. The genial personality of Dr Lambo, one who is frank and forthright at all times, will, I am sure, be an added strength to the directorate of the World Health Organization.

However, I am sorry I have to start on a depressing note. It is most distressing to note, but realistic to appreciate, that, as highlighted by the Executive Board, the health services in many countries appear to be deteriorating rather than improving. My own country, Sri Lanka, too, seems to be no exception. In past decades, Sri Lanka has been able to afford her people an efficient health service, providing adequate coverage through its excellent infrastructure. The ability to provide this service has been possible due to a reasonably stable economy, a population balanced with the state of the economy, an effective medical and paramedical educational system, and the Government's acceptance of health needs as a priority. However, over the years extraneous factors largely beyond our control have contributed to the depletion of resources, resulting in the setback we have to contend with. The deteriorating economic position, worsened by the fuel crisis, a disproportionately rapid increase in population, and the Government's commitments to channel limited resources into developmental projects have been inevitably manifested in the shortage of manpower and supplies to match the demands of the health services.

A reappraisal of the state of our health services is engaging our urgent attention. The recently completed national health manpower study conducted in Sri Lanka with the guidance and assistance of the World Health Organization has provided invaluable basic data and certain conclusions are inescapable. We cannot, in the state of our present ailing economy, aspire to provide a sophisticated health service akin to that of more affluent countries. Our efforts must be directed to the provision of a comprehensive basic health care system capable of effectively dealing with the common health problems besetting the majority of our population. The concept of the multipurpose worker must replace the superspecialist.

The indigenous or traditional system of medicine known as Ayurveda in Sri Lanka should be harnessed to treat the common ailments and an effective screening and referral system should be established to make the best use of the highest skills available. Organizational reforms directed towards freeing technical personnel from non-technical responsibilities are urgently called for. "Prevention is better than cure" should not remain only a slogan; an effective community health service integrating curative and preventive measures needs to be instituted.
The increasing emigration of our medical and paramedical personnel has resulted in a most serious situation whereby we are unable to adequately staff our existing medical institutions. The high standard of medical education in Sri Lanka, together with the postgraduate education obtained abroad, result in our medical specialists being readily accepted in other countries. In addition these countries feel that it is cheaper to import doctors than to train them. Appeals to patriotism or restrictive curbs cannot compete with the attraction of higher emoluments offered by these countries and we are witnessing a steady exodus of medical talent contributing to a pathetic situation whereby the taxpayers who have contributed to the education of the medical and paramedical personnel are deprived of better medical attention which is their just due.

As regards the present health situation in Sri Lanka, there has been a recent outbreak of cholera causing us much concern. I am aware that the present cholera epidemic has swept across many countries of South-East Asia, Africa, and the Middle East and hope of our own escape would perhaps have been too optimistic. Prompt and extensive measures instituted by my Government have contained the present epidemic to some extent and helped reduce the mortality rate to a reasonably low level. We are indeed most thankful to WHO, the Red Cross, and several countries that so readily assisted us with vaccines and drugs in our hour of need.

The obvious conclusions we have reached is that cholera, like other diarrhoeal diseases which impose such a large morbidity burden on our people, can only be eradicated by the provision of safe water supplies and adequate sewage disposal systems. It is significantly appropriate that this subject has been made the topic for the Technical Discussions at the next session of the WHO Regional Committee for South-East Asia.

In spite of the sustained control measures being adopted, malaria continues to contribute to an increase in morbidity in Sri Lanka. It has been observed that one of the contributory factors is the increasing vector resistance to DDT. Controlled trials using malathion in combination with DDT seem to be more effective, but unfortunately this results in an escalation of costs. Gemming operations and opening up of new agricultural projects causing migration of people in large numbers to jungle areas with a very high malaria potential are also responsible for the steep rise in malaria incidence.

The increasing pressures of our populations, particularly in the South-East Asia Region, have caused much concern not only in these countries alone but even in the world at large. Hence this year is being considered the “World Population Year”. The growing imbalance between population needs and available food supplies has led to a marked lowering of nutritional standards, evidence of which is becoming increasingly apparent in our own country. We have urgently mobilized our resources for the production of more food, together with a sustained campaign to achieve this objective. Our family planning programme has been given the highest priority by the Government and we are deeply appreciative of the very generous supporting aid extended to us by the United Nations agencies.

Dr. Mahler, we agree with you that it is easy to highlight a few areas showing excellent progress and become complacent, painting a rosy picture, and we prefer to focus the attention of this Assembly on the real problems facing Sri Lanka with the hope of finding solutions to them, most of which I am sure we share with many a country of our Region.

The PRESIDENT (translation from the French): I thank the delegate of Sri Lanka. I now give the floor to the delegate of Rwanda.

Dr. BUTERA (Rwanda) (translation from the French): Mr President, at the start of this address I should like to offer you, both in my own name and on behalf of the delegation of the Rwandese Republic, our warmest congratulations on your election as President of this august Assembly. We add our fervent wishes for success in the performance of your difficult task and assure you of the enthusiastic collaboration of our delegation. We extend the same wishes to the Vice-Presidents and the Chairmen of the main committees.

Honourable delegates, on behalf of the Rwandese delegation, I offer brotherly greetings to the delegations that have come from every corner of our planet to take part in this important meeting in the common resolve to work, without discrimination, towards the aims of welfare that our Organization has set itself and towards the advent of an era when everyone will receive as of right, and not by charity, the health services he needs. This is the reason for the efforts and sacrifices that we all make, within the limits of our resources, to ensure the advancement and permanence of WHO.
This faith and this hope bring us together each year in these precincts, which should welcome only those who share our convictions about the equality and brotherhood of men of every condition and every colour; because, ladies and gentlemen, all the efforts, all the difficulties, all the fatigues and vigil of the staff who, either here at headquarters or in the regional offices or in the field, devote their energies to preparing and implementing health projects, would be in vain if there were not an underlying basis of sincere respect for man and the desire to see him achieve a condition worthy of each one of us.

We therefore appreciate the efforts of WHO in recruiting its technical staff, since it takes into account both human qualities and professional qualifications. The strengthening of this staff recruitment policy could make a significant contribution to the improved planning and improved coordination by WHO of the health activities of Member States, including the rationalization of choices regarding external assistance.

We add our voice to those of the distinguished delegates who have expressed their feelings about the human condition in this latter part of the twentieth century, and particularly about the difficulties and obstacles that confront us whenever we try to find solutions to our socioeconomic condition, which is the setting for our health situation. The participation of my delegation in this Assembly provides an opportunity to reaffirm our steadfast adherence to the philosophy of WHO, our appreciation of the important work it has accomplished, and our confidence in its capability of contributing effectively to the greater welfare of all.

Our beautiful little country, Rwanda, occupies a special situation within the African continent and has some specific geo-ecological characteristics: it is a landlocked country with a mountainous relief and a quite exceptionally clement climate, but its natural resources are extremely limited, particularly in view of its population growth, which is above the average for African countries. Rwanda can make progress towards development only by calling in the first place upon the labour and the intelligence of its human capital, while trusting in the solidarity and cooperation of the international community. By regarding the citizen of Rwanda as the chief artisan of his own development, and by recognizing that reasonable economic growth is necessary to improve the standard of living and welfare of the Rwandese people and that the improvement of the level of health contributes to social and economic progress, the Second Rwandese Republic has given a new significance to the country's political life.

As the honourable delegates to this Assembly are aware, small countries, even the poorest, can play quite an important part in keeping international peace; we are therefore convinced that to promote the welfare of these countries helps in many respects to strengthen peace.

The depressing picture that we painted last year of the health situation in Rwanda has not changed much: high morbidity due to acute respiratory infections, malnutrition, gastrointestinal infections, and tuberculosis, and high mortality due to respiratory infections, kwashiorkor, and the epidemic diseases of childhood. Since 1969, epidemic typhus has been rife in my country; so far we have struggled on our own, unfortunately without much success, to halt its spread. We are now relying on the goodwill of the international community to eradicate this scourge, which is severely handicapping our socioeconomic development. Our helplessness in the face of these misfortunes has not greatly changed; therefore, since our inadequate human and material resources do not enable us to bear the cost of medicosocial activities on the scale required to deal with this health situation.

Consequently, we are currently being forced to undertake a review of our public health plan, the implementation of which has been abruptly checked by our lack of funds. We shall have to tackle the preparation of this plan by an approach that is both more realistic and less expensive, lowering our sights to the level of our means. The public health objectives in Rwanda were clearly defined by our Head of State in his programme statement on 1 August 1973. The same objectives were specified and studied closely at an intercountry seminar held in Gisenyi last October on the orientation of medicosocial services, taking into account our five-year socioeconomic plan. It was agreed that public health must be envisaged from two aspects: first of all we need mass medicine directed more towards the most vulnerable groups. Secondly, expenditure on health and welfare must be regarded as an investment that will pay its way in the long term. In order to make our existing health installations as economically viable as possible, we have decided to provide them with the resources needed for their proper operation, in terms of competent staff, health equipment, and drugs. We are convinced that it is no use setting up large medical and health establishments if they cannot be operated owing to lack of resources. This accounts for the stress laid in our current programme on training and equipment. Consequently, we are requesting increased assistance from WHO in this field.
Up to now, WHO has supported the efforts by the Government of Rwanda in the strengthening of basic health services, the control of communicable diseases, and staff training, including the award of fellowships. We are also counting on WHO assistance in the training of other categories of staff, particularly in public health, environmental health, and laboratory techniques. UNICEF too is helping by supplying equipment for our health centres and providing vaccines and advanced training fellowships, and is contributing to the continuing education of serving staff by granting subsidies for the organization of seminars on various health subjects. We also greatly appreciate the constantly increasing bilateral assistance from many friendly countries. Belgium, France and Luxembourg are among the countries making an active contribution to the strengthening of our health services and to the training and refresher training of staff.

Mr President, Mr Director-General, distinguished delegates, the United Nations Development Programme has listed my country among the 25 least developed countries of the world. We therefore feel that the specialized agencies of the United Nations such as WHO will shortly take this recommendation into account in their assistance to these countries. Assistance to the liberation movements recognized by the intergovernmental organizations finds its rightful place in the same context.

Mr President, despite the sometimes depressing difficulties we have confidence in the work of WHO. The extremely clear and conscientious Report of the Director-General of WHO, Dr Mahler, would suffice to restore our faith if there were any need to do so. In it we find a realistic view of the world's health problems, special attention to the hardships of the Third World, and above all the witness to a determined effort to serve mankind. Consequently, I have great pleasure in adding the voice of the Rwandese delegation to the voices of other delegations to express our gratitude to WHO and to its Director-General, Dr Mahler. His devotion and dynamism constitute a stirring lesson in active humanism and an encouragement to all of us who share the heavy responsibility of leading their peoples to the highest possible level of health.

The PRESIDENT (translation from the French): I thank the delegate of Rwanda and give the floor to the delegate of Democratic Yemen.

Dr AL DALY (Democratic Yemen) (interpretation from the Arabic): Mr President, first of all may I congratulate you on your election as President of this Twenty-seventh World Health Assembly.

When we meet here each year it is to assess the progress made by the Organization during the past year. It is also to look to the future. In so doing, where black spots still exist we must redouble our efforts and meditate deeply.

In the Introduction to his Report the Director-General - to whom we pay tribute here - refers to the deterioration of the public health services in some countries, particularly the developing countries. Although the worldwide campaign to control smallpox is proceeding successfully, the campaign against malaria has been marking time, particularly in the developing countries. The Director-General also emphasizes in his Report the slowness with which basic health services are being instituted, adapted to local conditions, made generally available, and properly operated, particularly in the rural areas of the developing countries. There is no doubt that this is a crucial problem in view of the fact that the lack of basic health services in rural areas inevitably leads to the failure of any plan aiming at the eradication of communicable and endemic diseases. It is therefore important that our Organization should undertake a review of its assistance programmes to the developing countries, particularly as regards the basic health services and their general availability, their operation, and their improvement.

Democratic Yemen has attached great importance to this problem ever since it obtained its independence. Thus, despite unfavourable economic conditions and an inadequate health situation inherited from the past, and despite the shortage of medical and paramedical staff, we have always endeavoured to work out a health strategy, within the framework of the three-year plan, giving priority to the setting up of basic health services and to their establishment in rural areas where the majority of the population live.

Accordingly, we have undertaken the training of paramedical staff and have been busy setting up health centres, despite the meagre resources available to us, thanks to the efforts of the rural communities which have built these centres themselves. These centres are staffed by health workers who were recruited from rural areas and given training in methods of detecting and eradicating endemic diseases. To take an example, the latest available figures show that 149 health centres have been set up in the various provinces of the country under the national three-year plan, bringing the total number of such centres to 230. These centres have been provided both with the necessary medical and paramedical staff and with the essential equipment for the control of diseases such as malaria, the other parasitic diseases, enteric and pulmonary infections, trachoma, diseases resulting from malnutrition, etc. Outpatient services for emergency care are available,
and there is a system for the notification of cases of communicable diseases.

Although a great deal has been done, Mr President, in the People's Democratic Republic of Yemen, particularly in rural areas and since the nationalization of medical practice, the abolition of private clinics, and the assignment of physicians to rural hospitals (where they receive fair material compensation), a great deal remains to be done to improve the health centres. Consequently, I should here like to appeal to the World Health Organization to provide the assistance needed to improve our health services. We also hope that the special malaria control programme in my country will be reviewed and will be integrated with the basic health services.

Mr President, although I have deliberately talked about the health problems in my own country, I do not lose sight of the fact that there are other countries which are struggling against foreign domination. Our Organization, in its own field, should support the liberation movements in Africa and in the Arab world, particularly the Palestine liberation movement. We also unconditionally support the requests of Guinea-Bissau and Namibia for membership of the Organization.

In conclusion, Mr President, I should like to pay tribute here to the Regional Director, Dr Taba, for his understanding and in particular to express to him our gratitude for the assistance he has always given us. Our thanks also go to UNICEF and to all the friendly countries that have greatly assisted us in the health field. I should like once again to thank the Director-General, Dr Mahler, and the Deputy Director-General, Dr Lambo, and to voice the hope that this Assembly will achieve positive results and that the Organization will be fully successful.

The PRESIDENT (translation from the French): I thank the delegate of Democratic Yemen. Before giving the floor to the delegate of Madagascar I shall ask Dr Lambo to explain a point of procedure.

The DEPUTY DIRECTOR- GENERAL: Mr President, the next speaker, the delegate of Madagascar, has asked to speak in Malagasy. In accordance with Rule 87 of the Rules of Procedure of the World Health Assembly, an interpreter provided by the delegate of Madagascar will read simultaneously the text of this speech in French.

The PRESIDENT (translation from the French): Thank you, Dr Lambo. I give the floor to the delegate of Madagascar.

Mr RANDRIANASOLO RAVONY (Madagascar) (translation from the French): Mr President, today, 13 May 1974, is just two years since the Malagasy revolution. I shall therefore speak in Malagasy to honour the memory of our dead and to celebrate the anniversary of the victory of the Malagasy people.

(The speaker continued in Malagasy): 1 Mr President, Vice-Presidents, Mr Director-General, Mr Deputy Director-General, honourable delegates, may I convey to all delegations taking part in the work of the Twenty-seventh World Health Assembly the sincere brotherly greetings of the Malagasy delegation and the people of Madagascar. Mr President, may I also offer to you and the Vice-Presidents the warm and respectful congratulations of my delegation on your election to preside over our work here and to devote yourselves to world health for one year. The Malagasy delegation wishes you every success.

Mr President, after examining and studying the excellent Report prepared by the Director-General we cannot remain silent. We offer him and his staff our sincere congratulations. Only five pages of this Report concern the African Region of WHO; nevertheless, we are aware that they perfectly summarize the major problems of the Region. Malaria still occupies first place among the communicable diseases to be controlled by the Ministry of Social Affairs in Madagascar, relegating to second place diseases such as tuberculosis, leprosy, venereal diseases, etc. However, a very serious problem is confronting the services for the control of communicable diseases and the Ministry of Social Affairs as a whole in 1974: the programme adopted for malaria control will not be carried out owing to the tremendous increase in the price of the products used. The price of byproducts of petroleum, such as malathion, has gone up by almost 50%, and this increase may rise to 100% in the near future. The price of chloroquine has also risen, and the total funds needed for the campaign in 1974 will be 180 million Malagasy francs, whereas the funds allocated to the responsible service amount to 240 million francs. The Ministry will therefore be forced to choose between continuing the programme (i.e., continuing the distribution of chloroquine and the spraying of dwellings with DDT),

1 In accordance with Rule 87 of the Rules of Procedure. The translation given here is based on the French interpretation.
WHO recruited eight newly graduated physicians from the medical welfare department to undergo fellowships outside Madagascar, and the Bajolet Stomatology Centre in Tananarive has just joined the Committee for Africa in Lagos, Nigeria:

since the return of the Malagasy delegation from the twenty-third session of the Regional Committee for Africa in Lagos, Nigeria: dental studies take priority in the allocation of fellowships outside Madagascar, and the Bajolet Stomatology Centre in Tananarive has just recruited eight newly graduated physicians from the medical welfare department to undergo 18 months of training. Third, as regards drug dependence, the Government is taking increasingly severe measures to curb the consumption of Indian hemp and local spirits, the proof level of which is never checked. Drug dependence due to Indian hemp is mainly found among young people of both sexes, and special vigilance is needed to prevent this phenomenon.

In the field of environmental health, work on the water supply of Tananarive, the capital, is continuing with UNDP guidance and funds and with technical assistance from WHO. However, it is realized that this is not enough. The Ministry of Social Affairs has just decided to set up a national sanitation service directed by a sanitary engineer. Until this service is actually set up, the Health Education and Social Medicine Service has taken a number of welcome initiatives since January 1974. Last April, for example, a one-week seminar was held at which environmental health occupied a leading place.

Turning now to the strengthening of health services, in addition to the establishment and improvement of treatment centres, maternity centres and mobile health teams under the national development plan for 1974-1977, I must mention the following activities. First, the applied nutrition laboratory set up with the active collaboration of WHO and UNICEF is already operational. Second, a plan to set up a national public health laboratory, which will probably be integrated in a university centre for health sciences such as already exists in Yaoundé, Cameroon, is being studied. However, before it is implemented the Minister of Social Affairs has given instructions to provide equipment for a number of health teams in rural areas. The fitting-out of small laboratories of this kind will enable the health workers to carry out simple but useful analyses for diagnosis. These instructions are being carried out at present, since only decentralization towards the users of health services will help us to fight disease effectively. Third, the national development plan indicates that, starting this year, an effort will be made to set up pharmaceuticals factories to produce certain drugs that can be manufactured locally. The registration of medicinal plants will also be undertaken. The implementation of this plan is sure to reduce the problems we are encountering at present in the supply of drugs, since we are still dependent on supplies from abroad. The production of drugs, particularly those that can be manufactured from Malagasy medicinal plants, will help to overcome our difficulties.

Major responsibility for family health rests with the Health Education and Social Medicine Service, which has made unceasing and meritorious efforts since the start of this year to find ways of effecting improvements. The selection of 1974 as World Population Year is very appropriate for Madagascar, where the family, the nucleus of society, has by no means been forgotten. The appeal I made on 7 April 1974, World Population Day, on behalf of the Minister of Social Affairs, concentrated precisely on the problems of nutrition, malnutrition, and healthy food - food that every family must have. Public demonstrations of all kinds concerning health and nutrition education are still taking place throughout the island. Starting on 24 May 1974, for one week, Madagascar will celebrate World Population Year. It is our wish to continue the efforts being made at present, and the Government has accordingly set up a national standing committee on population. We are convinced that these efforts will be rewarded, and we thank WHO, which is closely collaborating with us in Tananarive.
Since July 1973 the Ministry of Social Affairs has been endeavouring to improve health statistics. Very little now remains to be done to improve the central service at the Ministry, which has the services of a statistical engineer. Outside the Ministry, on the other hand, we have no staff with specialist qualifications in statistics. Nevertheless, we are not neglecting the training of our staff in statistics: we are using crash courses, courses in health and vital statistics at schools of medicine and sociology, and are even training specialists, since we are aware of the major importance of statistics.

We are aware that the shortage of health manpower, both quantitatively and qualitatively, is a chronic complaint afflicting many countries besides our own. Here we wish to say something about the efforts that began last year and will continue for the entire duration of the national development plan. Two methods are at present being applied by the Ministry of Social Affairs to solve the problem of the shortage of manpower: (1) decentralization of the schools of medicine and sociology and provision of refresher training for workers already in service; (2) determination of priorities in the training of staff, both locally and abroad. The forthcoming and long-awaited arrival of a public health administrator and a health planner sent by WHO will certainly contribute to the effective and economical operation of our national health services.

Mr President, in concluding it is my pleasant duty to thank and congratulate the President of the Twenty-sixth World Health Assembly for everything she has done for world health. I should also like to convey the fraternal greetings of the Malagasy delegation to the delegation of Swaziland, which is attending this Twenty-seventh World Health Assembly, and to express our hope that Guinea-Bissau will be admitted to WHO, Namibia, our sister islands of Comoro, and other peoples under colonial rule will one day come to join us here. Moreover, the Malagasy delegation hopes that separated brothers, such as Korea and Viet-Nam which are divided into north and south, will be able to work together again in peace, particularly in the field of health.

Finally, I express sincere thanks to WHO — and in particular to the Regional Office for Africa, headed by the hard-working and indefatigable Dr Alfred Quenum — for its unceasing assistance both through fellowships and through the wise advice offered by its representative in Madagascar, Dr Tross. The assistance of WHO is incalculable and we are convinced that it will increase constantly in the years to come so as to help our country to extricate itself from its underdevelopment in the health field. The Malagasy delegation takes pleasure in thanking UNICEF, which cooperates closely with WHO. We can assure you that all the assistance we receive will be wisely used.

The President (translation from the French): I thank the delegate of Madagascar and give the floor to the delegate of Yemen.

Dr Al Aghbari (Yemen) (interpretation from the Arabic): Mr President, permit me to offer you on behalf of the Yemen Arab Republic my heartiest congratulations on the confidence placed in you by the Assembly in electing you to chair this session. We would like also to congratulate the Vice-Presidents and the Chairmen of the committees, wishing all of you success in the accomplishment of your work. We also hope that this session will be fully successful.

I would like also to offer congratulations to the Director-General, since he has a vital role to play in the development of those services which require WHO assistance, that is, the basic health services. WHO symbolizes cooperation among the peoples of the world, with a view to arriving at a situation whereby there will be a healthy environment to put an end to epidemic diseases. WHO has been very successful in various fields and in various aspects of its activities in many Member countries. Thus we see the result of cooperation among peoples of the world, thanks to the proper functioning of the executive machinery symbolized by the Director-General.

Mr President, members of the Assembly, the importance of WHO and its efforts intended to improve environmental health and to combat endemic and epidemic diseases and the aid which it gives to improve the health level in many countries are aimed at protecting man in this modern era throughout the world, where rapid communications and links between peoples of the world are just some of the factors which facilitate the communication of diseases. On behalf of the Yemen Arab Republic we would like to express our entire appreciation of the role played by the Director-General, which is reflected in his Report. Similarly, the Yemen Arab Republic would like very much to thank the Regional Director for the Eastern Mediterranean, Dr Taba, and all his colleagues in the Regional Office and experts working in my country; we would like to thank them for their efforts aimed at permitting the success of joint projects.

Our countries, despite their modest resources, have in recent years been able to achieve considerable success in extending health services, thanks also to assistance provided by friendly countries, by fraternal peoples, by UNDP, by UNICEF, and by WHO, as
well as by benevolent organizations. Nevertheless, now that we are thinking of extending our health services, especially in the rural areas, which are still deprived of many of these basic services, we ask our brothers, all the benevolent organizations, and this Organization to give increased assistance to our country so that we can carry out the three-year health plan undertaken initially by WHO.

Mr President, the delegation of the Yemen Arab Republic would like to call upon WHO to give very serious consideration to the very poor health situation of the Arab people of Palestine, on whom Zionism is exerting all kinds of pressure, dispersing these peoples without taking account of their health situation, which is deteriorating. We ask that you recognize that the Palestinian People's Liberation Front be given a chance to represent this people as an observer at the Assembly in order to make known to the world the health situation prevailing in Palestine. Furthermore, my delegation supports the request of Guinea-Bissau and Namibia for membership of the World Health Organization, so that the universality of the Organization can be assured.

Lastly, Mr President, I would like to see further development of cooperation between UNDP, UNICEF, WHO, the benevolent organizations and my country and we also would like to cooperate further with fraternal countries who are our friends, and this for the wellbeing of the population of Yemen and for world health in general.

The President (translation from the French): I thank the delegate of the Yemen Arab Republic and 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, delegates, the Soviet delegation associates itself with the congratulations you have received, Dr Pouyan, on your election to the lofty position of President of our Assembly, also with the congratulations addressed to your Vice-Presidents and assistants on their election. We can already see, Mr President, that under your direction our Assembly is vigorously and fruitfully addressing itself to its work, and the large attendance in our Assembly Hall today at this late hour shows once again the importance of the general discussion that takes place at each Assembly on the cardinal problems of our Organization's work.

The Soviet delegation has studied the reports of the Executive Board and the Director-General's Report and has listened to Dr Mahler's statement on the programme; from them emerges the fact that an important 25-year period of the Organization's work has been completed, a period with its difficulties and successes, its achievements and failures, and that WHO now stands at a crucial turning point, beyond which lie fresh successes in the work of protecting the peoples' health. New prospects are now opening before WHO, and we must boldly look as far as possible ahead, and trace out constructive lines for our future work. We consider this most important. Accordingly the Soviet delegation is authorized by the Government of the Soviet Union to confirm once again our firm support of WHO's work to find solutions for the national, regional and worldwide medical, medico-social and organizational problems in the public health field. We are looking at WHO's future not only from our own point of view, but with an understanding of the interests of all the Member States. Our country has never sought in WHO, or in the field of international cooperation in health work, any exclusive benefits or advantages for itself. The Soviet Union supports WHO's work on account of the particularly humane nature of that work, and of the complexity of the problems with which WHO is faced, which require a determined joint effort by Member States. At the same time we have advocated and advocate now a sweeping review and reappraisal of WHO's work, and an improvement in its effectiveness. We are glad that the necessity for this is now recognized and understood by all. We repeat that, in order to increase WHO's effectiveness at the present stage there is need, above all, to reach a common understanding as to what WHO's objectives are, to work out a constructive methodology of international cooperation, to enlist the participation of all national and international forces and resources in our programmes, and to carry out systematic evaluation of the intermediate and ultimate results of WHO's work.

It is fashionable just now to speak of changes, but all the Member States of WHO and the WHO Secretariat have to adopt the most constructive approach possible to the solution of overall problems and not just talk about changes. The Soviet delegation, for its part, is endeavouring to make a constructive contribution of this nature at the present session of the Assembly. In the first place, with regard to the Organization's long-term objectives, set out in WHO's Fifth General Programme of Work, we consider that the Executive Board should begin, this year, reviewing the implementation of the Fifth General Programme, and should draw the appropriate conclusions. We think it would be advisable for the Executive Board also to proceed in the near future to draw up a Sixth General Programme for a period of four to five years, and entrust that task both to actual members of the Board and to such experts and consultants as may be appointed by the Director-General and by the Board members. But some thought must be given already now to
determining the lines of WHO’s work over a longer period, during the 1970s and 1980s, as was envisaged in 1970 by the resolution of the Twenty-third World Health Assembly on preparation of the long-term programme and forecasts of our Organization’s work. Action must be taken to implement that decision.

With regard to the methodology of international programmes, we wish to say a word on the subject of the successful development of the global smallpox eradication programme that was adopted in 1958 and intensified in 1967. The success of this programme is directly due to the scientifically sound way it was carried out, to proper coordination of the efforts of WHO and Member States, and to the fact that the extreme acuteness of the problem for all the countries in the world was recognized. The Soviet Union supported this programme from the outset, both at the scientific and methodological levels and by making available to WHO and to a large number of countries over 1500 million doses of smallpox vaccine. In view of the way this programme is proceeding, the Soviet Government has now decided to place at WHO’s disposal, by way of a supplementary voluntary contribution, a further 75 million doses of smallpox vaccine between 1974 and 1976. We hope that the smallpox eradication programme will be brought to a successful conclusion in the next few years. We consider it a most important historic achievement, for this is the first occasion on which an extremely dangerous disease is being eradicated throughout the world through the coordinated efforts of all States. We consider that the Director-General ought at once to appoint an international team of specialists from different countries that have participated in the smallpox eradication programme to set down what is to be learnt from the experience gained and to preserve it in the form of a large monograph or a monograph in several volumes. Smallpox eradication is WHO’s first great victory, and the experience obtained in the course of it must be preserved for mankind.

In connexion with the decision that has been taken to reinforce WHO’s role in the coordination of biomedical research, there is serious work for us to do in the field of the methodology of international cooperation. A great deal has been done already, but still more lies ahead. Our joint work on cancer under the resolution of the Twenty-sixth World Health Assembly may be regarded as one of the first cases. The Soviet delegation, since it attaches great importance to this programme, intends to bring a number of considerations to the Assembly’s attention regarding a possible methodology for future cooperation. There are other important problems for research, in particular schistosomiasis and onchocerciasis, which are of great social, economic and health importance for many African and other developing countries. We consider that WHO ought to strengthen the research components of those programmes; in our opinion there are insufficient grounds for supposing that we possess a scientifically based methodology for effective control of those diseases. Unless we do more work on those research problems we may repeat the mistake that we made with regard to malaria. One must not rely just on one or two, or three, methods of controlling dangerous diseases, however promising those methods may be. We advocate a very great extension of research on those extremely serious parasitic diseases, and are ready to take part in such research under WHO’s auspices.

The Soviet delegation also attaches great importance to a substantial strengthening of the role of the Executive Board and the Assembly in systematically reappraising our programmes and in improving the structure of our Secretariat’s activities. The problems of cooperation between headquarters and the regions over specific programmes deserve, we believe, particular attention. We consider that the Organization’s regional structure has, on the whole, fully justified itself, but recently a certain “autonomy” of the regions is beginning to affect the efficiency of liaison between them and headquarters. We also attach a great deal of importance to improving the composition of the WHO Secretariat by forming truly international teams of specialists to deal with basic problems — teams which will not only concern themselves with deciding particular questions but also be capable of making constructive proposals in the light of different countries’ experience. The accumulation in the Secretariat of people with long-term or career contracts who gradually get out of touch with their own public health systems and grow used to the privileged position of international officials we consider to be inadvisable and dangerous to the Organization.

We are continuing to pay special attention to the training of national public health personnel and to the development of national public health systems based on the most efficient principles, and we accordingly repeat the proposal we made earlier that an international conference on experience in the development of public health systems should be held under WHO’s auspices.

The position of the Soviet delegation on the budget remains unchanged. We consider that the rate of increase of the regular budget is excessive and unjustified, not because WHO has sufficient resources, but because its main function is, we consider, not to provide charity but to coordinate the whole of all countries’ resources and efforts.
The extraordinary session of the United Nations General Assembly which has just ended has once again confirmed that the most important thing for the economic and social development of the developing countries is not individual handouts in the form of what is termed "assistance", but the elimination of colonialism and neocolonialism, the guaranteeing of all countries' sovereignty and the guaranteeing of their right to dispose of their own resources. It is only through this that the gulf between the developed and the developing countries can really be bridged. We link this with the present trend towards relaxation of international tension; we note with regret, however, that there are still forces that are trying to slow down relaxation of tension and are flouting the rights and dignity of peoples. We have in mind Israel's provocation in the Near East and the apartheid policy of the Republic of South Africa and the colonial oppression of other peoples that has still not been brought to an end. And we must once again repeat that we condemn the criminal acts of the military junta in Chile, which is flouting human rights - however certain speakers who have made statements here may endeavour to conceal the truth by asserting that all human rights are being safeguarded in Chile, that there is cooperation with the Red Cross, and that all is well. In the last few days we have heard and read a great deal, and once again we demand an end to the criminal acts of the military junta. To remain inactive now is intolerable. A wise man said: "Fear not friends, they can only betray you; fear not enemies, they can only murder you; fear the indifferent, for it is only with the acquiescence of the indifferent that there is betrayal and murder on earth". But now there are no people who are indifferent, there are no physicians in this hall who are indifferent to the cause of Chile, to the cause of saving that country's people, medical workers among them. It is not possible to murder the truth.

The PRESIDENT (translation from the French): I thank the delegate of the Soviet Union and give the floor to the delegate of Kenya.

Dr ONYONKA (Kenya): Mr President, I wish to congratulate you on being elected President of this Twenty-seventh World Health Assembly. My delegation is confident that under your wise and capable guidance the deliberations of this Assembly will achieve our objectives towards the promotion of health and wellbeing of all mankind, and the proper preservation of the environment in which they live. May I also take this opportunity to congratulate the Vice-Presidents of the Assembly, and the Chairmen and Rapporteurs of all the committees, whose hard work will be invaluable in our proceedings for the next two or so weeks. The members of the Executive Board deserve our many thanks for their preparatory work during the past year.

As leader of the Kenyan delegation, I wish to express my delegation's appreciation of the continued cooperation between the World Health Organization and our country, which has proved to be of considerable value in the improvement of the health of our people. We welcome, and pay a special tribute to, the new Director-General of the World Health Organization, Dr Mahler, for his constant concern and dedication to the health of the people of the world. To him, his Deputy Director-General, Dr Lambo, and other WHO staff in Geneva we extend our thanks for their magnificent effort in carrying out so ably the work entrusted to them by previous Health Assemblies, and in formulating new beneficial strategies.

From our own Region, a special tribute is due to the Regional Director for Africa, Dr Quenum, and his staff in Brazzaville, as well as to the experts in the field, for their dedication and ability to function alongside our national staff in all situations, thereby contributing tangibly to the development of health services for the whole community.

For our part, Kenya has continued to place high priority on, and to devote increasing resources and effort to, the improvement of basic health services in both rural and urban parts of the country. These efforts have been assisted by the provision of funds, supplies, technical experts, and study fellowships made available to us by WHO, UNICEF, UNDP, and other United Nations agencies and international institutions, Projects so assisted have been in the fields of improvement of basic health services, control of communicable diseases, environmental health, epidemiological surveillance, training of medical personnel, and our population programme.

The Kenya Government's new five-year health development plan, commencing in 1974, has as its main objectives the control, prevention, and ultimate elimination of communicable diseases, deficiency conditions, environmental hazards, and avoidable problems associated with childbirth and child rearing. Promotive and preventive health programmes will continue to be purposefully emphasized, and the marked-out development of the network of curative services facilities at the local, district, provincial, and national levels will reflect this emphasis.
The smallpox eradication campaign in Kenya, which was started in 1968 supported with supplies and personnel from WHO, is worthy of mention as it has been so successful. This eradication project remains in its maintenance phase with no indigenous case of smallpox noted in the past four years. Surveys show that immunity of over 80% of the population has been achieved. Production of freeze-dried smallpox vaccine was started in the Nairobi laboratories some years ago with the assistance of WHO and UNICEF. This vaccine has been wholly utilized in the campaign, and has also been supplied to neighbouring countries at the request of WHO.

The smallpox eradication project has now been integrated with the general epidemiological surveillance programme against all communicable diseases. On poliomyelitis, we have found that it occurs in three-yearly cycles with peaks in certain months of the year, and we attempt to forestall these by immunization of children of up to four years of age ahead of these peak periods of increased infection. In dealing with tuberculosis we encountered one slight drawback in that one strain of BCG vaccine provided to us caused unusually large swelling, induration, and even ulceration of glands of the axilla of the arm of vaccination, and we had to withdraw this vaccine and substitute a BCG strain from another laboratory.

The training of personnel at all levels of medical knowledge and skills remains a top priority if we are to develop the health services of Kenya. At the University Medical School in Nairobi, which was commenced seven years ago with the encouragement and assistance of WHO, 45 doctors qualified this year and the School is now enrolling 105 new students every year. The training schools for professions allied to medicine and for auxiliary medical personnel are being expanded to try and cope with the rising health needs of the population. Kenya has worked out a definite population policy, and with the help of the International Bank for Reconstruction and Development and other international and bilateral aid agencies we hope to build more new schools for training community nurses, and a number of rural training health centres for training health teams to work in these services in rural areas. A new institute of public health for post-basic training of all cadres of staff is also planned.

The total plan allocation for capital health development over the five-year period commencing in 1974 is about US $85 million and the recurrent expenditure over the same period will be US $210 million. These funds will come from domestic sources as well as from all other sources such as international and bilateral aid and international borrowing. The total capital and recurrent expenditure on health for the five-year period will form nearly 7% of the total national expenditure over the period. We plan to double expenditure on rural health services to about 23% of the total capital expenditure on health, a further 17% will go to manpower development and 6% to public and environmental health provisions. Greater emphasis will be placed on maternal and child health (which forms the bulk of our services), and an element of this will be included in all aspects of our health development programme. The national family planning programme will be part of our maternal and child health services. But with the present world inflation we do face serious financial constraints.

Mr President, I am happy to say that WHO and other United Nations agencies have had an influential say in our development plan, and it is our hope that their assistance will be maintained and enhanced during the implementation of that plan.

The PRESIDENT (translation from the French): I thank the delegate of Kenya and give the floor to the delegate of Qatar.

Mr AL MANA (Qatar): Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, I have the honour to convey to you, Mr President, on behalf of the Qatar delegation, the warmest and sincerest congratulations on your election to the presidency of the Twenty-seventh World Health Assembly. I also congratulate the Vice-Presidents and the Chairmen of the main committees on their election to these high posts.

Mr President, we have read with great interest the Annual Report of the Director-General for 1973, which indicates the results of the untiring efforts made by WHO during the past 26 years towards the attainment of the highest possible level of health for all mankind. We congratulate the Director-General and his able staff on the splendid Report on the activities of WHO, which continues to fight on all fronts. With the cooperation of Member States, successes are being achieved against disease in all continents.

In recent years the population of the State of Qatar has increased considerably, and in direct consequence the demands upon the health services have increased in proportion.
This situation has been recognized by H.H. The Amir Shaikh Khalifa bin Hamad Akh Ali in his decision to provide new and additional hospital accommodation, health centres, and other facilities in the capital and other towns of the Emirate.

Immediate improvements in organization are required in order to deal with the substantial development programme on which the Ministry is about to embark, including an extension to the tuberculosis and isolation hospital, new accommodation in the psychiatric and long-stay hospital, and new health centres and alterations to rural hospitals, culminating in the new 600-bed hospital, which will be one of the leading hospitals in the Gulf.

As regards the control and surveillance of communicable diseases, I think it is worth mentioning that smallpox has been eradicated in Qatar thanks to a large-scale vaccination campaign. Moreover, the Emirate escaped the cholera outbreak that flared up recently in some countries, including some neighbouring countries.

Great efforts have been made to improve environmental sanitation and town planning to cope with the rapid growth of the state. For instance, the municipality of Doha has erected low-cost housing for foreign immigrant workers, having removed the central slum areas in which they lived and which were a hazard to public health.

As regards other communicable diseases, such as diphtheria, poliomyelitis, tetanus, whooping cough, measles, mumps, and rubella, the Department of Preventive Medicine is carrying out immunization programmes. All vaccines are given free to all the population. Intensification of the health education programmes is one of the main objectives of the Ministry of Health, ensuring the participation of the community in gaining the utmost benefit from the curative and preventive health services.

The control of pulmonary tuberculosis depends to a great extent upon case-finding and treatment. Chest X-ray is carried out routinely free of charge on almost every patient complaining of chronic cough, on all food-handlers every year, as part of the pre-employment medical examination, and on government low-cost housing tenants. The tuberculin testing of schoolchildren results in the discovery of new cases. All positive cases are isolated and treated in the chest hospital. Some patients are sent abroad for surgical treatment at government expense. Only one third of the total cases discovered are Qatar's nationals; the rest are foreign immigrant workers. The Ministry of Labour and Social Affairs organizes social services and a popular housing scheme is available for low-income families, invalids, and elderly people, on payment of nominal rents. The Government automatically relinquishes its rights in the event of the death of the beneficiary.

There is a natural and growing determination on the part of our Qatari nationals to take over the running of our own affairs. This entails the training of Qataris in all branches of public health to equip them for the future demand and to permit them to assume posts of greater responsibility. For example, the Public Health Institute, in collaboration with WHO, has in the course of five years trained two generations of public health inspectors and female and male nurses. Courses in the English language have also been given to help students in their future training abroad. WHO is also helping with the construction and equipment of a public health laboratory. The municipality of Doha, with the assistance of the Regional Office, will soon embark on a mass campaign for the eradication of rodents throughout the country.

Mr President, the world is at present experiencing one of the worst calamities that mankind has known: hunger and malnutrition in the countries which have been suffering for several years from drought. People have died, the harvests have been destroyed because of the inexorable forward march of the desert. This has aggravated the problem of malnutrition and nutritional disorders in these countries. The high incidence of preventable nutritional deficiency diseases imposes a heavy strain on the curative health services, as almost 15-20% of hospital beds are used for treatment of these diseases. That is why our Organization, in cooperation with other United Nations specialized agencies, must redouble its efforts to aid those countries suffering from drought.

Mr President, 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. On the other hand, the great changes that have occurred in the way people live and work, the technological explosion and the consequent changes in industry, and the increased speed of traffic are just a few aspects of present day civilization which appreciably ease our life but at the same time create new health
problems. Intensive industrialization, automation and the introduction of chemical processes in agriculture entail and produce profound disturbances of biological balance, which are directly reflected in the state of health. The mounting burden of mental illness, traffic accidents, cardiovascular disturbances, and perhaps even the cancer explosion are illustrations of what I mean. Hence, our Organization should continue its contribution by concentrating efforts and resources in the field of research aimed at eradicating these problems.

In conclusion, Mr President, I wish to express the appreciation of my delegation to our Regional Director, Dr Taha, and his able staff on the very valuable assistance rendered to our State in different fields of health. I wish also to thank Dr A. El Gaddal for his help and guidance. I want to assure you, Mr President and fellow delegates, of our State's fullest collaboration and cooperation in all the work of the World Health Organization.

The PRESIDENT (translation from the French): I thank the delegate of Qatar and give the floor to the representative of Papua New Guinea.

Dr TAUREKA (Papua New Guinea): Mr President and fellow delegates, it is my privilege to join the previous speakers in adding my delegation's hearty congratulations on your appointment as President of the Twenty-seventh World Health Assembly. Of course, these congratulations are also extended to the Vice-Presidents.

For the past years Papua New Guinea has been represented by the Australian delegation. This is my country's first major involvement in international health matters since it became a self-governing nation on 1 December 1973.

Mr President, I take this opportunity to express my Chief Minister's and my Government's special thanks and deep appreciation to the World Health Assembly, firstly for the valuable assistance given to my country through the agency of the World Health Organization and secondly for our being accepted as an Associate Member of the Organization. It is hoped that this status will change to full membership in the event of Papua New Guinea gaining independence in the not too distant future.

I should also like to express my Government's deep appreciation and thanks to the Australian Government for its guiding hand which led us into this stage of involvement in world health services.

Our very special thanks go to Dr Francisco Dy, Regional Director for the Western Pacific, where Papua New Guinea is part of the group, and his team of workers in this paradise of the Western Pacific. Their understanding of the health needs of my country as well as our neighbouring Pacific islands has brought us closer into a large united family.

Papua New Guinea has many complex problems and constraints. With our limited resources we are unable to solve most of these problems. These problems are malaria, tuberculosis and leprosy, other respiratory diseases, malnutrition, manpower, environmental health problems, many other problems which are common to all developing countries.

Papua New Guinea is going through a period of rapid socioeconomic change, and many people are maladjusted to the change, especially in and around urban areas. Many of the good traditional ways of life are now changing and being replaced by new foreign ideas, such as bottle-feeding replacing breast-feeding. This simple switch affects the role played by women in family life and often results in an increase in the number of children, many mouths to feed, and malnutrition, all leading to an unhappy family life. However, Mr President, with the help of the World Health Organization we are now able to look critically at these problems and adopt remedies.

The assistance benefiting my country is not confined to that of the World Health Organization. We are also receiving international aid from Australia, New Zealand, and Canada, and Japan has indicated its interest in assisting the country. Aid is also received from other United Nations agencies such as UNICEF and UNDP, and, of course, from the Commonwealth Secretariat and the Commonwealth Fund for Technical Cooperation. The type of assistance includes the provision of transportation, family planning, and the training and provision of specialist health workers.

Mr President, I am glad to say that my country, being a young nation and a developing country, has justifiably benefited from the assistance given to us by the World Health Organization and United Nations agencies. The types of assistance provided by and
through the World Health Organization have been requested to minimize some of our health
problems and are in the form of training fellowships; consultants; expert advisers on
malaria, tuberculosis, leprosy, venereal disease, health education, environmental health,
laboratory services, and the training of our paramedical health workers; and the use
of country and intercountry teams such as those concerned with nutrition and tuberculosis.
These arrangements have been extended to cover the next three years and I hope that this
valuable working relationship will continue.

Papua New Guinea appreciates this valuable aid greatly, and with this assistance we
are able to plan our health services accordingly, although with very limited resources.
The Department of Public Health in Papua New Guinea has successfully compiled and
formulated a comprehensive five- to eight-year national plan for the development of basic
health services geared to the local conditions and health needs of the people,
particularly those in rural areas. The main objective of this national health plan is
the integration and coordination of all health and related activities. The other
objectives and aims are: (1) the control and eradication of endemic diseases such as
malaria, tuberculosis, and leprosy; (2) the reduction of infant mortality and
improvement of the standard of maternal and child health services; (3) the prevention
diseases by such means as immunization, better nutrition, health education, and
better health services administration and management; (4) the provision of essential
services for the rural areas; and (5) a critical appraisal of our health services and
external assistance.

Mr President, in an effort to provide the best health service for as many people as
possible we are developing our teamwork concepts. The national health plan is an
integral part of the Government's eight-point development plan and has been formulated
in the full realization of the political, socioeconomic impact which is taking place
today in Papua New Guinea and the surrounding countries.

Mr President, I was glad to hear the Director-General himself in the introduction of
his Annual Report refer to the utilization of auxiliary and paramedical health workers,
including traditional midwives and traditional healers. My country is a new nation and
therefore a developing country, and in an effort to extend these services to as many
people as possible we are attempting to study carefully old and new methods and adapt
our actions according to the needs of the people in order to attain the highest state of
health for all citizens.

Mr President, in conclusion, I hope that in the event of Papua New Guinea becoming
independent it will with its limited resources assist the developed countries,
particularly those in the Western Pacific Region, in providing facilities and means to
improve the health conditions and family life of all people.

The PRESIDENT (translation from the French): I thank the representative of Papua
New Guinea and give the floor to the delegate of Cuba.

Dr ALDEREGUÍA (Cuba) (translation from the Spanish): Mr President, I should like on
behalf of the Cuban delegation to congratulate Professor Pouyan on his election to the
presidency of the Twenty-seventh World Health Assembly and also to congratulate the other
officers, and to wish them every success in the important work of the Assembly.

We have examined the Report of the Director-General and wish to pay tribute to its
high quality. We should like to mention some of the aspects it deals with which we
regard as being of great importance for the Organization and for the Member States.

In his Report, Dr Mahler recalls the warning of the Executive Board that the health
services, far from improving, seem to be getting worse in many countries. He states,
moreover, that the most signal failure of the World Health Organization as well as of its
Member States has undoubtedly been their inability to promote the development of basic
health services and to improve their coverage and utilization.

We feel that this matter, which is now one of the priority concerns of the Executive
Board, should become a fundamental objective at all the executive levels of WHO and of
governments. Resources and investments which we devote to the creation, growth,
strengthening, extension and improved efficiency of the national health services will soon
be amply paid back by the resulting success and achievements. On the other hand, how
many activities carried on so far for the promotion and implementation of a few vertical
programmes have failed to achieve the hoped for results because it has been impossible for
them to take shape or be maintained, owing chiefly to the absence or weakness of a local health service?

Our aspiration should be to see that each of our countries obtains a health service that will be accessible and acceptable to the population, bearing in mind economic and social characteristics, and that will cater for existing needs and health problems. This should be the main goal of WHO and the governments in future, and towards this end should be directed both national efforts and international cooperation, whether multilateral or bilateral.

We welcome the initiative of the Organization in making a study for this purpose, entitled "Organizational study on methods of promoting the development of basic health services". Cuba was one of the six countries selected for consideration of their experience in organizing such services, so as to make it available later on to other countries. It was not until we had achieved adequate coverage that we could integrate the vertical programmes into a health system, and it was only then that the morbidity and mortality figures began to improve and that conditions existed in which a national health plan could be drawn up.

Our health system is based on socialist principles of organization and operation of services and there is preventive and curative assistance covering the whole national territory, available to the whole population free of charge.

The resources of our health system can be expressed as follows: one doctor per 1100 population, 4.7 beds per 1000 population, 4.2 consultations per person per year, 13 hospital discharges per 100 population. Deliveries in institutions were 97.6% of all births throughout the territory in 1973.

These efforts have met with the hoped for success, so that important communicable diseases have been eradicated, such as malaria (we received the certificate of eradication of malaria from the country in November 1973), poliomyelitis and diphtheria. Tetanus neonatorum and infantile tuberculosis are no longer health problems. Mortality from gastroenteritis fell from 58.1 per 100 000 population in 1962 to less than 10 in 1973. Infant mortality has fallen to 28.7 per 1000 live births. This is a partial result of the programme to reduce infant mortality by 50% during the present decade.

A more thorough analysis is being made of this programme as a result of the participation of Cuba in the investigation of perinatal mortality sponsored by the World Health Organization.

Thanks to our structure, the health services have been brought ever closer to the masses, establishing direct contact with the family nucleus, with places of work and schools through the comprehensive polyclinics with their field personnel, home-visiting physicians, field nurses and sanitation workers. The application of mass methods in the field of public health has been made possible by contacts at all levels with the organizations that have arisen for channelling the popular movement, mainly between these mass organizations and the basic health service unit at the local level, the polyclinic in the urban area, and the rural hospital in the rural areas.

It was not mere chance that the possibility of creating a national health system coincided with the triumph of our revolutionary movement which, as its first action, established full enjoyment of national sovereignty in the country. We do not believe that conditions can exist for achieving the objectives laid down if the people are without control of the resources of the nation. We doubt whether there is any possibility of success when the peoples are swindled out of the riches available by elements foreign to their interests.

We regard it essential, if inertia in the health sector is to be overcome, for the national effort to be combined with the international cooperation that can be provided through its multiple sources, particularly bilateral and multilateral. We cannot forget the cooperation of friendly countries in our achievements, chiefly those in the socialist camp, and of the specialized agencies of the United Nations, first and foremost the World Health Organization and its Regional Office/Pan American Sanitary Bureau.

Bilateral assistance, when offered in a disinterested manner, respecting the traditions of the country and bearing its characteristics in mind, may be of fundamental importance for countries with difficulties. Cuba, although it is a small country, has responded on a reciprocal basis to the aid received and, according to the principle of international solidarity, has cooperative programmes with other countries that have requested or needed this in emergency situations. Such an attitude on the part of the countries with better conditions will help to decrease and eliminate the growing difference between the health levels reached by the developed and the developing countries.
One of the most serious health problems which the Organization and its Members will have to tackle, environmental pollution, can only be approached correctly when adequate local health services exist. In addition to the complex consequences of the blind application of modern technology in the prosperous countries, there is the easily avoidable pollution in poor countries whose infrastructure lacks the most essential facilities.

It is clear that budgetary limitations oblige us to seek new ways of putting the principles of our Organization into practice. The present situation is a favourable one, since the aim of universality has been practically achieved now that there are 139 Member States, most of them able to offer resources or experience that in one way or another can be turned to the advantage of the health and wellbeing of mankind.

The present moment is a suitable one for increasing study and research on systems for providing health care, so that by analysing positive results basic standards can be established for the development of public health, to serve as a general guide for the Organization and its Members.

We greet this first year of activity of WHO under the leadership of Dr Mahler in a spirit of optimism and are sure that a consciousness exists of the need for the changes we must make to reach our goals, and that the experience of 25 years of work in common provides us with the best guide for finding the most suitable path.

The PRESIDENT (translation from the French): I thank the honourable delegate of Cuba.

I thank you for your attention and wish you goodnight.

The meeting rose at 11 p.m.
GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTY-SECOND AND FIFTY-THIRD SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1973

The ACTING PRESIDENT: The Assembly is called to order.

The President of the Assembly has asked me to replace him tonight and I should like to take this opportunity to say how much I appreciate the honour you have done me and my country in electing me Vice-President of this Assembly. May I thank you very warmly in the name of the delegation of Nigeria to the Twenty-seventh World Health Assembly.

We shall now continue the general discussion on items 1.9 and 1.10 and I give the floor to the first speaker on my list, the delegate of Ecuador.

Dr LARREA (Ecuador) (translation from the Spanish): Mr President, delegates, on behalf of the Ecuadorian Government and of my country's delegation, I congratulate you and the other officers on your election at this Twenty-seventh World Health Assembly. This is not only a great honour for yourselves and your countries, but involves a great responsibility for guiding this Assembly towards conclusions that will be equally advantageous for all our countries. At the same time, my delegation would like to congratulate the Director-General, Dr Mahler, on his brilliant Report, the content of which we approve unreservedly. The ideas expounded by Dr Mahler in his Report to this honourable Assembly are fully shared by our delegation and will undoubtedly constitute a valuable contribution to the future orientation of our health programmes in Ecuador.

The basic items in this Report to which we would particularly like to refer are those relating to the training of auxiliary personnel, the promotion of biomedical research, the coordination of health programmes, the need to stimulate programmes rather than projects, increased technical assistance to the Member countries of this Organization, intensification of programmes for health promotion, and introduction of new ideas into health programmes.

We welcome and commend these concepts put forward by the Director-General, with the new approach they imply to the orientation of future projects and programmes and to the technical and financial assistance which the World Health Organization has to provide for its Member countries. The Ecuadorian Government considers economic development as a process which can on no account be equated with simply proposing high growth rates, but which involves far-reaching structural changes aimed at modifying the traditional pattern of the economy of the national society: in other words, at identifying, developing and implementing economic policies capable of sustaining endogenous impulses towards national growth by offering the permanently deprived groups a higher degree of participation in the working out and implementation of the decisions which affect them.

Three basic reforms are at present being implemented in Ecuador: agrarian reform, tax reform and administrative reform, within the framework of the overall plan for change and development under which crucial problems are being tackled and whose results are so far very encouraging. The low economic level of the population, the high percentage of persons not integrated into the national life, and the differences of a social and economic nature have resulted in severe disparities in environmental conditions and consequently in public health. A rapid review of some of the health indices gives us the following general picture. The crude death rate in 1970 was 9.9 per 1000; the infant mortality rate the same year was 102 per 1000 live births. Deaths from specific causes account for 20.3% of the total, and of these 49.1% were due to infectious diseases, 17.1% to parasitic diseases, 10% to gastrointestinal diseases and 22% to ill-defined conditions.

The health problems of Ecuador can be broadly summarized under the following headings: first, high mortality rates in infants and pre-school children; secondly, low nutritional status of the population; thirdly, inadequate level of environmental health; fourthly, high prevalence of endemic goitre and of infectious and parasitic diseases.

Faced with this general health picture, the Ecuadorian Government, which has been in power for the past two years, has given special attention to the health sector, undertaking a reorganization of the Ministry of Health and the preparation of a basic plan of national scope which provides for the integration into a single body of the various institutions which were carrying out this type of activity. It is considered that the present Ministry of Health, the keynote of whose policy is the orderly and realistic planning of programmes, will be able to solve, as indeed it is already doing, the serious health problems of the Ecuadorian people, extending the health services to the entire community.
Essentially, the principles that guide the policy of the Ministry of Health of Ecuador are centralization in the technical and policy-making spheres and executive decentralization. The health programmes in Ecuador lay emphasis on the following aspects: regionalization of services; expansion of the coverage of services, especially in the rural areas; greater emphasis on maternal and child health programmes in the urban and rural areas, with the establishment of a larger number of services, of better maternal and child care, and of family planning programmes conceived as part of a general programme for health promotion; conduct of nutritional surveys to determine the degree of protein-calorie malnutrition among the population and, at the same time, implementation of supplementary feeding programmes; and improvement of the country's basic environmental health conditions, with provision of drinking-water and sewerage services to a large proportion of the urban and rural populations which still lack these amenities.

For this purpose we have established this year what is called the National Environmental Health Fund, to finance the implementation of these health infrastructure plans.

With regard to communicable disease control, in Ecuador smallpox has been eradicated for the past eight to ten years; permanent vaccination programmes are nevertheless maintained among the child population. Mass poliomyelitis vaccination campaigns have been and are being conducted among the susceptible population, with the aim of not merely controlling but eradicating the disease. At this very moment a programme of vaccination against measles is being conducted for the first time in my country, with a view to controlling the morbidity and mortality from this disease. Programmes for control of tuberculosis, using the most modern techniques prescribed by the World Health Organization, are conducted on a permanent basis. In many areas of the country it has been possible to eradicate malaria, over which strict epidemiological surveillance is maintained.

In Ecuador priority has been given to the expansion of medical care services, not only by structuring them appropriately but also by undertaking the construction of new cantonal and regional hospital units. Great importance is attached in Ecuador to the national rural health plan, whose basic objective is to bring health services to the rural areas which for many years were left with no protection.

All professional health workers - physicians, dentists, nurses and midwives - are required to do a year's compulsory rural service as a prior qualification for the free practice of their profession. Proper training of personnel is a matter of particular concern to the health authorities. For this purpose courses of postgraduate study and training courses for auxiliary personnel at all levels are constantly being conducted in coordination with the universities. We consider that the nonprofessional personnel working in the rural areas should be properly trained rather than combated.

For the accomplishment of all these activities to promote the health of the Ecuadorian people the Government has provided for an appreciable increase in the budget of the Ministry of Health. The Ecuadorian Government, and more particularly the Ministry of Health, is grateful to the World Health Organization which, through its Regional Office for the Americas, is effectively cooperating with our country, providing us with technical assistance, facilities for training of personnel, etc. My country is anxious that this cooperation should be intensified on conditions compatible with our health policy and the needs of the service.

The ACTING PRESIDENT: I thank the delegate of Ecuador and now give the floor to the delegate of Romania.

Dr DONA (Romania) (translation from the French): Allow me in the first place, Mr President, on behalf of the Romanian delegation cordially to congratulate the President of the World Health Assembly on the high responsibilities with which his election has entrusted him. I should also like to convey once again to the Director-General, Dr Halfdan Mahler, our warm appreciation of his devotion to the Organization's cause and to the lofty task he has begun, with a steady hand, to carry out for WHO.

This Assembly is meeting at a time of relaxation of tension, cooperation and rapprochement between peoples, brought about by a number of factors, including the social revolution, which has given rise to profound changes in society, the technological and scientific revolution, and the determined and active resolve of all peoples to live in an atmosphere of peace and cooperation. The increasing role of the United Nations and its specialized agencies in the general body of endeavour to stimulate exchange of material and spiritual values between nations is becoming ever more apparent.

It is in this context, which demands that the major problems confronting mankind should be solved through active and direct contributions on the part of all the States in the world, and in view of the role our Organization is required to play, that the Romanian delegation proposes now to raise a number of pertinent questions with regard to the activities of the World Health Organization and the future lines of its development.

The Annual Report of the Director-General reflects the precarious situation of health in the world. On the one hand, many diseases still continue to be widespread over vast
areas of the globe, to affect adversely the state of health and the productivity of labour, and to hamper economic development. And on the other, uncoordinated efforts made in various countries are proving powerless to find cures for certain very serious diseases.

These two considerations fully warrant more energetic action to strengthen the World Health Organization's role at the international level, in the Organization's own particular field, as part of a broader movement that already exists in the United Nations to increase the contribution of the United Nations and its organs to the development of cooperation between all nations. Resolutions 2925 (XXVII) and 3073 (XXVIII) of the United Nations General Assembly, which Romania had the honour originally to propose, apply also directly to the World Health Organization. We believe that problems which concern everyone, whatever their nature, cannot be dealt with today within a narrow framework, and that it is a sign of strength for any international organization to adapt itself to reality and the requirements of the present-day world.

In Romania's opinion our Organization's universality - towards which striking progress was made at the last session and towards which we hope a further step is going to be made by the admission of new Members such as the Republic of Guinea-Bissau and Namibia - is not a thing that can be achieved simply by admitting all States to the Organization. It requires, in addition, that problems of an international nature should be referred to the Organization, that they should be examined there and that all countries should take part in solving them, and that the Organization should provide wide opportunities for the experience accumulated in each country to be used for the benefit of all by helping to make the benefit of contemporary developments in medical science available to all the countries of the world. This kind of universality is a precondition for the achievement of real cooperation, as it is required by the WHO Constitution.

For these reasons we believe our Organization needs a new orientation. To perform its function - the defence and promotion of health in the world - the World Health Organization must use the instruments available to it with greater efficiency.

The Romanian delegation would like to draw the present Assembly's attention to two points in this connexion. The first is the need to concentrate the Organization's resources so as to give the developing countries more effective support for harmonious development of their national basic services and for the health education of their children and young people.

Mr President, since it first came into being our Organization has done much to help create basic structures to safeguard health in the world and especially in the developing countries. It has launched health programmes at the multinational level and succeeded in solving many of the priority problems of particular Member States. The idea that the building of national structures is necessary for health protection has eventually triumphed, together with other principles of primary importance: integration of health development programmes into national development programmes, establishment of priorities in the light of local needs and potentialities, and integration of special programmes into the activities of basic health structures.

Yet great differences in the level of people's health and in the nature of the problems confronting Member States still remain.

My country's experience in the last thirty years has confirmed that, however great advances in science and technology may be, and however great financial resources, valid and long-term results cannot be obtained in the health field unless there is a basic health network properly extended over the whole area of a country and possessing sufficient numbers of qualified health personnel. We consider therefore that the World Health Organization must concentrate on helping governments to adopt overall national programmes directed toward major health objectives, priority being given to rapid and effective development of basic health services within the economic and social context of each particular country, and support being given at the same time to the training and continuing education of the requisite national health personnel.

To achieve this one might envisage the establishment of international centres for the further training of personnel in the organization of basic medical care. The usefulness of international exchange of experience in this field has been fully demonstrated by the symposia organized on the subject - including one in Romania - with the support of the World Health Organization. This was also demonstrated by the European Conference on National Health Planning held recently in Bucharest.

The second point to which I wish to draw the Assembly's attention concerns the intensification of WHO's action to give children and young people comprehensive health education and to look after their health and see that they are protected against the hazards of modern life.

My delegation is in consultation with other interested delegations on these two points with a view to preparing draft resolutions designed to give them more weight in the Organization's areas of active concern.
Lastly, Mr President, our Organization could increase its effectiveness also with regard to the orientation of its work. A large proportion of its resources is often allocated to projects of limited scope, with no guarantee even that they can be continued. In determining the use of the funds available to the organization there is a need to look ahead, remembering always the objectives of furthering the economic growth of countries and the development of society.

In view of the steady increase in the cost of health care, the experience obtained by countries can be extremely helpful. Thus, through the World Health Organization, interested countries might find out what the most suitable forms of health structures are, given probable developments over the next 20 to 30 years; or developing countries might select the type and the structures of health institutions that best suit their respective local conditions. By distilling the experience of all Member States, undertaking operational studies and assembling full documentation on the various types of health structure, our Organization could give effective support of this nature, and guide health planning activities in the developing countries in such a way as to prevent unrewarding and costly ventures being undertaken. We consequently appreciate the suggestion made by the Director-General about identifying new forms of organization which would make it possible to secure the population's voluntary participation and so broaden the material basis necessary for safe-guarding health. Romania is already making full use of a formula of that kind.

We cannot conclude without paying tribute to the Regional Director for Europe, Dr Leo Kaprio, for the skilful, tactful and understanding way in which he is guiding the activities of the countries of the European Region in that direction.

In conclusion, I would say that the Romanian delegation intends once again, at this Assembly, to make an active contribution toward increasing the World Health Organization's capacity for action in accordance with the objective and fundamental principles set forth in its Constitution.

The ACTING PRESIDENT: I thank you, and I give the floor to the delegate of Canada.

Dr DE VILLIERS (Canada): Mr President, the Canadian delegation wishes to relinquish the time allotted to it to speak, in order to expedite the completion of the discussions under this agenda item. However, with your approval we should like to table for inclusion in the Official Records our comments, in which we fully support the ideas and the programmes proposed by the Director-General.1

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, the Canadian delegation warmly congratulates you on your election to the esteemed office of President of this Assembly and wishes to extend as well our congratulations to the Vice-Presidents and committee Chairmen.

We also wish to commend the Director-General for his Report and particularly the quality of the Report on the Organization's activities for the year 1973. More importantly, however, we wish to convey to him our enthusiasm and unreserved and fullest support for the ideas he so clearly expressed at this Assembly a few days ago, and for the very positive attitude he has adopted since he has assumed the post of Director-General of this Organization. In doing so, we fully endorse, of course, the leadership and coordinating role he described for WHO; the objectives of the Organization based on the principle of the highest level of health for and by all peoples; and the need for a critical dialogue and collaboration between WHO and Member countries aimed at the solution of their health problems. We consider particularly apt the Director-General's call for the adaptation and implementation of solutions which heretofore may have been considered unorthodox.

It would be easy for us to go on to quote further examples but we would refrain from doing so. Instead, we simply wish to isolate for special emphasis one or two further specific points.

We fully agree with the Director-General that the promotion of health is inextricably linked to the promotion of other social and economic endeavours. With this as a premise, WHO should not only integrate its programmes, notably within the United Nations family of agencies, but should also constantly assert itself with regard to the health role it has to play in recognition of the essentially human elements which underlie our collective efforts toward an improved quality of life for all.

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1 Below is reproduced the text of the speech presented by the delegation of Canada for inclusion in the verbatim records (in accordance with resolution WHA20.2).
It may be useful to reflect at this point that the strength of WHO lies in the respect for its knowledge and expertise, and that it will continue to engender this respect only so long as it maintains the highest level of excellence in all its activities, whether these be organizational, coordinative, or related to the provision of technical assistance or the conduct of research.

With regard to the Organization's biomedical and health practice research, it is our view that the role of WHO should primarily be that of coordination; interpretation and diffusion of scientific information; and the provision of advice or technical assistance. In respect to the latter, we support the suggestion that technical assistance should be made available according to carefully selected criteria, on a regional basis if necessary, in order that Member countries may attain the "critical mass" required for the development of their own research capabilities and their own research priorities.

With regard to the more fundamental health issues facing us as a world community, we have, as health professionals, often found it difficult to promote or implement important programmes with the necessary speed and efficiency that the urgency of the programme areas demanded. We have noted, therefore, with considerable interest the leadership taken by WHO in such fundamental problem areas as malnutrition, human reproduction, and in the fields of the environmental health sciences, health education, and the development of an improved educational technology. It is our opinion that the above programme areas must continue to receive our most serious attention.

The success with which we hope that WHO will be able to fulfill a coordinative role such as that described by the Director-General will indeed depend on the development of an effective international collaboration. With so much to be done, it becomes of paramount importance that we avoid delay and that we hasten to strengthen our international collaborative activities - activities in which Canada would wish to play a most active part when and where appropriate.

The ACTING PRESIDENT: I thank the delegate of Canada and now give the floor to the delegate of Mauritania.

Dr MOULAYE (Mauritania) (translation from the French): Mr President, ladies and gentlemen, the delegation of the Islamic Republic of Mauritania first of all wishes to associate itself with other delegations in tendering the President of the Twenty-seventh World Health Assembly its hearty congratulations on his election to his high office. We are sure that with him as President the work of this Assembly will be an unqualified success. We also congratulate the Vice-Presidents, the Chairmen of the main committees and all the other officers. At the same time we should like once again to pay a hearty tribute to Mrs Sulianti, the outgoing President, and to all her colleagues, for their able direction of the proceedings of the Twenty-sixth World Health Assembly.

Mr President, it is with great pleasure that our delegation observes our family growing larger every year, thereby translating into reality the principle of universality proclaimed by the WHO Constitution. In connexion with that universality, we have pleasure in welcoming the Members that are sitting in this Assembly for the first time; and we hope that at the present Assembly we shall welcome the admission of Guinea-Bissau and Namibia to membership and associate membership of our Organization. In a world in which disease knows no frontiers, international cooperation for the benefit of health must, we feel, be strengthened from day to day.

Our delegation has studied the Annual Report of the Director-General. We congratulate Dr Mahler and his colleagues on the work done and on the excellent presentation of the Report. We admire the realism and the objectivity shown by the Director-General, and are grateful to him not only for having drawn the Assembly's attention to the interrelation of health problems and socioeconomic development, but also for having called upon WHO to increase its efforts to carry out the functions conferred upon it by its Constitution with greater efficiency.

In connexion with communicable diseases, which are still the chief causes of avoidable morbidity and mortality in developing countries, we note with appreciation the success achieved against smallpox and malaria, and the progress made in the control of other diseases. In Mauritania, in the field of communicable diseases, vaccination campaigns against smallpox, tuberculosis and measles are under way with WHO assistance. In the case of smallpox the coverage rate, which fluctuates between 80 and 90%, is satisfactory, whereas in that of measles results are still limited. Our delegation asks WHO to find ways of undertaking a large-scale campaign against that disease in the countries where it is still one of the main causes of infant mortality.

Mauritania is also confronted with other public health problems, namely in the development of health services, environmental health, training of personnel, and family health. But of all these problems we would particularly stress one, which is causing us
particular anxiety at present and is directly imperilling the very life of our population. That is malnutrition. Like other countries in the Sahelian region, Mauritania has for five years been experiencing an unprecedented drought, which is having dramatic consequences. To give an idea of the immediate and long-term effects of the drought upon the population's wellbeing it is only necessary to repeat what our Director-General has said: that the importance of malnutrition is made even greater by the fact that not only is an under-nourished child more vulnerable to infections and diseases but, in addition, its intellectual development is retarded and even jeopardized.

Mr President, the drought is at its height in the Sahel, endangering the life and future of several million people. We are grateful to WHO for what it has already done for us, and we also thank all the countries and national and international bodies that have helped our endeavours to deal with the ravages caused by the drought. However, despite the national and international efforts that have been made, the nutritional status of the stricken population still remains precarious.

Faced with this alarming situation we consider that WHO, whose fundamental mission it is to safeguard health in the world, ought to play the part which rightfully belongs to it in the establishment of a new social and economic order that respects the Organization's Constitution and the definition of health given in it, namely that "health is a state of complete physical, mental and social wellbeing".

Mr President, permit us to refer here to other calamities, due to the crimes perpetrated in Africa and the Middle East by the white minorities and the Zionists. We request WHO to undertake assistance activities for the liberation movements and for the peoples of the liberated parts of Africa, and to continue the health assistance accorded the refugees and displaced persons in the Middle East.

Before concluding we should like to thank the Executive Board for resolution EB53.R46 - Drought in Africa - and our Regional Director, Dr Quenum, for the understanding he has invariably shown us.

The ACTING PRESIDENT: I thank the delegate of Mauritania and now give the floor to the delegate of Venezuela.

Dr VALLADARES (Venezuela) (translation from the Spanish): Mr President, the delegation of Venezuela offers its congratulations to those who have been entrusted with the high responsibility of directing this Assembly - the President, Professor Pouyan, the five Vice-Presidents, and the Chairmen of the main committees. We have every confidence that, thanks to their competence and skill, these meetings will be conducted in the best conceivable atmosphere of technical cooperation and exchange of information.

We should also like to congratulate the Director-General, with whose ability and dynamism we are particularly well acquainted, and the introduction to whose Annual Report, submitted to the Assembly on Wednesday, 8 May, is the expression of an innovative approach to the fundamental health problems we must give high priority to solving. We say these problems are fundamental ones because their solution constitutes the basis for health, as do the environmental health and immunization programmes, and because they represent the primary need in the field of medical care, of which the great majority of the population of the developing countries is at present deprived, together with a considerable proportion of the population of the developed countries.

The Director-General's message has also drawn attention to the need to establish more soundly the joint responsibility of the Member governments directly represented in the Assembly, the Executive Board and the Secretariat - their joint responsibility with regard to the general policy of the Organization, so that the requests for and offers of assistance from countries, the decisions of the Board and the actions of the Secretariat, may be geared to those basic priorities and even the research programmes may be established or supported with a view to solving problems with major repercussions on the lives and health of the communities.

We believe that Venezuela was a pioneer in institutionalizing in the Region of the Americas realistic programmes for the training of intermediate level professional staff and intermediate and basic level auxiliary staff, both multipurpose to cover the requirements of the semirural communities and extend coverage to the areas with scattered rural populations. I say this because since 1945 there has been in operation, as part of the regular curriculum at the School of Public Health, an intermediate-level course in public health which, in 18 weeks, gives basic training in epidemiology and health administration to young doctors who will be directing programmes at the municipal or small programme area level.

Since 1960 we have launched the programme of what is now known as "simplified medicine". The results we have obtained have been satisfactory. The programme has been and is the subject of visits, studies and evaluations on the part of many governments, various foreign universities and, of course, the Pan American Health Organization and the
World Health Organization. We should like to take this opportunity of confirming our policy of utilizing auxiliary personnel, but we must make it very clear that any medical or dental care programme conducted by auxiliary personnel must be based on three principles: first, that personnel must receive uniform and very meticulous training for the performance of clearly determined functions; secondly, there must be a professional echelon to exercise periodic supervision; and thirdly, there must exist a possibility of referring to more fully equipped services the cases which the auxiliary knows are beyond his competence.

We have noted with interest the part of the Annual Report referring to dental health, a programme in which the Region of the Americas has taken a very active part and on which the Government of Venezuela is laying particular emphasis, utilizing auxiliary personnel for the purpose.

For the rest, Mr President, fellow delegates, Venezuela is not exempt from the problems typical of a developing country, with a pattern of mortality and morbidity due on the one hand to communicable and parasitic diseases, which are the manifestation of fundamental deficiencies in sanitation, immunization and basic medical care, and on the other hand to cardiovascular diseases, cancer and accidents.

Accordingly, the Director-General's Report is yet a further stimulus to us in our determination to speed up the development of activities to deal with the problems of environmental health and control of environmental pollution, so as to make up the accumulated deficiencies and prevent future problems from developing. In this connexion it should be pointed out that the cooperation of WHO and of the regional body, PAHO, is of particular importance in the provision of technical information, since specialized manpower for these environmental programmes is scarce. From this point of view, the delegation of Venezuela notes with great interest the effort being made to achieve more effective coordination among the various bodies in the United Nations system that are at present working on programmes concerned with the environment.

Cardiovascular diseases and cancer are dealt with at length in the Annual Report of the Director-General and it is clear that these are health problems against which we do not possess sufficiently effective means, not merely for achieving primary prevention, but even for good secondary prevention and rehabilitation of the individual affected by their disabling consequences. The Government of our country is proposing to step up activities for early diagnosis of female genital cancer, further extending the coverage of the cervico-vaginal cytological examinations which we are carrying out, again by using auxiliary personnel.

Mr President, fellow delegates, our attitude, like our actions, is one of unreserved cooperation with the new orientation in the technical sphere and in the internal functioning of the Organization which the Director-General has expounded to us. Hence our interest, which we venture to take this opportunity of expressing, in acceding to membership of the Executive Board of this Organization.

The ACTING PRESIDENT: I thank the delegate of Venezuela and now give the floor to the delegate of Pakistan.

Dr CHOWDHRY (Pakistan): Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, it is a matter of great satisfaction and, in fact, a great honour and privilege for me to extend the warmest congratulations, on behalf of the Pakistan delegation, to His Excellency Professor A. Pouyan, the distinguished Minister of Health of the sisterly country of Iran, on his well-deserved election to the highest office of this august body. May I also have the pleasure of offering our felicitations to the Vice-Presidents of this Assembly and the Chairmen and Vice-Chairmen of the main committees on their election to their eminent posts. I would also like to place on record the appreciation of my delegation for the laudable manner in which the outgoing President, Professor Julie Sulianti Saroso, performed successfully her duties at the Twenty-sixth World Health Assembly.

Mr President, the World Health Organization is passing through a time of transition, a period during which we have witnessed the change in its leadership. From the experienced and able hands of Dr Candau, the outgoing Director-General, the direction and guidance of the World Health Organization has been placed in the competent hands of our new Director-General, Dr Halfdan Mahler. We are confident that the affairs of the World Health Organization will now be conducted with a new sense of dynamism and direction as reflected in the Report of the Director-General on the work of WHO in 1973. The Director-General has rightly reiterated in his Report that "the objective of WHO shall be the attainment by all peoples of the highest possible level of health". By doing so, he has hit at the very root of the problem and thrown a challenge to all Member States, particularly those who enjoy the blessings of technical know-how as well as the financial resources. It is not only their moral but also their constitutional duty, as adherents to the Constitution of WHO, to help achieve the noblest objective of the Organization. This fact has been stressed by the distinguished delegates in their speeches, wherein they have...
called upon the developed world to help the developing countries in attaining the highest possible level of health. It is encouraging to note the forthright manner in which the Director-General has reiterated that the World Health Organization has to "act as the directing and coordinating authority on international health work" and that there must be understanding and collaboration between the Member States and the Secretariat so that WHO can effectively play the leader's role in international health. His analysis of the nature and aims of such leadership and the stress laid upon aggressive identification of the problems and determination of their priorities is indeed heart-warming. Similarly, his advice about innovation in the face of traditional wisdom and about emphasizing programmes rather than projects is timely and welcome. I am fully confident that this rational approach will promote better understanding between the Member States and the Secretariat, thus involving all of us in the attainment of the objective of this Organization.

I wish to express my gratitude to our Regional Director, Dr Taba, for an extremely sympathetic approach to problems in my country.

Mr President, now turning my attention to the state of health problems as projected in the Director-General's Report, we have noted with satisfaction that smallpox, one of the more important communicable diseases, is now well under control and is, in fact, expected to be completely eradicated in the foreseeable future. Smallpox, according to this Report, has already been eradicated from the Americas and Indonesia and it is now restricted to a few countries, including my own. In Pakistan, Mr President, we have already intensified our efforts to eliminate the last remaining signs of smallpox by launching a crash smallpox eradication programme. I am pleased to say that our vigorous efforts have now yielded tangible results and transmission of this disease has been virtually interrupted in a number of areas and it seems that we are already on the verge of achieving a state of zero incidence. Such a success in our pursuit to eradicate smallpox from my country has not been achieved without the valuable cooperation of the World Health Organization.

The malaria situation, on the other hand, provides an altogether different picture in Pakistan. A WHO-sponsored malaria eradication programme has been in existence in Pakistan since 1961. The programme progressed satisfactorily up to 1969, but thereafter an upward trend in malaria incidence was noted. The main setbacks to the programme have been financial difficulties and higher cost of newer insecticides. It is our earnest hope that the Organization will step up its efforts to combat and eradicate the menace of malaria from the endemic areas of the world. Another disease, tuberculosis, is also receiving our full attention and we are engaged in its control and cure. Still another problem to which the Director-General has drawn our attention is "the problem of malnutrition and nutritional disorders in the tropics and subtropics". Pakistan, being one of the tropical countries, has not escaped the problem of malnutrition. On the whole our food is inadequate, not only in terms of its caloric value but also in terms of quality, particularly because the protein gap in food is quite large. The Government of Pakistan is already concentrating its efforts on increased food production so that this problem of malnutrition can be tackled.

Apart from the problems of communicable diseases and malnutrition, we are faced with other health problems such as inadequate safe drinking-water supplies for the majority of our population, inadequate environmental sanitation and a tremendous increase in population. We are, however, confident that with vigorous efforts on the part of the nation, coordinated with the efforts of WHO to which the Director-General has referred in his Annual Report, we shall be able to overcome these problems.

There is no doubt about the fact that the promotion of health is inextricably linked to the promotion of the social and economic well-being of a nation. We in Pakistan are, therefore, giving top priority to the provision of health cover for the masses, particularly in the rural areas, where the majority of our people live. In this connexion the Government of Pakistan has formulated a health policy which is revolutionary in the sense that it lays emphasis on the provision of maximum health cover to the masses living in the rural areas, advancing their health education and integrating the preventive and the curative aspects, with particular stress on prevention of disease. Under this policy a basic health unit will be provided for an average of 10,000 population, and every fifth basic health unit will be a rural health centre. One of the important reforms introduced by the Government in the field of health is the enactment of the Drugs (Generic Names) Act of 1972, under which drugs are now being manufactured, imported, prescribed, and dispensed under their generic names. This revolutionary reform has appreciably brought down the cost of treatment.

Shortage of trained manpower in the field of health is a problem with which the developing countries are especially confronted. This problem is further aggravated by the exodus of trained personnel and professionals, commonly termed the "brain-drain". Before
this problem could assume serious proportions, it was only last year that the Government
was constrained to impose certain restrictions on doctors going abroad. In order to meet
our additional requirements for medical and paramedical personnel and nurses, a number of
new medical institutions have been opened in the country and the training capacity of
existing medical colleges has been increased.

Mr President, the world has experienced and is still passing through a deteriorating
economic situation which has proved to be universal in its scope. This universality has
further highlighted the economic interdependence of our world. Worldwide galloping
inflation has also adversely affected the already limited resources of my country. These
were further diverted by the enormous damage caused by the unprecedented floods that swept
my country in 1973. Through the untiring efforts of the nation, supplemented by timely
assistance from the international agencies, we were able to prevent major epidemics.
However, many of our rural health establishments were washed away. In order to reconstruct
these establishments and to put back in order the infrastructure of the health services,
it is all the more essential that WHO should increase its technical assistance to my
country within the framework of the health services. We look forward to WHO supplementing
our meagre resources, particularly in the following sectors: health education of the
people; malaria and tuberculosis programmes; quality control of drugs; and the training
of professional staff through fellowships, etc.

Before concluding, Mr President, I would like to state that we fully support the
application of the Republic of Guinea-Bissau for membership of the World Health
Organization. It was at the Lahore Islamic Summit Meeting that the Republic of Guinea-
Bissau was unanimously admitted by the Islamic countries.

Finally, I wish the Twenty-seventh World Health Assembly every success, on behalf of
my delegation and myself.

The ACTING PRESIDENT: I thank the delegate of Pakistan and now give the floor to
the delegate of Bolivia.

Dr LEIGUE (Bolivia) (translation from the Spanish): Mr President, fellow
delegates, it is a high honour for me to be given the floor at the Twenty-seventh World
Health Assembly, a gathering which has much about it that is great and of far-reaching
human significance in that it has to deal with health problems of concern to all mankind.
I should like to offer my congratulations to the President of the Twenty-seventh
World Health Assembly on his well-deserved election, and also to the Vice-Presidents, the
Chairmen of the main committees and other members who have been elected as officers of the
Assembly. I also take this opportunity of congratulating the Director-General, Dr Mahler,
on his brilliant Report, which enables us to envisage a new epoch in the important
activities of the Organization, and to wish him every success in his delicate mission.

I should like at the same time to place on record the gratitude of the Government and
people of Bolivia for the positive role which Dr Candau played in promoting the health of
the peoples of the world.

It is certainly difficult in the present circumstances to find words adequate to
express in objective and realistic terms the importance of this Assembly, which has the
urgent task of finding the most effective solutions to the health problems faced with
anguish and despair by the fast-growing population of this planet.

Twenty-six years after the fortunate initiative which brought the World Health
Organization into being, during which time efforts have been made to arrive at a solution
to these problems, it is our inescapable duty to proclaim, in an appeal to the conscience
of this world forum, that while there do exist countries that are faced with health
problems resulting from their technological and industrial development, the great majority
of us developing countries have not yet got beyond the phase of grappling with such funda-
mental health problems as infectious and contagious diseases and the problems of basic
rural sanitation. We therefore emphatically assert that WHO should continue to accord
priority to assisting with these basic health problems.

I shall not presume to describe to this well-informed scientific body the progress
achieved in my country in the health field, but must on the contrary inform you that,
despite the efforts put forth, the problems due to the infectious and contagious diseases
endemic in Bolivia retain all their disquieting priority.

My country, located in the heart of the South American continent, with an area of
1 100 000 square kilometres and a population of 5 500 000, is faced with an unsatisfactory
situation in the health field.

The general death rate is very high - 19 per 1000; its main component is infant
mortality, the rate for which is 154 per 1000 live births, the mortality among children
under five years of age standing at 50 per 1000 population at risk, so that it accounts for
one third of the general mortality.

Nearly half the deaths are due to communicable diseases of the digestive and respira-
atory tracts; this is because the population contains a high proportion of children (46% under 15 years of age) severely affected by first degree malnutrition and living in a third
of the territory that has very defective sanitation, especially as regards the rural areas. With regard to morbidity, there are still large population groups in the country suffering from preventable communicable diseases such as malaria, louse-borne typhus, yellow fever, intestinal parasitic infections, leprosy, Chagas' disease, and haemorrhagic fever. The incidence rates for whooping-cough, measles and tetanus are also high. Almost the entire population suffers from dental caries and other mouth disorders. Major pockets of endemic goitre persist in the mountainous area of Bolivia. With regard to vaccinations, only for smallpox and BCG has adequate coverage been attained, namely 80% of the total population; for other vaccinations satisfactory levels have not yet been reached. Nevertheless, this is a field in which major progress was made during 1973 with the creation of the National Vaccine Bank, an institution attached to the Ministry of Social Welfare and Public Health. The coverage of the population with malaria eradication services can be considered satisfactory. The intermediate support services such as diagnostic laboratories, those for institutional dietetics, nursing, health education and pathology, and blood banks, are insufficient for the provision of quality health care. As for the infrastructure of the health sector, its most striking feature is its fragmentation, each section with its own policies, resources and administration, almost completely independent of one another, which makes their integration into a national health policy difficult. Their separate financing mechanisms account for the disparities in the resources and the services made available to the population groups depending on them. The information component of the infrastructure, despite major progress in recent years, still falls far short of the standard required for effective control of activities and decision-making, owing to the plethora of separate institutions providing health services. The planning system in the sector has made notable progress in respect of centralization during the past decade. Nevertheless, it has not been possible to surmount the institutional barriers. Almost all the activities planned have not had their comparable counterpart of activities implemented at the operational level, owing to inadequate coordination in decision-making and differences in administrative systems. The manpower situation displays two essential characteristics: numerical shortage of all categories of personnel and excessive concentration in the main urban areas. The financial resources available for providing health services are insufficient, to such a degree that in some cases it is impossible to provide financing for supplies and other operational expenses. The frame of reference of a unified national policy which the Ministry of Health is trying to define consists of the following elements: the five-year national health plan, 1974-1978; the ten-year plan for the Americas, 1971-1980 approved with the participation of the Ministry of Health of Bolivia at the Meeting of Ministers of Health of the Americas at Santiago, Chile, and adopted by PAHO/WHO as the policy of that body; and the Hipólito Unanue Agreement, which deals with the health aspects of the Cartagena Agreement (Andean Pact). The salient features of the national health policy will be as follows: accelerated expansion of coverage with minimum basic health services in the rural areas; concentration of efforts on communicable diseases and maternal and child health care; strengthening of the intermediate support services; administrative conversion of the infrastructure into a unified health system with its political and technical directing summit in the Ministry of Health and a broad peripheral base at the level of the minimum basic integrated services operated by auxiliary personnel. The whole system will be governed by a single priority: regionalization of services and resources. In order to implement this national health policy, mapped out by the highest governmental authorities of my country, we have to tackle the difficulties stemming essentially from shortage of financial resources and qualified manpower. When we, the governments of the developing countries, concerned and distressed about our health problems, apply to the international loan agencies, whether worldwide or regional, in order to obtain resources for meeting our priority needs, we are nearly always greeted with that meaningful silence which bespeaks a lack of sensitivity to the health problems confronting a human population decimated by malnutrition and disease. We believe that this situation is not peculiar to our country; on the contrary, it is typical of most of the developing countries in the world today. In order to remedy this state of affairs, so as to reduce the gulf that exists between the rich and the poor countries, and in view of these realities, we believe it is urgently necessary to adopt the following measures: first, the World Health Organization should make a concentrated effort to get the international loan agencies to change their policy so that adequate financing can be obtained to allow timely implementation of the health programmes of our respective countries; secondly, failing this, the creation of a World Health Fund, organized and administered by the World Health Organization, which would be used for the basic health programmes of the developing countries, which would function as a revolving fund, and the financial support
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for which, in all fairness and on elementary principles of human decency, should be borne by the highly industrialized countries.

In order to translate these objectives into reality, I appeal to the staunch solidarity of the developing countries and the understanding of the developed countries so that, uniting our efforts, we may march side by side towards our goal of translating into reality the basic principle, upheld by the World Health Organization, that health is not a privilege but a fundamental right of mankind.

The ACTING PRESIDENT: I thank the delegate of Bolivia and now give the floor to the delegate of Sudan.

Dr YAG AROP (Sudan): Mr President, Mr Director-General, distinguished fellow delegates, ladies and gentlemen, it is a great pleasure for me to have this opportunity of conveying to the President, on behalf of the Sudan Government, the people of the Sudan, and the members of the Sudan delegation, including myself, the sincerest congratulations on his election to this high office of President of the Twenty-seventh World Health Assembly. I am confident that he will very successfully bring its deliberations to the conclusions desired.

I would also like to congratulate the Vice-Presidents and the Chairmen of the various committees on the confidence they have gained, and I would like to mention my deepest appreciation to the outgoing President, Professor Sulianti Saroso, for her leadership of the Twenty-sixth World Health Assembly.

Mr President, my delegation has carefully studied the Report of the Director-General and I would like to express our thanks to him and his collaborators for their magnificent performance during the past year, hoping that they will continue to promote health of mankind.

We strongly support the concept of the Director-General which he presented in his speech to this Assembly. It is a philosophy which my country was longing to see adopted, in order to fulfil the objectives of this Organization. We strongly support the coordination of local programmes - and not projects - as stressed by the Director-General, with regional programmes aiming at the fulfillment of the objectives of the World Health Organization. We assure you that we are going to work to achieve this end.

Health priorities must be programmed and coordinated locally towards finding solutions to national health problems; and the role of the World Health Organization is to assist towards this end. Local programmes must have clear objectives and take into consideration the local financial resources and the manpower necessary. Our programmes submitted to the World Health Organization in the field of environmental sanitation have estimated individual, local and government contributions and have clearly estimated the assistance of the World Health Organization and other international agencies. In this respect we are in agreement with the concept of the Director-General.

Mr President, the health policy of the Socialist May Revolution in my country has as its main priority, in its phased programme, the promotion of preventive and social medicine and environmental health. This priority is geared towards improvement of the health of the people in order that they may be able to contribute to the national development plan, not forgetting to mention that the vast majority of our people live in the rural areas. This entails the preparation of health manpower, with which our Government is mostly concerned. The training of paramedical personnel and assistants and an increase in their numbers is progressing in order to enable our country to achieve the objectives of the national development plan.

The Government is according an increasing amount of attention to immunization, maternity and child health services, and nutritional programmes. In regard to smallpox, I am happy to assure you about what I have said here last year. Our country has been free from this disease for approximately two years. Epidemiological surveillance units have been established in all provinces. A pilot vaccination project against cerebrospinal meningitis has been going on for the last year in collaboration with the World Health Organization with the aim of studying the possibility of controlling the disease by vaccination. Preliminary results are promising.

Malaria and bilharzia remain major public health problems in my country. As they increase with development in agriculture, the Government has included control programmes as part and parcel of the national development budget, knowing that without control of these two diseases the national agricultural development plan will be hampered. Medical research to study public health problems in proposed agricultural projects prior to irrigation is going ahead. To quote an example, the Rahad agricultural project epidemiological survey is being carried out jointly with the World Health Organization.

The Government and the people of the Democratic Republic of the Sudan strongly support the admission of Guinea-Bissau to membership of WHO to enable it to work jointly with other nations to achieve the humane objectives of this Organization. We also
strongly support the admission of Namibia as an Associate Member. We demand that national liberation movements be allowed to attend the World Health Assembly as observers and hope that the Palestine Liberation Movement will shortly be admitted to membership of the World Health Organization. I appeal to all Member nations to support these issues.

I would like to appeal to this Assembly to offer as much material help as possible to the national liberation movements, as well as to the many countries in the Sudan-Sahel belt which have for several years in succession been suffering from the natural disaster of drought, which has very much affected their health and wealth. The health assistance given to the Palestine people is not adequate and my delegation sincerely hopes that the World Health Organization will further increase and extend help to them.

Mr President, our joint programmes with the World Health Organization, despite the fact that they are fewer than we wish, are successfully progressing. At this juncture I would like to express our deep gratitude to Dr Taba, our Regional Director, for his understanding of our problems and his efforts to find solutions for them. I would also like to thank the WHO representative and his assistants in our country for the efforts they are making to ease our difficulties. We are most grateful to all organizations and institutions and governments that have helped and are still helping in the rehabilitation of our people in the southern part of the country.

The ACTING PRESIDENT: I thank the delegate of Sudan and now give the floor to the delegate of Uruguay.

Dr PERDOMO (Uruguay) (translation from the Spanish): Mr President, ladies and gentlemen, I should like to offer my hearty congratulations to the President and the other officers of the Assembly on their election to such exalted posts. I also congratulate the Director-General on his important address. On behalf of my Government, I wish to thank the Regional Director, Dr Horwitz, and the experts and consultants who have given us their valuable assistance in solving our health problems. My country's present circumstances are such that we have only restricted resources which do not allow us to make maximum use of progress in medicine and health, owing to lack of up-to-date equipment and funds for making more effective use of specialized personnel.

My country, the Eastern Republic of Uruguay, has an area of 186,926 square kilometres and a population of 2,999,000, giving a density of 16.0 per square kilometre, and a population growth rate estimated at 1.3% per year. The literacy rate is 91.45%. There are 3,250 physicians (approximately one to every 1,000 people), 82.7% of whom are based in Montevideo.

The delivery of medical care services is effected through private institutions, financed by the prepayment insurance system, which covers 80% of the population, and public institutions which cover the remaining 20%. The expenditure on delivery of health services is calculated at 5.5-6% of the gross domestic product. Although these figures are relatively high and a great effort has to be made by the country to maintain them, the level of care achieved is not as high as desired by the Government and by the citizens.

The Government of the Republic, meeting at the Nirvana hotel, Colonia Department, in October 1973 to study the most important problems confronting the country, determined its health policy and entrusted the Ministry of Public Health with the task of restructuring the sector.

In February 1974 the Ministry presented the draft for the National Health System, which takes account of our national characteristics and existing institutions and whose doctrinal features are based on those established by the international bodies that are the directing authorities in the health field: WHO, PAHO, ILO, etc. It was thus determined that every individual has a right to the enjoyment of health and should therefore have equal access to medical care, which should be of the highest possible standard, effective and timely, integrated into the social security system, organized through the upgrading, coordination and integration of the existing services and financed by the community through a health insurance system of a value proportional to personal incomes, without prejudice to participation by the State. Health is thus seen as a primary asset, the source of economic and social development, to which all the population have a right and in whose care everyone has a duty to participate, under the responsibility of the State.

The preliminary draft for the National Health System submitted to the national authorities proposes coordination of the human, material and financial resources of the health sector in order to attain higher productivity, equalization of standards of health care delivery and reduction of costs.

The Ministry of Public Health reserves for itself the functions of directing authority in the sector, responsible for the regulation, supervision and control of health activities, delegating their implementation to private bodies which maintain their individuality. It will give priority attention to the launching of activities in occupational hygiene and health and environmental sanitation according to the requirements of national development. It will keep under its direct control programmes in such priority areas as maternal and child care, mental health and gerontology.
The bodies responsible for carrying out the health activities, known as Medical Care Delivery Units, are composed of the units which at present constitute the societies practising collectivized medicine. It is essential that these Delivery Units should establish on a uniform basis their administration, coverage and standards of care. They will thus be comparable and it will be possible to exercise supervision and control. An institutional body known as the National Council of Medical Care Delivery Units, representing the interests of the Delivery Units, is being established to ensure smooth, adequate and timely transfer to them of the necessary financial resources and at the same time directly control costs, expenditure and standards of health care delivery, without prejudice to the supervision exercised by the Ministry of Public Health in accordance with its functions and terms of reference.

The National Council of Medical Care Delivery Units will consist of a representative of the Ministry of Public Health, as Chairman, and the directors of the Medical Care Delivery Units.

The basic tasks proposed for the National Council of Medical Care Delivery Units are: financial administration of the Health Care Services Fund of the National Health Insurance System, which will entail the organization, control and distribution of the resources allotted to the Medical Care Delivery Units and direct supervision to ensure compliance with the rules and regulations in the Delivery Units.

The financing of the National Health System will be done through a National Health Insurance System in which the participants will contribute proportionally to their income, added to which will be the resources allocated by the State to the health services. This will constitute the Health Care Services Fund managed by the Directorate of Collection and Controller of the Fund, assisted by a coordinating board having advisory functions and consisting of representatives of the ministries competent in the fields of health, social security, finance and planning.

The National Health System proposed for Uruguay is designed to give all the inhabitants of the country comprehensive, timely and effective medical care, whatever their economic, social or geographical situation.

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The ACTING PRESIDENT: I thank the delegate of Uruguay and now give the floor to the delegate of the Gambia.

Mr SINGHATEH (Gambia): Mr President, Mr Vice-President, Mr Director-General, colleagues, distinguished delegates, ladies and gentlemen, may I, with great pleasure, offer, on behalf of my delegation, our heartiest congratulations to the President on his election to the high office of this Assembly. With your permission, Sir, I would like to extend sincere congratulations also to the Vice-Presidents on their election.

We are again gathered here to consider ways and means of improving the poor standards of the health of our peoples. In most, if not all, developing countries there is a great need for better facilities of health care for the inhabitants. I have no doubt that when this august gathering has ended we will all return to our respective countries filled with the satisfaction that we will redouble our efforts and to a large extent succeed in providing better health conditions for our peoples.

Mr President, we have just received the Report of the Director-General on the work of WHO. It is a pleasure to read this Report because it is so lucid in highlighting our most pressing needs and in many instances suggesting practical ways of solving our problems. I therefore join my colleagues in congratulating the Director-General and his competent staff for the excellent manner in which they have been handling the affairs of this Organization. We in the Gambia are forever grateful to you, Sir, for your untiring efforts in providing better facilities to improve the health and wellbeing of our peoples.

In the Director-General’s Report there is mentioned a review of communicable diseases. I would like to say here that the smallpox eradication and measles and cholera control campaign has continued in my country as part of the maintenance phase in the regional attempt to control and eradicate these terrible endemic diseases. At this juncture, Mr President, please allow me to say that in the past two years there is no record in my country of a single case of proven cholera. This I largely attribute to the timely and generous way our friends and neighbours in Senegal and Nigeria have been helping us in our attempt to immunize all the inhabitants of the Gambia. The Nigerian Government freely gave us large stocks of cholera vaccine and our Senegalese brothers in the true sense of regional cooperation allowed their health officers to cross our borders and readily help us vaccinate my people. Without their timely help I am sure the Gambia would have been among the severely afflicted countries in West Africa.

The leprosy control project is gradually being integrated with the basic health service and while UNICEF has continued to provide assistance we still receive bilateral aid from the Government of Ghana. I am happy to state that the Government of the Netherlands has made available to us the services of a leprologist. I would also like
to put on record my Government's appreciation of the invaluable service of Dr Alfred Quenum, our Regional Director. I have just heard that he is indisposed. May I beg us all to pray for his quick recovery.

The Government of Sierra Leone has been very helpful in providing facilities to train our junior doctors qualified from the Soviet Union. For this we in the Gambia are most grateful.

Going through the Director-General's report, in document A27/24 Add.1, "The least developed of the developing countries", my Government shares the opinion that this wise concept will expedite the implementation of special measures in favour of the 25 countries identified. But, Sir, my delegation could not help feeling slightly disappointed because the Gambia is not listed along with these countries and treated as such. By any standards the Gambia is less developed when compared to some of the 25 least developed of the developing countries. Events have vastly overtaken the data upon which this report was based. Now population migration is a problem. This is probably due to a more efficient census technique, but also to the acute increase of immigrants from surrounding countries, who come partly because of our free health services. The general financial instability, coupled with rising cost of fuel, fertilizers, and all manufactured goods, has convinced us more than ever that we should be included in this group.

I would like to join the distinguished delegates in welcoming the Bahamas as a full Member of WHO. I also support the applications of the Republic of Guinea-Bissau as a full Member of this Organization and the associate membership of Namibia.

Mr President, I would like to single out the Director-General's report on health education, in document A27/8, for very special mention. My Government places considerable emphasis on the role of health education as an important component in our medical and health services. Because of our very limited resources we can unfortunately only operate in a small way through the medium of the radio and public talks. We highly appreciate the help from the Government of Senegal in making available their expertise in this field. In the past two years we have slowly improved our health radio talks to include maternal and child health and welfare, family planning, nutritional education, health of the schoolchild, health of the youth, with special reference to the abuse of drugs including cigarette smoking and alcoholism, and sex education. My Government is convinced that proper health education will contribute greatly towards improving the health standards of my country. We therefore would appreciate any aid to improve health education, such as personnel, teaching aids, posters, cinema facilities, books, invitations to seminars, etc.

Before concluding I should like to congratulate the Director-General and his staff for the dynamic initiative which this Organization has taken for the first time in connexion with the development and organization of biomedical research, especially as this concerns the developing countries and particularly parasitic diseases in the tropics. There is no doubt in our mind that this programme of work will be supported by our African peoples and in other parts of the developing world as a major step towards the achievement of total freedom from ignorance, disease, and poverty. The training of scientists in the developing countries is not only urgent but is a sine qua non to the proper development of all sectors of our communities.

The ACTING PRESIDENT: I thank the delegate of the Gambia and give the floor to the delegate of Burundi.

Dr DEVENGE (Burundi) (translation from the French): Mr President, Mr Director-General, fellow delegates, ladies and gentlemen, allow me in the first place to convey to Professor Pouyan on behalf of Burundi's Head of State, Lieutenant-General Michel Micombero, of my Government and of the Burundi delegation to this Twenty-seventh World Health Assembly, and on my own behalf, our hearty congratulations on the lofty responsibility that has been entrusted to him, namely that of directing the proceedings of the present World Health Assembly. I hope that under his distinguished guidance, and under that of the Vice-Presidents whom the Assembly has elected to help him with his onerous task, we shall get through our heavy agenda in a spirit of complete cooperation and with unfailing concern for efficiency.

It is also my delegation's agreeable duty heartily to congratulate and to welcome into the great WHO family the new Members of the Organization which will soon be taking their place among us, for the first time, at this Twenty-seventh World Health Assembly: I refer to Guinea-Bissau and Namibia.

Lastly I should like to thank the Organization's Director-General, Dr Mahler, for the excellent Report he has just presented to us. The Report is a document of great technical and administrative value which gives us an exact idea of the increasingly extensive, diversified and complex activities of our Organization not only in the field of public health, but - in collaboration with the other United Nations specialized agencies - in related fields as well.
The entire world is now passing through a particularly difficult and critical phase, the nature of which lies outside the scope of our deliberations. More than ever it is becoming a real solace to us to be able to meet together here, in this Assembly, which is free from all passion - apart from a passion to improve the quality of life for all men - and take stock of current world public health problems and make one another acquainted with the more individual problems of the countries we represent.

For it is an indisputable fact that the level of health of the contemporary world is becoming increasingly dependent upon that of all the nations which constitute the world. A whole set of factors are responsible for this new state of affairs, for example, the ever increasing speed of transport, the increasing number of intercontinental travellers, the extraordinary development of tourism in tropical countries, and the world problems of water supply, water and air pollution, and protection of the environment.

That just shows us more clearly the scale and complexity of what has still to be done; whence the imperative, and ever more urgent, need for us to join forces and intensify international cooperation, without which there is no salvation.

My country for its part, under the guidance of its enlightened and beloved leader, Lieutenant-General Michel Micombero, is highly appreciative of the substantial assistance WHO is giving it under a number of development projects, and we should like to say how grateful we are to the Organization. We particularly appreciate the speed with which the Organization replied to our urgent request for assistance in connexion with getting the health services in the distressed areas back into working order. My Government itself did a very great deal, but its efforts would not have succeeded so quickly without the immediate assistance given by the World Health Organization and UNICEF.

There is not time for me to describe in detail the assistance WHO is giving to my country; so I shall confine myself to mentioning some of the main items.

The project "Development of basic health services" is doing well, with its programme of gradual, steady integration of the various preventive medicine activities (prophylaxis of communicable diseases, maternal and child health, health and nutritional education, and environmental health) with the activities of the country's health institutions: hospitals, maternity hospitals, health centres and rural dispensaries.

WHO is also giving us assistance in the training of health personnel of all grades, which is regarded as the first priority of our second five-year plan; a number of doctors and instructors from the Organization are providing effective help with the education and also with the supervision of the pupils at our paramedical training schools.

Our epidemiological service is being developed, in two ways: by the setting up of a service for planning and coordinating communicable disease control, and by collection, interpretation and use of epidemiological information from the various health units.

I should also like to mention the important contribution the Organization is continuing to make to projects such as the sanitation and drainage of Bujumbura, the blood transfusion service, public drinking-water supply, and the granting of fellowships for academic and practical work.

The important part WHO is playing at country level to help governments coordinate external assistance in the health field is much appreciated.

It is accordingly my duty, a very pleasant one, to thank the Organization - also its representatives working in our country - for the effective and sustained assistance we have been receiving for a number of years. I take this opportunity however to express the hope that more intercountry projects will be launched, since in our view they alone can deal with such scourges as malaria, schistosomiasis and trypanosomiasis.

The topic selected for the Technical Discussions at this Twenty-seventh World Health Assembly, "The role of the health services in preserving or restoring the full effectiveness of the human environment in the promotion of health", seems to me particularly apt. The world that we, and especially the countries of what has come to be known as the Third World, are living in is undergoing profound sociocultural alterations brought about by economic, structural, ideological and other changes for which the requirements of development bear no small responsibility. In the harmonizing and humanizing of that process, health action properly adjusted to the new circumstances undoubtedly has an essential role to play. The Burundi delegation studied the preparatory documents carefully and endeavoured to make its own contribution to the Technical Discussions based on observation, in our country, of the interaction between development and the human environment.

Concluding my statement, Mr President, I express the hope that the work of this Twenty-seventh World Health Assembly will bring us closer to attaining the objective the Organization has set itself, namely that of bringing about a profound and general improvement in the level of health in the world, which is the essential prerequisite for economic development and social progress.
The ACTING PRESIDENT: I thank the delegate of Burundi. The delegate of the Congo has the floor.

Dr EMPANA (Congo) (translation from the French): Mr President, honourable representatives of the Member countries of the World Health Organization, Mr Director-General, allow me to begin by conveying to the honourable delegates of the countries represented here the greetings of the Congolese people and Government. Mr President, the delegation of the People's Republic of the Congo, of which I am the head, heartily congratulates Professor Pouyan on his election as President of the Twenty-seventh World Health Assembly. There is no doubt that under his direction our deliberations will have the success we hope for. We also congratulate the other officers elected. Lastly, allow me to welcome the recently admitted Members. They will not only make our Organization more nearly universal, but also enrich it and give it vigour.

A year ago Dr Mahler succeeded Dr Candau. At the same time as we once again thank his predecessor for his services, we wish to pay a sincere tribute to Dr Mahler for the energy, warmth and openness he brings to WHO - qualities to which the Report on a year's work, that he has just presented to us, bears eloquent testimony. I should also like Dr Mahler to know how appreciative the Congolese authorities are of the conversations they had with him when he visited the WHO Regional Office at Brazzaville.

Mr President, the Congo is an underdeveloped country, and health problems there are enormous. For the most part they are those that are common to the whole African area: communicable diseases, worsened by bad environmental sanitation, and malnutrition. To these must be added sickle-cell anaemia, cardiovascular diseases - congenital cardiopathy in particular - and diabetes, which are important causes of morbidity in the Congolese population. The picture this gives you of our people's health, Mr President, is not a very enviable one. The Congolese Party and State are devoting a large part of their budget and of their resources to the health of the people, aiming at once at improving health structures and training, and at increasing means of action on the part of the Ministry of Health, after having concentrated on education for health and having set themselves the goal of integrating the health services' various activities.

Truly revolutionary measures, consistent with our policy and with the emphasis laid on preventive medicine, have been taken recently by the Party and the Government for controlling social diseases. These measures consist of providing, as a first stage, free diagnosis of sickle-cell anaemia and free biological check-up for diabetics, after which the State is, at a later stage, to take over altogether the treatment of patients suffering from sickle-cell anaemia and of diabetics. In order to reduce malaria incidence, administration of Nivaquine is to be arranged for all pupils in our schools when the school term begins in October 1974, at the same time as we shall be starting venereal disease control.

Such are the efforts that the People's Republic of the Congo is making on its own account. But, Mr President, what still remains to be done is enormous, and the People's Republic of the Congo is a country open to cooperation in all its forms, provided only that independence and the sovereignty of States and their freedom of choice are respected. I have pleasure in taking this opportunity to thank the WHO Regional Director for Africa, Dr Alfred Quenum, and his colleagues for their help to our health services. We hope this cooperation will increase, and that it will diversify. We hope it will extend from disease control to the training of personnel of all grades, personnel suited to the requirements of the Congolese revolution. The feasibility study on a health sciences school made by a WHO consultant is, we feel sure, a sign of a desire that this should happen.

Mr President, while we are meeting here in this Assembly the health of millions of the inhabitants of our planet stands in jeopardy. Our continent, Africa, which has known and is still experiencing colonial domination and exploitation, in addition to suffering from racism is now also suffering from the drought in its Sahelian zone; the ecological, economic and social consequences of that are known to everyone here. International solidarity has certainly been of help, but more of it still must be forthcoming if life is to be restored. The Middle East, Indo-China, Latin America - are we perpetually to have to cry out in indignation against atrocities committed in one place or another that are preventing mankind from enjoying health to the full? However, wisdom will perhaps eventually prevail on earth and the gentle breeze of peace will blow in the Middle East, in Viet-Nam, in Cambodia, in Chile, in Angola, in Mozambique and in Guinea-Bissau, and dignity and freedom will triumph in South Africa. The world is moving ineluctably toward a society in which no one will allow himself any more to be exploited by others. At this moment when the special session of the United Nations General Assembly, on raw materials, is adopting a declaration on a new international economic order and affirming that the
political, economic and social wellbeing of present and future generations depends more than ever upon the existence, between all members of the international community, of a spirit of cooperation based upon sovereign equality and upon the elimination of the disparity that exists among them, it would be unthinkable for the World Health Organization, whose mission it is to protect and promote human health, not to work to decrease economic disparity and for liberty and peace.

I am quite sure therefore, honourable delegates, that you will give a massive vote in favour of admission to the World Health Organization of the young State of the Republic of Guinea-Bissau, which is a member of the Organization of African Unity and already a member of several other international organizations. There is no need to speak at length in favour of Namibia's being given the status of Associate Member in one of the specialized agencies of the United Nations system, a step which is in accordance with the General Assembly's resolutions.

Mr President, honourable delegates, solution of these problems which I have briefly sketched depends upon all the States making up our Organization. States are obliged to cooperate, in this changing world of ours, if they are to survive. Therefore, Mr President, honourable delegates, Mr Director-General, once again saluting you on behalf of the Congolese Party, people and Government, I invite you to resolve the contradictions of our world, in everyone's interests and for the benefit of all.

The ACTING PRESIDENT: I thank the delegate of the Congo and now give the floor to the delegate of Jordan.

Dr KILANI (Jordan) (interpretation from the Arabic): Mr President, may I avail myself of this opportunity to convey to you, in my own name and on behalf of the delegation of the Hashemite Kingdom of Jordan, warmest greetings and congratulations to Professor Pouyan on his election to the high post of President. I should also like to congratulate the distinguished Vice-Presidents and the Chairmen of the committees. I should like here to pay tribute to the appreciable efforts exerted by the former Director-General, Dr Candau, which are reflected in the comprehensive Report which indicates the ability and skill which Dr Mahler has shown in shouldering responsibilities and examining health problems in the world.

Mr President, the health problems in my country are similar to those suffered by the Region. We have overcome a great number of the problems thanks to the close collaboration existing between us and the World Health Organization as represented by its Regional Office for the Eastern Mediterranean, headed by Dr Taba, who has spared no effort in extending technical assistance of various kinds and organizing various health missions in accordance with our requirements. This is done within the framework of an extended programme to develop the health conditions of the Region and Dr Taba's personal contribution in overcoming the difficulties we encounter. For all this we pay tribute and express gratitude to Dr Taba.

The malaria eradication programme has achieved considerable success, and during the past year only a few cases have been detected, which came from other countries. The tuberculosis eradication programme has achieved considerable progress thanks to the increasing health education of the citizens, the state of the maternal and child health services, and the development of the school health services. The Ministry has conducted comprehensive vaccination campaigns with BCG vaccine and developed health services in various parts of the country as well as setting up laboratories in remote areas in the countryside and in desert areas. The Ministry also established an institute for training paramedical personnel, and graduates of this institute after a training period of two years are appointed in hospitals and clinics. I should like to state here that the statistics compiled by the Ministry indicate a marked decrease in the incidence of communicable diseases for the year 1973, which amounted to 26%. In the field of nursing, we are still suffering considerably from an insufficient number of qualified nurses, which is a problem suffered and encountered by a number of other countries in the world. For this reason we have expanded our nursing colleges, including the college affiliated to the Jordanian universities. The system of health insurance adopted by the Ministry several years ago for state officials and personnel has proved a success; that is why we are seeking to include various sectors of the population with the aim of arriving at a comprehensive health insurance in future.

In conclusion, I should like to refer to the difficulties encountered and suffered by our people on the western bank of Jordan, which was occupied by Israel in 1967, for Israel is persistently eliminating doctors from this part of the country under very vague pretexts and depriving the citizens of essential services. It has closed down their central laboratory and has closed down their health department in Arab Jerusalem. It is also determined to close down the blood bank and the tuberculosis eradication centre and
is affiliating government hospitals to the Israeli Ministry of Health. It has deprived the refugees on the western bank of treatment in government hospitals and clinics except on payment of fees which UNRWA was unable to provide due to the deficit in its budget. It would have been preferable and more beneficial had the fact-finding committee on health conditions in the occupied territories visited the area early enough to be able to submit its report to the Director-General before this Assembly.

In conclusion, Mr President, I should like to wish the Health Assembly success in its deliberations, hoping that security and stability will reign and prevail throughout the world.

The ACTING PRESIDENT: I thank the delegate of Jordan. I now give the floor to the delegate of Albania.

Professor PAPARISTO (Albania) (translation from the French): Mr President, the Albanian delegation has much pleasure in conveying its best wishes to Professor Pouyan on the occasion of his election to the high office of President of this Assembly. I am sure that under his direction the present session of the WHO Assembly will make an important contribution to the wellbeing and health of the nations.

This session will be taking stock of the Organization's work during the year, and deciding what new tasks it is to tackle in the future. The Albanian delegation observes that great efforts have been made by the peace-loving countries to give their people a better health service, also to develop fruitful cooperation to prevent the spread of communicable diseases and to improve exchange of medical experience in order to achieve the best possible results in reducing disease in general. But in the present international situation, when ferocious colonial and neocolonial oppression and exploitation still continue in a number of countries and when the imperialist powers, the United States of America and the Soviet Union foremost among them, are carrying out a policy of aggression and war and seriously threatening the liberty and independence of peoples and sovereign countries, protection of the peoples' health is being seriously endangered. The continued violation of the agreement on Viet-Nam, the perpetuation of Israel's aggression against the Arab peoples, and the terrible colonial and racist domination in certain African countries, have had the result of causing starvation and endemic and epidemic diseases to continue to take a toll of innumerable human lives.

Mr President, under the leadership of the Labour Party of Albania and of its Government, the Albanian people, relying upon its own forces, is continuing vigorously to develop its socialist economy and so making it possible for a greater amount of medical aid to be made available to the broad masses of the population. Radical changes have taken place in Albania in the public health field, in respect of preventive and curative medicine, by the creation of a mass system of medical aid, extending from the town to the smallest and remotest of the villages. Thanks to the sustained efforts made by the people and the Government, and to the uninterrupted successes achieved in the country's economic and cultural development and in progressively raising our people's standard of living, there now exists in Albania a sound basis for effective protection of human health.

By taking the essential preventive measures and thanks to compulsory vaccination and hospitalization, we have managed to do a great deal to reduce communicable diseases such as typhoid fever, diphtheria and poliomyelitis. In 1973 we had 0.8 cases of abdominal typhoid per 10,000 population, 0.2 cases of diphtheria and 0.09 of poliomyelitis; while for years now we have had no cases of malaria, syphilis or trachoma. Similarly, improvement of living conditions, routine vaccination of children, organized case-finding, and treatment, including surgical treatment, of all forms of tuberculosis, have resulted in a substantial decline of that disease. In 1970 there were seven to eight cases of tuberculosis per 10,000 population, and in 1973 we were already confronted by the problem of reducing the number of beds for tuberculosis patients.

As you know, measles is responsible for a great number of deaths among children every year in all the countries of the world. During the last four years no case of measles has been observed in our country. The entire population at risk - 1,200,000 - made up of 20 age groups, has been vaccinated, and every year all infants who have reached the age of nine months are vaccinated. Study of immunity to measles in different age groups shows that protection of the population against the disease is effective. We are continuing the immunological studies to determine the right moment for revaccinating the population at risk. Our experience of periodic mass vaccination of the population at risk may, we believe, be of general interest and have some value for the World Health Organization.

Mr President, we wish to point out that when cholera broke out not far from Albania our public health services took all the requisite and necessary steps to protect the population against that communicable disease in the event of its reaching our country.
We feel we should stress here that it is essential that all countries should respect the international regulations and cooperate to prevent and arrest the spread of communicable diseases, particularly the most dangerous of them, thereby not only protecting their own population but also, at the same time, protecting other countries.

Among the measures for protection of the population's health taken in our country, mention may also be made of measures to prevent pollution of the environment. Having in mind the rapid development of our industry, the Government has issued decrees and taken specific decisions on protection of the environment.

Adoption of measures to extend and improve medical services has been accompanied by the training of personnel - doctors, pharmacists - and the building of health institutions in both town and country. In 1973 we had, per 1000 population, 7.8 beds in institutions in towns and villages. We have now one doctor to about 830 inhabitants, as against one doctor to about 10 000 inhabitants before the country's liberation. Special attention is being given to postgraduate training and to the organization of new branches of medicine such as heart surgery, neurosurgery, chest surgery, virology, etc. Arrangements are now under way for setting up an institute for rehabilitation of the physically handicapped, an emergency hospital and a resuscitation centre, also a research institute in the field of pediatrics.

Mr President, we have briefly sketched some aspects of the public health service in Albania which we wished to bring to the notice of the Assembly. The Albanian delegation at the same time expresses a desire actively to collaborate with the delegations of other countries to work out effective measures for protecting the health of the nations.

The ACTING PRESIDENT: I thank the delegate of Albania, and give the floor to the delegate of Thailand.

Dr HEMACHUDHA (Thailand): Mr President, Mr Director-General, distinguished fellow delegates, ladies and gentlemen: it is a great privilege and a great pleasure to represent the Government of Thailand at this Twenty-seventh World Health Assembly and to bring the greetings of the Government and the people of Thailand to the nations represented at this august Assembly.

On behalf of my delegation, I wish to congratulate the President upon his election to that high office. To the five Vice-Presidents and the Chairmen of the two main committees, my delegation would like to offer its sincere congratulations. I should like also to congratulate Dr Ramzi on his presentation of the proceedings of the fifty-second and fifty-third sessions of the Executive Board. These reports certainly deserve careful study by the Assembly.

To Dr Mahler, our distinguished Director-General, I should like to commend him on his excellent Report. Although much of the work presented in the Report was carried out by his predecessor, the present Director-General has displayed in several ways his own initiative and imagination. My delegation welcomes the remarks of the Director-General cautioning us not to be overjoyed at the Organization's achievements because this may create a false sense of complacency at a time when the Organization is in fact faced with setbacks and failures. The Director-General is right. Many countries do not reap the reward of the Organization's efforts. The gap between the developed and developing countries, as regards the health situation of the people, seems widened rather than bridged. Despite the glory of the past 25 years, the World Health Organization appears to be far from fulfilling its objective, which is the attainment by all peoples of the highest possible level of health. Hence it is high time for the Organization to make a reappraisal of its role and activities in order to preserve its reputation and to uphold the noble purpose for which it was established.

The financial situation of the World Health Organization is also a cause for concern for us all. This is due to the pandemonium of world inflation. The increase in the Organization's budget, which is rather small, could only absorb the impact of this inflation, leaving nothing or only a small excess for the strengthening and implementation of various programmes. And it is hard to believe that the principal or major contributors would be willing to contribute more to the Organization. This gives rise to the fear that in the future the annual increase of the budget might not even compensate for the inflation. The bilateral assistances in health are also waning. This would inevitably make us feel gloomy about the future of the developing nations.

In the face of these difficulties, I do not see any solution for the Organization except the courage to make a critical self-examination. The World Health Organization should review its overall activities. There are now multitudes of programmes and projects. There are, I believe, many projects of long duration which are not sufficiently rewarding. These should be discontinued or amalgamated with others.
Only viable projects should be kept and strengthened. The Organization should avoid embarking on piecemeal endeavours and concentrate only on basic or core problems which will bring lasting and greatest benefit to Member countries. The number of projects in any country should be reduced without sacrificing the achievements of the Organization. On the contrary, WHO may obtain greater success by devoting its efforts and resources to projects of vital importance.

The Organization would inevitably require an improved system of overall management. The cost/benefit analysis of all programmes of the budget must be resorted to. There have been, up to now, a multitude of fellowships and consultants provided for many countries; the time has now come to assess the impact of this type of assistance. Have they really achieved all that we expected? Perhaps what the countries need besides fellowships and consultants is supplies and equipment.

Among the basic problems of the developing countries to which I would like to invite WHO to give special emphasis is the development of basic health services with proper coverage and utilization. I therefore welcome the statement of the Director-General in his Report of the work of WHO in 1973 saying that "the most signal failure of WHO as well as of Member States has undoubtedly been their inability to promote the development of basic health services and to improve their coverage and utilization". And I could not agree more with him that despite the lack of resources which is prevailing in the developing countries it is not impossible to design a health delivery system which will suit the condition of the countries and can serve the needs of the major portion of the populace. But how? This needs a concerted effort between WHO and Member States.

Another area that may deserve an all-out long-term effort by WHO is school health education. Health is a basic and major objective of education and is fundamental to the present and future of the nation. Many failures and setbacks in health programmes undoubtedly spring from the education of the public. Health cannot be attained through the efforts of medicine and public health alone, and where medicine and public health do things for people, the great need is to inform and to motivate young and old to do for themselves that which is good for their own health and that of others. For the older generation, education would be less effective in order to change their attitude and to develop a behaviour conducive to health, happiness, and successful living. Children and youth tend to respond better than do older people to health education in the development of desirable health attitudes and desirable health practices. Many of the present health problems can be appropriately introduced in schools: like population education, family health, nutrition, environmental health, communicable diseases, venereal diseases, personal hygiene, etc. It is difficult to change the ways of adults and the earlier, therefore, that an individual learns the elements of healthful living, the more likely it is that they will be applied. Some health education will be brought home to the parents by children receiving health instruction in the schools. The more the school has done in health education before an individual reaches adulthood, the more successful the health programmes will be, because they will be dealing with a more informed and sympathetic adult.

These are the basic areas which call for serious consideration of the Organization in the coming years if it is to fulfil more effectively its obligations.

Now that I have touched upon some areas of weakness of the Organization and presented my humble suggestions to help solve them, allow me to say a few words about the health situation in my own country.

Last year, on the occasion of the twenty-fifth anniversary of WHO, my delegation had described in full our achievements in the field of health during the past 25 years. I deem it necessary therefore to follow the same pattern of presentation because there are no major health developments in 1973 in my country except a few events worthy of record.

After four years of respite, cholera made its comeback in April 1973. The causative agent is *Vibrio cholerae* biotype El Tor, serotype Ogawa. At the present moment the disease is still sporadic in several provinces. Since the beginning, up to the end of April 1974, there have been 1386 confirmed cases and 65 deaths. The outbreak may be aggravated during the hot season.

The other development worth mentioning is the Ministry's effort to seek actively a design of health delivery system which will be based on a sound organizational set-up having as its keynote the integrated health service approach, in order to serve more effectively the needs of the population especially in the rural areas, which comprises 85% of the total population of the country. Last, but not least, I should not fail to mention that Thailand has been accepted by WHO in its country health programming exercise. The country health programming is defined as that part of the planning and
programming process which selects priority health problems, specifies operational objectives within a country's planning cycle, and translates these objectives into activities, resource needs, and organization. It is a means to furthering health planning methodology and to bridging the gap between planning and programme implementation. It leads to the actual implementation process.

In conclusion, Mr President, my delegation would like to reaffirm our faith in the Organization in spite of its constraints and failures. I do believe that every failure is a stepping stone to success and I am sure that success will pay the failure of years. I wish to place on record my delegation's appreciation to WHO, the Director-General, the Regional Director, and their staff, for the assistance rendered to Thailand.

The ACTING PRESIDENT: I thank the delegate of Thailand and now give the floor to the delegate of India.

Mr RAMACHANDRAN (India): Mr President, Mr Director-General, distinguished colleagues, after thousands of years of its long and tortuous history mankind is proceeding fast to a stage where science and technology can give it the power to eradicate poverty and disease from the face of this earth, but unfortunately human wisdom has not kept pace with this growth of human ingenuity. As a result, despite dramatic developments in many fields of medical and nutritional research and a massive increase in the total wealth of the world, we find that fully one-third of its population lives below what may be described as the minimum conditions necessary for a decent human existence and another third is barely above the poverty line. It is difficult to understand this within the concept of planet earth as a single ecosystem. The photographs of our beautiful planet taken from the moon movingly demonstrate this unity. And yet the world is still fragmented and broken into numerous units ridden with suspicion and tension.

Against this sombre background it is not only refreshing but enlightening to hear the introductory speech of our new dynamic Director-General. Dr Mahler visited us in Delhi for a couple of days and his interview on the All-India Radio and Television really brought the message of WHO to the people of India with all the sincerity behind it.

Mr President, may I be permitted to say that the very clear enunciation of the philosophy made by the Director-General has the strongest relevance to the problems faced by my country. For the first time it is refreshing to hear him characterize this Secretariat as our Organization and say that the Secretariat shall receive guidance from us. Without risk of repetition, coming as I do from a country that poses a variety of problems and is also of considerable dimensions, it gives us a lot of hope to realize that for the first time the policy orientation will be confined broadly to dynamic leadership in health matters and to realize also that the right solution will be anticipated, found, and applied at the right time. The importance of dealing with the difficult problem of resources, even to the extent of adopting unorthodox solutions, has been stressed and we for our part would strongly endorse these facets of his philosophy.

In yet another direction we are encouraged by the proposed shift in formulating the programmes, starting from small-scale projects and basing them more on national or regional pyramidization rather than apex-controlled. Some of the pitfalls that previous policies have fallen into have been well identified and would be avoided.

I may therefore assure you, Mr Director-General, that we in our country shall lend full support to the implementation of your new policies. You are not new to my land and I am sure that you will agree that we are capable of implementing the programme with determination and vigour. The countries of my Region, under the mature guidance of the Regional Director, Dr Gunaratne, will fully reciprocate the special confidence which you have placed in us.

May I now briefly mention a few aspects relating to my country. Firstly, there is a need for a much broader perspective of community health in the developing world and for a multipronged attack on our health problems. We must recognize the vicious circle of high fertility, high mortality, the synergism between nutrition and infectious diseases, poor environmental quality, inadequate resources, and a low level of education. Half-hearted application of biotechnology aimed at single causes can be counterproductive. We must develop the capability to deal with a cluster of causes simultaneously, and our ability to do this will depend largely on the resources available and also on our willingness to thoroughly reorient medical and paramedical education. There is no escape, as has been hinted by the Director-General, from the increasing use of paramedical and auxiliary personnel in order to cover the essential health care requirements of the vast majority of the world's population living in the developing countries. May
I also plead for a new examination of the utilizability of certain indigenous systems of medicine, even in a limited way.

Secondly, the situation in the field of communicable diseases, especially malaria, is extremely disturbing. In India we had, after a massive investment, brought down the number of malaria cases from an estimated 75 million before 1947 to under 50,000 in 1964, and we assumed that we were well on the way to eradicating this disease. Unfortunately, however, owing to a variety of causes, including the development of vector resistance, there has been a recrudescence of malaria in our country, despite the fact that we spend nearly 60% of our federal health budget on this one programme alone. In 1973 the number of cases has again risen to 1.5 million. I would urge this Assembly to give high priority to malaria eradication on a global scale and even consider whether some revolutionary change in strategy is called for. The sharp rise in the cost of insecticides has added to the difficulties of the developing countries and it is only a carefully orchestrated international programme of research and field activity that can enable us to meet the situation effectively.

The President in his opening remarks referred to three positive factors in the balance sheet of WHO. We are too humble to claim a share in this. In regard to smallpox, as you know, we registered the highest incidence and last July we entered on a special vigorous campaign to control the disease. In spite of a number of adverse factors this was a programme which we sustained with the greatest momentum and you will be glad to hear that we are well on the way to eradicating this disease by the end of this year. With regard to the second achievement, namely the effective use of chemotherapy in tuberculosis, we have pursued this programme with determination and the interest of the Director-General in this line is well known. Next, in regard to nutrition, I wish only to point out that in the fifth five-year plan we have increased the allocation for nutrition programmes by 400%. Nutritional inputs, particularly for pregnant and lactating mothers, as well as infants and small children, are absolutely necessary if we are to build up a healthy world. It is a tragedy too deep for tears that even today hundreds of thousand of children in developing countries become blind simply because of lack of vitamin A.

My distinguished colleagues here will be interested to know that in our fifth five-year plan, which began last month, we in India have adopted what we call a minimum needs programme for our rural masses. This is conceived as a massive assault upon the citadels of poverty and contains five components - rural electrification, rural roads, homes for the homeless, rural drinking-water supplies, and an integrated programme of health, nutrition, and family planning services. We attribute great importance to this integrated service because without adequate nutritional inputs no health programme can hope to succeed. Family planning also can be successful only if it becomes an integral part of a general attack on poverty and for this reason we are undertaking a major programme of training multipurpose workers. Unless child mortality and morbidity can be substantially reduced it will not be easy to persuade the rural population in developing countries to limit their families. This year, 1974, is being observed as World Population Year and I am sure that many of the distinguished delegates will be present at the international conference to be held in Bucharest later this year. I will therefore not expand upon this theme except to say that in our view the key to a breakthrough in family planning in developing countries is its close integration with health and nutrition programmes.

Mr President, I do not like to take more of your time. Representing as we do here virtually the entire human race, cutting across barriers of race and religion, geography and ideology, this Assembly must fulfil the heavy responsibilities that rest upon it. On behalf of the Indian delegation I would like to congratulate the President, the Vice-Presidents, and the Chairmen of the two main committees, and to assure you of our active interest and support in the important work that lies ahead.

May I close with a benediction from the Vedas, perhaps the most ancient of living literature, which beautifully expresses the basic ideals of this great Organization:

Sarve bhavantu sukhinah
Sarve santu niramaya
Sarve bhadrani pashyantu
Ma kashchit dukh bhavet.

May all humanity be happy,
May all be without disease,
May all witness auspicious sights,
May none have to undergo suffering.

The ACTING PRESIDENT: I thank the delegate of India, and now give the floor to the delegate of Chad.
Dr BAROU (Chad) (translation from the French): Permit me, Mr President, speaking after so many honourable delegates of Member States have taken the floor, to associate myself, on behalf of my country, the Republic of Chad, with those delegates in heartily congratulating Professor Pouyan on his election as President of the Twenty-seventh World Health Assembly. I also congratulate the Vice-Presidents of the Assembly, the Chairmen of the main committees, and the other officers.

On behalf of Chad I welcome the countries newly admitted to the Organization, and I hope that more and more other countries which are not yet independent will be joining us Members of longer standing, so that the world may adopt a united front to the problem of health, which is also the problem of life on our planet.

Mr President, fellow delegates, on behalf of the Government of the Republic of Chad, I especially congratulate the Director-General on his Annual Report, which opens up numerous prospects while being based, at the same time, on experience obtained since the World Health Organization came into being.

I thank the Organization, which, since my country signed the basic agreement on 23 March 1961, has been helping us in all public health fields. At the same time I thank all the sister countries and all the other organizations, national and international, that have, from the very start, kept providing us with their assistance to help us set up an efficient health service upon sound foundations.

Allow me, Mr President, in connexion with the Director-General’s Annual Report, to say a few words about the epidemiological situation in my country in 1973 and at the beginning of 1974.

Alongside curative medicine, which is developing rather slowly, the work that has been done in the field of preventive medicine by the major endemic disease control service is of a lasting nature. In 1973 we had a fresh flare-up of cerebrospinal meningitis: 2376 cases were diagnosed and 276 deaths were recorded. At the beginning of 1974, 1600 cases, of which 170 were fatal, were diagnosed in the south of the country. At the beginning of this year cholera made its appearance - in the Lake Prefecture, where the El Tor vibrio was isolated: 72 cases of cholera were diagnosed, 21 of them fatal. Epidemiological surveillance is being maintained right round Lake Chad. Similarly, a large number of cases of infectious hepatitis are reported each month (nearly 9000 cases and 200 deaths in 1973). That is disquieting, but serological surveys (jaundice cases and a sample of the jaundice-free population) seem to show that there is, just now, no yellow fever virus in circulation.

In any case yellow fever vaccination coverage is satisfactory in all the prefectures of the Republic.

Tuberculosis control is being effected, at the prevention level by means of campaigns for the BCG vaccination of children and young adults and, at the case-finding and treatment level, by means of the procedures recommended by the World Health Organization a few years ago (case-finding by bacilloscopy, and mainly ambulatory treatment). Lastly, like all the countries of tropical Africa, we have a very high incidence of various parasitic diseases, which are having a harmful effect on the children's development.

What is still more worrying in regard to the children is the very alarming state of malnutrition in the prefectures of the Sahelian zone and in one part of the Sudan zone, after three years of a catastrophic drought that has accounted for 80% of the livestock, made it impossible to grow any food crops and caused numerous families to move away; they have been grouped in refugee camps, where they are subsisting with difficulty. The Government’s efforts and the help that is being given by international agencies are enabling these peoples to survive, but plans for long-term action are essential to get the better of this very serious situation and to restore a reasonable standard of living in these areas.

The ACTING PRESIDENT: I thank the delegate of Chad. I would like to thank the distinguished delegates for the cooperation they have given me.

The meeting is adjourned.

The meeting rose at 11 p.m.
1. SECOND REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT (translation from the French): Ladies and gentlemen, the meeting is called to order.

The first item on our agenda is consideration of the second report of the Committee on Credentials. I invite the Rapporteur of that Committee, Dr Lekie, to come to the rostrum and read out the report, which is contained in document A27/41.

Dr Lekie (Zaire), Rapporteur of the Committee on Credentials, read out the second report of that Committee (see page 542).

The PRESIDENT (translation from the French): Thank you, Dr Lekie. Are there any comments? Since there are no comments, I assume the Assembly wishes to approve the second report of the Committee on Credentials.

2. FIRST REPORT OF COMMITTEE B

The PRESIDENT (translation from the French): The Assembly has before it the first and second reports of Committee B (documents A27/40 and A27/42). In accordance with Rule 52 of the Rules of Procedure these reports will not be read aloud, and I shall ask the Assembly to decide upon the resolutions submitted to it one by one.

We shall begin by considering the first report of Committee B (document A27/40).

Is the Assembly willing to adopt the first resolution, entitled "Financial report on the accounts of WHO for 1973, reports of the External Auditor, and comments thereon of 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"? In the absence of any objection, the resolution is adopted.

The next resolution is on the supplementary budget estimates for 1974. Allow me to remind you that, under Rule 70 of the Rules of Procedure of the Assembly, decisions on the amount of the supplementary budget estimates must be taken by a two-thirds majority of the Members present and voting. I shall now put to the vote the resolution entitled "Supplementary budget estimates for 1974". Will those in favour of the adoption of this resolution kindly raise their cards. Those against, please raise your cards. Are there any abstentions?

The result of the vote is as follows: number of Members present and voting (that is, Members casting a valid affirmative or negative vote), 88; two-thirds majority required, 59; in favour, 84; against, 4; abstentions, 2. The resolution is accordingly adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "Salaries and allowances, ungraded posts"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fifth resolution, entitled "Contract of the Director-General"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the sixth resolution, entitled "Assessment of new Members and Associate Members - Bahamas"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the seventh resolution, entitled "Contributions payable by certain Members in respect of 1974 and prior years"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the eighth resolution, entitled "Assessment of Associate Members"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the ninth resolution, entitled "Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution"? The delegate of Haiti has the floor.

Dr PHILIPPEAUX (Haiti) (translation from the French): Mr President, the delegation of Haiti congratulates you on your election and congratulates you too on the way the discussion has been conducted.

It avails itself of this opportunity to make a comment on operative paragraph 2 of the resolution on the subject of Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution. The delegation of Haiti feels that the form of the paragraph leaves something to be desired. It reads as follows:
"URGES Bolivia, El Salvador, Haiti and Paraguay to regularize their position so that the Executive Board at its fifty-fifth session and the Twenty-eighth World Health Assembly will not have to examine this question again."

The delegation of Haiti feels that the way this resolution is worded might somewhat offend the national dignity of the countries in question. It accordingly requests that the resolution be amended, and proposes that it should read as follows:

"URGES Bolivia, El Salvador, Haiti and Paraguay to intensify the efforts now being made in order to achieve at the earliest possible date the regularization of their position."

The delegation of Haiti at the same time thanks the Assembly for having recognized that these Member countries have made efforts to pay up their arrears.

The PRESIDENT (translation from the French): I thank the delegate of Haiti and call upon the delegate of El Salvador.

Dr. AGUILAR (El Salvador) (translation from the Spanish): Mr. President, in the first place I wish to state that the draft resolution you referred to was not among the documents which appeared this morning in the pigeon-hole assigned to our delegation. However, now that I am aware of the terms of the resolution, I wish to explain to the Assembly that for special reasons there was a delay in the arrival of the contribution of El Salvador for the first half of 1971, as we repeatedly explained to the Organization by cable, and as I again explained, in a conversation with the person responsible for those matters, when I registered here. I consider that once this situation is regularized, my country has the right to ask that its name be removed from the list to which the resolution refers.

The PRESIDENT (translation from the French): Thank you. Are there any other comments? I call on the delegate of Bolivia.

Dr. SERRATRAGUILERA (Bolivia) (translation from the Spanish): Mr. President, the delegation of Bolivia wishes to support the proposal of the delegate of Haiti to amend paragraph 2 of the resolution, which has been read out to us, so that it states that Bolivia, El Salvador and Haiti should intensify the efforts now being made in order to achieve at the earliest possible date the regularization of their position.

The PRESIDENT (translation from the French): Thank you. Are there any other comments?

Ladies and gentlemen, we have before us a proposal for amendment of the draft resolution entitled "Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution". Rule 51 of the Rules of Procedure applies in this case. I request the Deputy Director-General to read out that rule. Dr. Lambo, you have the floor.

The DEPUTY DIRECTOR-GENERAL: Mr. President, Rule 51 of the Rules of Procedure: "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 (translation from the French): Thank you, Dr. Lambo. Exercising the discretionary power accorded me by Rule 51 of the Rules of Procedure, I permit the discussion and consideration of the amendment that has just been proposed by the delegation of Haiti, since the proposal is clearly expressed and cannot lead to misunderstanding. Does anyone wish to have the floor? The delegate of Peru.

Dr. GUILLÉN (Peru) (translation from the Spanish): Mr. President, I have been specially instructed by the Government of my country to ask that, in view of the problem posed by the countries in arrears, efforts should be made to improve the position of those countries, which have undoubtedly already had economic problems. I therefore formally propose that the amendment put forward by Haiti be accepted.

The PRESIDENT (translation from the French): Are there any other comments? Ladies and gentlemen, since we are about to vote on the amendment submitted by the delegate of Haiti, I shall ask that delegate to be kind enough to read out his amendment once again, slowly. The delegate of Haiti.
Dr PHILIPPEAUX (Haiti) (translation from the French): Mr President, the amendment reads as follows:

"2. URGES Bolivia, El Salvador, Haiti and Paraguay to intensify the efforts now being made in order to achieve at the earliest possible date the regularization of their position."

The paragraph as it stands at present reads: "Urge Bolivia, El Salvador, Haiti and Paraguay to regularize their position so that the Executive Board at its fifty-fifth session and the Twenty-eighth World Health Assembly will not have to examine this question again." As we said just now, this wording is liable in its present form to offend the national dignity of the countries in question, and we are quite sure that is not at all the Assembly's intention, particularly since the resolution states that this Assembly recognizes the efforts that have already been made by those four countries to pay off their arrears. I think, therefore, that it is merely a question of wording, and it is chiefly for that reason that the delegation of Haiti decided to request that this paragraph 2 be amended.

The PRESIDENT (translation from the French): Thank you. The delegate of El Salvador has the floor.

Dr AGUILAR (El Salvador) (translation from the Spanish): Mr President, I thought I had made it perfectly clear in my previous statement that my delegation was not concerned with having the resolution amended, since it was in agreement with it up to a point, but with having the name of my country removed from the list for the reasons which I explained before and which I shall now proceed to list again. Information was sent by cable of the payment of the appropriate part of my country's contribution and I made this clear on my arrival when I registered; I was also told by someone that the transfer in payment of the contribution for 1971 had indeed been received and that between July and September this year the situation would be completely regularized. In view of this, my desire is that the name of my country be removed from the list in question.

The PRESIDENT (translation from the French): Thank you. We have before us, as you see, ladies and gentlemen, two amendments, the first submitted by the delegate of Haiti and the second by the delegate of El Salvador. The second, and simpler, is just for the deletion of the name of El Salvador. Are you willing for a vote to be taken on the amendment proposed by the delegate of El Salvador? The delegate of Senegal has the floor.

Dr WONE (Senegal) (translation from the French): Thank you, Mr President, for having given me the floor. I wanted to say that, in order to clarify matters, we should like the Secretariat to make a statement on the position of El Salvador. I am not questioning the statements made by the delegate of that country, but obviously the status of payment of contributions lies more within the province of the Secretariat, which can give us the information, than within that of a delegation; and, if we are to vote in proper awareness of the facts, we need to learn from the delegation whether, since Committee B took up the matter, there have been fresh developments which warrant our separating the case of El Salvador from that of the other three countries.

The PRESIDENT (translation from the French): Thank you. I give the floor to Mr Furth.

Mr FURTH (Assistant Director-General): Mr President, El Salvador made a payment of US$ 15,140 on 10 May, representing one half of its contribution for 1971. The payment received from El Salvador was not sufficient to remove it from the list of countries subject to having Article 7 of the Constitution invoked.

The PRESIDENT (translation from the French): Thank you, Mr Furth. Does the explanation Mr Furth has given tell you what you need to know? I believe it does. After the explanation given by the Assistant Director-General are you, then,
willing that a vote be taken first on the first amendment, the amendment deleting the name
of El Salvador, and after that on the second, the amendment proposed by the delegate of
Haiti?

We shall now vote on the first amendment. Will those in favour of deletion of the
name of El Salvador please raise their cards. Are there any votes against the deletion?
Abstentions?

Ladies and gentlemen, the result of the vote is as follows: number of Members present
and voting, 31; simple majority, 16; in favour, 4; against, 27. The amendment is
accordingly rejected.

Now we shall vote on the amendment of the delegate of Haiti. Will those in favour
please raise their cards. Against the amendment of the delegate of Haiti? Are there
any abstentions?

The result of the vote is as follows: number of Members present and voting, 107;
simple majority, 54; in favour, 107; against, 0. The amendment of the delegation of
Haiti is accordingly adopted.

Are you willing to adopt the ninth resolution, as amended by the delegation of Haiti?
The resolution is adopted.

We have now to approve the report as a whole. In the absence of any objections,
the first report of Committee B is approved.

3. SECOND REPORT OF COMMITTEE B

The PRESIDENT (translation from the French): We shall now consider the second report
of Committee B (document A27/42). This report contains only one resolution, entitled
"Scale of assessment for 1975". Is the Assembly willing to adopt this resolution? In
the absence of any objection, the resolution is adopted. The delegate of Western Samoa
has the floor.

Dr THIEME (Western Samoa): Mr President, the delegation of Western Samoa does not
like to intervene or propose any change in the scale of assessment at this stage, but
would like to make an observation and comment.

We wish to ask first for leniency, Mr President, from you and the distinguished
delegates, for not bringing up this matter during the discussion in Committee B. However,
as a one-man delegation, one cannot keep abreast of all the discussions in both main
committees, particularly if one committee moves very slowly, and the other committee
rushes through the agenda items at a fast pace.

The delegation of Western Samoa feels that the scale of assessment for 1975 is not
flexible and does not take into consideration any exceptional conditions such as exist,
for example, in Western Samoa. The population of Western Samoa has been estimated at
approximately 150,000 for 1974. Our contribution for 1974 is over US$43,000, which
means 28 cents per head of the population. You do not need to be a statistician to
calculate that Western Samoa is paying much more per head than the highest contributor or
any developing country in the world. We are fully aware that with the new scale we have
an improvement in our contribution, but this is not sufficient in comparison with other
more populated developing countries and considering our economic situation. For your
information, Western Samoa has been classified by the United Nations as one of the least
developed countries of the world. Moreover, we cannot afford to be a Member of the
United Nations because of the contribution and the need to keep a mission in New York;
just to have the honour of being a Member, we would deprive our people of funds they need
so badly. We also derive very little benefit from bilateral assistance agreements,
except for New Zealand (with which we have a treaty of friendship), Australia, and the
United Kingdom of Great Britain and Northern Ireland.

We would like to have this statement recorded so that the Secretariat may examine
the special situation or the Executive Board may find a solution in the future to deal
with the situation in which Western Samoa is placed because of its small population and
economic condition.

The PRESIDENT (translation from the French): Thank you. I believe everyone agrees
to the statement of the delegate of Western Samoa appearing in the records, is that not
so? Does everyone agree?

We have now to approve the report as a whole. In the absence of any objections, the second
report of Committee B is approved.

4. ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD

The PRESIDENT (translation from the French): We shall now turn, if you please, to
item 1.12: Election of Members entitled to designate a person to serve on the Executive
Board. Document A27/39 contains the report of the General Committee giving the list of

1 See p. 545.
12 Members drawn up in accordance with Rule 100 of the Rules of Procedure. In conformity with the same rule the General Committee has recommended, from the 12 Members nominated, the names of eight Members which, in the Committee's opinion, would provide, if elected, a balanced distribution on the Board as a whole.

Are there any comments? The delegate of Zambia has the floor.

Dr BULL (Zambia): Mr President, the delegation of Zambia wishes to express its gratitude to the General Committee for the nomination of Zambia for election to the Executive Board. Zambia would have welcomed this opportunity since it has never before been so privileged as to be elected as a Member entitled to designate a person to serve on the Executive Board.

However, Zambia intends to adhere to the decision of the Member States of the African Region, which choose succession on the Executive Board by well-defined criteria which Zambia has accepted and therefore intends to honour. Zambia hereby steps down in favour of Mauritius and wishes Member States at the Twenty-seventh World Health Assembly to support the election of Mauritius to membership of the Executive Board. The delegation of Zambia sincerely hopes that Zambia will have the same support as this year when it becomes its legitimate turn to stand for election to the Executive Board, and for representation of the African Region.

The PRESIDENT (translation from the French): Thank you, Madam. The delegate of Canada has the floor.

Dr DE VILLIERS (Canada): Mr President, the Canadian delegation, on behalf of the Canadian Government, wishes to declare our candidacy for election to the Executive Board. In doing so we are deeply appreciative of the honour bestowed on us by the members of the General Committee who voted for the inclusion of Canada in the list of the 12 candidates proposed.

If elected, we shall dedicate ourselves to the fullest extent possible towards the effective functioning of the Executive Board during this vital period in the history of the Organization. As candidate Canada proposes Dr Maurice LeClair, Deputy Minister of Health and permanent head of the health administration in our country. Not only has he a brilliant academic record as internist, dean of a medical faculty, and Vice-President of the Medical Research Council, but since he joined our public service he has amply demonstrated his considerable leadership and innovative qualities and skills and has, as a result, made an outstanding contribution to the health of the public in our country.

The PRESIDENT (translation from the French): The delegate of Finland has the floor.

Professor NORO (Finland): Mr President, the delegations of our four neighbouring Nordic countries - Denmark, Iceland, Norway and Sweden - have, in a letter dated 9 May, proposed to the General Committee that Finland be entitled to designate a person to serve on the Executive Board of our Organization. I would like to express the gratitude of my delegation to these four delegations for their proposal. Since the early days of WHO, the five Nordic countries have been able to participate in the work of the Executive Board on the basis of rotation. Finland has however decided to withdraw its candidature to the Executive Board in the present session and to cast its vote for the two seats allocated to the European Region to the two great European nations recommended by the General Committee in document A27/39. In stating this I hope that the Assembly would consider favourably the candidature of my country in the elections to be held next year.

The PRESIDENT (translation from the French): I thank the delegate of Finland. Now the delegate of India has the floor.

Dr SHRIVASTAV (India): Thank you very much, Mr President, for giving me the rostrum. India thanks the countries that voted for India to be included in the Executive Board. However it was without prior consultation and without our knowledge. We had made it very clear and plain to countries of the Region that, instead of two or three countries contesting for one seat, it is always good to have unanimity and agree on one country, and therefore India would like to withdraw in favour of Sri Lanka.

The PRESIDENT (translation from the French): Thank you. I give the floor to the delegate of Venezuela.

Dr VALLADARES (Venezuela) (translation from the Spanish): Mr President, the Government of Venezuela is profoundly grateful for its nomination as a candidate in the election of Members entitled to designate a person to serve on the Executive Board.

In addition, however, since it was the Venezuelan Mission to the United Nations that was called upon to preside over, or rather coordinate, the group of Latin American delegations, I wish to inform the Assembly that at a prior meeting, held on the morning of 7 May and attended by the countries of the Region of the Americas, we reached a gentlemen's agreement in favour of the election of Argentina, Guatemala and Venezuela.
I wish to inform the delegates of this, firstly because it is my duty and secondly because we consider that it provides a better opportunity of achieving proper balance in the Executive Board.

I could not, of course, say who is the person that will be designated by the Government of Venezuela, but you can be certain that it will be someone who will do his very best to support the process of reorientation which our Organization is now undergoing.

The PRESIDENT (translation from the French): Are there any other comments? I give the floor to the delegate of Canada.

Dr DE VILHIS (Canada): Mr President, it is with a sincere apology that I'm here again but I felt it a simple duty just to inform you that Canada was not present at that meeting just referred to.

The PRESIDENT (translation from the French): Are there any other comments? No.

The election will take place by secret ballot. I shall simply remind you of the names of the eight Members whose terms of office are expiring: in the African Region, Lesotho; in the Region of the Americas, Ecuador, Trinidad and Tobago, and Uruguay; in the Eastern Mediterranean Region, the Syrian Arab Republic; in the European Region, Denmark and Italy; and in the South-East Asia Region, Thailand. There is no outgoing Member from the Western Pacific Region.

I should also like to draw your attention to the Articles of the Constitution and the Rules of Procedure that relate to this 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 Assembly.

To avoid any misunderstanding, I repeat that the eight names must be selected from among the 12 Members nominated by the General Committee, namely: Argentina, Canada, Finland, France, Guatemala, India, Jordan, Mauritius, Sri Lanka, Union of Soviet Socialist Republics, Venezuela, and Zambia. I also remind you of the statements made by delegations expressing their countries' wish to withdraw their candidature.

I give the floor to the delegate of Guatemala.

Dr UCLES (Guatemala) (translation from the Spanish): Mr President, we should simply like to provide a little more explanation regarding the item now under discussion at this Assembly, in respect of what has already been said by the delegation of Venezuela.

On the first day of this World Health Assembly, the countries of the Americas met and unfortunately, as stated by the Canadian delegation, Canada was not present. Nevertheless, an invitation was issued to all the American States to meet and discuss which countries they should put forward as candidates in accordance with the tradition under which one country replaces another while maintaining suitable geographical distribution. It was in this way, and bearing in mind the outgoing countries, that the candidatures of Argentina, Venezuela and Guatemala (an honour thus being conferred on our country) were put forward.

We are saying this because last year, when one of the Central American countries left the Board, its place was taken by the United States. From the point of view of geographical distribution, North America would in practice now be doubly represented, in view of the fact that the United States joined the Board last year. It is for that reason that the countries of the Americas, meeting on 7 May, the first day of this Assembly, decided in favour of Argentina, Venezuela and Guatemala, on the grounds of geographical distribution within the Americas themselves.

In addition to thanking the delegations which have supported the candidature of our country and that of our brother countries of Venezuela and Argentina, we wish to clarify this point in order to give the delegates present at this World Health Assembly a better idea of the position.

The PRESIDENT (translation from the French): Thank you, sir, for your explanation. Are there any other comments? No; then we shall proceed.

In order to facilitate the voting procedure I request the Secretariat to distribute ballot papers; they contain, in the French alphabetical order, the names of the 12 Members nominated by the General Committee. The eight Members whose names are underlined are those which in the Committee's opinion would provide, if elected, a balanced distribution of seats. You are requested to indicate the countries for which you are voting by placing a cross in the appropriate squares. Each ballot paper must contain the names of only eight countries, neither more nor less. Any ballot paper on which the number of countries marked with a cross is less or greater than eight, or which bears the name of a country not included in the list drawn up by the General Committee, will be null and void.

Delegations will be called to the rostrum in the French alphabetical order. I shall now draw the letter indicating the delegation that will vote first. The letter I have drawn is "M". The country called first will consequently be Madagascar.

I have still to appoint two tellers. May I ask Dr Hemachudha (Thailand) and Dr Isam (Egypt) to be so very kind as to accept this task and come up to the rostrum.

The two tellers took their place at the rostrum.
The PRESIDENT (translation from the French): Have all delegations received their ballot papers? Will those who have not received them kindly raise their cards. We shall now proceed to vote.

A vote was taken by secret ballot, the names of the following Member States being called in the French alphabetical order, beginning with Madagascar:

Madagascar, Malaysia, Malawi, Mali, Malta, Morocco, Mauritius, Mauritania, Mexico, Monaco, Mongolia, Nepal, Nicaragua, Niger, Nigeria, Norway, New Zealand, Oman, Uganda, Pakistan, Panama, Paraguay, Netherlands, Peru, Philippines, Poland, Qatar, Libyan Arab Republic, Syrian Arab Republic, Central African Republic, Republic of Korea, German Democratic Republic, Khmer Republic, Democratic People's Republic of Korea, United Republic of Tanzania, United Republic of Cameroon, Romania, United Kingdom of Great Britain and Northern Ireland, Rwanda, Western Samoa, Senegal, Sierra Leone, Singapore, Somalia, Swaziland, Sudan, Sri Lanka, Sweden, Switzerland, Chad, Czechoslovakia, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Union of Soviet Socialist Republics, Uruguay, Venezuela, Viet-Nam, Yemen, Democratic Yemen, Yugoslavia, Zaire, Zambia, Afghanistan, Albania, Algeria, Federal Republic of Germany, Saudi Arabia, Argentina, Australia, Austria, Bahrain, Bangladesh, Barbados, Belgium, Burma, Bolivia, Brazil, Bulgaria, Burundi, Canada, Chile, China, Cyprus, Colombia, Congo, Costa Rica, Ivory Coast, Cuba, Dahomey, Denmark, Egypt, El Salvador, United Arab Emirates, Ecuador, Spain, United States of America, Ethiopia, Finland, France, Gabon, Gambia, Ghana, Greece, Guatemala, Guinea, Haiti, Upper Volta, Honduras, Hungary, India, Indonesia, Iraq, Iran, Ireland, Iceland, Israel, Italy, Jamaica, Japan, Jordan, Kenya, Kuwait, Laos, Lesotho, Lebanon, Liberia, Luxembourg.

The PRESIDENT (translation from the French): Have all delegations been called to the rostrum? Yes? Good.

In accordance with Rule 76 of the Rules of Procedure, I have asked Dr Ho Guan Lim, Vice-President, to supervise the counting of the votes; in this way we shall be able to proceed with our work. The counting of the votes will take place in Room XI. Allow me to remind you that delegations have access to that room.

Before the tellers leave the Assembly Hall I must ask them to ensure in our presence that the total number of ballot papers received corresponds with the number of delegates who came to the rostrum to deposit their ballot papers.

The tellers counted the ballot papers.

The PRESIDENT (translation from the French): Ladies and gentlemen, the ballot papers have been counted. The tellers may therefore proceed to the counting of the votes, in the presence of Dr Ho Guan Lim, Vice-President.

5. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTY-SECOND AND FIFTY-THIRD SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1973 (continued)

The PRESIDENT (translation from the French): Now we shall, if you please, proceed with our work while the votes are being counted, and complete the discussion on items 1.9 and 1.10. I give the floor to the first speaker on my list, the delegate of Togo.

Dr HODONOU (Togo) (translation from the French): Mr President, may we join with previous delegations in extending to you and to your colleagues our warmest congratulations on your deserved election to the high offices you have agreed to assume during this Twenty-seventh World Health Assembly. The way in which you conduct the discussions provides evidence, if any were needed, that we were not mistaken in our choice. We wish you every success in your task.

Mr President, ladies and gentlemen, we have examined the Annual Report of the Director-General with very keen interest. We have great appreciation for the probity and clarity with which it has been prepared. We noted with pleasure, satisfaction and encouragement the farsightedness and appositeness shown by the Director-General in that Report and his concern to fulfill the difficult task that has been entrusted to him of making WHO into an effective instrument in the service of human health. In reviewing the present health situation, our scientific achievements and our present possibilities which, wisely used, will enable the Organization and each Member State to combat disease effectively, the Director-General's Report shows that WHO is about to strike out in a new direction, to adopt a new approach to the health problems that mankind has to face. This has our full support.

It is extremely encouraging, Mr President, to note that the efforts made so far by our Organization are beginning to bear fruit. The results achieved in smallpox eradication are indeed comforting and show clearly what mankind is capable of if we agree to unite our efforts and to combine our intellectual and material resources. These results justify a degree of optimism with regard to the other preventable diseases.

At this stage in the discussions we feel it is not necessary to say more about certain parts of the Report that have been dealt with and commented on at length by previous speakers who shared our own views and those of the Director-General. In particular, I
am referring to the increased efforts that WHO should make in the field of scientific and technological research on the worldwide scale so as to increase our knowledge of severe diseases, various aspects of which are still unknown to us; to the urgent need for a reassessment of WHO's work so that assistance programmes can be better adapted to the changing needs of populations; to the improvement and intensification of the coordinating role that WHO should play so that the experience of some Member States can effectively benefit the others; to the technical and material support that WHO should provide to countries wishing to set up national development institutes and health services that would work out, adapt and test the various solutions applicable to their conditions; and to the usefulness of health education, since no health programme can become effective unless the people benefiting from it change their outlook and give it their enlightened support.

In our developing countries, our basic problems are the communicable, parasitic and other diseases, and diseases associated with nutritional deficiency. Today, methods for eradicating most of them are well known; nevertheless, they still exist. This persistence is due to the lack of environmental hygiene, the inadequacy of the health infrastructure, the shortage of medical and health personnel, and the lack of health and nutrition education for our populations. The assistance of the international community, through the intermediary of WHO, is urgently needed to counter this situation, particularly since disease knows no frontiers, especially today when we are witnessing a remarkable intermingling of peoples and a considerable increase in the volume and speed of travel between continents and countries.

In Togo, several public health projects assisted by WHO are proceeding satisfactorily. Because of the support that such assistance provides for the success of our health programmes, we must stress here the need to continue and even to strengthen it. This is also an opportunity for us to welcome the project for eradicating onchocerciasis in the Volta River basin. This programme is of cardinal importance to us, since it will clear the way for the socioeconomic development of one of our most fertile regions. In the hope that this project will be carried out as soon as possible, the Togolese Government expresses its gratitude to WHO as sponsor of the project and to UNDP, FAO and IBRD, who are giving it material assistance.

The PRESIDENT (translation from the French): I thank the delegate of Togo and now give the floor to the delegate of Denmark.

Dr AMMUNDSEN (Denmark): Mr President, allow me first of all to congratulate you, the Vice-Presidents, and all others who have been elected to guide us smoothly and effectively through this Twenty-seventh World Health Assembly. I am sure that you will continue to have success.

This is the first Assembly where our new Director-General, Dr Mahler, and our new Deputy Director-General, Dr Lambo, will show us what is in their minds as to the future of WHO, and which role they consider it proper that the Organization should play on the international scene as far as health is concerned. Dr Mahler has already very eloquently, and with convincing sincerity and frankness, told us his opinion of which way to go. Many delegations have lately expressed their admiration and their agreement with the policy which he has outlined, and the Danish delegation wants to join all those who are willing to follow that line in their future work in WHO. But I want to point out that this apparently more or less unanimous consent puts a heavy responsibility not only on the Director-General and his staff, but also on the health authorities of the different Member countries. We who represent the health authorities cannot agree to the principle that all efforts should be coordinated and that a major weight should be laid upon the establishment of health services that can serve the whole population, and then, at the same time, try to pursue our separate interests in minor or in perhaps very advanced projects, or perhaps even prestige projects, which have no - or a very loose - connexion with the overall health policy of a given country or region.

Of course the world will not be changed in one day or one year, and it would in my opinion be a great mistake to discontinue with one stroke everything that has proved of a certain value in past years, inside or outside WHO. On the other hand, one of the slogans of today is "long-term planning" (whatever you mean by "long-term" - I am not quite sure that to everybody this means the same). In this planning process, the goal of coordinating efforts and strengthening health services must constantly be kept in mind. There is today a lot of money floating around in the world intended for and used for health purposes - money arising mainly, of course, from individual local and state sources, but also from bilateral assistance funds, from commercial funds, from multilateral assistance through various agencies and activities inside or outside the
The budget of the World Health Organization is only one and not too big a component of all this, but the role of the World Health Organization, as outlined by the Director-General and applauded by us all, is infinitely more essential. The role is, or should in the future be, to act as coordinator and adviser, both to governments and to all agencies dealing with international health policy in one way or another.

I want to point out that this role is infinitely more difficult and demanding than the programming and execution of single projects, and it requires development of new skills inside and outside the Organization.

In the world of today many countries, and also many organizations and agencies, look with great expectations to WHO, hoping that advice and also practical proposals as to how to follow up the new and inspiring policy will come forward in the course of a short time. I know well that the time so far has been very short for WHO to develop these programmes and proposals, but, to use the words which were used by the Director-General in his opening statement, "I humbly submit" that the Organization do its utmost to meet the expectations and give credit to the confidence it enjoys today, even if this should mean cancellation of much-cherished older programmes. This certainly is a challenge.

The PRESIDENT (translation from the French): Thank you, Madam. The delegate of the Ivory Coast has the floor.

Professor AYÉ (Ivory Coast) (translation from the French): Mr President, honourable delegates, Mr Director-General, the delegation of the Ivory Coast is pleased to join in the warm congratulations extended to you, Mr President, on your election to the high office of President of the Twenty-seventh World Health Assembly. Your knowledge of the Organization, your ability and rich experience already give us a glimpse of the bold and realistic decisions that will be taken during this session to strengthen still further the efforts of WHO in Member States.

My delegation is also pleased to express to Dr Mahler, our Director-General, its deep admiration for, and complete satisfaction with, the clarity and preciseness of his Annual Report. The various public health problems of concern to our countries - communicable and noncommunicable diseases, environmental health, strengthening of health services, health statistics, family health, development of health manpower, coordination of medical research, prophylactic and therapeutic substances, etc. - are reviewed and analysed with remarkable objectiveness. The comments of my delegation will be limited to two fields - communicable diseases and the development of health manpower.

It is recognized that the communicable diseases constitute an obstacle to the improvement of health and to socioeconomic development in general. Our Organization should therefore feel a justifiable satisfaction at the encouraging progress achieved in the control of some of these diseases. Here the most undeniable success is the worldwide smallpox eradication programme. Since 1967, the year it was launched, the number of countries notifying cases of smallpox has dropped from 43 to 11 and the number of countries where the disease is endemic from 30 to 4. The Member States of the African Region are proud to be among the countries where smallpox has been eradicated. My delegation wishes in passing to stress the remarkable efforts made by the Ivory Coast over the last few years. Not a single case of smallpox has been recorded since June 1967. The spectacular success of the worldwide smallpox eradication programme is the result of exemplary international cooperation to which I am glad to pay tribute.

Yellow fever still represents a constant threat in the African Region; not only have fatal cases been reported in some countries, but serological and entomological surveys have shown the real danger of the reappearance of the disease in countries at present free from it. A vigorous mass vaccination campaign, accompanied by a strengthening of the epidemiological surveillance system, would enable this endemic disease to be controlled. It is in view of this that the Ivory Coast, which has recorded no case of yellow fever for several decades, has decided as from this month to carry out a systematic vaccination campaign over a period of three years: five million people will therefore be immunized by 1976.

Measles continues to cause great concern in the Member States of the African Region, even though this disease no longer swells the infant mortality statistics as seriously as in the past. There has been a significant regression in the disease as a result of the vaccination campaigns undertaken with the massive and varied assistance of USAID - an agency to which I have pleasure in expressing my country's deep gratitude - but the Member States of the African Region are rather anxious about decisions that imply a change in
the nature of that agency's assistance. The delegation of the Ivory Coast makes an urgent appeal to WHO to study, as quickly as possible, the most appropriate methods of assisting our countries to control this disease of childhood, which has such serious effects in our Region.

My delegation welcomes the important contribution that WHO is making to the vast regional programme for the control of onchocerciasis in the Volta River basin, a project that involves seven countries, including my own. At the intergovernmental conference in Accra the Government of the Republic of the Ivory Coast undertook to support the regional programme, which is to be launched this year. This programme, moreover, fits harmoniously into the economic and social development plan for the northern and central regions of my country, regions where there is already substantial agricultural and industrial activity. With the eradication of onchocerciasis, other projects will become possible there. The delegation of the Ivory Coast wishes to express again its deep gratitude to the sponsoring international organizations (WHO, UNDP, FAO, IBRD) and to the governments of countries making voluntary contributions. Special reference should be made to the action of IBRD, which at the Accra conference agreed to do all it could to mobilize resources at the international level in order to finance this vast 20-year programme, the cost of which is estimated at 120 million dollars. If it is successful this regional programme, a further expression of the community of human interests, will contribute to the economic and social development of this underprivileged region of West Africa that is suffering severely from the drought.

The training of health manpower, one of the main objectives of our Organization, occupied a leading place in 1973. WHO's main efforts were in the following fields: planning of health manpower so as to improve the health services; various forms of assistance to training establishments, such as provision of teaching staff, advice, fellowships, medical documentation, etc.; implementation of the worldwide programme for the training of teaching staff; development of educational technology through the preparation, trial and large-scale production of various items of teaching equipment, including audiovisual equipment.

Here I should like to mention some of the training activities in progress in the Ivory Coast. The Faculty of Medicine of Abidjan, the staff of which is regularly increasing, is fulfilling its regional vocation: of its 607 students, 348 are Ivory Coast nationals, while the remainder are from other countries in Africa or elsewhere. Our national schools for state registered midwives, nurses and assistant sanitarians have since 1970 trained 162 Ivory Coast midwives, 513 nurses and 42 assistant sanitarians, who are serving with dedication and competence in our various health services; these services are expanding at an encouraging pace, particularly in rural areas.

The first intake of students at our school for public health laboratory technicians graduated in 1973, and we have high hopes regarding the future of this establishment.

The increasing importance of dental health problems and the shortage of qualified dental personnel have caused my country to set up an institute of odontostomatology, which opened during the academic year 1972/73: 36 students, 24 of them Ivory Coast nationals, are at present studying there.

Before concluding, Mr President, may I state that the Ivory Coast, which is anxious to act as a host country for the exchange of views, has during the past year opened wide its doors to scientists wishing to exchange experiences in the field of medicine. Many international meetings have been held in Abidjan.

Mr President, the health needs of our populations are still considerable and our Organization must, as Dr Mahler has put it, make still greater efforts and at the same time look for innovative formulas. My delegation remains convinced that WHO will be able to make the necessary adjustments in order to fulfill its great task of promoting human wellbeing with increasing effectiveness.

The PRESIDENT (translation from the French): I thank the delegate of the Ivory Coast and give the floor to the delegate of Guinea.

Dr K. CAMARA (Guinea) (translation from the French): Mr President, delegates, the delegation of the Republic of Guinea has the formidable privilege of speaking towards the end of the discussion on items 1.9 and 1.10 of the agenda. Everything has already been said and we are too late, because for more than a week over a hundred delegations have
dealt with the same item and, in their various ways and from their different viewpoints, they have dealt with it extremely well. It is not our intention to lead you again over these well-trodden paths, in so far as other delegations have talked about the hopes and concerted effort of our peoples to ensure the best possible level of health by making rational use of the available resources in all areas of health activity.

Of course, Mr President, our delegation cannot neglect its duty to extend to you and all the officers of the Assembly its earnest congratulations on your election to high office, which really honours not so much yourselves as the peoples of which you are an integral part and whose sufferings and high aspirations you share. Our wish is that your two-week reign at the head of the highest organ of our Organization may be marked by concrete actions that will add new dimensions to WHO.

Mr President, honourable delegates, the delegation of the Republic of Guinea intends to provide the Secretariat of the Assembly with a full report\(^1\) covering the entire field of this item of the agenda - review of the Annual Report of the Director-General. Our report deals with the epidemiological dynamics of the main diseases that occurred during the past year and reviews the considerable efforts we have made to evaluate the activities of all WHO-assisted projects at present under way in Guinea in the following fields: public health administration and training; control of communicable diseases; environmental health and sanitation; health education; maternal and child health.

Mr President, a wind of change is blowing through our Organization. WHO has just been administered an elixir of youth, and after a quarter of a century of existence it now wishes to renew and reinvigorate its store of goodwill and its great reputation. That has become possible with the appointment as head of our Organization of a man whose experience, humanity and boldness in the search for progress have already been confirmed by the quality of the first Annual Report submitted by the new Director-General. As we solemnly declared at the twenty-third session of the Regional Committee in Lagos, our best wishes go with you, Dr Mahler, and rest assured that you will continue to receive the united and concerted support of the African States for as long as you defend the legitimate aspirations of the people. The statement that health - like freedom - is an inalienable right of the peoples bears witness to your dedication to the cause of progress and universal humanitarianism. Although we are aware that real progress has been achieved throughout the world in the health field, the fact remains that the road leading to the highest possible level of health is still strewn with serious obstacles. In order to surmount them, Mr President, as to succeed in any human endeavour, there is a need for precise objectives, for a rational and appropriate approach and organization, and for adequate material and human resources, all of which must constantly be brought up to date by periodic evaluation and control of the results.

Mr President, what all this amounts to is that the World Health Assembly, today more than yesterday, tomorrow more than today, must play its part effectively: to be sure it must make assessments of the situation and adopt an annual programme, but above all it must be a forum for constructive criticisms and self-criticisms concerning the Organization's methods of work, which it is essential to adapt to the shifting realities of our rapidly changing world. In other words, the methods and means that proved their worth in the past have now become completely out of date with the arrival on the international scene of many countries that were for a long time under foreign domination and whose conscience, dignity and responsibility were flouted. Today, aware of their rights, all their rights, they aspire to the immediate introduction of true social justice, and a fair distribution of resources, failing which there is a danger of a worldwide cataclysm that is not in the interest of any power, even a super-power.

Mr President, as our Director-General, Dr Mahler, put it so well - and I take pleasure in quoting him: "WHO fails if it is nothing but a devoted band of international civil servants that bring bad news about outbreaks of disease, publish reports of penetrating insight on important questions, and are occasionally called upon to give an opinion on this or that technical problem. The role of the Member States is clearly

\(^1\) The text of this report, which was submitted by the delegation of Guinea in accordance with resolution WHA20.2, is given at the end of Dr Camara's address (p. 214).
Guinea-Bissau and is providing it with substantial assistance.

problem of bringing into effect the amendment to the Constitution concerning the increase of the reports of the Executive Board, which may sometimes in one way or another affect which often have to be considered hastily owing to lack of time.

Assembly more lively and effective. At present they have the appearance of a formal each Member State should submit the text of its own report two weeks before the Assembly. should receive this Report three months in advance, at any rate in good time, and that

make the following suggestions:

With regard to the Director-General's Report, it is desirable that Member States should receive this Report three months in advance, at any rate in good time, and that each Member State should submit the text of its own report two weeks before the Assembly. In this way, during the Assembly, States wishing to speak on salient aspects of the health situation, whether national or international, or on other important topical problems, could put down their names and obtain the floor with minimum delay. Our motive in making this suggestion - as you will have understood - is to make the plenary meetings of the Assembly more lively and effective. At present they have the appearance of a formal ritual, sometimes monotonous and tedious, and take up a considerable amount of valuable time that could have been devoted to a more thorough examination of serious problems, which often have to be considered hastily owing to lack of time. It is desirable that Member States should devote more attention to the consideration of the reports of the Executive Board, which may sometimes in one way or another affect the whole future of our Organization.

As regards the regional representation of Member States on the Executive Board, the problem of bringing into effect the amendment to the Constitution concerning the increase in the number of Members of the Executive Board and the representation of each region was raised at the last Assembly, in 1973. It was noted that the African Region, which has 32 active Members - and this number will increase - is entitled to only four seats, whereas the European Region, which also has 32 Members, has seven seats, or almost twice as many; this is said without any acrimony, Mr President, but the situation must be changed. If we stress this point, it is not so much to lodge a claim as to affirm our sense of duty and because in our countries we have an acute sense of our full responsibility with regard to the requirements and aspirations of our peoples. It also demonstrates that we place trust, that we continue to place trust, in our Organization and wish to play our full part in it.

Finally, with regard to the admission of Guinea-Bissau, it is right, timely and necessary that, now that the People's Republic of China, the German Democratic Republic, and the Democratic People's Republic of Korea have joined our great family, the people's Republic of Guinea-Bissau, the sovereign State of Guinea-Bissau, which exemplifies the dignity of peoples, should take its place among us. Today, Guinea-Bissau has become the symbol of freedom for oppressed peoples struggling for their independence. FAO - the Food and Agriculture Organization of the United Nations - has realized this in admitting Guinea-Bissau and is providing it with substantial assistance. Should WHO, which proclaims that health, like freedom, is an inalienable right of peoples, lag behind FAO, whose activities are complementary to and inseparable from our own? WHO is an exceptional forum, as you have said, Mr Director-General, where the experiences of some are of benefit to others. The more States take part in this exchange, the closer the Organization will approach to the ideal of universality defined in its Constitution, to become the universal health conscience of mankind.

Health situation in Guinea

Since independence the Government has extended the health services at the level of all social classes by developing and improving the existing services and adapting them to the new requirements.

In Conakry there are two university hospital centres, each with 600 beds, as well as dispensaries and maternal and child health centres. Each of the chief towns of the four natural regions of the country, which are also the four health regions, has a "first-class" hospital and dispensaries; at the intermediate level there are the arrondissement dispensaries, and, at the peripheral level, the health teams of the village revolutionary authorities. Every town has a "second-class" hospital.

With regard to training of personnel, medical personnel are trained at the Faculty of Medicine and Pharmacy of Conakry. The first batch of physicians and pharmacists graduated this year, which enabled us to send a physician to every town as chief physician of the second-class hospital. Guinea has two national health schools, each able to accommodate 500 students; admission is by competitive examination and the students have generally completed 12 or 11 years of general education. The first school has already trained more than 10 groups of midwives, health technicians, laboratory technicians and state nurses. The second school, which was opened two years ago, is also in full operation. These schools accept nurses for further training, on the basis of competitive examination.
Environmental health work, carried out with the aim of controlling sources of pollution, includes a project for urban water supplies that is soon to be started with multilateral assistance; the construction of latrines in rural areas to avoid soil pollution; and a housing policy aimed at improving the living conditions of the population.

Communicable disease control includes the control of malaria. Under a project to be carried out with WHO assistance, the first centre was opened in Conakry during the twenty-second session of the Regional Committee in 1972. In addition to other malaria control techniques, appropriate drugs are placed at the disposal of the health services. Control operations under the basic health services are being carried out to ensure the protection of the urban and rural populations. These are aimed particularly at protecting children under 14 years of age and pregnant women.

Smallpox vaccination is mostly carried out with freeze-dried vaccine produced by the Kindia Institute of biological research. This vaccine is effective and is ensuring the coverage of the population. The maintenance phase has been reached in the programme for the control of trypanosomiasis. There are national centres for trypanosomiasis control in each region and they carry out surveillance throughout the territory. Epidemiological surveillance is maintained for all the quarantinable diseases.

Family health work includes the strengthening and development of the maternal and child health centres and the establishment of a national directorate of maternal and child health attached to the Ministry of Social Affairs. An orthopaedic rehabilitation centre, established under an intergovernmental agreement, was opened a month ago. Treatment free of charge is given to sick children not yet weaned, tuberculosis patients and women in childbirth.

Attention should be drawn to the tendency of the price of pharmaceutical products to increase; this is making it difficult to implement plans for development in the countries of the Third World.

A number of health research projects are in operation; emphasis is being placed, however, on traditional medicine, and a compendium of African medicinal plants has just been published.

The PRESIDENT (translation from the French): I thank the delegate of Guinea and now give the floor to the delegate of Kuwait.

Dr AL-ADWANI (Kuwait) (interpretation from the Arabic): Mr President, ladies and gentlemen, may I, in the name of my delegation, the delegation of Kuwait, extend to you my warmest congratulations on your election to this important post. May I wish you the fullest of successes in your mission so that this Assembly may achieve the objectives that we would like to have it attain. May I also take this opportunity to congratulate very warmly the Vice-Presidents and the Chairmen of the two main committees.

We have examined the Report of the Director-General, which is an exhaustive one and which reflects the health situation for the year which has just concluded. The Director-General expressed very clearly everything which WHO has achieved on the short-term and long-term basis; he also referred to the fields of action where WHO has fallen short of the goals which it set itself. He deserves our fullest admiration and consideration for this very exhaustive Report. The Director-General told us, in submitting his Annual Report, what the philosophy of WHO is, what its policy is, and we should like to give our full support to this policy based on forecasts concerning the changes which will be taking place in the world. It is in the light of such changes that we can adopt new strategies, and we urge him to increase the efforts of the Organization in connexion with the basic health services, particularly for the developing countries. We should also like to express the hope that WHO will act even more efficiently with respect to programmes and priorities for the developing countries, where we do not have the technical staff necessary to do the job nor the necessary information.

Mr President, in future we will see monetary inflation increasing; we are witnessing this today in the world, but it will increase even further, and this will indeed be a very serious problem because we will have programmes and problems which will be even more complex in the scientific field and technical field, and they will cost more from the point of view of dollars and cents, and thus WHO will have to act more efficiently in future in managing its financial resources in order to reach its objectives.

The world is looking ahead with concern to the health conditions which will be getting worse in the areas suffering from drought in West Africa, and it is our simple human duty as members of the human race to supply aid in the way of cash and kind to the countries suffering from these scourges. Kuwait is fully prepared to cooperate with international organizations, official and voluntary organizations, to help these countries suffering from such scourges.

At this great Assembly, which brings together the international family of man, we must not forget a people - an isolated people - at present under the yoke of occupation
in Palestine and other Arab territories which are occupied territories. We urge that the United Nations and the specialized agencies mobilize their efforts to safeguard the political, social and health rights of the peoples of those regions, and we look forward to the day when we will have sitting in our midst a representative of the people of Palestine.

Mr President, before I conclude my address I should like to extend a welcome to the Bahamas, which has joined our Organization, and we also support the admission of Guinea-Bissau as a Member of WHO and Namibia as an Associate Member.

May I once more extend to you our best wishes for your success, and our thanks.

The PRESIDENT (translation from the French): Thank you. The delegate of Bahrain has the floor.

Dr FAKHRO (Bahrain) (interpretation from the Arabic): Mr President, ladies and gentlemen, allow me, Mr President, to extend my congratulations to you and to the Vice-Presidents and the Chairmen of the committees for your election to your high offices, wishing you full success in guiding our conference to the achievement of its objectives.

We have listened with interest to the clear and precise report of the Executive Board, and we have read the comprehensive Report submitted by the Director-General. We also have followed with attention the eloquent address of Dr Mahler, characterized by its deep and balanced analysis.

We therefore wish to make the following three observations. Firstly, we agree to the necessity stressed by Dr Mahler of giving to the Organization a role based essentially on the wishes expressed by Member States, while coordinating and translating those wishes in the form of integrated programmes rather than scattering them in projects which are not interrelated. We believe that this could be easier to achieve if we rely on the regional leaderships of the Organization. We also hope that these leaderships will, on their part, take advantage of all national technical and administrative potentialities. We nevertheless wish that the Organization will play a positive and efficient role in its dialogue with Member States, and that it will not relinquish its responsibilities of providing guidance and advice. It should not forget that its long experience makes it the best placed for performing this task. There exist historical responsibilities which may not be mentioned in the Constitution of the Organization but are part and parcel of the humanistic principles on which the existence of this Organization is based. I shall not dwell on any further details.

Secondly, we are pleased to note the implementation of the new trend developing in the Organization; that is to say, its endeavour to seek new organizational and administrative methods to be adopted in the field of health services in the easiest and most economical way. We hope that the Organization will complete the studies related to the basic health services in clinics, health centres and hospitals that were examined and discussed on more than one occasion. WHO has, in fact, contributed to the changing of many duties, functions and work methods of health centres so as to provide more comprehensive services to the citizens, and today we would like to see the Organization work in a similar manner to carry out research on the methods conducive to the filling of the many gaps existing in the health care provided by hospitals. There are obsolete methods and practices which need to be amended and there are new methods which need to be criticized.

My delegation has always called attention to the necessity of involving the Organization in studies on the organizational, administrative, technical and architectural aspects of hospitals, and feels, therefore, satisfied that the Organization took the first steps in this direction, as demonstrated in Chapter 7 of the Director-General's Report. The natural step following this one would no doubt be to study domiciliary medical services and the best ways and means of providing them, as well as to consider the training programmes designed for the technicians who will complete the mission already started by the physician at the hospital. May I suggest that the first step should be in the form of a comparative study of the kind, scope and results of such services in a number of countries from the various regions of the Organization.

Thirdly, reference was often made lately to the various training programmes designed for the groups of "middle" technicians. Many countries are now introducing various changes in the functions of some of the health workers, particularly of the nurses. New appellations and cadres have also started to appear in world health literature. I believe that the Organization can play a great role if this information is collected and published, comparative studies made and successful experiments in this field encouraged and supported. May I suggest that the Organization take this topic in general, or concentrate on one of its many aspects, as one of the technical discussions topics in our future conferences.

Mr President, I shall not speak of the progress achieved as concerns the level and scope of health services in Bahrain. Suffice it to tell you here that the progress is
procuring in the right direction and at an acceptable pace within the new progressive approaches advocated by our Organization. We are assisted in this by the technical directives received from Dr Taba and our regional office personnel, as well as the great support provided by our two sister countries, Kuwait and the Kingdom of Saudi Arabia in the field of health.

Mr President, our conference examined the environmental factors, and particularly the psychosocial ones, and their effects on human health. I am grieved to inform you that the human environment in our region is still polluted by occupation, genocide, and mass oppression as exercised by world Zionism against the people of Palestine. Our Organization is requested to censor this type of civilizational pollution either with regard to Israel or with regard to its allies and friends in South Africa and Rhodesia. This is not a political topic only, but it is also part and parcel of our work. It is destroying the health of man in those areas. Consequently, we expect our conference here to take fundamental resolutions regarding the millions of those men and to prove that it is not less sensitive to justice than to disease and suffering.

The President (translation from the French): I thank the delegate of Bahrain.

Mr President, delegates, I have the honour to present this report on behalf of the Libyan Arab Republic.

Health and socioeconomic development - The population of Libya is 2,257,037. It has an area of 1,759,540 square kilometres, of which 36,470 are cultivated land and 1,716,220 unused land. There are 10 regions. The average annual growth of population during the period 1964 to 1973 was 42 per 1000; 60% of the population is rural and 40% urban.

The long-range development objectives are: (1) to create socioeconomic conditions within 25 years enabling the country to attain a self-sustaining growth rate independent of oil revenue; (2) the development of manpower to the level of a developed country through free and adequate education and training at all required levels; (3) equitable distribution of the country's wealth (this involves the strengthening of all aspects of social services); (4) rapid industrialization and fast development of agricultural production.

The present situation of health activities - The first attempt at comprehensive planning including the health sector came with the five-year development plan for 1963-1967, amounting to US$ 480 million. In March 1969 a second five-year plan was launched. It went into abeyance with the revolution of September 1969. A short reassessment period the new Government announced a one-year development plan for 1970-1971 of US$ 600 million. In the year 1972 the Government established a three-year rolling plan system. The health plan is considered an integral part of the development plan.

The main income of the country is from oil revenue. In Libya, therefore, unlike most of the developing countries, lack of financial resources is not a factor hampering the development of health services. The situation now in the Libyan Arab Republic is promising, owing to the big efforts of our esteemed leaders. The crude birth rate is 45.9 per 1000; the crude death rate is 15.8 per 1000; and the estimated infant mortality rate is 72.7 per 1000 livebirths. Total expenditure for health in 1973 was 27,627,310 Libyan dinars, per capita rate of 11 Libyan dinars (about US$ 33).

The number of beds at the end of 1975 will be 11,436, giving a bed/population ratio of 4.5:1000. We hope to reach the ratio of 6.5:1000 when the new hospitals in the plan are completed by the end of 1976.

Number of units without beds - maternal and child health centres, 94; health centres, 90; health units, 530; school health centres, 10; polyclinics, 6; dental clinics, 64; tuberculosis centres, 17; trachoma centres, 14.

The percentage of deliveries under medical care is now increasing; it reached the level of 63% of all deliveries in 1973.

The number of doctors in 1973 was 1,737, giving a doctor/population ratio of 1:1,300. Dentists are not included in this total; the number is 127. There are 363 pharmacists, giving a pharmacist/population ratio of 1:620, and 7,331 paramedical personnel who are divided into different specialities.

Development of manpower - Libya does not have enough local medical and paramedical personnel, so that the recruitment of expatriates continues. But at the same time we are developing our national manpower through the Faculty of Medicine, a health institute, two nursing schools and 19 schools for assistant nurses. In the plan for next year we shall have another Faculty of Medicine, another health institute and a dental school. The language problem that most of our local personnel face when studying abroad for further training is now being solved by sending them to other Arab countries.

1 This speech was submitted by the delegation of the Libyan Arab Republic for inclusion in the verbatim record in accordance with resolution WHA20.2.
Control of communicable diseases - There has been great improvement in this field. The compulsory vaccination law, which was passed in 1969 for vaccinating children against tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus, measles and smallpox, has helped immensely in the decline of these diseases. On the other hand communicable diseases for which there is no vaccine, such as mumps, have not been controlled. Surveillance of diarrhoeal diseases continues in order to detect the main causes of these diseases, which constitute a major problem in our country, and to detect early cases of cholera if it enters our country.

Environmental health services - Regarding the realization of the basic concept of maintaining an ecological balance between man and his environment, the Ministry of Health planned a determined and realistic approach to preserving or restoring the full effectiveness of the human environment in the promotion of community health.

Paramount importance has been given to providing a safe and potable water supply to reduce and control the waterborne diseases. As a result of a good, well-knit surveillance programme in the whole of the Republic, the incidence of such diseases as diarrhoeas and infectious hepatitis has been reduced or is completely under control. In areas where there is no chlorinated water supply or where no surveillance programme has been carried out the incidence of these diseases has a tendency to indicate higher trends.

More efforts and improvements are being made for the proper collection and disposal of solid wastes. The master plan for the whole of the Republic is in an advanced stage of implementation. These approaches will contribute to reducing the breeding of vectors and reducing the incidence of diseases. The construction of sewers and waste water treatment plants is in progress in about 10 bigger municipalities of the Republic, and will cover about 60% of the population. The re-use of waste water for agricultural purposes after proper chlorination shows definitely encouraging results.

These steps are going to contribute to a healthy environment and help a healthy community to play an important and cherished role in the peaceful coexistence of great nations.

Family health services - The aim of these services is to coordinate the maternal and child health activities with those of the maternity and children's hospitals. With the gradual increase of maternal and child health centres (total 94) and the introduction of community institutional delivery services into 15 of these centres, the preventive and curative measures are improving to meet the needs of the most vulnerable and important group of the population.

Schoolchildren are given curative and preventive care in the 10 school health centres or in the health centres where the school health programme is integrated. There is a continuous school meal programme.

Health education services - The activity of this service covers research, training and evaluation of health education programmes, maintaining sound planned and implemented programmes. At the urban level mass media are used; at the rural level mobile health education units are used.

WHO assistance - There are many joint health programmes of Libya and WHO. The projects are on the following: tuberculosis; trachoma; epidemiological services; environmental health services; public health laboratory services; health manpower development; cancer; and other training.

The PRESIDENT (translation from the French): I now give the floor to Mgr Luoni, observer for the Holy See in Geneva.

Mgr LUONI (Observer for the Holy See) (translation from the French): Mr President, at the end of this marathon of speeches the delegation of the Holy See is pleased to join in the congratulations that have been extended to you by all the distinguished delegates who have preceded me. The way in which you conduct the discussions justifies the confidence the Assembly placed in you in electing you as President.

Unfortunately, the short time allotted to me does not permit an analysis in depth of Dr Mahler's Report, which is a rich and stimulating document. A study of it demonstrates, if any demonstration were still needed, the happy choice made by the World Health Assembly in electing the Director-General. I shall therefore confine myself to a few reflections, first of all on basic health protection, secondly on the protection of human life, and thirdly on the WHO research programme on human reproduction.

As regards basic health protection, the delegation of the Holy See above all shares with WHO the idea that health is a basic right of all mankind. This means that basic health protection must be provided at all levels so as to guarantee the essential services for all. This does not mean, however, that there is a model that is valid for all
The Church, for its own part, will never cease to proclaim its convictions. This was above all out of faithfulness to its mission. Among the initiatives of the developing countries that deserve to be mentioned, the Director-General refers in particular to the initiatives of certain countries that have aroused great interest in Asia, Latin America and Africa. At first sight the delegation of the Holy See considers the new WHO policy very positive; this policy aims to stimulate and support initiatives by the countries themselves to set up health systems in accordance with the basic needs of their people, with their economic possibilities, and with their sociocultural characteristics. This might be called the replacement of imported health methods by indigenous methods and formulas in conformity with the spirit of the people.

The second reflection concerns the protection of human life. It might seem superfluous to talk of the defence of human life before the greatest world forum of health, but it is necessary because in a number of countries measures to liberalize abortion have been adopted. These measures, whatever the circumstances and the often dramatic situations that they reflect, still amount to authorizing the physician to induce the death of a living creature. What a tragic contradiction it is to try to protect the health of the mother by bringing abortion out into the open and refusing the same right to life to the child she is carrying: People attack the clandestine nature of the act of killing, but not the act of killing itself, as though it were the clandestine nature of the act that made it a crime; But is a crime no longer a crime when it comes out into the open to be committed in public? Does a crime cease to be a crime because the law does not punish it and even grants it protection? Does a falsehood become a truth because its free circulation is countenanced? There is a law of nature that is above man-made laws; the latter would be neither just nor binding if they ran counter to natural law.

We must vigorously deplore the discrimination and any other form of moral pressure brought to bear in certain countries on physicians, health personnel and clinics that refuse to cooperate directly or indirectly in the suppression of life. It is an absurd situation when loyalty to the Geneva oath, which ought to be the basic rule of medical ethics, is regarded as a mark of censure. Are there by any chance some forms of life that should be protected and others that should be destroyed? Where would the principle of discrimination between different forms of human life lead us? Are the consequences of such a principle properly appreciated?

But how has this point been reached? This is the question that must be asked because it is necessary to seek the underlying causes of pathological social phenomena by going back to the root of the evil. It is there that the leaders of society must apply the necessary remedies rather than permit the legal extermination of innocent victims. The Church, for its own part, will never cease to proclaim its convictions. It has always taken sides. It has been and always will be on the side of life.

The third reflection concerns a very topical subject in this World Population Year, the WHO programme of research, development and experimentation on human reproduction intended to develop safe, effective and acceptable methods of regulating human fertility. We can only rejoice that an organization held in such high esteem as WHO, with such high and noble humanitarian ideals, has undertaken this most important and necessary task. This should guarantee the seriousness and objectiveness of the research. Even if "family planning" - I quote the Report of the Director-General - "is only one of the many aspects of human reproduction in which research is required", that does not mean it is not considered one of the most important aspects. As Pope Paul VI told the Director-General of the World Population Conference and the Executive Director of the United Nations Fund for Population Activities on 28 March 1974, "When the Church takes an interest in the population problem, it is above all out of faithfulness to its mission. This concern is a part of its commitment to promote the complete material and spiritual welfare of the whole man and of all men. The Church knows that the population is people, human beings".

The Church's attitude towards the population problem consists of avoiding all unfounded optimism and all excessive pessimism; it is an attitude of healthy realism. The Church is not insensitive to the consequences of unlimited and uncontrolled growth of the world population, but nor does it share the artificial alarmist views of certain vested interests. Above all the Church demands that family planning should respect the
dignity of the individual. Family planning will not be truly human unless it respects the dignity of the individual, the freedom and responsibility of the couple. However, to quote Pope Paul VI once more, "It is important to fulfil all the conditions enabling parents to attain the level of responsibility that is in conformity with morality and truly human... It is for this reason that the Church has always insisted, and still insists today, on the need to deal with population problems through an objective consideration of their numerous aspects". We must avoid all partisan standpoints and all purely sectorial outlooks. Clearly the solution to population problems will have to be found at a global level, within the context of social justice, development, the environment, and human rights. From this viewpoint the efforts of research workers to study and facilitate the use of natural methods of regulating births should be very warmly encouraged.

Mr President, these are a few reflections suggested by a perusal of the Director-General's Report. My delegation is pleased to assure WHO of the support and cooperation of the Holy See so that, in respect for the laws of life and moral values, it can achieve the humanitarian goals for which it was set up.

The PRESIDENT (translation from the French): Thank you, Monseigneur.

Now that the general discussion on items 1.9 and 1.10 of the agenda has been completed, I should like to ask the representative of the Executive Board, Dr Ramzi, if he has any comments.

Dr RAMZI (representative of the Executive Board), (translation from the French): Mr President, I have nothing to add except to offer my warm thanks to all delegations for the sincere, lively and widespread interest they have shown in their interventions during the discussion on item 1.9, and to assure them that, in the report that Dr Henry and I have to submit to the Board at the end of this Assembly, I shall faithfully reflect all the ideas and recommendations they have put forward.

The PRESIDENT (translation from the French): Thank you, Dr Ramzi. I now take pleasure in giving the floor to Dr Mahler, Director-General.

The DIRECTOR-GENERAL: Mr President, honourable delegates, just a few words to express our profound thanks from all the staff throughout the Organization, at the country level, at the regional level and at headquarters level. I think I should say that any praise that has been expressed here today for the work of the Organization clearly goes to the wisdom and experience of my predecessor. It is quite clear that he has created the goodwill - the credit of goodwill on which this Organization can move forward; it is from this platform that we shall try to take off into the future.

Mr President, in my Introduction to the Report I only attempted to translate what the founders might have thought that this Organization could become; namely, that international health conscience whereby it becomes the human right of all peoples to attain the highest possible level of health. I think it is quite clear that though most Members, if not all, have expressed the wish for the Organization to move aggressively in this direction, many would have certain doubts whether this can be translated into action. I, personally, strongly believe that we are at a historic juncture where internationalism in health is becoming a reality, by putting the emphasis on peoples' rights, and everything that governments - and, through governments, this Organization - are doing to support people; this, I believe, is the platform for optimism. But it is quite true that if this ideal, which I do not consider unrealistic, is to be fulfilled it would require a totally different degree of partnership than exists at the present moment within your Organization, from the peoples, through their governments, up through the governing bodies of your Organization, and permitting all the staff you have decided to employ to work for you to work in a true partnership in the promotion of this cohesion. I can only tell you, Mr President, that every word spoken will be analysed and, I am sure, somehow will serve us in giving us a lot of courage. And for that I am tremendously grateful - that you have strongly given us that challenge by providing us with a lot of courage to move forward.

I only have a few practical points to add to these few comments. I believe you have noted that the Annual Report contains a lot of factual information, but still we believe that the quality of this information could be very much improved; and I am therefore putting forward for the consideration of the Assembly that perhaps we might be thinking about going over towards a publication in the Official Records of a report in every even-numbered calendar year. That is to say, there would be a published report every two years. Now this would permit us to have a much better, careful preparation, giving us a longer time perspective to look at the achievements and failures of the activities
of the Organization. This at the same time, of course, would reduce very much the cost, financially and in staff time. This of course does not imply that the Director-General will not be following the annual cycle of this Organization; what I had in mind was that in between these published biennial reports there would be an annual report, which would be coming forward as an Assembly document, but which would only highlight in every year the most salient events of that particular year. And this shorter report would be presented in the same years as the Executive Board and Assembly are looking at the next proposed programme and budget for a biennium.

Related to this proposal, Mr President, is also the project list, and I am sure you will have observed that over the years activities have become more complex; projects are becoming much more complex, multisectoral, multidisciplinary, and therefore this addition of the projects to the Annual Report makes it more and more bulky. What is more, very often when Members would like to have the project list at their disposal when they are considering the programme and budget it may be difficult for them to have it at their disposal. I would, therefore, again in connexion with the projects, put forward a proposal. Although the Executive Board in 1953 recommended the Director-General to include in the Annual Report all projects, it perhaps did not realize that we would go from 350 to 2000 - a sixfold increase, combined with an increase in complexity of these projects. I would therefore like the Assembly to consider whether the time has perhaps come for this project list to be issued as a separate document from the Annual Report so that it could be more conveniently used either in conjunction with the proposed programme and budget estimates, or in connexion with the Director-General's Report.

The PRESIDENT (translation from the French): Thank you, Dr Mahler.

You have just heard the suggestions of the Director-General, Dr Mahler, on the future method of reporting. Personally I regard them as sensible and timely. I therefore propose that this should be noted in the traditional resolution, which would read as follows:

The Twenty-seventh World Health Assembly,

Having reviewed the report of the Director-General on the work of the World Health Organization during 1973,

1. NOTES with satisfaction the manner in which the programme was planned and carried out in 1973, in accordance with the established policies of the Organization; and

2. COMMENDS the Director-General for the work accomplished and concurs in the Director-General's proposals for future reporting.

Are there any objections to considering this resolution immediately? The delegate of the Soviet Union has the floor.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) (translation from the Russian): Mr President, fellow delegates, we have just heard a very interesting statement by Dr Mahler and I have no objections to the first part of the draft resolution. As for approving the text of the resolution immediately, without seeing it, i.e., approving the proposal to go over to a biennial report with a shorter report in the intermediate years, it seems to me that this change in the procedure for compiling the report is too important a matter to be adopted in this way immediately. It seems to me that we must confine ourselves to the first part of the draft resolution and then perhaps consider this question in committee or instruct the Executive Board to give careful consideration to the Director-General's proposals on improving the form in which documentation is compiled for coming World Health Assemblies.

The PRESIDENT (translation from the French): I thank the delegate of the Soviet Union.

I see that some delegates would like a little more time to consider my draft resolution. I shall therefore have it circulated as a working document and it will be discussed a little later during the Assembly.1

As regards the reports of the Executive Board, I should like to thank Dr Ramzi once again 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 1975, namely Official Records No. 216 (Executive Board, fifty-third session, Part II). When the main committees have completed their discussion of this item I shall propose, at the end of the session, the adoption of an appropriate resolution whereby the Assembly notes the reports of the Executive Board.

1 See p. 243.
6. ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (resumed)

The PRESIDENT (translation from the French): I shall now announce the results of the vote to elect Members entitled to designate a person to serve on the Executive Board. I call your attention to these results: number of Members entitled to vote, 130; absent, 5; abstentions, nil; papers null and void, 1; number of Members present and voting, 124; number required for a simple majority, 63.

The following Members have obtained this majority and are elected: Mauritius - 121, elected; Sri Lanka - 120, elected; France - 119, elected; Argentina - 118, elected; Jordan - 117, elected; Venezuela - 111, elected; Union of Soviet Socialist Republics - 110, elected; Guatemala - 89, elected.

I propose that the Assembly adopt the following resolution:

The Twenty-seventh 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: Argentina, France, Guatemala, Jordan, Mauritius, Sri Lanka, Union of Soviet Socialist Republics, and Venezuela.

Are there any comments on this resolution? No comments; the resolution is adopted.¹ I ask the Vice-President, Dr Ho Guan Lim, and the tellers to accept my warmest thanks for the service they have just rendered.

I thank you too for your attention and wish you "bon appétit".

The meeting rose at 12.45 p.m.

¹ Resolution WHA27.12.
1. THIRD REPORT OF COMMITTEE B

   The PRESIDENT (translation from the French): Ladies and gentlemen, I wish you good morning and call the meeting to order.

   We shall begin our work today by considering the third report of Committee B, as it appears in document A27/43. In accordance with Rule 52 of the Rules of Procedure, this report will not be read aloud, and I shall ask the Assembly to decide upon the resolutions submitted to it one by one.

   Is the Assembly willing to adopt the first resolution, entitled "Study of the possibility of financing WHO activities in currencies other than US dollars and Swiss francs"? Since there are no objections, the resolution is adopted.

   Is the Assembly willing to adopt the second resolution, entitled "Headquarters accommodation: future requirements"? Since there are no objections, the resolution is adopted.

   Is the Assembly willing to adopt the third resolution, headed "Real Estate Fund" and concerning additional accommodation for the Regional Office for Europe? Since there are no objections, the resolution is adopted.

   Is the Assembly willing to adopt the fourth resolution, also headed "Real Estate Fund" and concerning the installation of fire detection and control equipment in the building of the Regional Office for the Western Pacific? Since there are no objections, the resolution is adopted.

   Is the Assembly willing to adopt the fifth resolution, entitled "Amendments to the Rules of Procedure of the World Health Assembly"? Since there are no objections, the resolution is adopted.

   Is the Assembly willing to adopt the sixth resolution, entitled "Organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States"? Since there are no objections, the resolution is adopted.

   Is the Assembly willing to adopt the seventh resolution, entitled: "Selection of a subject for the future organizational study to be made by the Executive Board"? Since there are no objections, the resolution is adopted.

   Is the Assembly willing to adopt the eighth resolution, entitled "Methods of work of the Executive Board"? Since there are no objections, the resolution is adopted.

   The last resolution is on the agreement for cooperation between the African Development Bank and the World Health Organization. I would remind you that under Article 70 of the Constitution any formal agreement entered into with intergovernmental organizations is subject to approval by a two-thirds majority of the Members present and voting. I shall now put to the vote the resolution entitled "Agreement for cooperation between the African Development Bank and the World Health Organization". Will those in favour of this resolution please raise their cards? Thank you. Are there any votes against? No. Are there any abstentions? No.

   The result of the voting is as follows: number of Members present and voting, 92; two-thirds majority, 62; in favour, 92; against, 0; abstentions, 0. The resolution is accordingly adopted.

   We have now to approve the report as a whole. Since there are no objections, the third report of Committee B is approved.

2. ADMISSION OF NEW MEMBERS AND ASSOCIATE MEMBERS

   The PRESIDENT (translation from the French): We shall now, if you please, consider item 1.11 - Admission of New Members and Associate Members, with its two subitems, 1.11.1 - Application for membership by the Republic of Guinea-Bissau, and 1.11.2 - Application made on behalf of Namibia by the United Nations Council for Namibia for admission to associate membership. We shall begin with subitem 1.11.1

   Application for membership by the Republic of Guinea-Bissau

   The PRESIDENT (translation from the French): The documents relating to this item are documents A27/2, A27/3 and A27/35 with its addenda 1, 2 and 3. The Director-General received, on 18 December 1973, an application for membership of the World Health Organization by the Republic of Guinea-Bissau. In accordance with Rule 113 of the Rules of
Dr ADESUYI (Nigeria): Mr President, distinguished delegates, it is my great pleasure and privilege to introduce the draft resolution - contained in document A27/35, with addenda 1, 2 and 3: Application for membership by the Republic of Guinea-Bissau - which stands in the name of 51 Member States including my own, Nigeria.1

This Organization should indeed always be happy to welcome new Members, thus taking further and further steps on the road to our declared objective of universality.

It is well known that the brave and courageous people of Guinea-Bissau, imbued with an irrepressible spirit of self-determination, waged a bitter and relentless struggle against their Portuguese colonial oppressors and fought them to a standstill, to the extent that on 24 September 1973 they were in a position to proclaim the independence of the Republic of Guinea-Bissau in conformity with the United Nations Charter - a proclamation which was warmly welcomed by all peace-loving peoples of the world.

We recall with satisfaction that by resolution 3061 (XXVIII) the United Nations General Assembly welcomed the accession to independence of the people of Guinea-Bissau, thus paving the way for recognition of the new Republic as an independent and sovereign State.

Since then more than 75 Member States of the United Nations and of this Organization have already recognized the Republic of Guinea-Bissau, and since then the Republic of Guinea-Bissau has been admitted to membership of the Food and Agriculture Organization of the United Nations. I should also add that Guinea-Bissau has also been admitted as the forty-second Member of the Organization of African Unity. With this background, distinguished delegates, the Republic of Guinea-Bissau has now formally applied for membership of the World Health Organization. This application, dated 6 December 1973, was communicated to all Members of WHO by the Director-General in accordance with the relevant rules of procedure and the text of this communication is reproduced in document A27/2.

Members will have noted in another document - document A27/3 - the text of a communication from the Government of Portugal, seeking to prevent the Director-General from putting the matter of the admission of Guinea-Bissau on the agenda of the World Health Assembly, using the same arguments that were rejected at the United Nations General Assembly.

I note that Portugal is not represented at this Assembly. Apparently that Government has realized that discretion is a better part of valour, and that it is no use sending a representative here to attempt to defend what indeed cannot be defended. In the circumstances we have to regard the communication from Portugal as the mere effusions of a daydreamer, which should be totally ignored.

1 The draft resolution was co-sponsored by the delegations of Algeria, Bahrain, Burundi, Central African Republic, Chad, China, Congo, Dahomey, Democratic Yemen, Egypt, Ethiopia, Gabon, Gambia, Ghana, Guinea, Iraq, Ivory Coast, Jordan, Kenya, Kuwait, Lebanon, Lesotho, Liberia, Libyan Arab Republic, Madagascar, Mali, Mauritania, Mauritius, Mongolia, Morocco, Nigeria, Oman, Poland, Qatar, Romania, Rwanda, Senegal, Sierra Leone, Somalia, Sudan, Syrian Arab Republic, Togo, Tunisia, Uganda, United Republic of Cameroon, United Republic of Tanzania, Upper Volta, Yemen, Yugoslavia, Zaire and Zambia. The text read as follows:

The Twenty-seventh World Health Assembly,
Recalling United Nations General Assembly resolution 1514 (XV) of 14 December 1960 on the Declaration on the Granting of Independence to Colonial Countries and Peoples;
Recalling the Proclamation of Independence of the Republic of Guinea-Bissau on 24 September 1973 as a result of the armed struggle waged by the people of that country in exercise of their legitimate right to self-determination and independence, in conformity with the provisions of the United Nations Charter and General Assembly resolution 1514 (XV) of 14 December 1960;
Recalling further United Nations General Assembly resolution 3061 (XXVIII) welcoming the recent accession to independence of the people of Guinea-Bissau, thereby creating the sovereign State of the Republic of Guinea-Bissau;
Noting that more than 75 Member States of WHO have recognized the new Republic of Guinea-Bissau;
Having considered the application for membership of the World Health Organization by the Republic of Guinea-Bissau;
Noting with satisfaction the decision of the Seventeenth Conference of FAO to admit the Republic of Guinea-Bissau as a full member of that Organization,
DECIDES to admit the Republic of Guinea-Bissau as a Member of WHO.
Mr President, distinguished delegates, under Article 3 of our Constitution membership of WHO "shall be open to all States" and under Article 6 "States ... may apply to become Members and shall be admitted as Members when their application has been approved by a simple majority vote of the Health Assembly." It is my sincere hope that this Assembly will approve the admission of Guinea-Bissau, not with a mere simple majority, but by an overwhelming majority.

Mr President, I would like to go even a step further than that. Members will recall that, in recent years, the admission of some new Members provided occasions for long, controversial and often acrimonious debates. But one lesson has always emerged from these debates, and that is that the new Member has invariably been admitted. I would therefore urge Members to take account of this lesson of history and approve the admission of Guinea-Bissau without going through the pains of bitter controversy at this Assembly. I would therefore like, with your permission, Mr President, to urge this Assembly to approve admission of the Republic of Guinea-Bissau by acclamation.

The PRESIDENT (translation from the French): I give the floor to the delegate of Romania.

Dr Tudor (Romania) (translation from the French): Mr President, the Romanian delegation too has the honour to be one of the joint sponsors of the draft resolution calling for the admission of the Republic of Guinea-Bissau to membership of the World Health Organization. Our delegation supported this step because the draft resolution is a constructive contribution to WHO's work and to international cooperation.

Our country has always advocated that the role of WHO and that of other organizations of the United Nations family should be increased, believing that they can make a still more effective contribution to that many-sided cooperation which is the essential instrument for strengthening international security and for securing the economic and social advance of all peoples.

It goes without saying that WHO, which proclaims in its Constitution that "the health of all peoples is fundamental to the attainment of peace and security", should be open to all States that are prepared to work for the application of that principle. Only universality can, we believe, provide the Organization with the solid foundation required for promoting more effectively the health of all peoples and all nations. We have moreover always advocated the enlargement of our Organization on a basis of universality, so that all States may take their place in WHO. The fact that Guinea-Bissau should, only a few weeks after its independence, have asked for admission to WHO is evidence not only of the high standing of the Organization, but also of the steadfast hope a whole people has in the benefits of cooperation between States on a footing of equality, including cooperation through our Organization. This hope is entertained by a people still fighting hard to liberate its country from the colonial yoke and to secure a higher level of physical and spiritual wellbeing. Romania ranges itself on the side of the people of Guinea-Bissau and actively supports its struggle to achieve complete victory over the remnants of colonialism, to consolidate the new social system and to establish a united independent and peaceful State.

Our delegation will also support any action by WHO calculated to help create the requisite conditions for enabling the people of Guinea-Bissau to devote its efforts to the peaceful reconstruction of its country.

In conclusion, Mr President, it is our confident hope that the admission of Guinea-Bissau will be decided upon today.

The PRESIDENT (translation from the French): Thank you, sir. I now give the floor to the delegate of the Soviet Union.

Dr Ščepin (Union of Soviet Socialist Republics) (translation from the Russian): Mr President, fellow delegates, as is well known to you all, the Soviet delegation has always advocated our Organization's complete universality. Since all nations and peoples are fully entitled to cooperation and assistance from a humane body such as the World Health Organization, we actively support the proposal that Guinea-Bissau be admitted to membership of the World Health Organization.

The PRESIDENT (translation from the French): I give the floor to the delegate of China.

Professor Huang Chia-szu (China) (interpretation from the Chinese): Mr President, the Chinese delegation, as one of the co-sponsors of the draft resolution before us, resolutely supports the Republic of Guinea-Bissau in joining the World Health Organization.

Through protracted and arduous armed struggle, the heroic Guinea-Bissau people solemnly declared the founding of the Republic of Guinea-Bissau on 24 September 1973. This is an important victory in the history of struggles against imperialism and colonialism by the people of Asia, Africa and Latin America. The founding of the Republic of Guinea-Bissau is of great encouragement and support to the people of Africa,
and other regions, fighting for national independence. The countries and the peoples of
the Third World and those who uphold justice regard the victory won by the Guinea-Bissau
people as their own.

The Republic of Guinea-Bissau is an independent sovereign State. It has won
recognition from more than 70 countries within the short period of eight months since it
came into being. According to the Constitution of the World Health Organization, it has
a full right to be a Member of the World Health Organization. Any excuse obstructing it
from joining WHO is untenable. The Republic of Guinea-Bissau has liberated most parts of
its territory and population; it has established administrative organs at all levels in
the vast liberated areas, which effectively exercise the powers of government. This is a
fact which nobody can deny. The Chinese delegation firmly holds that the present session
of the World Health Assembly should warmly welcome and immediately admit the Republic of
Guinea-Bissau into this Organization.

The PRESIDENT (translation from the French): I thank the delegate of China. The
delegate of Cuba now has the floor.

Dr ALDEREGUÍA (Cuba) (translation from the Spanish): Mr President, fellow delegates,
the Cuban delegation would like to express its support for the application by the
Government of Guinea-Bissau for admission by this Assembly - such admission being no more
than the just right of a people that has fought tirelessly for its independence.

As everyone knows, the Government of Guinea-Bissau has already been recognized by
nearly 100 States and for that reason holds a well-defined position in the international
community of nations. Only a few weeks ago in this same city of Geneva, it was admitted
with full rights to the Diplomatic Conference on International Humanitarian Law applicable
in Armed Conflicts. The Government of Guinea-Bissau, as the legitimate representative
of its people, has been specially concerned throughout its long fight against Portuguese
fascism with health problems, even in the difficult conditions under which it has had to
deal with such matters, and its contribution to our discussions will be a valuable one,
in view of its practical experience in subjects which will be considered by the Assembly.
Furthermore, the people of Guinea-Bissau have a right, which cannot be ignored, to
benefit from the activities of the World Health Organization, and consequently the
Organization has the unavoidable duty of extending its full cooperation to that country,
thus complying with the letter and the spirit of the chief aim of its Constitution.

The Cuban delegation cannot fail to point out that, precisely at this moment, when,
through the changes that have come about in Portugal, the Portuguese people has clearly
expressed its repudiation and condemnation of the colonial policy of the previous
Government, the admission of Guinea-Bissau to the World Health Organization has become of
outstanding importance, in the light of one of the principles of the Constitution of WHO,
which proclaims that the health of all peoples is fundamental to the attainment of peace
and security and is dependent on the fullest cooperation of individuals and States.

In view of the foregoing, our delegation firmly supports the draft resolution
presented by a large number of delegations, calling for the admission of Guinea-Bissau to
membership of the World Health Organization.

The PRESIDENT (translation from the French): I thank the delegate of Cuba, and give
the floor to the delegate of the Democratic People's Republic of Korea. But first,
Dr Lambo has a word to say about the interpretation.

The DEPUTY DIRECTOR-GENERAL: Mr President, the delegate of the Democratic People's
Republic of Korea has asked to speak in Korean. In accordance with Rule 87 of the Rules
of Procedure of the World Health Assembly, an interpreter provided by the delegate of the
Democratic People's Republic of Korea will read simultaneously the text of the speech in
English.

Dr HAN Hong Sep (Democratic People's Republic of Korea) (interpretation from the
Korean): Mr President, I am glad that today we are discussing the problem of the
admission of the Republic of Guinea-Bissau to the World Health Organization.

The delegation of the Democratic People's Republic of Korea warmly welcomes the
delegation of the Republic of Guinea-Bissau's participating in this Assembly.

We render full support to the proposal of the Republic of Guinea-Bissau to become
a Member State of WHO.

The Republic of Guinea-Bissau is an independent sovereign State, which won indepen-
dence in the month of September 1973 as the result of success obtained in the armed
struggle against imperialism and colonialism. The proclamation of the Republic of

1 In accordance with Rule 87 of the Rules of Procedure.
Guinea-Bissau is the brilliant victory of the brave people of Guinea-Bissau in the struggle for national independence and freedom and is an event of epoch-making significance in the life of the people of Guinea-Bissau.

The Republic of Guinea-Bissau is enforcing its correct internal and external policies, reflecting the real will and interest of the people, and has just right and prestige to be able to represent the people of the Republic of Guinea-Bissau in international relations as a complete and independent sovereign State.

After its foundation the Republic of Guinea-Bissau received extensive support and sympathy from all the peace-loving States and people in the world. The Republic of Guinea-Bissau has been recognized already by more than 75 countries in the world and the Organization of African Unity has admitted this country as the forty-second Member State. Today, the people of the Republic of Guinea-Bissau are fighting heroically in order to accelerate the building of their country and strengthen their newborn power, and to drive completely Portuguese colonialists out of their country and liberate completely all their territory.

The Republic of Guinea-Bissau, which has already liberated 80% of the country's territory and more than half of its population, has established administrative organs of all levels, is managing shops, hospitals and schools, and is vigorously waging the struggle to create a new life.

Therefore we recognize that the admission of the newly independent Republic of Guinea-Bissau fully conforms to the Constitution of WHO and contributes highly to the further development of relations of friendship and cooperation among Member States and world peace and security. It also fully conforms to the humanitarian objective of WHO, which is the attainment by all people of the highest possible level of health.

Finally the delegation of the Democratic People's Republic of Korea expresses the firm conviction that all peace-loving States respecting truth and justice will fully support the admission of the Republic of Guinea-Bissau in conformity with the principle of universality pointed out in the Constitution of the Organization, by fully supporting the lawful request of the Republic of Guinea-Bissau that it should be granted admission to the World Health Organization.

The PRESIDENT (translation from the French): I give the floor to the delegate of the German Democratic Republic.

Dr LEBENTRAU (German Democratic Republic) (translation from the Russian): Mr President, fellow delegates, the delegation of the German Democratic Republic warmly supports the admission of the Republic of Guinea-Bissau to membership of WHO. Our position on this point is in full accordance with the German Democratic Republic's general policy of supporting the peoples' struggle to free themselves from colonialism and neocolonialism, and their struggle to attain and exercise national independence. The delegation of the German Democratic Republic supports the application of the Republic of Guinea-Bissau for membership of WHO because a favourable decision by the World Health Assembly would concord with its responsibility in regard to our Organization's universality, and also because the Republic of Guinea-Bissau fulfils all the conditions required for full membership of our Organization. The delegation of the German Democratic Republic supports the proposal by the delegate of Nigeria that the Republic of Guinea-Bissau be admitted to membership of WHO.

The PRESIDENT (translation from the French): I now give the floor to the delegate of Algeria.

Dr BRACI (Algeria) (translation from the French): Mr President, fellow delegates, we have before us the important question of admission of the Republic of Guinea-Bissau to membership of WHO. It is a great honour for my delegation to be one of the joint sponsors of the draft resolution that has just been submitted to us by the distinguished delegate of Nigeria, for, apart from the close links there have long been between the people of Guinea-Bissau and the people of Algeria, the common aims that the two peoples pursue and the close and militant relations that are being formed between the two States, to try to ensure that our Organization translates into deeds the principle of universality written into its Constitution is, we feel, a noble endeavour.

Of recent years WHO has been taking an important step in this direction by admitting a number of countries. We have no doubt that the wisdom and responsibility this Assembly has always shown will prevail once again. This apart, my delegation feels that the request for admission presented by the Republic of Guinea-Bissau ought to be non-controversial and not raise any difficulties in this Assembly. Permit me, in support of this view, to put certain points before you and to remind you of certain criteria. The independence of Guinea-Bissau was formally proclaimed on 24 September 1973 by the People's National Assembly, an assembly of deputies elected by universal suffrage by the population of the liberated areas. It is the goal of a long struggle engaged in by an
entire people against a particularly bloodthirsty enemy that had made itself a bulwark of colonialism and racism. Since the proclamation, the new State has received recognition from many countries. The Republic of Guinea-Bissau has by now been recognized by 84 States and governments, representing all the regions of the world. Guinea-Bissau is also a full member of the OAU and of FAO, and in March became a joint signatory of four Geneva Conventions on human rights; it has also observer status with the United Nations. That this country is a real entity requires no further demonstration. A liberated territory (the Portuguese forces of aggression being isolated in a few towns), the population's support, the existence of administrative, social and cultural institutions which have amply demonstrated their effectiveness - I apologize, Mr President, for this recital - all these criteria establish authentic sovereignty beyond challenge, and require that Guinea-Bissau's admission to membership of WHO should take place without any reservation. Its admission would be in accordance with various relevant United Nations resolutions and in particular with the Declaration on the Granting of Independence to Colonial Countries and Peoples contained in resolution 1514 of 14 December 1960, also with resolutions 3118 and 3061 of the twenty-eighth session of the United Nations General Assembly, the latter resolution welcoming the attainment of independence by the people of Guinea-Bissau.

In conclusion, Mr President, by admitting Guinea-Bissau to membership of WHO we shall also be enabling that exhausted country, whose population is still suffering extortion of the worst kind, mutilation and disease, to benefit from our Organization's help without delay and at last to give its people a better standard of wellbeing and health.

The PRESIDENT (translation from the French): I give the floor to the delegate of Bangladesh.

Mr CHOWDHURY (Bangladesh): Mr President, distinguished delegates, I have asked for this opportunity to address this august house in order to express the views of my delegation. You will recall that the people of Bangladesh had to fight a similar battle for independence, and when we did so we fought for the freedom of the peoples of the world. For, in our philosophy, freedom is indivisible, and wherever there is oppression, colonialism, imperialism, or wherever there is an attempt to curtail free thinking and free expression, the Government and the people of Bangladesh would always be on their side.

WHO is an Organization dedicated to the welfare of humanity so that the peoples of the world may live in good health, in peace, and may have mental wellbeing. Keeping in view this great ideal, my delegation strongly feels that Guinea-Bissau should be a Member of this august house. It has, Mr President, a definite territory over which it has absolute control; it has a people; it has a Government established by law; it is a State recognized by more than 75 countries of the world and has been accorded the status of an observer in the United Nations. That being so, I do firmly hope that this august house will grant admission to Guinea-Bissau by acclamation and without raising any controversy, keeping in consistency with the atmosphere that is prevailing in this house of enlightenment and dedication to suffering humanity.

As I comment, on behalf of the delegation of Bangladesh, on the acceptance of the application made on behalf of Guinea-Bissau to this august house, I recall that only two years ago the Government and people of Bangladesh came before this house with a similar application for membership, when this was considered with sympathy and understanding. My delegation gratefully remembers that happy occasion and we do feel that, similarly, Guinea-Bissau will be admitted as a Member of this great Organization of international utility.

The PRESIDENT (translation from the French): The delegate of Pakistan now has the floor.

Dr CHOWDHRY (Pakistan): Mr President, I, as the delegate of Pakistan, have the privilege and pleasure of supporting the application of Guinea-Bissau. In accordance with the objective of the World Health Organization - that is, the highest level of health for all the people - there appears no room for any arguments against the admission of Guinea-Bissau, after it has attained a fully sovereign status. This status has been recognized, apart from various other forums, at the Islamic summit at Lahore in February 1974. Therefore it should be a source of great satisfaction for all of us Members to see that one sovereign State that is still not in the fold of WHO is trying to enter. It should be a source of pleasure to us and I am fully confident that this opportunity will be afforded to Guinea-Bissau with acclamation.

The PRESIDENT (translation from the French): The delegate of Albania has the floor.

Dr OHRI (Albania) (translation from the French): Mr President, the delegation of the People's Republic of Albania unreservedly supports the application for admission to membership of WHO made by the Republic of Guinea-Bissau. On behalf of my delegation I should like sincerely to wish the representative of the Republic of Guinea-Bissau welcome to our Organization.
The PRESIDENT (translation from the French): I now give the floor to the delegate of Guinea.

Dr K. CAMARA (Guinea) (translation from the French): Mr President, after so many distinguished speakers have had the floor we should have thought it unnecessary to speak on this vital matter ourselves had it not been for the special position of the Republic of Guinea with regard to the brave and implacable struggle the people of Guinea-Bissau has for years been engaged in - to win in the end decisive victory. It is because of this that we are venturing to take the floor after the joint sponsors of the motion, in order to say that the Republic of Guinea unreservedly and enthusiastically supports Guinea-Bissau's candidature.

It is right, it is expedient, it is even necessary that, after the People's Republic of China, the German Democratic Republic and the Democratic People's Republic of Korea have joined our great family, the Republic of Guinea-Bissau - the sovereign State of Guinea-Bissau, which is setting an example of national dignity - should take its place among us. Today Guinea-Bissau has become a symbol, a symbol of the brave and historic struggle which each one of our peoples has engaged in - remember what happened - to secure its independence and its sovereignty. This victory has become the victory of the peoples we represent, and in history it is only the peoples that count. Guinea-Bissau has managed in the heat of battle - and the rattle of machine guns still rings in our ears - to organize health services in the liberated areas on an equitable and dynamic basis, thus demonstrating that health is, like freedom, an inalienable right of peoples, demonstrating that health and freedom are two essential things without which human existence would lose its fundamental meaning. And it is in WHO, this ad hoc United Nations institution, it is in WHO that the Republic of Guinea-Bissau, an independent and sovereign Republic, is to show what it is worth and enjoy the benefit of the experience of all, so that it may leap ahead.

Mr President, honourable delegates, the cause we are supporting is a just one, and the lesson of history, of recent history, must not be forgotten. For years the People's Republic of China, a people 800 million strong, was kept out of our family. That was a disgrace to our system. The injustice has now been set right. For years the German Democratic Republic and the Democratic People's Republic of Korea were kept waiting outside. Today they are here among us, and we are proud of it. In substance, the matter is settled. The Republic of Guinea-Bissau will be admitted, that is no more than just. But the Assembly would show its maturity, its wisdom and its sense of fair play if it admitted Guinea-Bissau by acclamation, without debate. Such a tactful procedure would show the sympathy of all, and be an encouragement to the brave and proud people of Guinea-Bissau.

Dr JAKOVLJEVIĆ (Yugoslavia): Mr President, I do not have the intention of elaborating in detail why the Yugoslav delegation supports the admission of Guinea-Bissau to the World Health Organization. The attitude of Yugoslavia with regard to the right of the countries under colonial rule to self-determination and independence and the relevant questions arising therefrom are very well known to the international community, since Yugoslavia has clearly and precisely expressed its views on many occasions in the United Nations General Assembly and other bodies of the United Nations, as well as in specialized agencies. We are deeply convinced that the admission of Guinea-Bissau will constitute a further constructive contribution to the work of this Organization for which, I quote from the Constitution, "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". This is especially true in the case of Guinea-Bissau, which needs material and moral assistance by the World Health Organization in order to solve many health problems and organize its basic health system and services. This consideration, Mr President, inspires the Yugoslav delegation to inscribe with great pleasure its name on the list of co-sponsors of the draft resolution calling for the Republic of Guinea-Bissau to be admitted as a Member of our Organization.

The PRESIDENT (translation from the French): The delegate of Yugoslavia has the floor.

The PRESIDENT (translation from the French): The delegate of Democratic Yemen has the floor.

Dr AL DALY (Democratic Yemen) (interpretation from the Arabic): Mr President, the delegation of the People's Democratic Republic of Yemen supports and associates itself with the sponsors of the draft resolution calling for the admission of the Republic of Guinea-Bissau. We consider the admission of the Republic of Guinea-Bissau to the World Health Organization as a victory to be scored by the people of Guinea-Bissau over the atrocious Portuguese colonialism in Africa in general, and in Guinea-Bissau in particular. It is also to be considered a victory of militant peoples struggling against alien colonialism in various parts of the world.
Mr President, our people have waged a bitter battle and struggle against colonialism and it is the same struggle that is being waged by the people of Guinea-Bissau at present. Consequently, on behalf of the delegation of the People's Democratic Republic of Yemen I should like once more to reiterate our support of Guinea-Bissau's admission to the World Health Organization; we call upon the other delegations to express unanimous support of this resolution and we should like to express the hope that all militant peoples will be represented in this Organization shortly.

The PRESIDENT (translation from the French): The delegate of Czechoslovakia has the floor.

Professor MATEJČEK (Czechoslovakia) (translation from the Russian): Mr President, fellow delegates, this is not the first time the question of admission of new Member States to the Organization has been on our agenda. The views of our delegation on the subject are known to the delegations of all Member States. At previous sessions of the Assembly the matter was settled quickly. It is the elementary right of every country to take part in our Organization. Since the Government of Guinea-Bissau has expressed a desire to take part in international cooperation in WHO we are, in our opinion, obliged to settle the matter in accordance with the WHO Constitution. The delegation of the Czechoslovak Socialist Republic is sure that this question will be satisfactorily settled.

The PRESIDENT (translation from the French): The delegate of Tanzania has the floor.

Mr MWINYI (United Republic of Tanzania): Mr President, Tanzania wishes to support the request by the distinguished delegate from Nigeria and other previous speakers to the effect that we should welcome the admission of Guinea-Bissau and that we should do so by acclamation. In doing so we urge the Portuguese authorities to heed the verdict of mankind and hurry up in leaving the territory of Guinea-Bissau to the owners of that land.

The PRESIDENT (translation from the French): The delegate of Senegal has the floor.

Dr WONE (Senegal) (translation from the French): Thank you, Mr President, for giving me the floor. After so many delegates have spoken already there seems little need for me to address the Assembly. But I just wanted to bear immediate witness for, living directly in touch with the people of Guinea-Bissau as we do, having them right on our frontier, we have been experiencing intimately from day to day the brave, bitter, agonizing, heartrending struggle of this people, and its painful emergence from darkness into the light. That emergence became, victoriously and formally, a fact on 24 September last year with the proclamation of the Republic, a liberated Republic, that emerged painfully, but nonetheless emerged, from the most savage colonialism, a Republic that proclaimed on its own territory, on its own soil, its liberation to an astonished world. That liberation is a reality, an authentic reality experienced as such at once by the people of Guinea-Bissau and by the people of Senegal. I wanted, as in duty bound, to bear witness to it in order to overcome certain legal scruples that may lead a delegate here and there to imagine that perhaps our hopes, the hopes of the joint sponsors of this draft resolution, are running ahead of events.

The liberation of Guinea-Bissau is a fact that no one henceforth will ever again be able to challenge. Should this Assembly of physicians require me to add anything further, let me say that Guinea-Bissau has not only the right but also a need to do so, in order that it may be able to build upon the shattered ruins of this martyred country the foundations of a State that not only is sovereign, but also can steadily and speedily attain that state of health which, as no one here will deny, all the peoples in the world need, and above all peoples which have gone through so much. Thank you for your attention. I wanted to say that here.

The PRESIDENT (translation from the French): The delegate of Panama has the floor.

Mr ESPINO GÓNZALES (Panama) (translation from the Spanish): Mr President, I have asked for the floor in order to express the opinion of the Revolutionary Government of Panama, which agrees that the Republic of Guinea-Bissau should enter the World Health Organization as a full Member.

Delegates will perhaps remember that last month the Conference on International Humanitarian Law applicable in Armed Conflicts came to an end. During that Conference, too, the admission of the Republic of Guinea-Bissau was discussed, and not only was the Republic accepted with full rights like any other State, but its representative was also elected Vice-President of the Conference. That Conference, which was extremely important since it was concerned with the study and reform of the Geneva Conventions of 1949 on Armed Conflicts, threw into relief once more the support and understanding given by all countries of the world to a question which scarcely calls for discussion.

We believe that in international law there is a rule that can be very well applied to the case of Guinea-Bissau; this is the rule of rebus sic stantibus, according to which,
if circumstances or conditions that have prevailed at a given moment of history subse-
quently change, this can lead to the setting aside of their consequences, since they have
become completely antiquated. The rule of rebus sic stantibus can be applied to the case
of Guinea-Bissau, since the United Nations has for many years advocated total decoloni-
zation, and this is not the policy of a single country but that of the United Nations.

The rules of law, whether of a civil or an international character, are not eternal
or absolute, only God is eternal. The things done by men die with them here on earth,
and consequently such rules should be changed when it becomes necessary.

I was greatly impressed by the statement of the delegate of Guinea-Bissau at the
Conference on International Humanitarian Law, because of the wisdom of what he said. He
said that his people were fighting against Portugal without hate or rancour; that their
relations with Portugal would be of a friendly nature and that what they were seeking was
the simple right to liberty and independence such as had been achieved by other countries
in the course of their history. We, who have also fought for decolonization - a matter
which I shall not discuss here so as not to deal with two subjects at the same time -
believe sincerely that it is only just and reasonable, in the case of a humanitarian
organization, such as the World Health Organization, to admit Guinea-Bissau without further
delay or dispute, since it is not merely a political matter, but also a question of health.

Furthermore, the Rules of Procedure of the Health Assembly include several which
deal with the action that a speaker can take when a matter has already been sufficiently
debated. I should not like to limit anyone's freedom of speech, but if you will permit me
to say so (I do not know whether the delegate of Portugal has already spoken and put forward
his point of view) one of the Rules of Procedure states: "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." In other
words, if the Assembly considers that the matter has been sufficiently debated we could
proceed to the vote. Also, Rule 61 says: "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." Consequently, I formally propose that the debate be closed
and that we proceed to vote.

The PRESIDENT (translation from the French): There are still two delegates to take
the floor. But first I shall ask Dr Lambo to draw your attention to Rule 61 of the
Rules of Procedure of the Assembly.

The DEPUTY DIRECTOR-GENERAL: Mr President, Rule 61 of the Rules of Procedure reads:

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 (translation from the French): Thank you, Dr Lambo. In view of what
we have heard, allow me to ask if there are any objections to the closure of the debate.
There are none. Adopted.

Ladies and gentlemen, as you have heard, a large number of delegates have asked that
the admission of Guinea-Bissau be accepted by acclamation. Do you agree to that proposal?
Those who are against will please raise their cards.

The delegate of the United States of America has the floor.

Mr COTTMAN (United States of America): Mr President, honourable delegates, the
delegation of the United States respectfully requests that a vote be taken on this item.

The PRESIDENT (translation from the French): The delegate of Brazil has the floor.

Dr BRAGA (Brazil): Mr President, the Brazilian delegation also would like to have
a vote taken on this item.

The PRESIDENT (translation from the French): The delegate of Panama has the floor.

Mr ESPINO GONZALEZ (Panama) (translation from the Spanish): Mr President, I request
a roll-call vote.

The PRESIDENT (translation from the French): I shall ask Dr Lambo to read out to
you Rule 72 of the Rules of Procedure of the Assembly.
The DEPUTY DIRECTOR-GENERAL: Mr President, Rules 72 and 73 of the Rules of Procedure read:

Rule 72

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.

Rule 73

The vote of each Member participating in any roll-call shall be inserted in the record of the meeting.

The PRESIDENT (translation from the French): Thank you. As you have seen, a request has been made for a roll-call vote. Rules 72 and 73 of the Rules of Procedure accordingly apply. I shall now draw the letter indicating the delegation with which voting will begin. Delegations will be called in the French alphabetical order. When their country's name is called delegates must reply "Yes", "No" or "Abstention". The letter is "Y". The roll-call will begin with Yemen.

A vote was taken by roll-call, the names of the Member States being called in the French alphabetical order, starting with Yemen, the letter "Y" having been determined by lot.

The result of the vote was as follows:

In favour: Afghanistan, Albania, Algeria, Argentina, Australia, Bahrain, Bangladesh, Barbados, Bulgaria, Burma, Burundi, Central African Republic, Chad, China, Congo, Cuba, Cyprus, Czechoslovakia, Dahomey, Democratic People’s Republic of Korea, Democratic Yemen, Ecuador, Egypt, El Salvador, Ethiopia, Gabon, Gambia, German Democratic Republic, Ghana, Guatemala, Guinea, Haiti, Honduras, Hungary, India, Indonesia, Iran, Iraq, Ivory Coast, Jamaica, Jordan, Kenya, Kuwait, Laos, Lebanon, Liberia, Libyan Arab Republic, Madagascar, Malaysia, Mali, Malta, Morocco, Mauritania, Mexico, Mongolia, Nepal, Nigeria, Oman, Pakistan, Panama, Paraguay, Peru, Philippines, Poland, Qatar, Republic of Korea, Romania, Rwanda, Saudi Arabia, Senegal, Sierra Leone, Singapore, Somalia, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Thailand, Togo, Trinidad and Tobago, Tunisia, Uganda, Union of Soviet Socialist Republics, United Arab Emirates, United Republic of Cameroon, United Republic of Tanzania, Upper Volta, Viet-Nam, Yemen, Yugoslavia, Zaire, Zambia.

Against: United States of America.

Abstaining: Austria, Belgium, Bolivia, Brazil, Canada, Chile, Colombia, Denmark, Finland, France, Federal Republic of Germany, Greece, Iceland, Ireland, Italy, Japan, Khmer Republic, Luxembourg, Malawi, Monaco, Netherlands, New Zealand, Nicaragua, Norway, Spain, Sweden, Switzerland, Turkey, United Kingdom of Great Britain and Northern Ireland, Uruguay, Venezuela.

Absent: Costa Rica, Israel, Lesotho, Mauritius, Niger, Western Samoa.

The PRESIDENT (translation from the French): Ladies and gentlemen, the result of the voting is as follows: simple majority, 47; in favour of the resolution, 92; against, 1; abstentions, 31; absent, 6. The resolution is accordingly adopted.1

Ladies and gentlemen, the observer for the Republic of Guinea-Bissau has asked to speak. Under Rule 46 of the Rules of Procedure, if the Assembly agrees, I invite him to take the floor.

Dr RODRIGUES BOAL (Observer for the Republic of Guinea-Bissau) (translation from the French): Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, it gives me great pleasure to be able to represent Guinea-Bissau before you in this important gathering. Today is a historic day for all the militants and people of Guinea and the Cape Verde islands. On behalf of our African people, of our Party, the PIAGC, and of the Council of Commissioners of our State, I thank all the delegations that voted in favour of our admission to the World Health Organization. This is a political victory - a political victory which confirms the rightness of our decision to proclaim the State of Guinea-Bissau and demonstrates, yet again, that our admission to the ranks of the free nations of the world no longer depends upon the good will of the Lisbon Government.

The historic gesture made by the People’s National Assembly of Guinea-Bissau on 24 September 1973 was the inevitable result of 10 years of victorious struggle against the superannuated foreign domination that has been exercised over our country. I may

1 Resolution WHA27.22.
remind you that the proclamation of the State of Guinea-Bissau was dictated by the need to legitimize, in the eyes of the international public, an accomplished fact within our country: an accomplished fact in the form of the existence of a liberated territory, and of a majority of the population effectively administered by our Party - points, incidentally, which were verified by the testimony of many visitors of various origins, and in particular by the special mission of the United Nations in April 1972.

This achievement was the fruit of the work of the generation of Amilcar Cabral which, in the upsurge of the new ideas of emancipation and freedom that took place after the Second World War, nobly devoted itself wholeheartedly to the cause of freeing our country from the colonial yoke.

The picture is certainly a most satisfactory one, yet while we know it is most satisfactory we are the first to recognize that there still remains a great deal for us to do. Certainly for many years now our children have been receiving an education and they are learning, out of textbooks prepared by ourselves, the facts of our social and economic life and what our place in the world is. We have hospitals and clinics at which a population which has never before known such a thing is receiving free medical aid. Also, in our liberated country there exists a legal system based upon our own customs, and a commercial system in keeping with the conditions in which we live. All that is true. We are, however, at war! And while we have decided to keep on improving these social, cultural and administrative institutions, we are also being obliged to devote the greater part of our energy and resources to the requirements of an armed struggle which will go on till the pockets of our territory still occupied by the Portuguese armed forces have been completely liberated.

In the health field, we have managed to organize a service consisting of a network of 117 health stations and 13 field hospitals with the requisite equipment for caring for the population, equipment which is of course in keeping with the present conditions of our life. This network is supplemented by three base hospitals, with a total of 245 beds, in the frontier towns of the countries neighbouring ours - the Republic of Guinea and the Republic of Senegal. For three years now we have been sending health teams out to the villages, not only to detect cases of disease and to deal with minor ailments on the spot but also, and mainly, to educate the population in the fundamental principles of personal and collective hygiene so that they understand and thoroughly assimilate them. At present we are completing the basic infrastructure for a campaign to immunize the population against yellow fever, smallpox and, to a lesser extent, tuberculosis. I need hardly say that all this is being done with great difficulty owing to a desperate shortage of personnel. At the beginning of the armed struggle, in 1963, we had just four nurses and not a single doctor among us. We had to give first-aid workers an emergency training to meet immediate needs. Since then, by adopting a system of step-by-step training and repeated refresher courses, we have managed to train 335 medium-grade health personnel, including already a few nurses who have taken a two-year theoretical and practical training in the best equipped of our hospitals. Physicians and medical assistants are usually trained at the universities of friendly countries.

Such, very briefly, is the present state of our health organization. It will necessarily have to develop slowly - and, we realize, in a manner in keeping with the facts of our social and cultural life. Indeed we believe that, while remaining open to the experience of the more advanced countries, we are going to have to use our imagination and not copy blindly what has been done elsewhere. We shall have to keep constantly in mind what our country and our people in fact are and our people's aspirations to a real improvement in wellbeing.

Mr President, honourable delegates, allow me once again to thank all the delegates who voted in favour of our admission. But allow me also to say a few words to the delegates who abstained from voting or voted against it. Their attitude, adopted out of deference towards the Portuguese Government, is not only fruitless but also contrary to the interests of the Portuguese people - and let me point out that we have never confused the Portuguese people with Portuguese colonialism. It is our sincere belief that among the delegates of the countries which are opposed to our admission there are men who have adopted that attitude against their own inclination, for it is hard to believe there are women or men in this hall who can honestly, of their own volition, deny the justice of our struggle. It is hard to believe that all of them can deny our people the right to take its fate into its own hands and forge its own future. There may perhaps be delegates who think that in view of the changes that have taken place in Portugal it would be better to allow the Portuguese time to take action to solve the colonial problem. While we congratulate the Portuguese people on the high hopes engendered by the fall of fascism, and while we sincerely hope that the Portuguese people will avail itself of this opportunity to build a true democracy, we consider that the international community should unanimously recognize the reality of our State - not only in order that it may comply with the proclamations of anticolonialism and of support for the concept of people's right to
independence, but also in order to bring the necessary pressure to bear upon the new Portuguese regime to secure complete decolonization; for the ideas so far advanced in Portugal for a solution of the colonial problem are ambiguous to say the least, if not positively neocolonialist and consequently unacceptable. We can accept nothing but recognition of our independence and recognition of the right of the other Portuguese colonies in Africa to independence.

Mr President, I am coming to the end of my statement. I cannot conclude, however, without most cordially thanking all the African countries, the socialist countries and the Scandinavian countries that are giving our country most brotherly humanitarian aid to enable us to complete this difficult task that the times have given our generation - the task of completely freeing our country from foreign domination.

I should like to congratulate you, Mr President, on your election as President of the Twenty-seventh World Health Assembly, and I wish Dr Mahler every success in the difficult work of guiding our Organization toward the goal it has been set. Dr Mahler's enthusiasm and experience are, I am sure, a guarantee that WHO will, under his direction, attain that goal. (Applause)

The PRESIDENT (translation from the French): The delegate of Argentina has the floor.

Dr GARCÍA (Argentina) (translation from the Spanish): Mr President, the delegation of Argentina wishes to state that it voted in favour of the resolution in document A27/35 because of the humanitarian aims pursued by Guinea-Bissau in applying for membership of the World Health Organization.

That vote should not be interpreted as a decision on the part of the Government of Argentina implying recognition of the applicant as a State, an aspect that should be considered by other bodies. The recognition of a State is an act of a specifically unilateral nature, which has bilateral implications. Decisions of a multilateral nature cannot therefore have the same significance. Mr President, I request that the text of this statement be included in the record of this session.

The PRESIDENT: That will be done. The delegate of the United States of America has the floor.

Mr COTTMAN (United States of America): Mr President, honourable delegates, as my Government has explained in similar circumstances in the past, the United States is of the view that the Republic of Guinea-Bissau does not meet the minimum criteria for statehood. Thus, we could not at this time have supported the admission of Guinea-Bissau to the World Health Organization. The United States views with satisfaction the fact that the new regime in Portugal has offered negotiations for self-determination for overseas territories. We, for our part, have consistently championed the principle of self-determination, and continue to do so.

Guinea-Bissau has been overwhelmingly accepted by this Assembly. We congratulate them, and look forward to working with them in the World Health Organization.

The PRESIDENT (translation from the French): The delegate of the Netherlands has the floor.

Dr SIDERIUS (Netherlands): Mr President, during the vote on the admission of Guinea-Bissau as a Member of WHO, the delegation of the Kingdom of the Netherlands abstained.

The delegations present at the Twenty-seventh World Health Assembly will undoubtedly know that the Netherlands, throughout the years, has in all United Nations fora expressed the opinion that colonialism should be abolished as soon as possible. In line with that basic principle, the Netherlands Government has taken the view that Portugal should recognize the right of external self-determination of the peoples of Angola, Mozambique and Guinea-Bissau. This basic view has, moreover, very recently again been communicated to the Portuguese authorities. Against this background there is not a shade of doubt that the Netherlands Government attaches great importance to the attainment of full independence by Guinea-Bissau. However, the Netherlands Government is not convinced that Guinea-Bissau at the present moment meets the usual criteria of international law necessary for recognition.

For that reason, the delegation of the Kingdom of the Netherlands has, at this session, not yet been able to support Guinea-Bissau's application for membership of WHO.

The PRESIDENT (translation from the French): The delegate of Italy has the floor.

Professor VANNUGLI (Italy) (translation from the French): Mr President, I should, with your permission, like to explain the position of the Italian delegation. When the request of Guinea-Bissau for admission to the United Nations and its specialized agencies was being considered, the Italian delegation abstained from voting. This is in accordance with the well-established position regarding the principle of recognition of States under
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international law. In that connexion I wish to state that my Government has consistently followed the principle of voting in favour of the admission to the United Nations and its specialized agencies only of bodies recognized as sovereign States. At the same time I wish, however, to reaffirm that my Government continues to remain true to the objectives, envisaged by the United Nations Charter, of decolonization and self-determination for all peoples.

Application made on behalf of Namibia by the United Nations Council for Namibia for admission to associate membership

The PRESIDENT (translation from the French): We shall now turn to item 1,11.2 - Application made on behalf of Namibia by the United Nations Council for Namibia for admission to associate membership. The documents relating to this item are documents A27/33 and A27/36 with its addenda 1, 2 and 3.

The Director-General received, on 2 April 1974, an application made on behalf of Namibia by the United Nations Commissioner for Namibia for admission to associate membership. This application, dated 26 March 1974, has been made within the time limit prescribed by Rule 113 of the Rules of Procedure of the Assembly. Do any delegates wish to have the floor? The delegate of Senegal, please.

Dr WONE (Senegal) (translation from the French): Thank you, Mr President, for giving me the floor. I should just like to draw the Assembly's attention to a draft resolution appearing in document A27/36, to which there have been three addenda. This draft resolution, presented by a total of 51 delegations, including almost all the delegations of the African countries and 14 delegations from countries in other continents, requests the Assembly to consent to the admission of Namibia to associate membership. I should merely like to make a small correction to the draft that has been distributed. It concerns the third paragraph of the preamble, which begins: "Noting that the Namibia Liberation Movement...". The latter part of this paragraph, following the words "the Organization of African Unity", should read: "as the authentic representative of the Namibian people". The concluding words are now therefore: "as the authentic representative of the Namibian people". This small correction made, Mr President and fellow delegates, I have no doubt that this Assembly will, if not unanimously, at any rate by a large majority acknowledge the Namibian people's right to attain to this first stage of its ineluctable independence and participate now as an Associate Member in the deliberations of this body which, as has frequently been remarked this morning, is meant to be a universal one and, unless it is a universal one, will fail in its objective of securing for the whole world the best possible state of health. I can see no conceivable objection to the Namibian people's exercising this elementary right, so I do not think any purpose would be served by my speaking further and taking up more of your time.

The PRESIDENT (translation from the French): The delegate of China has the floor.

Professor HUANG Chia-szu (China) (interpretation from the Chinese): Mr President, to date the white racist authorities in South Africa, ignoring the correct resolutions...
concerned of the United Nations, still forcibly occupy Namibia and pursue barbarous policies of racial discrimination and segregation and the reactionary "Bantustan" policy of "divide and rule". The Namibian people have long since waged heroic and unremitting struggles against the colonial rule of the white racialist authorities in South Africa, and for national independence. These struggles are an important component of the struggles of the entire people in southern Africa against imperialism, colonialism, neocolonialism and the policies of racial discrimination and apartheid, and have won the deep sympathy and support of the people in Africa and the peoples all over the world.

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The Chinese Government and people have all along shown deep sympathy for and given firm support to the just struggles of the Namibian people. We strongly condemn the fascist rule of the South African authorities over the Namibian people, and resolutely oppose the South African authorities' undermining of Namibia's national unification and territorial integrity. Namibia belongs to the Namibian people. The South African authorities must immediately put an end to their illegal occupation of Namibia.

Under the present circumstances the Chinese delegation, as one of the co-sponsors of this resolution, supports Namibia's joining the World Health Organization as an Associate Member - that is, concurring with the application made by the United Nations Commissioner for Namibia to make it an Associate Member of this Organization.

The PRESIDENT (translation from the French): Ladies and gentlemen, have you any objection to adopting this resolution as amended by its joint sponsors? No. The resolution, as amended by the joint sponsors, is accordingly adopted.1

The delegate of Great Britain has the floor.

Professor REID (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, I have asked for the floor to explain briefly that, had there been a vote on the resolution just adopted, my delegation would have abstained. I would like to make it clear in this forum, as has been done elsewhere, that the United Kingdom Government strongly opposes the policy of the Government of South Africa towards Namibia. The United Kingdom Government is currently reviewing its attitude towards the territory of Namibia; since that review is still under way, my delegation considered it appropriate to abstain on this resolution.

The PRESIDENT (translation from the French): The Federal Republic of Germany has the floor.

Dr HERBST (Federal Republic of Germany): Mr President, distinguished delegates, on behalf of the Government of the Federal Republic of Germany, I would like to make the following statement. My Government supports the philosophy of the resolution we have just adopted, a resolution that is to enable the people of Namibia to achieve independence as a territorial and political entity in exercise of their inalienable right to self-determination and in accordance with the United Nations Charter. However, with regard to the third preambular paragraph of this resolution, I would like to state that my delegation is not in a position to recognize SWAPO as the only representative of the people of Namibia.

The PRESIDENT (translation from the French): The delegate of France has the floor.

Professor AUJALEU (France) (translation from the French): Mr President, the French delegation states that if there had been a vote on the admission of Namibia to associate membership it would have abstained.

The PRESIDENT (translation from the French): The delegate of Italy has the floor.

Mr VOZZI (Italy) (translation from the French): Mr President, fellow delegates, I should like to clarify the Italian delegation's position with regard to the resolution contained in document A27/36. Had a vote been taken on the resolution the Italian delegation would have abstained.

The PRESIDENT (translation from the French): The delegate of Brazil has the floor.

Dr BRAGA (Brazil): Mr President, on behalf of the Brazilian delegation I would like to state that, if a vote had been taken on this item of the admission of Namibia, Brazil would have been voting for. The Government of Brazil has always been taking a position of anticolonialism, and so this vote would be in agreement with its policy in this regard.

The PRESIDENT (translation from the French): The delegate of the Netherlands has the floor.

Dr SIDERIUS (Netherlands): Mr President, if a vote had taken place the Netherlands delegation would have voted in favour of the draft resolution concerning the admission of Namibia as an Associate Member. However, we would like to express a reservation with regard to the third preambular paragraph.

1 Resolution WHA27.23.
The PRESIDENT (translation from the French): The delegate of the United States of America has the floor.

Mr COTTMAN (United States of America): Mr President, honourable delegates, had there been a vote on this issue, the United States would have strongly supported associate membership for Namibia. The United States accepts the United Nations unique responsibility for Namibia, and strongly supports self-determination for the territory. In regard to the third preambular paragraph, we would like to point out that, since the Namibian people as a whole have not yet been given the opportunity to make their preferences known, we cannot concur with the assertion that SWAPO is the only representative of Namibia.

The PRESIDENT (translation from the French): The delegate of Senegal has the floor.

Dr WONE (Senegal) (translation from the French): Mr President, thank you for having given me the floor again, and I apologize to the delegates for taking it rather too often. It is just that the joint sponsors of the draft resolution must be feeling rather embarrassed, hearing a number of delegates say "if a vote had been taken", because that gives the impression that the draft resolution was adopted without a vote being taken. That is embarrassing, I think, not only for the joint sponsors but even for the President. I should like official notification to be given that a vote was taken and, should any doubt remain, that that vote was taken effectively, so that there may be no confusion, ambiguity or uncertainty about the way in which the resolution was adopted.

The PRESIDENT (translation from the French): The delegate of Denmark has the floor.

Mr KOCH (Denmark): Mr President, vote or no vote, I am instructed by my Government to make an explanation with regard to a reservation on the part of my Government with regard to the third preambular paragraph of the resolution.

The PRESIDENT (translation from the French): The delegate of Zaire has the floor.

Dr YOKO (Zaire) (translation from the French): Mr President, when the vote on the admission of the Republic of Guinea-Bissau took place we had the unpleasant experience of observing that there still were countries in this world that are opposed to the promotion of health for certain peoples and are in favour of death in regions which are not their own - and that on account of unavowed interests. It is most embarrassing, Mr President, to recall such things.

In regard to the admission of Namibia to associate membership of the World Health Organization we were agreeably surprised also to find that there is virtual unanimity in favour of Namibia's admission. My delegation would just like to remind you that before the draft resolution was presented the honourable delegate of Senegal asked for a correction to be made in the text of the third paragraph of the preamble. We were very much surprised to hear a number of delegations that came to this rostrum refer to the former text, not the amended one. The words "the only representative" have been deleted and replaced by the words "the authentic representative of the Namibian people". We challenge you now to tell us what representative you believe today to be more authentic for the Namibian people than SWAPO. The other representative you have in mind is the Republic of South Africa. And since your countries are Members of the United Nations you must agree that that country is no longer entitled to represent Namibia. It is the United Nations that asked you to admit Namibia to associate membership today, and the United Nations has recognized SWAPO as the authentic representative of that people.

We thank you for your cooperation, and urge you to contribute to health promotion in that part of Africa.

The PRESIDENT (translation from the French): The delegate of Australia has the floor.

Mr CORKERY (Australia): Mr President, fellow delegates, what I had in mind to say has already largely been pointed out by the delegate of Zaire - namely that it had been my understanding that the delegate of Senegal had introduced an amendment on behalf of the co-sponsors to the third preambular paragraph. If that amendment had not been introduced, I would have been inclined to take the floor earlier to have suggested it myself; but even so, even if that had not been the case, and in the light of the expressions of support or abstention, etc., and the remarks on what would have happened if there had been a vote, I wish to make it quite clear that Australia would have voted in favour.

The PRESIDENT (translation from the French): I do not think that there has been any ambiguity; the draft resolution was adopted by the Assembly without objection, as I stated. The explanations given after the Assembly's decision by various speakers will of course be entered in the record.

Now, I give the floor to the United Nations Commissioner for Namibia.
Mr MAC BRIDE (United Nations Commissioner for Namibia): Mr President and honourable delegates, on behalf of the United Nations Council for Namibia, I am deeply grateful to the Twenty-seventh World Health Assembly for its unanimous decision to admit Namibia as an Associate Member of the World Health Organization. I have used the word "unanimous" because, in so far as I understand the position, the proposal to admit Namibia simpliciter was unanimously accepted by this body. The United Nations Council for Namibia is honoured to accept associate membership on behalf of Namibia and, in so far as it is within its powers, to assume responsibility for ensuring the application of Articles 66 to 68 of the Constitution of the World Health Organization with respect to Namibia.

Taking note of the views of the World Health Assembly, I will request the United Nations Council for Namibia to invite the Namibian Liberation Movement (SWAPO) to propose to the Council for accreditation the name or names of the delegation to represent Namibia at the World Health Organization.

The decision of the Twenty-seventh World Health Assembly is an important step in the struggle to ensure the elementary protection of the rights of the people of Namibia to modern, efficient and adequate health services and medical supplies. There are few areas in the world where such medical services and supplies are more urgently needed.

This historical decision also marks an important step in the international acceptance of the decisions of the International Court of Justice and of the decisions of the United Nations itself. Finally, it underlines the international recognition of the rights of the Namibian people to justice and to complete freedom and their right to end the colonial rule which is being illegally imposed upon them.

The PRESIDENT (translation from the French): I thank the United Nations Commissioner for Namibia.

3. PRESENTATION OF THE DARLING FOUNDATION MEDAL AND PRIZE

The PRESIDENT (translation from the French): The next item on the agenda is item 1.14, that is, the presentation of the Darling Foundation Medal and Prize.

As may be seen from resolution EB53.R52, the Darling Foundation Committee decided that the award of the Darling Foundation Medal and Prize should be made jointly to Dr I. A. McGregor and Dr A. P. Ray. Dr McGregor is with us today and I have much pleasure in inviting him to come to the rostrum.

Dr McGregor took his place on the rostrum.

The PRESIDENT (translation from the French): It is now my very pleasant duty to carry out the recommendation of the Darling Foundation Committee which, according to tradition, has requested that the Darling Prize be presented during a plenary meeting of our Assembly.

The Medal and Prize of the Darling Foundation is awarded for outstanding work on the pathology, etiology, epidemiology, therapy, prophylaxis or control of malaria. This Prize is granted not only to honour the eminent malariologists receiving it but also to honour the memory of Dr Samuel Taylor Darling, who died in an accident in Lebanon in 1925 whilst on a mission for the Malaria Commission of the League of Nations.

It is with pleasure that I recall the recipients of previous awards of this Prize, all men of great distinction in the field of malaria. The first Darling award was made to Colonel James in 1932, the second to Professor Swellengrebel in 1937, the third jointly to Professor Garnham and Professor Shortt in 1951, Dr Coatney and Professor Macdonald were the recipients of the fourth award in 1954; the fifth was made to Dr Russell in 1957, the sixth to Dr Pampana in 1959, the seventh jointly to Sir Gordon Covell and to Dr Arnoldo Gabaldón in 1961. In 1963, Dr Young received the eighth, in 1964 Colonel Afridi the ninth, in 1966 the tenth was awarded jointly to Professor Ciucca and Professor Sergiev, in 1968 the eleventh was awarded jointly to Dr Giglioli and Lieutenant-Colonel Singh. Finally, in 1971 the twelfth award was made jointly to Professor Bruce-Chwatt and Professor A. Corradetti.

This year, the Darling Foundation Committee, as recommended by the Expert Committee on Malaria, has awarded the Medal and Prize to Dr Ian Alexander McGregor and Dr Amar Prasad Ray in recognition of their outstanding contributions respectively to epidemiology and immunology and to therapy and control of malaria.

Dr McGregor was born in August 1922 in Glasgow, Scotland, where he obtained his initial qualifications in medicine in 1945. He took a diploma of tropical medicine and hygiene in London in 1949 and passed the examinations of membership of the Royal College
of Physicians of London in 1962, being elected a fellow in 1967. He is also a fellow of the faculty of community medicine.

Following military service, during which time he was appointed Command Malarialogist in Palestine, he became a member of the scientific staff of the British Medical Research Council Human Nutrition Unit in the Gambia in 1949. In 1954 he was appointed Director of the British Medical Research Council Laboratories at Fajara, the Gambia, which post he retained until 1973 when he became Head of the Laboratory for Tropical Community Studies, National Institute for Medical Research, London.

His initial interest in malaria in the Gambia was its effect on the health and nutritional status of children. He had the opportunity during his 25 years in the Gambia to carry out longitudinal studies on the epidemiology and demography of hyperendemic malaria which clearly demonstrated the changing susceptibility of the child as it developed from infancy to adolescence. He showed how malaria dramatically enhanced daily rates of synthesis and catabolism of gamma globulins and how the increase of these gamma globulins could be arrested or reversed by protection from malaria. These studies culminated in the demonstration that malaria immunity was transferable in the immunoglobulin G (IgG) fraction of immune serum and was effective against parasite strains from different geographical areas. More recently Dr McGregor has been concerned with investigating the antigenic structure of the asexual erythrocytic stages of Plasmodium falciparum and with identifying the components of the humoral response in man to the parasite. Using a gel precipitation system he has been able to demonstrate about 30 distinct antigens and their respective antibodies in falciparum malaria.

This brief description cannot do justice to the large number of studies carried out by Dr McGregor on malaria and on the epidemiology of other communicable diseases. During the period he published nearly 100 papers, over 50 of them dealing with malaria. In the international field of health, Dr McGregor has been a member of the WHO Expert Advisory Panel on Malaria since 1960 and has participated at a number of WHO scientific groups on immunology and parasitology of malaria as well as acting on a number of occasions in a consultant capacity to WHO and other organizations. Dr McGregor has through his outstanding work in the Gambia greatly advanced our understanding of malaria immunology and of the epidemiology of the disease in hyperendemic areas.

Dr Ray was born in February 1913 in Calcutta, and graduated in medicine in 1938 at the Medical College in Patna at which he subsequently obtained his doctorate of philosophy, his thesis being concerned with pathology of malaria. He is a Fellow of the National Institute of Science of India and of the Indian Academy of Medical Sciences.

Following hospital appointments, he joined the Indian Medical Service in 1940. In 1946 Dr Ray was appointed Assistant Director of the Malaria Institute of India and in 1956 became Deputy Director. With the adoption of malaria eradication in India he became the Director of the National Malaria Eradication Service in 1959. In 1967 Dr Ray joined the World Health Organization as Coordinator of Studies and Dean of the Faculty of the international malaria eradication training centre at Manila and subsequently became senior regional malaria advisor of the WHO Western Pacific Region. In 1973 he was appointed Director of the Malaria Research Unit at the School of Public Health and Tropical Medicine, University of Sydney, Australia.

Hence, virtually from the outset of his career Dr Ray has been intimately concerned with malaria. In the earlier years his interests were mainly devoted to research and particularly to the effects of various drugs on bird, rodent, primate and human malarias and during 1949 and 1950 he undertook research studies in the United States of America and in the United Kingdom. It was during his 13 years at the Malaria Institute that the majority of his more than 120 publications appeared. On becoming Director of the Indian Malaria Eradication Service, responsible for a campaign covering at that time a population of nearly 400 million, his dynamic leadership made this programme during its earlier operational phases a model one which reduced the mortality due to the disease to negligible proportions and the morbidity over a hundredfold.

In the international field, Dr Ray was appointed a member of the WHO Expert Advisory Panel on Malaria in 1960 and participated in the Expert Committee on Malaria in 1960, 1963 and 1965 as well as in a number of international congresses and conferences on malaria, where his sound knowledge of the organization and administration of antimalaria programmes was of great assistance to his colleagues. During his work as Dean of the faculty of the international malaria eradication centre at Manila, some 500 participants from the malarious countries of Asia received the benefit of his tutorage. By his outstanding zeal, enthusiasm and devotion to work, Dr Ray provided a forceful example to more than a
generation of his colleagues and students and his research studies have been recognized by and have influenced research workers far beyond the confines of his own country, where his work has already ensured him of the highest recognition.

I am very glad Dr McGregor is with us today, and I am sorry Dr Ray is not here. As you know the Executive Board's resolution provides, on the suggestion of the Foundation Committee, that, should a recipient be unable to attend the Assembly in person, the award should be presented to the head of his national delegation, who would later present it to the recipient himself. I shall accordingly shortly be having the pleasure of presenting the award intended for Dr Ray to the head of the Indian delegation.

Dr McGregor, I have the honour of presenting you with the Darling Foundation Medal and Prize.

Amid applause, the President handed the Darling Foundation Medal and Prize to Dr McGregor.

Dr McGregor: Mr President, ladies and gentlemen, the award of the Darling Medal to a malariologist represents the highest professional recognition that can be accorded to him. This moment is therefore a solemn one for me as I realize that the Darling Foundation has seen fit to add my name to so distinguished a roll of honour. The medal may well have been bestowed on more worthy recipients, but never has it been awarded to a more appreciative one.

When the news of the award was first communicated to me I found myself, quite involuntarily, recalling an episode that occurred more than 23 years ago. A friend asked me why I continued to be interested in malaria research for, he added, "... before long all that will remain of malaria will be the memory of it". My friend did not hold this view alone. It was shared by many pragmatic and informed workers in the field of environmental health. Today we know how wrong it was. Malaria is still with us - indeed in relatively large areas of the world it is as rampant as ever it has been. This fact, however, tends to obscure the enormous advances that we have made in our understanding of malaria over the last quarter of a century; advances which in my opinion will greatly facilitate the final subjugation of this pestilence.

Although medical science has shown great virtuosity in devising new and, in some respects, more apposite, drugs and insecticides for the control of malaria, it is not on this aspect of our knowledge that I wish to dwell. Instead I would prefer to speak on some aspects of the explosion of biological knowledge that has occurred relating to malaria.

We have long known malaria to be a scourge or warring armies and are consequently not surprised that its military effects may have been important in shaping the destiny of nations, or even groups of nations. What we did not realize until relatively recently, however, was the extent to which malaria shaped and moulded man's genetic composition in those areas in which it was prevalent. In 1949 Haldane suggested that certain abnormal hereditary states might be perpetuated provided they conferred upon their possessor some distinct survival value towards a prevalent and frequently lethal disease. In the intervening years we have seen the vindication of this view and we now know from some brilliant field detection studies that the present distribution of the erythrocytic defects haemoglobin-S and glucose-6-phosphate dehydrogenase deficiency is due to the selective pressures exerted by Plasmodium falciparum. Without malaria these genetic defects may well have ceased to plague man centuries ago.

So much for the effects of malaria past - but what about the effects of malaria present? Twenty-five years ago, although much was known of the effects of epidemic malaria on mortality and morbidity, relatively little was known of the consequences of stable malaria, that is to say malaria where it persists in very high incidence in a population showing very little tendency to vary from one year to another. Today we are better informed. We now know that where malaria is stable acute clinical malaria becomes a rarity in adult life and that this is a feature of great economic importance. But we also know something of the price that the community pays in the purchase of this immunity. Where malaria is stable, young child mortality is high - in some such areas one child in two fails to reach the fifth year of life. There is evidence that about one-eighth of this appalling mortality is due to the direct effects of malaria. What is less clear is the mortality that can be apportioned to the indirect effects, although evidence is accumulating which suggests that this might be considerable.

When the plasmodium invades the human host, in addition to causing large-scale destruction of host tissue it initiates profound cellular and humoral changes which together
constitute man's immune response to the infection. In the past decade great progress has been made in defining and understanding these changes. Today techniques exist which can monitor and measure them. We can with great specificity identify in the serum of malarious persons antibodies to the malaria parasite and we know that some of these at least are protective. This knowledge is of practical value, for very recently it has been shown that successful immunization of man against malaria, at least at an experimental level, is feasible. But we have also learned that in the course of malaria, perhaps as its consequence, other antibodies may be formed that are directed not against the parasite but against components of the host's own body. There is reason to believe that some of these auto-antibodies may initiate new pathological processes giving rise to disease syndromes, although much further investigation is required to elucidate precisely how important and prevalent these immunopathological sequences are. Furthermore, it now appears that malaria may depress the host's immune response to other infections such as bacterial and viral. Yet again, a causative link between malaria and a serious cancerous condition of young children has been postulated. These are sombre aspects of malaria and they leave no room for complacency for they imply that the plasmodium may, in a subtle and indirect way, be responsible for more human suffering than we have hitherto suspected.

In parallel with this new knowledge concerning host and parasite, equivalent advances have been made in vector biology. By careful dissection and examination of the reproductive system, it is now possible to age female mosquitoes of many species with accuracy and thus establish in mosquito populations that proportion which is of epidemiological importance. Research into the polymorphism of mosquito chromosomes has permitted the subdivision of complexes of morphologically identical mosquitoes into distinct species, some of which possess specific behavioural characteristics. Currently genetic methods of mosquito control are being studied at an experimental level.

However, it is from the conduct of antimalarial operations in the field that we have gained our most valuable experience, albeit painfully. We have learned that the problems that attend delivery of health care are complex in the extreme and that the possession of potent insecticides and efficient antimalarial drugs is by no means the sole prerequisite of successful malaria control. We recognize now that a basic health service infrastructure is essential for success. We recognize that human frailty has to be taken into account in planning operations. At the government level, premature deviation of essential finances has to be discouraged; at the operational level, delegation of responsibility to inexperienced subordinates has to be avoided; while at the community level the full cooperation of the population has to be secured and maintained. We have tended to forget what the very distinguished Italian school of malarologists taught us many years ago, namely, that the real bulwarks against malaria lie in the progressive "bonification" of a country, that is to say, in progressive improvement in the economic, the educational, the agricultural, and last, but by no means least, the health standards of a country.

Consideration of such factors is particularly germane today, for the global campaign against malaria has reached what is perhaps its most critical phase. Malaria has been eliminated from much of the earth's surface, but where it remains it is most firmly entrenched. In tropical Africa, for example, whence the disease possibly originated countless centuries ago, the conquest of malaria will not be easy. While residual insecticides and antimalarial drugs are likely to remain the main weapons of attack in many areas, new methods of control more suited to the needs of developing countries require to be developed. It is here that we look to the World Health Organization and to this Assembly for guidance and for the full exploitation of our new biological knowledge. We cannot afford to relax our efforts, for so long as malaria remains a major health threat in any country the eradication success achieved to date cannot be regarded as permanent.

Looking back over the 23 years since my friend made his memorable comment, I in no way regret that it has been my lot to continue to work against malaria. Rather do I consider it a rich and rare privilege to be counted among the malarologists of so many nationalities who have laboured to make malaria only a memory. Today I regard myself only as the instrument you have chosen to pay recognition to their outstanding services.

The PRESIDENT (translation from the French): Thank you, Dr McGregor. Now I shall ask Mr C. S. Ramachandran, head of the Indian delegation, to come to the rostrum for me to present him with the award, so that he may present it to Dr Ray.

Amid applause, the President handed the Darling Foundation Medal and Prize to Mr Ramachandran.

Mr RAMACHANDRAN (India): Mr President, Mr Director-General, and distinguished
delegates, speaking on behalf of Dr Ray and my country, I feel greatly honoured for this very high distinction conferred on Dr Ray, who was the first Director of the National Malaria Eradication Programme in India. You have very rightly referred, sir, to the great zeal and devotion and the great and remarkable change which he introduced in dealing with malaria in the country. I will only assure you that this distinction should enable him and the respected Dr McGregor to face the new challenges which malaria again poses before us, and that this distinction should greatly help them and encourage them to face this challenge. May I once again thank you for this great distinction conferred on Dr Ray and on our country.

The PRESIDENT (translation from the French): Thank you, sir.

Ladies and gentlemen, I thank you for your attention and declare the meeting adjourned.

The meeting rose at 12.30 p.m.

ELEVENTH PLENARY MEETING

Friday, 17 May 1974, at 9.30 a.m.

President: Professor A. POUYAN (Iran)

FIRST REPORT OF COMMITTEE A

The PRESIDENT (translation from the French): Ladies and gentlemen, the meeting is called to order.

The only item on our agenda this morning is consideration of the first report of Committee A, document 27/44, which contains a draft resolution on the effective working budget and budget level for 1975, which the Committee recommends to the Assembly for adoption.

I would remind you 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 a two-thirds majority of the Members present and voting.

I now put to the vote the draft resolution entitled "Effective working budget and budget level for 1975". Will those in favour of the resolution please raise their cards. Good. Are any delegates against this draft resolution? Thank you. Are there any abstentions?

The result of the voting is as follows: number of Members present and voting, 91; majority required, 61; votes for, 87; votes against, 4; abstentions, 2. The resolution is accordingly adopted.

We have now to approve the report as a whole. Are there any objections? In the absence of any objection, the first report of Committee A is approved.

Before I adjourn the meeting I would remind you that the two main committees will be resuming their work at once in their respective rooms. I wish you a good day's work. The meeting is adjourned.

The meeting rose at 9.40 a.m.

1 See p. 543.
TWELFTH PLENARY MEETING

Monday, 20 May 1974, at 11.15 a.m.

President: Professor A. POUYAN (Iran)

1. TRANSFER OF AN AGENDA ITEM FROM COMMITTEE A TO COMMITTEE B

   The PRESIDENT (translation from the French): Ladies and gentlemen, the meeting is called to order.

   In the first place, I should like to bring to the notice of the Assembly the recommendation made by the General Committee on Friday concerning the transfer of an item from Committee A to Committee B. Since Committee B has virtually concluded its consideration of all the items allocated to it, the General Committee recommends that item 2.7 - "WHO's human health and environment programme", be transferred from Committee A to Committee B.

   Does the Assembly agree to adopt this recommendation by the General Committee? Since there are no objections, it is so decided.

2. REVIEW OF THE ANNUAL REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1973

   The PRESIDENT (translation from the French): You will remember that on Wednesday, 15 May, when we completed the general discussion on items 1.9 and 1.10 of our agenda, the Director-General made some suggestions about the method of reporting in future. I submitted a draft resolution, which the Assembly expressed a desire to consider at greater leisure.

   After careful consideration, and to comply with the wish expressed by the Assembly, I have had distributed the draft resolution contained in document A27/WP/13.¹ You will see that it is the customary resolution noting the Director-General's report. In doing this I am acceding to the proposal that was made here to the effect that the Director-General's suggestions on the future method of reporting should be studied by the Executive Board.

   Are there any comments? The delegate of Norway has the floor.

   Dr MORK (Norway): Mr President, in his comments at the end of the general discussion, the Director-General, Dr Mahler, put forward, for the consideration of the Assembly, some suggestions with regard to the future presentation of the Annual Report and the accompanying list of projects. My delegation supports the Director-General's proposals, which we find timely and valuable, and which we think would represent rationalization of the work of the Secretariat and financial savings, without significantly reducing the possibility for Member States and delegates to follow closely the work of the Organization.

   Although my delegation had hoped that this Assembly could have acted upon the Director-General's suggestions, we understand the desire of other delegations to study the problems in more detail before taking a final decision. I have no remarks or amendments to propose to the draft resolution as contained in document A27/WP/13. My intervention at this stage is just to express the sincere hope of my delegation that the Executive Board will take expedient action to study the Director-General's suggestions.

   The PRESIDENT (translation from the French): Thank you. Are there any other comments? No. Is the Assembly prepared to adopt the draft resolution contained in document A27/WP/13? Since there are no objections, the draft resolution is adopted.²

¹ The draft resolution read:

   The Twenty-seventh World Health Assembly,
   Having reviewed the Report of the Director-General on the work of the World Health Organization during 1973,
   1. NOTES with satisfaction the manner in which the programme was planned and carried out in 1973, in accordance with the established policies of the Organization; and
   2. COMMENDS the Director-General for the work accomplished.

² Resolution WHA27.25.
3. REPORT BY THE GENERAL CHAIRMAN OF THE TECHNICAL DISCUSSIONS

The PRESIDENT (translation from the French): We now turn to the report by the General Chairman of the Technical Discussions. I invite Dr C. E. S. Weeratunge, General Chairman of the Technical Discussions, to come to the rostrum and present his report.

Dr WEERATUNGE (General Chairman of the Technical Discussions): Mr President, distinguished delegates, it is with great pleasure that I present to you the report on the Technical Discussions on "The role of the health services in preserving or restoring the full effectiveness of the human environment in the promotion of health". This report is contained in document A27/Technical Discussions/6.

The WHO Secretariat, with the consultants Dr Karl Evang and Dr Peter Sainsbury, prepared the outline document which directed inquiries to the Member countries and organizations in official relations with WHO. Their responses were incorporated in the background document circulated before the commencement of the sessions.

Coming to my immediate human environment in the last two weeks, which has definitely had a positive influence on my performance, I would like to start with a bouquet to the Chairman, Rapporteurs and secretaries of the eight discussion groups, who very lucidly and skillfully summarized the views of the 240 participants in their reports, which were distributed early the next morning in the conference room. In deference to the wishes of the delegates heard on the floor of this Assembly this year, crying for changes in procedure, we summarized these eight reports into one document, using the skill and talent of the consultants, Dr Karl Evang, Dr Peter Sainsbury and Dr Lennart Levi, the General Rapporteurs, Dr H. J. H. Hiddlestone and Dr Youssouf Kourouma, along with the WHO officials, Dr F. R. Hassler, Dr N. Sartorius, Miss E. E. Meyer and other members of the Secretariat. We did enjoy working on this report till the early hours of the morning, and felt amply rewarded studying the reaction of the audience next morning. Group leaders were not saddled with reading long reports but contributed effectively by highlighting points omitted or not sufficiently covered by the overall report. Needless to say, the saving in time made it possible for a longer and lively discussion to follow. The ramifications of this many-faceted problem were effectively dealt with in this discussion and, thanks to the very valuable contributions made by the participants, the report before you is, I think, a "many-splendoured thing".

We have successfully surfaced many aspects of the problem, identified many areas of interest, and even tried to offer solutions to some. However, as I said in the opening address, the strategy adopted will have to vary with the country. The opinions we have heard expressed, the criticisms we have invited, and the remedies suggested will all provide, I hope, a "do it yourself" kit for individual Member countries.

With the help of Dr Peter Sainsbury we have attempted to crystallize into a nutshell the substance of the discussions that took place. All participants in the Technical Discussions considered this year's topic to be timely, because in their view health services everywhere are increasingly confronted with new challenges from the man-made environment rather than the one provided by nature. They also felt that we urgently need to be more reliably informed about the psychosocial factors which influence our health, and which also affect the efficient delivery of health services. Though some members were of the opinion that the topic was premature, because the claims of the bio-physical environment are so pressing, the consensus was that the social and physical environments are inseparable. In order to deal effectively with environmental problems affecting health, both aspects must be taken into account.

It was generally recognized that both the developing and the technically advanced countries faced many problems in common, due to changes in the social and cultural milieu. Many social, cultural and economic attributes of the environment relating to health were discussed. The relationships of communicable diseases, malnutrition and other physical illnesses to poverty and social factors such as rapid population growth and urbanization were discussed, in particular, together with the increasing demand for health, housing and other facilities.

A second theme was man's difficulty in adapting himself to a rapidly changing environment. It was agreed that one of the social factors relating to disease and to deviant behaviour was the increased mobility of populations; notably, immigration from other countries, such as that of "economic refugees", and even tourism.

In general, it was observed that wherever sociocultural changes diminish the individual's links with his familial, occupational and community groups, his risk of illness increased. In this context, consideration was given to the effects on the health of children of families where both parents were working, adolescents confused by the conflicting claims of traditional and imported values, the occupational isolation of the elderly, and other instances of social groups whose beliefs and customs were undermined.

It was agreed that cultural considerations of this kind have an important bearing on the form, acceptability and effectiveness of health services. Thus, custom may present
obstacles to the introduction of preventive measures. One illustration of this is the reluctance of the medical profession in accepting the broader, holistic approach to health, recognizing the social and psychological elements.

This brings me to a third aspect of the environment: the effects of psychosocial stress on health. Pollution, noise, and other forms of overstimulation, monotonous working conditions, lack of recreational facilities, were among the stressors listed as predisposing to psychosomatic disorders and impaired wellbeing. Despoiling the natural environment, war and the threat of war, and the individual's feelings of frustration in the face of such threats were also thought to be pertinent considerations.

Considerable emphasis was given to the need for research and for statistical information based on adequate census data. If epidemiological research on the effects of the social environment on health is to be of value, we require first to identify and define more precisely the relevant social variables, the stressor agents, and the criteria for assessing effects on health; and secondly, to devise reliable indices or parameters.

Research must be by multidisciplinary teams, which include sociologists, economists, geographers, as well as medical specialists. They will then need to determine the objectives and priorities with respect to environmental hazards. In general, research would be directed to identifying, on the one hand, the social and demographic groups most at risk, and on the other the environmental conditions predisposing to high morbidity. Operational and evaluative research into the effects and effectiveness of preventive health services was another widely advocated goal. But the importance of ensuring that the results of research are quickly fed back to the workers in the field was stressed.

When the discussion was next addressed to the role of the local health services, a clear majority was of the view that if all aspects of the effects of the environment on health are to be adequately dealt with, the traditional scope of services at the local level should be broadened to provide multidisciplinary general health care. The medical, social and other welfare services should therefore be closely linked, if the physical and social problems of the local environment are to be recognized, the vulnerable social groups and individuals are to receive help, and the cooperation of the community in dealing with them is to be gained. However, the medical and paramedical personnel will need to receive the appropriate education to realize these goals.

The participation of the citizen in local health and social issues, and ways of making him aware of them, were also considered. A planned educational programme is the most effective means of influencing the citizen's attitudes to health, the relevance of his environment to it, which will enable him to recognize those in his community who are most in need. Schools, the medical welfare clinics, and the mass media are among the agencies suggested to achieve this. But, if it is to be effective, an appropriate syllabus must be jointly devised by all the interested parties. Moreover, if it is to have any real impact, it must be pertinent to local needs, and must take account of the social and cultural barriers to innovations.

Citizen health committees were seen as a second means of promoting local participation. But they need to be a spontaneous manifestation of the community's willingness to contribute to its own wellbeing; and they must be prepared to liaise with the local health authorities. Besides drawing attention to the needs of the community, e.g., the neglected chronically sick, they might also help them in achieving their fulfilment.

Lastly, the possible forms that international action could take to increase an awareness of social and psychological factors in the environment responsible for physical and mental illness, to effect personal and community wellbeing, and to promote the effectiveness of health services, were discussed.

It was suggested that WHO could contribute by fostering a more holistic or ecological approach in the training of health personnel, and in its consultative role. On a larger scale, it might assume leadership in coordinating action with other international agencies concerned with other aspects of the social and physical environment. As regards research, it could profitably help in the definition of the relevant social variables and in devising indices of them, and of morbidity. WHO could usefully promote agencies to monitor and report on environmental factors found to be harmful to health, which would then feed back the new information to national policy-making bodies.

A detailed summary of the discussions that took place is embodied in the document before you. However, I hope that this digest which I have now presented will at least reflect the spirit of the discussion.

Mr President, permit me to conclude on a pragmatic note. Those of you gathered here constitute the opinion leaders in the field of health in your respective countries.
You form the administrative and technical backbone of the people you represent. You, in your wisdom, and heavily burdened by the confidence placed on you by the community you serve, will form one of the most influential factors that will decide the nature of the human environment, in your own areas now, and for the anxious years immediately ahead. Your pronouncements, your advice, your decisions and your actions will create the environment for your people. My fervent hope is that your contribution will definitely have a bearing on the health and the quality of life of your people in a positive way. May you be blessed with the courage and determination to overcome the inevitable obstacles thrown in your way, and may success be yours.

We now leave behind one session to look forward to the next. "Social and health aspects of sexually transmitted diseases: Need for a better approach", to my mind, is an apt theme for discussion in this permissive age. The Executive Board has acted wisely in choosing this theme. I would crave your indulgence to make a plea, based on our experience at these sessions. We would like to have more Member countries participating; however, responses can be of use only if they reach the Secretariat before the deadline dates. It seems such a pity to see excellent responses reaching the Secretariat too late to be included in the document circulated. I am sure you will bear this in mind when you have to say your piece. Please do say it early.

We have also initiated action to suggest steps to alter the procedure followed at the Technical Discussions, with the objective of streamlining the procedure and making it more effective. We count on the enthusiasm of the Secretariat for their fulfilment.

Finally, I appeal to the homines sapientissimi gathered here today to set an example to their fellow men in the communities they serve, by their genuine human approach and wise counsel. Our fellow animals will not then be able even to entertain any whispering doubts about the future of mankind. Man must and will survive!

The PRESIDENT (translation from the French): Thank you, Dr Weeratunge. I am sure that I speak for all the members of this Assembly when I thank you very sincerely for the excellent way in which you guided the Technical Discussions in your capacity as General Chairman.

In your opening address you inspired the various groups with the enthusiasm needed for the subsequent exchanges of views. And we see from the statement you have just made that that enthusiasm engendered practical recommendations and conclusions. I join with you in hoping that all those responsible for medical and health care, particularly at the local level, will encourage and apply the broadened and multidisciplinary approach suggested for the dispensing of health services.

As you observed, the accelerated pace of the changes affecting the human environment in both developing and developed countries means that the cooperation not only of numbers of specialists, but of every citizen, has to be enlisted. We all hope that Member States will design their future health planning in such a way that man's social environment and his physical environment are treated as a single whole.

I feel that in view of the importance of these discussions we could ask the Director-General to consider the possibility of having a summary of the discussions printed in one of WHO's publications.

I propose that, in accordance with the custom established at previous Assemblies, we note the report and once again thank all those who contributed to the success of the discussions, particularly the Chairmen of the groups and the Rapporteurs. Does the Assembly agree to this proposal? Since there are no objections, I declare that the Assembly has noted the report.

4. AWARD OF THE LÉON BERNARD FOUNDATION MEDAL AND PRIZE

The PRESIDENT (translation from the French): The next item on our agenda this morning is item 1.15 - 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 A27/4)\(^1\) and the report of the Léon Bernard Foundation Committee (document A27/5). First we have to note the financial report contained in document A27/4. Are there any comments on this financial report? Since there are no objections, I take it that the Assembly wishes to note the report.

We shall now, if you please, consider the report of the Léon Bernard Foundation Committee, contained in document A27/5. I invite Dr C. N. D. Taylor, member of the Léon Bernard Foundation Committee, to present that report.

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Dr TAYLOR (New Zealand) (member of the Léon Bernard Foundation Committee):
Mr President, fellow delegates, ladies and gentlemen, the agenda item concerning the report of the Léon Bernard Foundation Committee needs little elaboration. It gives me pleasure to advise you officially that the Committee met on 21 January this year to propose to the Twenty-seventh World Health Assembly a candidate for the award of the Léon Bernard Foundation Prize for 1974. The Committee studied the documentation received in support of candidates in reply to the Director-General's letter of 9 October 1973, and decided unanimously to recommend that the Prize be awarded to Dr M. G. Candau, Director-General Emeritus of the World Health Organization.

I shall not read the very brief summary of Dr Candau's career given in the report. That it is condensed into three short paragraphs is in itself an indication of how well Dr Candau and his work are known to us all. Furthermore, the Committee realized that you, Mr President, would be speaking on this very important award once this report has been received by the Assembly.

The PRESIDENT (translation from the French): Thank you, Dr Taylor. Are there any comments? Since there are no comments, I shall ask Dr Lambo to read out an appropriate draft resolution. Dr Lambo, you have the floor.

The DEPUTY DIRECTOR-GENERAL: Thank you, Mr President. Award of the Léon Bernard Foundation Medal and Prize:

The Twenty-seventh 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 1974;
3. AWARDS the Medal and Prize to Dr M. G. Candau, Director-General Emeritus of the World Health Organization; and
4. PAYS TRIBUTE to Dr M. G. Candau for his outstanding contribution to public health and social medicine.

The PRESIDENT (translation from the French): Thank you, Dr Lambo. Are there any comments on this draft resolution? Since there are no objections, the resolution is adopted.1

I shall now ask the head of Protocol to invite Dr Candau to come to the rostrum.

Dr Candau took his place on the rostrum. (Applause)

The PRESIDENT (translation from the French): It is my pleasant duty now to add a few words to the appreciation so eloquently expressed by your applause.

Dr Candau, our Director-General Emeritus, truly belongs in the ranks of the great men of public health. He served our Organization in its vital, formative years and has left his indelible imprint on the history of international health in our times.

There has always been a debate whether personality plays the decisive role in history or whether the personality itself is an expression of historical forces at work at a given point in time. In the case of our Organization, it can be said without hesitation that history and personality harmonized in an ideal manner when the nascent world body found at its helm a brilliant leader who, without being aware of it, had spent long years in preparing himself for the role he was to play on the international scene.

That preparation began 14 years before the birth of WHO when Dr Candau, fresh from medical school, joined the public health service of his country. It was in carrying out the rigorous - and rather unspectacular - day-to-day routine of the health administrator's work and closely observing rural Brazil in health and disease that he developed that deep insight into public health theory and practice he was later to apply to global health problems. Much significance thus attaches to the first nine years that Dr Candau spent in the service of the State of Rio de Janeiro. From 1934 to 1943 he had charge of various health services in the state, ultimately becoming Assistant Director of the state's Department of Health.

Early in his career he also had the opportunity to see health and disease in the international context. He was assigned by his Government in 1939 to work in the programme

1 Resolution WHA27.26.
against Anopheles gambiae, a mosquito believed to have been introduced into Brazil from Africa and which Brazil was trying to eradicate in cooperation with the Rockefeller Foundation. Another opportunity to gain first-hand experience of international cooperation for health came when Dr Candau was assigned to the Serviço Especial de Saúde Pública, a cooperative health service established by the Brazilian Government together with the Institute of Inter-American Affairs. He joined the service in 1943 as a Division Director and became Superintendent at the end of seven years.

Despite his commitment to public health activities, Dr Candau never allowed his academic interests to flag. In 1938, he was appointed Assistant Professor of Hygiene at the School of Medicine, State of Rio de Janeiro, and has retained the position ever since. It is in keeping with his life-long interest in education that he has been appointed to the newly created Council of the United Nations University.

Dr Candau joined WHO in 1950 as Director of the headquarters Division of Organization of Health Services. Within a year, he was appointed Assistant Director-General in charge of Advisory Services. In 1952, he moved to Washington as Assistant Director of the Pan American Sanitary Bureau, WHO Regional Office for the Americas. While occupying that position, he was elected by the World Health Assembly to become the second Director-General of the World Health Organization. He took up that post in Geneva in July 1953 and was thrice re-elected for successive terms.

When he retired from the Organization last year he had completed 40 years of outstanding service in the cause of public health and social medicine. Dr Candau has been among the earliest advocates of the view that medicine is not only a biological science but a social science, and that social remedies may often be more effective than biological remedies.

During his stewardship of WHO, the concept of health as a vital factor in the interacting forces of the development process found vigorous expression in international forums. Thanks to his efforts, there is a fuller appreciation today of the human and social goals of the world strategy for development. He brought to bear on the work of WHO a dynamic personality and an alert mind. We can see his guiding hand in the continuous evolution of WHO's work during the past two decades, its expansion in many directions, and in the constant adjustments made in the world health strategy in the light of experience or as a result of new developments in science and technology.

Evidence of his farsightedness is traceable, particularly, in the shaping of WHO's collaborative research programme, in the expansion of the environmental health programme long before the human environment became a subject of worldwide concern, and in the progressive enhancement of WHO's capacity to serve the world community internationally and directly at the country level.

In recognition of his eminence in the field of public health and social medicine, honours and awards have been showered upon him. He has been admitted to honorary fellowship or membership of learned societies and institutes in many countries, including Algeria, Argentina, Bolivia, Brazil, Canada, Panama, Peru, Poland, Switzerland, the United Kingdom, the USA and the USSR. He holds the honorary degree of Doctor of Law conferred on him by the University of Michigan, USA and the Johns Hopkins University, Baltimore, USA; the University of Edinburgh, and the Queen's University of Belfast, United Kingdom; Seoul University, Republic of Korea; and the Royal University of Malta. In addition, he holds the honorary degree of Doctor conferred on him by the University of Brazil, the University of São Paulo, the University of Bordeaux, Charles University, Prague, the Institute of Medicine and Pharmacy, Bucharest, the University of Abidjan, and the Semmelweis School of Medicine, Budapest. The University of Geneva and the Karolinska Institute, Stockholm, have conferred upon him the honorary degree of Doctor of Medicine. The honorary degree of Doctor of Science has been conferred on him by Bates College, Maine, the University of Ibadan, and Cambridge University.

In 1961 he received one of the first annual Bronfman Prizes for Public Health Achievement from the American Public Health Association. In 1963, the President of the Republic of Mexico awarded him the "Eduardo Liceaga" medal and diploma for outstanding achievement in public health. In 1966, he was awarded the Mary Kingsley Medal by the Liverpool School of Tropical Medicine for distinguished scientific achievement in the field of tropical medicine. In 1966 also, he became the first recipient of the gold medal awarded triennially by the Royal Society for the Promotion of Health, London, to outstanding workers in any of the disciplines within the field of health. In 1967, Dr Candau received the "Moinho Santista" prize (São Paulo) for exceptional achievement in this field. In the same year he received from the University of Michigan its Sesquicentennial Award. In July 1969, Dr Candau received the Commonwealth of
Massachusetts Department of Health Centennial Award. In July 1970, he was awarded, by
the Associazione Artistica Letteraria Internazionale, Florence, the Giovanni Battista
Morgagni International Prize for outstanding scientific achievement. In 1973, he was
awarded the Harben Gold Medal by the Royal Institute of Public Health and Hygiene, London,
for "eminent services to public health".

Everyone who has known Dr Candau has felt the warmth of his personality and has
admired his sense of humour, his inexhaustible patience in difficult situations and his
remarkable qualities as a diplomat and a leader. Despite his unflailing calm and the
graciousness of his manner, in all his actions he gave proof of an unswerving determination
to do what he considered in the best interests of the Organization and of public health.

I have great pleasure in awarding the Léon Bernard Prize to Dr M. G. Candau, one of
the world's great statesmen of public health and ambassador of goodwill everywhere.

Amid applause, the President handed the Léon Bernard
Foundation Medal and Prize to Dr Candau.

Dr CANDAU (Director-General Emeritus): Mr President, delegates, Mr Director-General,
ladies and gentlemen, it is indeed a great honour for me to receive the Léon Bernard
Medal and Prize from the World Health Assembly, and anything I say now will be no more
than a poor reflection of my deep appreciation of that honour.

May I thank you, Mr President, for your kind references to me; you, the members of
the Léon Bernard Foundation Committee, for having proposed my name; and you, the delegates
to this Assembly, for having awarded the Prize to me. My thanks also go to my chiefs,
colleagues, collaborators and friends, in WHO and elsewhere, who have helped me to carry
out the duties and responsibilities entrusted to me during my career and made possible
that long and stimulating journey which has taken me from a small community in a developing
country to becoming what I now am some forty years later, Director-General Emeritus of the
World Health Organization.

For any health worker to become the recipient of the Léon Bernard Prize is to be
numbered among the elect, for it is the highest honour to which he can aspire. The Prize
was established by the Health Organisation of the League of Nations in memory of Professor
Léon Bernard, who had been one of its founders. Léon Bernard has been described by one
of the recipients of the Prize in the following words: "He belonged to a fine generation
that believed in the triumph of reason, the nobility of free thought, the unity of nations,
and peace. He himself trusted in men and believed in work well done, with attention to
detail, accuracy and concern for form."

I have had the privilege of knowing all but two of the 17 previous recipients of the
Prize. One of the two, Dr Wilbur Sawyer, was the first recipient of the Prize, in 1939.
At that time I was working in the Anopheles gambiae eradication campaign, a joint effort
of the Brazilian Government and the Rockefeller Foundation, and Sawyer was a name very
familiar to me. At the beginning of the Rockefeller Foundation's work in international
health Sawyer headed its hookworm control activities in Australia; later he was the first
head of a base laboratory in New York; and in 1935 he became the Director of the
Foundation's International Health Division. As Soper has said, he "made mankind his
debtor by his courageous devotion to yellow fever investigation in its most dangerous
years and by his persistent leadership in developing yellow fever vaccine".

The other of the two whom I have not known personally was Dr K. Nobechi, well known
for his extensive studies on the cholera vibrio and his classification of it into three
serotypes. These are studies that have contributed greatly to a better understanding of
the epidemiology of cholera.

During my first years in WHO I had the privilege of knowing René Sand, C.-E. A.
Winslow, Johannes Frandsen, Jacques Parisot, Andrija Stmpar, John Charles, Karl Evang,
Arcot Mudaliar, and Thomas Parran - all of them statesmen to whom our Organization owes
a great debt for their dedication to its work. Professor M. Kacprzak I knew by
reputation only until 1957, when Poland resumed active participation in the work of WHO.
All these men set me a great example, and their advice meant a great deal to WHO in its
first years.

Among the others, Professor Charvat has been a valuable member of the Advisory
Committee on Medical Research and has done much for the United Nations as member of its
Advisory Committee on the Application of Science and Technology to Development. Professor
Debré was one of those responsible for the close cooperation that developed between WHO
and UNICEF in their joint enterprises all over the world. And Professor Aujeau and
Sir George Godber, as members of the Executive Board and as delegates to the Health
Assembly, have played an invaluable part in furthering the goals of WHO. Dr Karl Evang,
whom I have already mentioned in the first group, belongs by right to this second group too, since he is still giving freely of his help. Professor Aujaleu, Dr Evang and Sir George Godber, through their knowledge, experience and wisdom, remain today valuable mentors for WHO.

All of these eminent men were unstintingly generous in their friendship and advice to me in my activities as Director-General.

The last of the recipients of the Prize I should like to mention is Fred Soper, who spent a large part of his life in my native country. To him owe my experience in the Anopheles gambiae eradication campaign in that country; my Rockefeller Foundation fellowship for advanced study at Johns Hopkins; and my experience with the Institute of Inter-American Affairs. I was later his assistant in the Pan American Sanitary Bureau and his colleague in WHO.

To join the ranks of such illustrious recipients of the Prize is for me a source of great pride and great joy; and these feelings double in their intensity when I recall that all these men have contributed, directly or indirectly, in large measure to the development of my own career.

Looking back over sixty years of international health programmes and at my own experience with the Rockefeller Foundation, the Institute of Inter-American Affairs, PAHO and WHO, I am more and more convinced that the most important service to the developing countries of the world, from the point of view of its long-range effects, is to help them develop their manpower and acquire the knowledge and technology they need.

Manpower development is important not only in building up a country's health services but also in providing the knowledge permitting the establishment of that dialogue with international experts which will ensure the best use of both national and international resources. It is also a vital step towards the real objective of international aid, which is to help countries to become self-reliant, to take their own decisions. They cannot do this without knowledge, not only among those making policy but also among those putting it into effect; if the knowledge is not there confusion and waste of slender resources are inevitable.

To provide the necessary knowledge the system of education for health personnel at all levels needs to be re-examined in the context of the country's needs. No educational system can be effective unless its aims are clearly defined, and this implies a health policy and a health plan. Members of the health team must be trained specifically for the tasks they are intended to perform, in the light of their country's health needs and resources.

In this context, I should particularly like to emphasize the need to re-examine the allocation of responsibility to the various members of the health team. In developed countries many activities regarded as the sole responsibility of physicians could perfectly well be carried out by nurses or other members of the team. In developing countries there is no possibility of producing enough physicians for at least a generation, and the activities of physicians must therefore of necessity be distributed among members of the health team. Hence the need to look at new approaches to the training of the team. There is nothing new in the maxim that health action should be adapted to the economic, cultural, social and other characteristics of countries. Yet it is often neglected, both by those giving and by those receiving, with the result that aid is not always as effective as it should be. Developing countries in their impatience to improve their sometimes appalling health conditions seek short cuts and are eager to apply methods and techniques that are successful elsewhere; but the magic wand all too often fails to work.

The idea that all we have to do is to apply directly the knowledge already available needs to be sharply challenged. It works for simple procedures where the totality of cause and effect is clearly understood. But in many fields the application of knowledge is a complex process that is far from being fully understood, and we badly need operational research to obtain the maximum results from it. Take, for example, the field of family planning. Notwithstanding the reasonably successful development of effective, safe and acceptable contraceptives, the problem of achieving effective family planning remains acute, because of the complexity of the social and cultural factors involved.

Much further research is still required in order to gain new knowledge, particularly regarding problems that are of no direct concern to developed countries but are of very real consequence to developing countries. For example, parasitic diseases like filariasis, onchocerciasis, schistosomiasis and trypanosomiasis are still highly prevalent in some developing countries and form a very serious obstacle to their social and economic development. They occur in countries that have neither the scientific resources nor the
financial means to cope with them. International organizations, it is to be hoped, will accept the challenge presented by these problems and cooperate to promote the necessary research, particularly since private enterprise, which has achieved so much in the prevention and treatment of disease by its own research, is less interested in the problems of countries that do not present an attractive market for any product they might develop.

Research efforts must have their roots in the countries where these diseases exist and local manpower must be trained to cope with these problems. In this they must be assisted by scientists and economic resources from developed countries, but a definite point must be established at which the local scientists are to take over on reaching the level of competence necessary to tackle the succeeding challenges they will have to face in the unfolding series of problems which will emerge in the years to come. Therein lies self-sufficiency, which is the best gift the rest of the world can offer, putting an end to brain drain, dependency, political domination and other shadows of a past era which unfortunately too often extend into the present.

In reiterating my thanks to all of you for the great honour you have bestowed on me, may I express my belief that our Organization, with the wholehearted participation of all countries, will contribute more and more to the betterment of human life and the happiness and peace of all people.  (Applause)

The PRESIDENT (translation from the French): Thank you, Dr Candau. Ladies and gentlemen, the meeting is adjourned.

The meeting rose at 12.20 p.m.
THIRTEENTH PLENARY MEETING

Tuesday, 21 May 1974, at 9.30 a.m.

Acting President: Dr HO Guan Lim (Singapore)

The ACTING PRESIDENT: Ladies and gentlemen, the Assembly is called to order.

The President of the Assembly has asked me to replace him this morning and I should like to take this opportunity of saying how much I appreciate the honour you have done my country in electing me as Vice-President of this Assembly. May I thank you very warmly in the name of the delegation of Singapore to the Twenty-seventh World Health Assembly.

1. SECOND REPORT OF COMMITTEE A

The ACTING PRESIDENT: The first item on our agenda is the consideration of the second report of Committee A, as contained in document A27/45. This report contains five draft resolutions, which I will ask the Assembly to adopt one by one.

Is the Assembly willing to adopt the first resolution, entitled "Health education"? In the absence of any objections, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Health education of children and young people"? In the absence of any objections, the resolution is adopted.

Is the Assembly willing to adopt the third resolution, entitled "The role of WHO in bilateral or multilateral health aid programmes"? In the absence of any objections, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "World Population Year and Conference, 1974"? In the absence of any objections, the resolution is adopted.

Is the Assembly willing to adopt the fifth resolution, entitled "Continuing education for physicians"? In the absence of any objections, 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 approve the second report of Committee A. It is so decided.

2. FOURTH REPORT OF COMMITTEE B

The ACTING PRESIDENT: We come next to the consideration of the fourth report of Committee B, contained in document A27/46. This report contains eleven draft resolutions, which I will ask the Assembly to adopt one by one.

Is the Assembly willing to adopt the first resolution, on coordination with the United Nations system concerning the development of information systems? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, on coordination with the United Nations system concerning programme support costs? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution, on coordination with the United Nations system concerning the least developed among the developing countries? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "Coordination with the United Nations system: general matters"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fifth resolution, entitled "Activities of the World Health Organization with regard to assistance to liberation movements in southern Africa pursuant to United Nations General Assembly resolution 2918 (XXVII) and Economic and Social Council resolution 1804 (LV)"? In the absence of any objection, the resolution is adopted.

The sixth resolution is also entitled "Activities of the World Health Organization with regard to assistance to liberation movements in southern Africa pursuant to United Nations General Assembly resolution 2918 (XXVII) and Economic and Social Council resolution 1804 (LV)", and deals specifically with the question of inviting the representatives of the national liberation movements to attend meetings of the World Health Organization in an observer capacity. For this resolution a show of hands, or in this

1 See p. 544.
case of country cards, has been requested. Those who are in favour of the resolution, would you please raise your country cards. Those who are against the resolution? Those who abstain? Thank you. The result of the vote is: number of Members present and voting, 83; majority required (simple), 42; votes for, 81; votes against, 2; abstentions, 16. The motion is carried. \(^1\)

I give the floor to the distinguished delegate of Uruguay. Would you come to the rostrum, please.

Mrs LARRETA (Uruguay) (translation from the Spanish): Mr President, our delegation would merely like to explain the reasons for its vote. We voted in favour of the draft resolution referred to in document A27/46, on agenda item 3.15.2, but I should like to make the express reservation that this was essentially for humanitarian reasons and so as to keep in line, because of legal discipline, with the resolutions of the United Nations. Our vote does not take into consideration the underlying political aspects of this draft resolution.

I should like this observation to be put on record.

The ACTING PRESIDENT: Thank you. We move to the next item. Is the Assembly willing to adopt the seventh resolution, entitled "Assessment of new Members and Associate Members - Guinea-Bissau"? In the absence of any objections, the resolution is adopted.

Is the Assembly willing to adopt the eighth resolution, entitled "Assessment of new Members and Associate Members - Namibia"? In the absence of any objections, the resolution is adopted.

Is the Assembly willing to adopt the ninth resolution, entitled "Annual report of the United Nations Joint Staff Pension Board for 1972"? In the absence of any objections, the resolution is adopted.

Is the Assembly willing to adopt the tenth resolution, entitled "Appointment of representatives to the WHO Staff Pension Committee"? In the absence of any objections, the resolution is adopted.

For the eleventh resolution, entitled "Health assistance to refugees and displaced persons in the Middle East", a vote by show of cards has been requested. We will accordingly take a vote. Those who are in favour of the resolution, please raise their cards. Thank you. Those against? Thank you. Those abstaining?

The result of the vote is: number of members present and voting, 84; majority required (simple) 43; votes for, 82; votes against, 2; abstentions, 19. The motion is carried.

I give the floor to the distinguished delegate of Uruguay.

Mrs LARRETA (Uruguay) (translation from the Spanish): Mr President, here again our delegation would like to give the reasons for its vote in favour of the resolution just approved, that is, we wish to state expressly that in voting for the resolution appearing in document A27/46, agenda item 3.13, we make precisely the same reservations as in the case of our affirmative vote for the previous draft resolution.

The ACTING PRESIDENT: We now have to approve the report as a whole. In the absence of any objection, I take it that the Assembly wishes to approve the fourth report of Committee B.\(^2\) It is so decided.

The meeting is adjourned.

The meeting rose at 10 a.m.

\(^1\) In a communication dated 22 May 1974 the Permanent Representative of the Kingdom of the Netherlands to the United Nations Office and the Other International Organizations at Geneva informed the Director-General that, although, because of a misunderstanding, the delegation of the Netherlands did not take part in the vote, it wished to be considered as having voted in favour of this resolution, as it had done when the resolution was put to the vote in Committee B on 17 May 1974.

\(^2\) See p. 546.
THIRD REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT (translation from the French): Ladies and gentlemen, the meeting is called to order.

The first item on our agenda this morning is the adoption of the third report of the Committee on Credentials, as contained in document A27/51. I invite the Rapporteur of that Committee, Dr Lekie, to present the report.

Dr Lekie (Zaire), Rapporteur of the Committee on Credentials, read out the third report of that Committee (see page 542).

The PRESIDENT (translation from the French): Thank you, Dr Lekie. Are there any comments? Since there are no comments, I presume that the Assembly wishes to approve the third report of the Committee on Credentials.

DATE OF CLOSURE OF THE TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

The PRESIDENT (translation from the French): I wish to confirm the decision of the General Committee, as published in the Journal of 22 May, regarding the date of closure of the session. The General Committee fixed Thursday, 23 May 1974, as the date of closure of the Twenty-seventh World Health Assembly. As you know, the closing meeting will take place today at noon.

SELECTION OF THE COUNTRY OR REGION IN WHICH THE TWENTY-EIGHTH WORLD HEALTH ASSEMBLY WILL BE HELD

The PRESIDENT (translation from the French): I must now draw the attention of the Assembly to the fact that, in accordance with Article 14 of the Constitution, the Health Assembly, at each annual session, must select the country or region in which the next annual session shall be held, the Board subsequently fixing the place. Since no Member State has issued an invitation, I propose that the Twenty-eighth World Health Assembly be held in Switzerland in 1975. Are there any comments? As there are no comments on this point, it is so decided.

THIRD REPORT OF COMMITTEE A

The PRESIDENT (translation from the French): The next item on our agenda is the consideration of the third report of Committee A, as contained in document A27/47. In accordance with Rule 52 of the Rules of Procedure, that report will not be read aloud and I shall ask the Assembly to pronounce in succession on the resolutions submitted for its approval.

Does the Assembly agree to adopt the first resolution, entitled "Infant nutrition and breast-feeding"? Since there are no objections, the resolution is adopted.

Does the Assembly agree to adopt the second resolution, entitled "Promotion of national health services"? Since there are no objections, the resolution is adopted.

We now have to approve the report as a whole. Since there are no objections, the third report of Committee A is approved. 1

FIFTH REPORT OF COMMITTEE B

The PRESIDENT (translation from the French): We shall now turn to the consideration of the fifth report of Committee B, as contained in document A27/48.

Does the Assembly agree to adopt the first resolution, entitled "Committee on International Surveillance of Communicable Diseases, eighteenth report"? Since there are no objections, the resolution is adopted.

Does the Assembly agree to adopt the second resolution, entitled "Safety of food and water and the handling of wastes in international traffic"? Since there are no objections, the resolution is adopted.

Does the Assembly agree to adopt the third resolution, entitled "Reservations to the Additional Regulations of 23 May 1973 amending the International Health Regulations (1969)"? Since there are no objections, the resolution is adopted.

1 See p. 544.
We now have to approve the report as a whole. Are there any objections? Since there are none, the fifth report of Committee B is approved.1

6. SIXTH REPORT OF COMMITTEE B

The President (translation from the French): Let us now pass on to consideration of the sixth report of Committee B, as contained in document A27/49. Do the Assembly agree to adopt the first resolution, entitled "WHO's human health and environment programme", which deals with the drought? Since there are no objections, the resolution is adopted.

Do the Assembly agree to adopt the second resolution, also entitled "WHO's human health and environment programme"? As there are no objections, the resolution is adopted.

Do the Assembly agree to adopt the third resolution, also entitled "WHO's human health and environment programme", which deals with coordination on programmes and action in the field of the environment? As there are no objections, the resolution is adopted.

We now have to approve the report as a whole. Are there any objections? No. The sixth report of Committee B is therefore approved.1

7. FOURTH REPORT OF COMMITTEE A

The President (translation from the French): We shall now turn to the consideration of the fourth report of Committee A, as contained in document A27/50.

Do the Assembly agree to adopt the first resolution, entitled "Development of the antimalaria programme"? In the absence of any objections, the resolution is adopted.

Do the Assembly agree to adopt the second resolution, entitled "Intensification of research on tropical parasitic diseases"? There are no objections. The resolution is therefore adopted.

Do the Assembly agree to adopt the third resolution, entitled "Psychosocial factors and health"? In the absence of any objections, the resolution is adopted.

Do the Assembly agree to adopt the fourth resolution, entitled "Quality control of BCG vaccines"? In the absence of any objections, the resolution is adopted.

Do the Assembly agree to adopt the fifth resolution, entitled "Adequacy of health statistical information"? In the absence of any objections, the resolution is adopted.

We now have to approve the report as a whole. Are there any objections? No, the fourth report of Committee A is therefore approved.2

8. FIFTH REPORT OF COMMITTEE A

The President (translation from the French): The last report we have to consider this morning is the fifth report of Committee A, as contained in document A27/52.

Do the Assembly agree to adopt the first resolution, entitled "Appropriation resolution for the financial year 1975"? In the absence of any objections, the resolution is adopted.

Do the Assembly agree to adopt the second resolution, entitled "WHO expanded programme on immunization"? In the absence of any objections, the resolution is adopted.

Do the Assembly agree to adopt the third resolution, entitled "Coordination and strengthening of leprosy control"? Since there are no objections, the third resolution is adopted.

Do the Assembly agree to adopt the fourth resolution, entitled "Prevention of road traffic accidents"? In the absence of any objections, the resolution is adopted.

Do the Assembly agree to adopt the fifth resolution, entitled "Fifth report on the world health situation"? In the absence of any objections, the resolution is adopted.

Do the Assembly agree to adopt the sixth resolution, entitled "WHO's role in the development and coordination of biomedical research"? There are no objections. The resolution is therefore adopted.

Do the Assembly agree to adopt the seventh resolution, entitled "Standardization of diagnostic materials"? In the absence of any objections, the resolution is adopted.

Do the Assembly agree to adopt the eighth resolution, entitled "Long-term planning of international cooperation in cancer research"? In the absence of any objections, the resolution is adopted.

1 See p. 546.
2 See p. 544.
We now have to approve the report as a whole. In the absence of any objections, the fifth report of Committee A is approved.1

9. REVIEW AND APPROVAL OF THE REPORTS OF THE EXECUTIVE BOARD ON ITS FIFTY-SECOND AND FIFTY-THIRD SESSIONS

The PRESIDENT (translation from the French): You will remember that, during the discussion on the reports of the Executive Board, it was stated that a resolution noting the reports of the Board would be presented when the main committees had completed their consideration of the part of the Executive Board's report dealing with the proposed programme and budget for 1975, as contained in Official Records No. 216 (Executive Board, fifty-third session, Part II). We are now in a position to adopt this resolution, and I am suggesting a text which I believe reflects the comments I have heard regarding these reports and the dedication with which the Executive Board has carried out the task entrusted to it. The text I propose reads as follows:

The Twenty-seventh World Health Assembly

1. NOTES the reports of the Executive Board on its fifty-second and fifty-third sessions;
2. COMMENDS the Board on the work it has performed; and
3. REQUESTS the President of the Twenty-seventh 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.2

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.

Thank you. The meeting is adjourned.

The meeting rose at 9.30 a.m.

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1 See p. 544.
2 Resolution WHA27.64.
FIFTEENTH PLENARY MEETING

Thursday, 23 May 1974, at 12 noon

President: Professor A. POUYAN (Iran)

CLOSURE OF THE SESSION

The PRESIDENT (translation from the French): Ladies and gentlemen, the meeting is called to order. Several delegations have asked for the floor. The first speaker on my list is the delegate of New Zealand, Dr Hiddlestone, whom I invite to come to the rostrum.

Dr HIDDLESTONE (New Zealand): Mr President, fellow delegates, I am very sensible of the honour accorded me by my colleagues in the Western Pacific Region to address this distinguished gathering on the closing of this Twenty-seventh Assembly.

First, I must pay tribute to you, our President. Distinguished Sir, your innate ability has more than compensated for a lack of Assembly experience. You have guided our discussions with tact, humour and fairness. The undoubted success of this Assembly owes much to your leadership. You have been most worthily supported by the other officers of the Assembly, whom I also wish to thank most sincerely.

Next, I must reiterate my appreciation of the Director-General, Dr Mahler. Once again we have been charmed by his disarming modesty, attributing his successes to his inheritance. After less than one year that he has been in office, we all recognize a new driving enthusiasm to realize effectively the basic aims of WHO through dynamism, not passive diplomacy. I am sure we all realize that the excellence of his achievement has been made possible by the sterling support of the Secretariat. I wish to express the deep appreciation of our Region for its contribution.

It is not inappropriate to refer briefly to my impressions. WHO is, I believe, a great force for peace, wherein circumscribed nationalism gives place to expanding internationalism. There is a pervading enthusiastic evolution of "one world" through cooperative endeavour free from partisan shackles. I personally have been aware of deepening friendships and a universal desire to help one another. This is all the more surprising in a divided world recently rent asunder by further divisive events. Yet here we have risen above these current problems, united in our aim to raise the health of the peoples of the world - their inalienable right.

I hope I may be excused for suggesting that the cohesion of which I speak finds its highest expression, within our Region, in no small part due to the sympathetic wisdom of Dr Dy, our Regional Director.

Mr President, in New Zealand our Maori people are proud, resolute and progressive. I can do no better than conclude with their traditional cry:

Te atakura
He tio
He huka
He hau unga.

This freely translates:

Let the red-tipped dawn come with a sharpened air,
A touch of frost and the promise of a glorious day.

The PRESIDENT (translation from the French): Thank you, Dr Hiddlestone, for those fine words. I now ask Dr Roashan of Afghanistan to come to the rostrum.

Dr ROASHAN (Afghanistan): Mr President, colleagues, ladies and gentlemen, it is indeed a great honour for the delegation of the Republic of Afghanistan to represent the countries of the Eastern Mediterranean Region at this closing session of the Twenty-seventh World Health Assembly. On behalf of my country, may I express our deep appreciation.

Mr President, the Member States exceptionally honoured our Region in their unanimous election of you to preside over this Assembly. In so doing, they have given us all an opportunity of witnessing your able leadership.

Mr President, despite the persistent turbulent world health conditions, hope for much improvement is becoming more evident as world consciousness is awakened to the need for intensified cooperation in the vital field of health among all peoples on a broad international scale. This fact has been even more evident in the deliberations of the Twenty-seventh World Health Assembly, so ably led by you, your colleagues and the members
of the Secretariat. Our special thanks go to the Secretariat, which is now, in the footsteps of such public health giants as Dr Candau and Dr Dorolle, continuing to be led by devoted, energetic and imaginative men of action and prudence such as Dr Mahler, the Director-General, and his Deputy, Dr Lambo. Such a combination in our view ensures the fulfilment of our aspirations for better health in our Region and in the world as a whole.

Dr Mahler has proved himself to be a man of courage, of courage for progress, a man of great sympathy and understanding. The Twenty-seventh World Health Assembly has proved to us that in the person of the Director-General the world has a man of action, willing to forego some of the tedious formalities surrounding the work of such Assemblies. Allow me, Mr President, to exercise unprecedented courage myself, and question seriously whether it is justifiable to spend so much of the invaluable time of the World Health Assembly in such formalities. I am sure we all agree that it is time for action. Millions of the diseased, the disabled, the hungry and the underprivileged of the world look toward us' each year as we gather in this beautiful city of Geneva to decide about their health, an inalienable right of all mankind. I would personally feel more satisfied if I were in a position to report that we do not indeed spend too much time and effort in Assembly ritual, but that we devote ourselves to the maximum to the urgency of our task. I should be equally satisfied if I were able to report that this Organization is not a victim of semantics and rhetoric and, at times, of political interest.

Mr President, please do understand if I submit that the words spoken in your praise and that of the Director-General are not expressed merely to satisfy a ritual developed over more than a quarter of a century in this world body, but are facts upon which to build a philosophy of realism. But in so doing, and bound by my pledge to speak for the Region to which I belong, I cannot but touch upon another fortunate asset in the work of WHO in our Region. Dr Taba, the Regional Director for the Eastern Mediterranean, is yet another personality in whom the experience of years and the understanding of ages are concentrated. He knows not only us, the health envoys of his Region, but the Region itself and its needs.

It is in this context that I should like to make some general comments. The Region to which I belong has a large proportion of the membership of WHO. It is a Region with a glorious past and innovative schools of thought. It has contributed greatly to letters and to the sciences, including the noble science of medicine. The Afghan scholar Avicenna of Balkh stands as a great historical proof of this. Yet today, bound by circumstances, health services in many of our countries still have to prosper. There are great gaps in the health resources of certain of the countries of the Region. Some are poor, including my own, where shortage of funds tops the list of health problems. In certain others, the problem is that of lack of manpower. The Region, therefore, an amalgamation of different types of health problems, the solution of which, in harmony with our own national efforts, we seek in continued and broadened assistance from our World Health Organization.

We believe that the deliberations of the World Health Assembly have proved beneficial in re-emphasizing the need for cooperation by all countries, regardless of their level of development. It was a matter of great pleasure for our Region that the Twenty-seventh World Health Assembly decided that the valourous nation of Guinea-Bissau be accepted as a Member and that of Namibia as an Associate Member of this Organization. On behalf of the Eastern Mediterranean Region, it is my great pleasure to extend to them our heartiest congratulations.

I would be failing in my duty if at this moment I did not thank all those members of the Secretariat who, with such great devotion, have contributed to the successful conduct of the work of this Assembly. Our sincere thanks especially go to the interpreters, who have facilitated our communication. They are real agents of international understanding and deserving of all praise.

It now remains for me to express the appreciation of our Region to the Swiss Government, the leaders of the Canton of Geneva and the people of Switzerland, our hosts endowed with this most beautiful country and whose hospitality we so cherish.

May I conclude by wishing peace and health to all the peoples of the world. May the efforts of mankind, through this Organization, be crowned with success, and may health, peace and brotherhood prevail. Thank you, Mr President. Bon voyage and au revoir!

The PRESIDENT (translation from the French): Thank you, Dr Roashan. I now give the floor to Dr Shrivastav of India.
Dr SHRIVASTAV (India): Mr President and distinguished delegates, on behalf of the countries of the South-East Asia Region, namely Nepal, Burma, Indonesia, Thailand, Sri Lanka, Bangladesh, Maldives, Mongolia, the Democratic People's Republic of Korea, and India, and as Chairman of the Regional Committee for the year 1973/74, it is indeed my proud privilege to thank you, Mr President, for the dignity and dexterity with which you have conducted the Twenty-seventh World Health Assembly.

To you, Dr Mahler, Director-General of the Organization, the countries of the Region are very grateful because, having worked there for a long time, you have intimate knowledge of the problems and difficulties of the countries of the Region and you have brought a fresh approach to solving those problems. Your dynamic and confident personality has indeed inspired all those who are working with you.

In Dr Lambo, the Deputy Director-General, we have a person who is a champion of the cause of the under-privileged, and is doing his best to develop and improve the health situation amongst those to whom he himself referred in this conference as "have-nots".

The Chairman of the two committees deserve a special word of mention for their knowledge, and for the patience and diplomacy with which they conducted the meetings and tackled some of the knotty problems that arose in these committees from time to time. The Chairman of the Technical Discussions, Dr Weeratunge, handled ably a difficult and diffuse subject and reminded the countries, both developed and developing, that sooner or later they will have to tackle the problems of the human environment and gear the health services to meet this challenge.

Coming to the regional level, Dr Gunaratne, the Regional Director, has all the wisdom of the East, along with the deep philosophy of action that emanated with Lord Buddha. There are three important developments in the Region that are worthy of mention. The first is that the Regional Office is developing the competence for helping the countries of the Region in health planning and in the implementation of the plans. The second is that the Regional Office is developing a health charter for the countries of the Region - and I am given to understand by the Regional Director in a private talk that many of the Regions are interested in developing such a health charter. A reference to this health charter was made by the Regional Director and also by some of the distinguished delegates in this Assembly. And the third point, which is of very great importance, especially in my Region, is that a large number of field posts that were lying vacant for a long time have been suitably filled by competent and able persons. This has given a great deal of push to the various programmes in the Region. I am confident that some of the problems like malaria resurgence, smallpox, and family health will receive special attention and consideration.

Finally, Mr President, I would like to thank, on behalf of the countries of the Region, all the officers and the Secretariat staff at headquarters and at the regional level for making this Twenty-seventh World Health Assembly a great success.

The PRESIDENT (translation from the French): Thank you, Dr Shrivastav. I now give the floor to Dr Butera of Rwanda.

Dr BUTERA (Rwanda) (translation from the French): Mr President, Mr Director-General, honourable delegates, a number of eminent speakers have come to this rostrum to tell us of the health problems confronting their various countries and regions and have put forward solutions in the form of recommendations that could breathe new life into the activities of our Organization. It is therefore a great honour for my country and a pleasant duty for me to convey to this august Assembly the good wishes of the distinguished delegates of the African Region.

Mr President, our active participation in this Twenty-seventh World Health Assembly, the highest organ of our Organization, has once again underlined our confidence in and support for its philosophy, which is directed basically towards promoting the health of all. During this session, under the genial and shrewd guidance of Professor Pouyan, we have been able to assess and verify the progress of WHO's activities, to approve the reports of the Executive Board, to approve the reports of the Director-General, to consider and approve the budget for next year, and to study financial and legal questions and the programming of future WHO activities. The impact of all these questions on the development of our Region has been sufficiently stressed by various African delegates. New problems have been raised by the same delegates, and some of them may soon be satisfactorily solved.
The Twenty-seventh World Health Assembly has opened its doors to Guinea-Bissau as a new Member of WHO and to Namibia as an Associate Member. We sincerely congratulate these two countries of the African Region, and already assure them of our enthusiastic collaboration.

The Twenty-seventh World Health Assembly has also been sensitive to the dramatic problems caused by the drought in the Sahel region, for which special assistance has been requested from our Organization.

This august Assembly has also considered, on behalf of the African Region, the assistance to be given to the liberation movements in southern Africa recognized by the intergovernmental organizations.

All the solutions put forward to solve these various problems bear moving witness to the increasing efforts of our Organization to strengthen international peace. However, the countries of the Third World will benefit from the solutions put forward only in so far as health activities are coordinated in each Member State. The new strategy rightly proposed by our Director-General, which aims at an organization of health services adapted to each Member State, represents in our view a long-term solution to our health problems. Here the contribution of WHO as a moral authority in health matters is more desirable than ever.

Nevertheless, if a true dialogue is to be established between the health personnel of each Member State and the WHO authorities, the two partners will have to speak the same language. Consequently, some delegates of our Region have stressed the important part that could be played by the establishment of a high-level inter-African public health institute, intended for health administrators, where the planning, organization, administration and management of health services - including operational research and health economics - would take pride of place in the curriculum. It is only in this way that the developing countries will be able to make rational use of all the resources available to them for the harmonious development of their health services.

Within the same context we have noted with satisfaction that WHO devotes a substantial proportion of its budget to basic research. Nevertheless, we feel that more ought to be invested in operational research, which is more beneficial to our African countries. The existence of endemic malnutrition in many of our countries, the new problem presented by the drought in the Sahel, the recrudescence of certain endemic diseases, and the shortage of staff, equipment and supplies demand a wise and dynamic new orientation of health activities in the African Region. In our opinion, Dr Mahler's proposal that WHO should be on the watch for any problems that might require its intervention, and that it should also endeavour to anticipate these problems and put forward solutions to be tried out, is justified by this situation.

Some have stressed their sincere wish to see the African countries take a greater part in the organization and effective management of WHO activities at all levels. We are convinced that the improvement of the representation of the African Region in WHO's various organs will make it possible to tackle the health situation in our Region realistically and more effectively.

Mr President, in acting as spokesman for the views of the distinguished delegates of the African Region, I wish to repeat my sincere congratulations on the work you have performed with dignity as President of this Assembly. We also congratulate your colleagues, the Vice-Presidents and the Chairmen and Rapporteurs of the main committees. We are sure that the work you have just accomplished at the head of this august Assembly will help to direct our quest to improve the health of all mankind.

Honourable delegates, our health problems in Africa are many and complex, our tasks are enormous, our needs are immense, and our resources are severely limited. There is a tremendous gulf between the industrialized countries and our developing countries. The political and administrative authorities in our countries, together with the health administrators, are fully aware of this and have accepted their responsibilities in the face of these realities, mindful that there can be no hope of reasonable socioeconomic development as long as nutritional deficiencies, communicable diseases and ignorance are rife among our peoples. We must therefore think in terms of global planning of our health services - including family planning - in order to improve the quality of life of mankind. Accordingly, our efforts and resources must be planned not only in terms of economic requirements but also in the light of the true desires and needs of our populations.

The assistance provided by WHO in Africa has so far been most beneficial. The main areas to which our Organization will direct its work in the future have been indicated by the Director-General of our Organization, Dr Mahler. We are happy to stress that these guidelines effectively meet the needs of the African countries for the solution of their basic health problems. We are convinced that this new strategy for tackling health problems in their many aspects is satisfactory to the distinguished delegates who make up this august Assembly, the guarantee of better health for all mankind.
The PRESIDENT (translation from the French): Thank you, sir. I now give the floor to the delegate of Romania.

Dr DONA (Romania) (translation from the French): Mr President, highly esteemed colleagues and delegates, I am particularly gratified to have the honour of taking the floor on behalf of the countries of the European Region.

First of all I should like to express our satisfaction at the faultless way in which the main problems on the agenda of the Twenty-seventh World Health Assembly have been tackled and solved. Mr President, esteemed colleagues, I believe you will agree with us in regarding this session as a demonstration of the full maturity of the Organization, since it has firmly directed the activity of WHO towards the solution of the world’s major health problems. The initiatives taken by the Director-General in order to tackle these problems in a dynamic fashion and in a wide context have been strikingly reflected in the position adopted by the distinguished delegates of Member States throughout this Assembly. Thus we have already started to support this new orientation with all our might.

One of the essential features that has appeared during the Assembly is the common wish of Member States to cooperate and collaborate closely in order to reduce the differences between them with regard to health problems as much as possible. Here we should like to make reference to the work of the European conference on cooperation and security, expressing the hope that this conference will succeed in creating a political framework that will permit new forms of collaboration, in health as well as in other fields, thus greatly benefiting the World Health Organization. The European countries, owing to the experience they have gained, can make an active contribution to solving the major problems that have to be faced by many developing countries. For its part my own country, the Socialist Republic of Romania, is prepared to make a substantial contribution.

We should like to express our satisfaction that one of the resolutions adopted by the present session stresses the importance of World Population Year and the conference to be held on this topic in Bucharest in August; Romania is extremely gratified to act as host to this conference.

Dear colleagues, may I on behalf of the countries of the European Region once again thank the President of our Assembly, the Vice-Presidents, the Director-General, the Deputy Director-General, and the Secretariat of WHO for the very effective way in which they have led and prepared for the work of this session. We hope that Dr Halfdan Mahler, our Director-General, will find the most appropriate means of putting into practice the decisions taken by the Twenty-seventh World Health Assembly, and we are convinced that this session will prove to be a decisive turning point in the life of our Organization with regard to the development of international collaboration in the health field, for the welfare of mankind as a whole. For our own part we are convinced that, through the Regional Office directed with great energy, competence and tact by Dr Leo Kaprio, the European countries will make a substantial contribution to strengthening our Organization by implementing and developing the decisions taken by the present session. We thank you once again for your attention and with all our hearts we wish you great success and the best of health.

The PRESIDENT (translation from the French): Thank you. I now give the floor to Dr Perdomo of Uruguay.

Dr PERDOMO (Uruguay) (translation from the Spanish): Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, I am deeply moved and gratified at the honour conferred upon me by my colleagues in the Americas in appointing me to represent them at this closing meeting of the Twenty-seventh World Health Assembly. I thank them on my own behalf and on that of my country.

Mr President, I wish to tell you that your opening address made a deep impression on me. It presented very clearly the critical situation through which mankind is passing, living as we are in the midst of perpetual contradictions: on the one side marvellous technological processes that might lead us to imagine a healthier, richer and happier life, and on the other side the inability of men to understand and help each other. I believe it is absolutely necessary to hold on to this realistic view of the situation and to reject an optimism that is not justified by reality.

I was extremely interested in what you said about the psychosocial and economic aspects of the incidence of physical and mental diseases, which constitute a warning to humanize medicine, always bearing in mind that before there is a disease there is an individual in whom is reflected a wide range of personal, family and social problems, both emotional and economic.

During the Assembly we have been able to assess our problems and we feel it is possible to tackle and solve them, provided that we display more enthusiasm and decisiveness. Group dynamics has acted as an incentive to make greater efforts to solve our health problems in awareness of the difficulties; each decision should be made with
deep humanity and we should try to ensure that the financial resources available to us produce the optimum return.

I have learned a great deal from your words and from your example as you conducted the plenary meetings.

I wish to refer to the address by the Director-General, Dr Mahler, who in his wise comments pointed out the danger of trying to apply to the developing countries solutions that are suitable for the developed countries, and indicated how important it is that local health personnel should receive the knowledge and training to carry out their own health programmes; with regard to the planning of health programmes, he has pointed out that we must pay attention to the future, since there is always an inevitable time lag between planning and implementation.

Dr Mahler shows us the goal: "the attainment by all peoples of the highest possible level of health", and tells us that it cannot be attained by isolated groups but that reliance must be placed on the coordinated activity of the various United Nations, bilateral or multilateral agencies that are interested in a common achievement.

In the Americas we have a commitment, a 10-year plan representing a joint decision by the governments of the Americas, signed in 1972. In this document the universal concept of health is laid down: health is an end for each human being and a means for the society to which he belongs. For the individual it is an end since it enables everyone to achieve fulfilment. For society it is a means because it constitutes a component of development, that is, of the combination of forces that lead to social welfare. In the course of the Assembly we have acquired new knowledge that can be used for the accomplishment of the 10-year plan. During the discussions we were informed of the health situation in the various countries and each of the delegates has put forward his purest aspirations with the common aim of finding solutions that will enable individuals to achieve greater physical and mental health and peoples to achieve planned socioeconomic development. The resolutions passed by the Assembly offer support to the 10-year plan, since they confirm the commitments entered into with regard to the programmes in maternal and child health, control of communicable diseases, mental health, environmental improvement and control, occupational health and industrial hygiene, etc.

I take much pleasure in expressing my gratitude and that of my country to our Regional Director, Dr Horwitz, and to the PASB representatives and advisers who have helped us so much.

I also wish to thank all the participants in this Assembly, with whom I have been joined in the feeling that we form one big family without distinctions of geography, race or religion, united in a single desire: to improve the health of peoples from every point of view - physical, social and economic - in order to achieve individual and collective happiness.

It is our wish that the only battle in the world should be the battle against disease, ignorance, poverty and misunderstanding, that we should all unite and become capable of understanding each other through a constructive dialogue, always prepared to collaborate with our brother who needs help.

Thank you very much on my own behalf, and on behalf of my delegation and of my colleagues and friends of the Americas.

The PRESIDENT (translation from the French): Thank you, Dr Perdomo.

Ladies and gentlemen, dear colleagues, the Twenty-seventh World Health Assembly is therefore at an end. Although at first sight it resembles previous assemblies, it has really had a number of quite distinctive features. When the work we have done is analysed, leaving out of consideration all the discussions on procedural and organizational matters, I am sure it will be recognized that this Assembly marked the beginning of a new phase in the history of WHO. Our discussions and decisions reflect the development of the role that the World Health Assembly is called upon to play in the economic and social order that is being established.

The admission of the Republic of Guinea-Bissau as a Member and of Namibia as an Associate Member has given our Organization an almost universal character. The decisions taken to enable the national liberation movements to take part in our work stress once again one of the essential principles of our Constitution: "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".

Although opinions differed about the 1975 budget, the amount of this budget was approved very quickly in an atmosphere of mutual respect for the viewpoints of other Member States. As President of this Assembly I should be failing in my duty if, even in this brief closing summary, I did not mention that throughout this Assembly the consideration of the financial implications of our decisions has shown clearly that the regular
The discussions on technical matters have been of a very high level. Although we are deeply grateful to the Director-General and full of admiration for the quality of the background material prepared for us, the credit, dear colleagues, goes to you, for your professional competence and your eagerness to use your knowledge and experience to find the best and most realistic solutions.

I do not want to refer to all the problems we have studied or the many decisions that were taken. I shall merely review briefly some of the questions that seemed particularly important to me, apologizing in advance for having to leave out others despite their intrinsic importance.

Biomedical research has aroused particular interest. This interest is fully justified in an Assembly like this because, in the words of the French biologist and Nobel prizewinner Jacques Monod: "If the ultimate ambition of science as a whole is to explain man's relationship to the universe, a central position must be given to biology because of all the disciplines this is the one that tries to go most directly to the heart of the problems that have to be solved before it is possible even to consider the problem of the nature of man in non-metaphysical terms".

Among the many aspects and complexities of biomedical research in the field of health and related social sciences, to which it paid a great deal of attention, the Assembly made a wise choice and recommended increased assistance to the developing countries in respect of research aimed at solving the health problems specific to those countries.

The decision reached on long-term planning of international cooperation in cancer research, a matter that the Health Assembly discussed in depth, will no doubt give a new impetus to one of the hardest battles we are conducting against disease. However, I do not think we have any illusions on this point: all the efforts being made in the scientific and medical world, ingenious and intensive as they are, need to be intensified still further, coordinated and guided. Here the primary responsibility lies with WHO.

The Technical Discussions held during this Assembly dealt specifically with the psychosocial and socioeconomic factors in the environment that affect health, but the needs in the field of environmental health and the basic considerations that should underlie the redesigning of the long-term WHO programme in environmental health were also considered by the Assembly.

If the World Health Assembly laid great stress on WHO's role in coordinating programmes and activities for environmental protection, that is because we are convinced that the full utilization of the resources and skills of WHO in organizing and implementing such programmes within the United Nations system would greatly increase the effectiveness of those programmes. The Health Assembly rightly noted that WHO has gained considerable experience in matters of environmental health and that consequently it should continue to play the leading role in all health promotion activities concerning the environment. This is a viewpoint that should be echoed in all bodies interested in environmental problems.

Still on the subject of the environment, the Assembly has stated its deep concern at the disastrous situation in the countries of the Sudano-Saharan region affected by the drought. Dear colleagues, you have adopted a special resolution to draw the world's attention to the need for vigorous and concerted assistance. May I be permitted to appeal once again from this rostrum to all Member States to spare no effort as they join in the struggle to alleviate the health consequences of this unprecedented natural disaster.

This Assembly could not have chosen a better time to recommend an expanded programme on immunization. The prospects offered by immunization for more effective control of the communicable diseases are scientifically justified and are borne out by the results already obtained with some of those diseases. Although basic immunological research is conducted mainly in the developed countries, it is now up to the developing countries to take an increasingly active part in this research, especially in the operational aspects.

Another decision that heralds a new approach in the struggle to improve health is the decision to intensify research on tropical parasitic diseases. Our hope of effective control of these diseases, which so seriously affect the tropical countries, is basically derived from new scientific discoveries and the development of scientific methods of control.
As regards the standardization of diagnostic materials and the actual diagnosis of diseases, a problem that has become particularly important with the rapid development of laboratory tests and other techniques, WHO will henceforth assume increasing responsibilities and will endeavour to develop reliable tests and to standardize testing methods and materials.

This Assembly has also had the opportunity to review and analyse the wealth of experience that WHO has accumulated over the last 25 years in the field of health education. It has become evident that health education is the real key to the motivation of individuals and to community participation in the improvement of health conditions; it should therefore have its place not only in all health programmes but also in teaching curricula and in all socioeconomic development projects that may affect health. Today more than ever we realize that health education is an indispensable factor in the harmonious development and upbringing of the younger generation, since it offers an effective method of protecting them from the dangers and evils of our time: abuse of tobacco, alcohol and drugs, to mention only a few.

Once again the review of the world health situation has vividly revealed the great differences between the developing countries and the industrialized countries with regard to the nature and extent of health problems and the improvement of the services whose task it is to solve those problems. Moreover, the report on the world health situation reveals the extreme diversity of the socioeconomic contexts within which health services will have to exist and operate.

However, this report was not alone in highlighting the burning health problems of our time. All the items that the Assembly dealt with made us aware in one way or another of the deep contradictions and the complexity of all matters concerning health in the present-day world.

At the same time our analysis showed that, great as the problems are, solutions do exist. These solutions lie in the wise utilization - at the right place and for the right purposes - of the remarkable talents of man. On this point Jacques Monod states: "Today more than ever it is the duty of scientists to think out their discipline in the context of modern culture as a whole so that they may enrich that culture not only with technically important knowledge but also with ideas derived from their science that they consider significant in human terms".

This Assembly, although dedicated to health matters, has not overlooked the importance of the administrative, financial and legal problems that play an essential part in the proper running of the Organization. Ever since the creation of WHO the Assembly has never lost sight - and that is to its credit - of the fact that no administrative structure is free from dangers and that no administrative procedure removes all difficulties. In this field a major problem that has been paid particular attention by the Assembly concerns the utilization of information. There is every reason to believe that the decision it has taken on the development of information systems will be extremely beneficial to all Member States as well as to WHO, whose management is sure to be improved by it.

This World Health Assembly was the first to consider the WHO budget in its new form, as a programme budget. I feel I am not mistaken in saying that this new approach has been received with general satisfaction, even though much remains to be done to achieve the aim of programming by objective and budgeting by programme. This new presentation has made it possible to formulate the objectives of each programme as precisely as possible, to evaluate the progress achieved, and to explain what affects the proposals concerning the programme budget are expected to have on the realization of the objectives.

As Members of WHO we are entitled to be proud that we have learned to study together the problems that confront us and to take united action. Apart from the decisions of this Assembly, it seems to me that the most essential thing is the determination, so eloquently confirmed, of all governments and their representatives to make a concerted effort to find solutions that are feasible, acceptable to all, and universally applied. Whatever may be the difficulties of this undertaking, the key to success - or failure - lies in this profound truth expressed by Montesquieu over two centuries ago: "To do great things you do not need to be a great genius; you do not need to be above men, you need to be with them."
Ladies and gentlemen, I should not like to end these brief remarks on the work of our Assembly without thanking personally those who have ensured the success of this session. First of all, of course, I wish to thank the Director-General, who has shown most remarkable drive and imagination, together with the very competent Deputy Director-General of WHO, Dr Lambo, and the hundreds of staff, seen and unseen, who have worked day and night to ensure the effective and smooth running of this Health Assembly.

I also thank Dr Ramzi and Dr Henry, the representatives of the Executive Board, together with the Chairmen, Vice-Chairmen and Rapporteurs of the main committees, who have fulfilled their tasks with great ability. I also express particular thanks to Dr Weeratunge, Chairman of the Technical Discussions, and to his colleagues for the way in which they conducted the discussions.

As for you, dear colleagues, I am grateful to you all for your cooperativeness, goodwill and patience. The kind words you have addressed to me will remain engraved in my memory for ever. At this solemn moment I can only express to you my heartfelt thanks. I wish you all good luck in your noble tasks and a safe return to your homes and loved ones. In the hope of seeing you again next year in this hospitable city, I declare the Twenty-seventh World Health Assembly closed. I bid you "au revoir" and not "adieu".

The session closed at 1.5 p.m.
GENERAL COMMITTEE
FIRST MEETING
Tuesday, 7 May 1974, at 3.40 p.m.

Chairman: Professor A. POUYAN (Iran),
President of the Health Assembly

1. PROVISIONAL AGENDA OF THE TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

The CHAIRMAN informed the General Committee that on 2 April 1974 the Director-General had received an application made on behalf of Namibia by the United Nations Commissioner for Namibia for admission to associate membership, which he had brought to the notice of the Member States on 18 April 1974. In accordance with Rule 113 of the Rules of Procedure of the Health Assembly, that application could be placed on the Agenda of the Assembly under item 1.11 (Admission of new Members and Associate Members) as subitem 1.11.2 (Application made on behalf of Namibia by the United Nations Council for Namibia for admission to associate membership).

It was so agreed.

The CHAIRMAN drew the attention of the Committee to the supplementary item entitled "Agreement for cooperation between the African Development Bank and the World Health Organization" which it was proposed to place on the agenda of the Assembly. In accordance with Article 70 of the Constitution, the Health Assembly must approve by a two-thirds vote any formal agreement entered into with an intergovernmental organization. Since the agreement for cooperation had been approved by the Board of Governors of the Bank, it would now have to be submitted to the Health Assembly. The Chairman therefore suggested that the General Committee recommend the addition of that item to the agenda of the Assembly.

It was so agreed.

The CHAIRMAN suggested the deletion from the agenda of item 3.5 (Working Capital Fund) and its two subitems, 3.5.1 (Advances made to meet unforeseen or extraordinary expenses as authorized by resolution WHA26.23, Part C, paragraph 2(1) (if any)) and 3.5.2 (Advances made for the provision of emergency supplies to Member States as authorized by resolution WHA26.23, Part C, paragraph 2(2) (if any)), since no advances of that kind had been made from the Working Capital Fund up to the date of the opening of the Twenty-seventh World Health Assembly.

It was so agreed.

As concerns item 3.3.3 (Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution (if any)), the CHAIRMAN pointed out that the words "if any" should be deleted, since that point would have to be considered by the Assembly. Furthermore, the reference to resolutions EBS3.220 and EBS3.221 should be deleted, in view of the fact that the Members referred to in those resolutions, namely Uruguay and Venezuela, were no longer in arrears in the payment of their 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 submitted to the General Committee the allocation of agenda items to the main committees, as given in the provisional agenda drawn up by the Executive Board.
He suggested that item 1.13 (Contract of the Director-General) be considered in the first instance by Committee B, immediately after item 3.9 (Salaries and allowances, ungraded posts).

It was so agreed.

The General Committee recommended that the plenary Assembly consider item 1.11 (Admission of new Members and Associate Members), with its subitems 1.11.1 (Application for membership by the Republic of Guinea-Bissau) and 1.11.2 (Application made on behalf of Namibia by the United Nations Council for Namibia for admission to associate membership) provided that the Assembly agreed to place the latter item on its agenda.

Taking into account the change in regard to the consideration of item 1.13, the General Committee recommended that the agenda items be allocated to the main committees as indicated in the provisional agenda.

As for the supplementary item 1 (Agreement for cooperation between the African Development Bank and the World Health Organization) it recommended that that item be allocated to Committee B.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee fixed the timetable for the meetings of Wednesday, 8 May and Thursday, 9 May, it being agreed that the plenary meetings would be devoted chiefly to the general discussion of agenda items 1.9 and 1.10.

The DIRECTOR-GENERAL drew the attention of the General Committee to the value of making progress, during the first week, in the general discussion on items 1.9 and 1.10 of the agenda. He wondered whether the Committee should not consider the possibility of arranging for night meetings to that end.

After hearing statements by various speakers, the General Committee, taking into account the comments of the Director-General, felt that a decision concerning the need to hold night meetings could be reached at a coming meeting, in the light of the progress of the work.

It was decided that, at the beginning of the plenary meeting on Thursday morning, the President would request Members to submit suggestions for the election of Members entitled to designate a person to serve on the Executive Board. Those suggestions would have to be submitted not later than 10 a.m. on Monday, 13 May.

After hearing Dr WEERATUNGE, General Chairman of the Technical Discussions, the General Committee recommended that the Technical Discussions on "The role of the health services in preserving or restoring the full effectiveness of the human environment in the promotion of health" should take place all day on Friday, 10 May and on the morning of Saturday, 11 May.

Finally, it was decided that the plenary meetings and the meetings of the main committees would be held, as at previous Health Assemblies, from 9.30 to 12 noon or 12.30 p.m., and from 2.30 p.m. to 5.30 p.m. The General Committee would meet either at 12 noon or 5.30 p.m.

The meeting rose at 4.15 p.m.

SECOND MEETING

Thursday, 9 May 1974, at 6.10 p.m.

Chairman: Professor A. POUYAN (Iran),
President of the Health Assembly

1. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The General Committee fixed the timetable for the meetings of the main committees and of the General Committee on Monday, 13 May and established a provisional programme of work for Tuesday, 14 May.

The CHAIRMAN mentioned that 40 speakers still had to take the floor in the general discussion on items 1.9 and 1.10 of the agenda; consequently, the total length of the discussion could be estimated as 6 hours and 40 minutes. It therefore seemed necessary to provide for night meetings.

Dr GUILLÉN (Peru) felt that speakers should restrict themselves to commenting on the reports of the Executive Board and the Director-General. Any other information concerning the health situation in their particular country could be submitted to the
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Secretariat for inclusion in the Official Records. He suggested, furthermore, that the time allotted to speakers participating in the general discussion be limited to 5 minutes.

The CHAIRMAN pointed out that a time limit would be unfair at that stage, since until then speakers had been allowed 10 minutes, but he thought that the suggestion could be considered for future Health Assemblies.

After an exchange of views the General Committee decided that the Health Assembly would hold night meetings from 8.30 p.m. to 11 p.m. on Monday, 13 May and Tuesday, 14 May, in order to terminate the general discussion on items 1.9 and 1.10 of the agenda by Wednesday, 15 May, during the counting of the votes cast in the ballot for the election of Members entitled to designate a person to serve on the Executive Board.

The meeting rose at 6.25 p.m.

Third Meeting

Monday, 13 May 1974, at 12.10 p.m.

Chairman: Professor A. POUYAN (Iran),
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 procedure for drawing up the Committee's proposals for 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, namely:

(a) a table showing the geographical distribution of the seats on the Executive Board, by Region;
(b) a list showing, by Region, the Members of WHO who were or had been entitled to designate persons to serve on the Executive Board;
(c) a list of Members - classified by Region 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 in no way restrictive and members of the Committee were free to vote for other Member States if they so wished;
(d) finally, a table showing the present composition of the Board; in the table the names of those Members which had designated persons to serve on the Board, but whose terms of office expired at the end of the Twenty-seventh World Health Assembly and which would have to be replaced, were underlined. They were: Denmark, Ecuador, Italy, Lesotho, Syrian Arab Republic, Thailand, Trinidad and Tobago, and Uruguay.

He suggested that the same procedure be adopted as at previous Assemblies: first, if the Committee felt it would be useful, it should hold a discussion, and then a trial vote that would provide general indications; next, after 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 the list of 12 Members - which in its opinion would provide, if elected, a balanced distribution of the Board as a whole in accordance with Rule 100 of the Rules of Procedure.

He invited Dr O. A. Hassan (Somalia) and Dr Elom (United Republic of Cameroon) to act as tellers.

The DIRECTOR-GENERAL noted that only nine names had been suggested, and pointed out that members of the Committee could include in the list of 12 Members the names of Member States of their choice, with the exception of those at present entitled to designate a person to serve on the Executive Board.

To provide guidance, a trial vote was taken by secret ballot.

2. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

After Professor TIGYI (Hungary), Chairman of Committee A, and Dr CHOWDHRY (Pakistan), Chairman of Committee B, had reported on the state of progress of the work of their committees, the General Committee drew up the programme of meetings for Tuesday, 14 May.
3. PROPOSALS FOR THE ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (resumed)

After being informed of the results of the trial vote, the Committee took a further vote by secret ballot to draw up the list of 12 Members to be transmitted to the Health Assembly.

The following 10 countries obtained the required majority: Argentina, Finland, France, Guatemala, India, Jordan, Mauritius, Sri Lanka, Union of Soviet Socialist Republics, and Venezuela.

At the request of the CHAIRMAN, the DEPUTY DIRECTOR-GENERAL read out Rule 79 of the Rules of Procedure of the Health Assembly fixing the procedure to be followed when the number of candidates obtaining the required majority was less than the number of Members to be elected.

The Committee took a further vote by secret ballot to draw up the list of 12 Members, following which the names of Canada and Zambia were added to the list.

Before the Committee drew up the list of eight Members, the CHAIRMAN pointed out that only the names appearing on the list of 12 Members could be included in the list of eight Members.

The DIRECTOR-GENERAL noted that, if the Committee wished to maintain the present regional distribution of seats on the Executive Board, it should recommend the names of one Member from the African Region, three from the Region of the Americas, one from the South-East Asia Region, two from the European Region, and one from the Eastern Mediterranean 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.

The following countries were nominated: Argentina, Jordan, Venezuela, Sri Lanka, France, Mauritius, Guatemala, and Union of Soviet Socialist Republics.

The CHAIRMAN 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. He added that the report would be distributed on the morning of Tuesday, 14 May, at the latest, and could therefore be submitted to the Assembly in plenary session as from Wednesday, 15 May.

The meeting rose at 2.40 p.m.

FOURTH MEETING

Tuesday, 14 May 1974, at 5.35 p.m.

Chairman: Professor A. POUYAN (Iran), President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

The Chairmen of the main committees reported to the General Committee on the progress of the work of the Committees.

2. TRANSMISSION TO THE HEALTH ASSEMBLY OF THE REPORTS OF THE MAIN COMMITTEES

The Committee decided to transmit to the Health Assembly the first and second reports of Committee B.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee drew up the programme of meetings for Wednesday, 15 May.

The meeting rose at 5.40 p.m.
FIFTH MEETING

Wednesday, 15 May 1974, at 5.55 p.m.

Chairman: Professor A. POUYAN (Iran),
President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

Professor TIGYI (Hungary), Chairman of Committee A, and Professor LEOWSKI (Poland), 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 third report of Committee B.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee fixed the timetable of meetings for Thursday, 16 May and the DIRECTOR-GENERAL suggested a programme of work for Friday, 17 May.

The meeting rose at 6.5 p.m.

SIXTH MEETING

Thursday, 16 May 1974, at 6.10 p.m.

Chairman: Professor S. HALTER (Belgium),
Vice-President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

The Chairmen of the main committees reported to the General Committee 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 A.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee drew up the programme of meetings for Friday, 17 May and Saturday, 18 May and established the broad outlines of the Assembly's programme of work for Monday, 20 May.

The meeting rose at 6.20 p.m.

SEVENTH MEETING

Friday, 17 May 1974, at 5.40 p.m.

Chairman: Professor S. HALTER (Belgium),
Vice-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. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee drew up the detailed programme of meetings for Monday, 20 May.
3. ALLOCATION OF AGENDA ITEMS TO THE MAIN COMMITTEES: TRANSFER OF AN ITEM

Having heard a statement by the DIRECTOR-GENERAL, and following an exchange of views, the Committee recommended that the Assembly transfer item 2.7 (WHO's human health and environment programme) from Committee A to Committee B.

The meeting rose at 5.55 p.m.

EIGHTH MEETING

Monday, 20 May 1974, at 5.40 p.m.

Chairman: Professor A. POUYAN (Iran),
President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

Dr O. A. HASSAN (Somalia), Vice-Chairman of Committee A, and Dr CHOWDHRY (Pakistan), Chairman of Committee B, reported to the Committee 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 second report of Committee A and the fourth report of Committee B.

3. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The Committee drew up the timetable of meetings for Tuesday, 21 May; it was decided that Committee A would hold a night meeting from 8.30 to 11 p.m.

It was agreed that at its next meeting the Committee would decide on the date of closure of the Health Assembly.

The meeting rose at 5.50 p.m.

NINTH MEETING

Tuesday, 21 May 1974, at 5.35 p.m.

Chairman: Professor A. POUYAN (Iran),
President of the Health Assembly

1. PROGRESS OF WORK OF THE MAIN COMMITTEES

Dr CHOWDHRY (Pakistan), Chairman of Committee B, told the General Committee that his Committee had completed its work.

Professor TIGYI (Hungary), Chairman of Committee A, reported to the General Committee on the progress of the work of his Committee.

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 as well as the fifth and sixth reports of Committee B.

3. DATE OF CLOSURE OF THE HEALTH ASSEMBLY

After consulting the Chairmen of the main committees and the Director-General, the Committee decided that the date of closure of the Assembly should be Thursday, 23 May.

4. PROGRAMME OF WORK OF THE HEALTH ASSEMBLY

The General Committee drew up the programme of work of the Assembly for Wednesday, 22 May and Thursday, 23 May.

The meeting rose at 5.45 p.m.
1. TRANSMISSION TO THE HEALTH ASSEMBLY OF REPORTS OF THE MAIN COMMITTEES

The Committee decided to transmit to the Health Assembly the fourth and fifth reports of Committee A.

2. CLOSURE

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

The meeting rose at 9.5 a.m.
1. OPENING REMARKS BY THE CHAIRMAN

The CHAIRMAN welcomed the delegates of Member States and representatives of Associate Members — especially the delegate of the Bahamas — and the representatives of the United Nations, the specialized agencies and intergovernmental and nongovernmental organizations. He also greeted Dr. Ramzi, representative of the Executive Board.

2. ELECTION OF VICE-CHAIRMAN AND RAPPORTEUR

Decision: Dr. O. A. Hassan (Somalia) and Dr. E. Guillén (Peru) were elected Vice-Chairman and Rapporteur by acclamation.

3. ORGANIZATION OF WORK

The CHAIRMAN said that, in accordance with the terms of reference of the main committees laid down in resolution WHA26.1, Committee A could not take up items 2.2.1 (Consideration of the comments and recommendations of the representative of the Executive Board and of the Director-General) and 2.2.2 (Recommendation of the amount of the effective working budget and budget level for 1975 and examination of the projection of the budget estimates for 1976) before Committee B had completed its review of the financial position of the Organization, under item 3.3, and had recommended the scale of assessment after discussion of item 3.4. Committee A would begin its work with item 2.3 (Fifth report on the world health situation) and item 2.4 (WHO's role in the development and coordination of biomedical research) and, if time permitted, go on to items 2.5 (Standardization of diagnostic materials) and 2.6 (Long-term planning of international cooperation in cancer research).

It was so agreed.

4. FIFTH REPORT ON THE WORLD HEALTH SITUATION

The DEPUTY DIRECTOR-GENERAL, introducing the item at the request of the CHAIRMAN, said that the report in document A27/10 had been prepared in accordance with resolution WHA23.24. Part I examined certain important issues directly related to health, such as demography and health and social legislation, and surveyed the world situation in mortality, morbidity, health services and health manpower, among other subjects. Part II contained reviews for the 90 countries and territories from which replies had been received at the date of its preparation; information received later from a few other countries and territories would be included in the final report. The Director-General thanked Members and Associate Members for the efforts they had made in providing material for the report.

The earlier reports had been an important source of information for WHO and for Member States. Recently, the World Health Assembly had stressed the need for WHO to collect and analyze more specifically those data on the state of health of the world population that would permit the identification of trends in the health field and provide the basis for the development of strategies designed to improve health services. Much valuable information had already been provided for that purpose through a variety of reporting procedures, which had, however, caused a considerable strain on government services and led perhaps, in many cases, to duplication of effort. It might therefore be asked whether the time had not come for WHO to rationalize the procedures for the collection of health and other statistical information from countries and to make that information more amenable to a meaningful assessment of the world health situation. The Executive Board might, for example, be requested to study the matter while steps to prepare the supplement to the fifth report, and to prepare the sixth, were postponed.
Dr ACUÑA (Mexico) said that many of the data for the country reports were obsolete by the date of publication, and his delegation considered the task of its preparation, which cost considerable time and effort to governments, with apprehension.

He then referred to the health atlas which had just been published by the Government of Mexico after many years of work by the Secretariat for Health and Welfare to collect detailed information on the health situation in that country. A copy had been presented to the Director-General, who would arrange to make it available for examination by the delegates at the Health Assembly.

Dr AL-WAHBI (Iraq) recalled that in 1972 he had stressed the importance of the reports on the world health situation and had referred to their encyclopaedic quality and to their usefulness not only to physicians and to health authorities but also to learned people everywhere.

His delegation hoped that those governments which had not yet been able to contribute to the fifth report would submit information for inclusion in the final version, as the document before the meeting was far from complete.

He could not agree with the suggestion that the report should be discontinued, as it was important for a government to know the situation in other countries. The report should rather be made more complete, in view of its importance for the general dissemination of knowledge about health.

While agreeing that certain information in the report was important for reference purposes, Dr ALAN (Turkey) said that too much information was requested in the questionnaire compared with what was published; no more should be requested than was to appear. He remarked on the fact that in Part II information was given for different years in a single country review and that there were errors, which he would indicate directly to the Secretariat.

The considerable effort expended by WHO in preparing the questionnaire for the report, by governments and national health administrations in supplying the information, and again by WHO in preparing the material for publication should be made the subject of a study and a cost/benefit analysis, as a basis for a decision by the Health Assembly whether or not to continue publication.

Dr ARNAUDOV (Bulgaria), referring to the information on Bulgaria in Part II, said that if beds in sanatoria were included in the total for tuberculosis and other chest diseases in the table under Hospital Services, the figure 6903 should be corrected to 9023; there were also psychiatric institutions providing a total of 5104 beds. In the same section, the number of rural feldsher health posts providing outpatient medical care should be corrected from 37 to 1890. In the table under Medical and Allied Personnel and Training Facilities, the number of schools providing training included three medical faculties, and one each for stomatologists, pharmacists, and veterinarians, totalling 6, not 3 as given in that column. The total number of schools providing training for feldshers and other auxiliary staff should be 17, and not 1 as given in the same column.

The DEPUTY DIRECTOR-GENERAL said that, should governments wish to correct any of the information concerning their countries in Part II, the Secretariat would be pleased to receive the corrections before 15 July 1974.

Dr JIROUS (Czechoslovakia) said that the report showed that health priorities were not and could not be identical in all countries, and that, particularly as regards morbidity and mortality, statistical information systems did not always provide the essential objective data to permit comparison.

His delegation was pleased to note from the report that the trends in development in certain countries of hospital care and care of elderly and chronic patients in specialized institutions confirmed the experience in his country and the correctness of the changes that had been made in the hospital network. In the general survey, however, the positive results achieved in the socialist countries, and the superiority of their health organization and administration, had not been sufficiently emphasized.

The report gave a survey of the health measures and projects being carried out with WHO assistance in developing countries, but lacked information concerning other Member States that had well developed health systems.

The statistical part of the WHO questionnaire worked out for the report employed terminology that in many countries was not customary and might result in a certain amount of distortion in the information provided. To avoid that, it was essential in future to classify health institutions in groups according to their functions and leave it to countries themselves to decide to which group each institution belonged. National terminology could be indicated in footnotes.
The division of one of the tables in the questionnaire into two parts, one concerning institutions giving general care and the other concerning those giving specialized care, did not fit the situation in Czechoslovakia or, probably, other countries as well, and could give rise to duplication and omission of information. It would be better in future to have one table in which the number of institutions could be listed, together with the type of services they provided.

Further consideration should be given to whether the short List B, of the International Statistical Classification of Diseases, Injuries, and Causes of Death was the most suitable framework for the provision of information on causes of death. Although it fitted the pattern of causes of death in the developing countries, it needed to be extended to allow for meaningful reporting from the developed countries.

Sir John BROTHERSTON (United Kingdom of Great Britain and Northern Ireland) said that the report, together with the previous ones, put world health trends in perspective in a way that was instructive and unique. Despite improvements in health administration and technology, it showed that, in large parts of the world, the population increase threatened to reduce health improvements to zero growth rate or less. The detailed reports showed enormous differences in basic health services and the present report provided a valuable directory to those services. His delegation had been interested in the statement made by the Deputy Director-General and in his thoughts concerning the methods employed in compiling the report. Much effort was devoted to that compilation and it was clear that the exercise should be as productive as possible. In his speech in the plenary session introducing his Annual Report, the Director-General had suggested interesting possibilities. It would be valuable, for example, if the material used in developing country programmes could also be used in compiling the report on the world health situation. WHO had an important role to play in the analysis and evaluation of the information received so as to identify new trends and evolve new strategies to meet changing situations. His delegation would support a resolution inviting the Executive Board to study the methods employed in compiling future reports, not with the object of suppressing the report but with the object of improving its effectiveness.

Dr MELLBYE (Norway) said that the intention behind the decision to publish the report was to provide a sound basis for discussion. However, many delegates did not have the time to study the report thoroughly. It was a valuable source of information, but more in the sense of an encyclopaedia or a directory. Delegates came to the Health Assembly to give help and advice to WHO and consequently required a good basic knowledge of the world health situation, and to obtain this knowledge they had to depend on information provided by the Director-General and the Secretariat. What was needed was a condensed form of the report giving the differences between regions, the long-term or short-term goals of Member countries, and information concerning the methods they had chosen to achieve those goals. His delegation supported the proposals put forward by Dr Lambo.

Dr ŠČEPIN (Union of Soviet Socialist Republics) congratulated the Director-General on the report before the Committee. It showed that, since the previous report, there had been an improvement in national statistical services - which WHO had helped to bring about. Moreover, in the present report, a step forward had been made towards replacing the analysis of individual problems - particularly communicable diseases - by an evaluation of the effect on those problems of the Organization’s activities. That development was in conformity with resolution WHA23.59 of the Twenty-third World Health Assembly, in which it was stated that one of WHO’s most important functions, as laid down in its Constitution and in decisions of previous Health Assemblies, was to analyse and evaluate information on the state of health of the world population with a view to identifying general trends in the world health situation and evolving a strategy in regard to the most promising ways of developing health services and medical science.

It could be seen from the general survey (Part I of the report) that most Member States were paying great attention to the improvement of socioeconomic conditions and the development of health services, which had resulted in a significant reduction in general and infant mortality. Further improvement, however, would demand great efforts on the part of both Member States and the Organization.

Information on the situation as regards individual diseases would need still further improvement in the future, due attention being paid to the reliability of the statistics provided by countries. More information on disease problems would be needed for the development of WHO’s research programmes, and it could be seen that very little information was given in the report on certain diseases, especially parasitic diseases such as schistosomiasis and onchocerciasis, that were serious problems in certain parts of the world.
His delegation wished to draw attention to the fact that health legislation had been passed in many countries during the period covered by the report. It considered that WHO should give the maximum assistance to countries taking steps towards the enactment of health legislation.

The general survey contained an interesting analysis of countries' economic situation, from which it could be seen that, although national income had increased on an average by 4% to 6%, expenditure on health had risen by a considerably higher percentage. That indicated the attention being given by governments to health problems. The process, however, could not continue indefinitely, but reflected a certain stage of development.

It was noted, in connexion with hospital services, that the general tendency was to build large hospitals providing many different types of service. Specialists in his country agreed with that trend.

He regretted that, in the part dealing with the development of health services, the report made no reference to resolution WHA23.61 of the Twenty-third World Health Assembly, in which general principles for health services development were laid down. The Organization should, in future, pay greater attention to promoting the practical application of the principles contained in that important resolution.

One of the problems referred to in the report was the "brain drain"; there was a need to work out practical measures to put a stop to the emigration of health personnel.

In future reports on the world health situation, the Organization should pay particular attention to the accuracy of the statistical data given and should ensure that it was in conformity with the data contained in other WHO publications. There should also be a more detailed scientific analysis of the situation in the various countries. An analysis by WHO region was insufficient, since the countries comprising the various regions were in very different stages of economic and health service development; an analysis by smaller groups of countries was needed. In view of the vast amount of work required for such a survey, it would perhaps be advisable to make a full report less frequently than every four years, and to issue every year an addendum indicating the changes that had taken place.

The corrections needed in the chapter concerning the USSR would be forwarded to the Secretariat.

Dr SHRIVASTAV (India) said that, with the object of making the report more productive and effective, he had a few questions to ask and some suggestions to make. First, he asked what was the philosophy behind the present periodicity of the report; in his opinion a five-year period would be more appropriate as many countries had five-year plans or programmes. Second in connexion with the method of preparing the report, was the information obtained for the Annual Report of the Director-General used or was a special effort made by WHO to obtain the material? Perhaps it would be possible to prevent some duplication of effort. If the information was obtained separately, there was the possibility that the data given in the Annual Report would conflict with that in the report on the world health situation. It was, worse to give incorrect data than not to give any at all; WHO had a responsibility for ensuring the authenticity of the data. Study of the report showed that there was a lack of uniformity in the presentation of the data for different countries. There should be a standard format to ensure that basic essential information was included for all countries. In the case of India, for example, the proportion of the total budget devoted to health purposes was shown, whereas for other countries it was missing. For some countries data were given under specific headings, such as development of basic health services, protection of the environment, water supplies and sanitation, and family health and family planning. Some of those headings might not be applicable to some of the developed countries, but nevertheless more standardization was desirable. Mention should also be made of special problems that had been encountered during the period covered by the report, of the measures that had been used to combat those problems, and of assistance that had been given by WHO or other bodies. Under that heading could be mentioned for example the problems of vector resistance to insecticides, resistance of the malaria parasite to drugs, and the brain drain.

Dr VIOLAKIS-PARASKEVAS (Greece) regarded the report as most important, since it provided information on which it was possible to base general ideas on existing health systems. She realized that it was difficult for WHO to evaluate the replies from
different countries and to ensure uniformity of presentation for all countries. It would be useful to include in the report a table summarizing government health expenditure and also the per capita health expenditure, expressed in a single monetary unit to facilitate comparisons between countries.

Professor SULIANTI SAROSO (Indonesia) said that, having listened to the previous speakers, it seemed that a study of the methods of compiling the information for future reports was needed; her delegation would support such a study. The sixth report should consist of a general survey of the world health situation, as suggested by the delegate of Norway, similar to that presented in Part I of the fifth report. Future reports should also give an evaluation of programmes of work for the period prior to that covered by the reports. Detailed information on the health status of countries and territories should be presented by updating the data contained in the annual reports of the Director-General and the regional directors. It would also be useful to have as an appendix to Part I a graphic presentation of the health status of countries.

Dr VALLADARES (Venezuela) said that the observations of his delegation on Part II of the report would be submitted direct to the Secretariat. His delegation found Part I of the report extremely valuable, especially in relation to malnutrition and venereal diseases. Concerning malnutrition, the health authorities of all countries should participate actively in international activities concerning food production and the economic development of countries. In that connexion, he stressed the importance of the health authorities being represented at the forthcoming conference in Rome on world food problems. In relation to venereal diseases, it was extremely difficult to control them, and the problem was one of seeking more effective methods of control. In Chapter 4 of Part I, the Secretariat had managed to summarize well the relation between economic development and the health services. Developing countries should pay particular attention to the "health industry" mentioned in that chapter. In countries that spent more than 15% of their budget on health activities, as did Venezuela, the health services should be better than they were at present. And the important question was the way in which the money and especially the staff were managed. In many countries in South America there were many institutions providing health care, without any coordination between them. Members of the Committee would have heard about the reorganization that was taking place in Argentina. In Venezuela attempts were being made to set up a comprehensive national health service uniting the various different services, enabling patients in remote areas to be referred for treatment when local facilities were not available. In Venezuela only 3% of families earned more than $ 800 per month; the better off could pay for medical care, but attention should be paid to those who could not. In relation to basic health services, his country was extending them with considerable caution, for any health services in the hands of auxiliaries had to be supervised and had to be able to refer cases they could not deal with promptly to other services relatively within reach.

In relation to the problems of the environment, it was necessary to review the trends in developing countries, where the problems were increasing daily and would require considerable attention from national governments. Specialized institutions would be required, but should form part of ministries or departments of health. During the Technical Discussions most groups had considered that WHO should be the international coordinating body for those activities, but one had proposed that UNEP should be the coordinating body. It was his view that WHO should play the leading role in coordinating the psychosocial aspects of problems of the environment and programmes in countries.

Dr UPADHYA (Nepal) regretted that the report did not include any data on Nepal, and hoped that future reports would do so.

Nepal was facing many problems - in particular communicable diseases. On the other hand, it had reason for satisfaction - for example, with the integrated basic health services project, started in 1972. Some mention of such aspects would be stimulating.

Dr KARADSHI (Jordan) referred to a statement at the beginning of the section on Israel in Part II of document A27/10, concerning the population of that country, "including population of eastern Jerusalem". Eastern Jerusalem was a Jordanian territory, recognized by the United Nations, and the fact that it was under Israeli occupation did not change its status or give Israel any right to make such a change. The delegation of Jordan therefore rejected that statement, and requested that it be deleted from the report.
Professor SENAULT (France) acknowledged the value of the report and of the information it provided. On the other hand, it revealed the difficulty of obtaining information and the possible problems of interpretation. The latter had been demonstrated by the number of remarks made by the delegates indicating that the data given concerning their countries seemed to be incorrect. Further standardization would seem to be required, to ensure that the information provided concerning different countries was comparable. He therefore supported the proposal made by the delegate of the United Kingdom that studies should be carried out in order to find other ways of collecting information, as indicated by the Deputy Director-General in his introductory statement.

The problems of interpretation might be illustrated by reference to the table in Chapter 7 (Family health) of Part I of the report, which indicated the percentage of pregnant women in France registered at maternal and child health clinics. The percentage seemed to be very small, whereas in fact nearly all pregnant women in France covered by social security and other systems underwent regular examinations throughout their pregnancy, in accordance with French legislation. Similarly, the number given in the column "Number of women registered at maternity clinics of hospitals or seen by medical practitioners" was very misleading.

He also referred to the last sentence in the second paragraph of the same chapter, which read: "It shows that the majority of prenatal examinations and examinations of infants are performed as curative medical activities". Although he agreed that the examinations might sometimes be curative activities, on the whole they were preventive.

Professor KOSTRZEWSKI (Poland) expressed appreciation of the valuable report now before the Committee - the result of a worldwide survey covering the health status of different countries and the development and activities of health services.

During the Technical Discussions at the Twenty-first World Health Assembly, the General Chairman of the discussions, Professor Lucas, had defined surveillance as "Information for action". The present report, considered in the light of that definition, could be regarded as material that should guide the future action of WHO. The situation with regard to childhood communicable diseases was very different in those countries that had adopted countrywide immunization programmes (against diphtheria, pertussis, poliomyelitis, tetanus, smallpox and tuberculosis) from that in countries that had so far not adopted successful routine immunization programmes. He felt that WHO could be very effective in encouraging countries where childhood communicable diseases were still prevalent to undertake an expanded programme for the immunization of children; the Organization's experience in smallpox vaccination and other immunization programmes enabled it to provide valuable assistance in the planning and implementation of routine immunization programmes in countries that did not have highly developed health services.

Dr ELOM (United Republic of Cameroon) congratulated the Secretariat on the excellent report before the Committee. The fact that the health services in many countries seemed to be deteriorating rather than improving had been stressed by the Director-General in his Annual Report for 1973, and was again underlined in the report. With regard to cholera, it said that setbacks were attributable not so much to errors in method as to financial and manpower impediments, a remark that would seem to be equally applicable to health activities in general. There was indeed a need for more precise and up-to-date information and knowledge in many technical, logistic and organizational fields, but the major obstacle remained the limitation of resources. The report indicated, for example, that in some African countries the doctor/population ratio was only 1:75 000. Improved management was required to ensure the most effective use of the limited resources available in the developing countries, and the United Republic of Cameroon was carrying out a pilot study in that field. More emphasis should be laid on self-help, through education of the public, motivation, and the voluntary mobilization of the population, so that it became more conscious of the priority that should be given to health in socioeconomic development programmes.

Above all, there was a need for closer and more systematic consultation and collaboration with regard to health programmes - between the countries concerned, WHO, the other specialized agencies of the United Nations involved in programmes for socioeconomic and cultural development, and the various bilateral and multilateral agencies providing assistance.
Dr DE VILLIERS (Canada) said that his delegation was impressed by the volume of information contained in the report. It appreciated the difficulties involved in its compilation, but found it very useful in that it gave an indication of worldwide trends in health status.

Only two countries, however, had referred to the problem of drug abuse. He hoped that future reports would include more complete information on the incidence of drug abuse, one of the most important present problems in several countries.

Dr HOSSAIN (Bangladesh) expressed appreciation of the valuable report and of the tremendous amount of work that had gone into its preparation. He appreciated that there were grounds for criticism, but hoped that in future it would be possible for more information to be obtained from countries so that the value of the report would be enhanced.

The population density in Bangladesh - one of the youngest nations in the world - was approximately 1200 per square mile; one of its most serious problems, therefore, was overpopulation, which was undermining the health situation as a whole. Inadequate food supplies resulted in malnutrition, and the tropical climate encouraged the spread of numerous communicable diseases. Malaria had been dealt with quite successfully, and it was hoped to tackle the problem of smallpox during 1974. Tuberculosis and intestinal diseases were among the other serious problems facing the country.

Despite its limited resources, Bangladesh had undertaken a tremendous health programme. An integrated health and family planning programme had been started, some 12,500 family welfare officers providing services to 15 million families living in some 64,000 villages. WHO had provided a team of highly qualified specialists to assist with the project.

There was a big gap between the existing situation and the achievement of the state of health as defined in the WHO Constitution. Bangladesh looked forward to the cooperation of all those willing to assist it in developing its health activities, to which top priority had been accorded.

Dr BRAGA (Brazil) congratulated the Secretariat on the report. He was well aware of the difficulties involved in its preparation; the collection of information for earlier reports, when only a limited number of countries had been involved, had not been so difficult, but WHO was now the largest of the specialized agencies of the United Nations and it was clearly extremely difficult to collect information that was both relevant and reliable.

Whatever the means developed by the Secretariat or the Executive Board to improve the method of collection of information for inclusion in future reports, WHO could provide valuable assistance to Member States in the establishment of good machinery for the collection of health data. Most countries in the world had not so far been able to set up good health information systems, which were indispensable for any health administration in taking decisions on health policy and in the management of health services. He therefore proposed that Member States ask WHO for assistance in improving their machinery for the collection of health information. That should enable future reports to be more comprehensive, reliable and relevant, and should also assist WHO by providing reliable health data on which to base its future activities.

The meeting rose at 12 noon.
1. FIFTH REPORT ON THE WORLD HEALTH SITUATION (continued)

Dr CHOWDHARY (Pakistan) said that reliable vital statistics were the basis of any health planning system and were particularly important in the developing countries. In his own country, the statistics collected were most often incomplete and unreliable; the system needed to be improved, but there were often financial and other obstacles. WHO should assist the developing countries in improving their systems of collection of statistics and should be more aggressive in advising governments to set up bureaux of statistics at the national and regional levels. Pakistan was struggling hard to control most of the communicable diseases. The main problems were malaria, tuberculosis, and -to some extent - smallpox and intestinal infections. The lack of complete data was however an obstacle to proper health planning, and he reiterated that WHO should emphasize that point to Member States.

Referring to Part II of document A27/10, he said that it would be useful if a brief review of the health systems in different countries could be included in the report so that Member States could learn from each other's experience.

Dr LARREA (Ecuador) said that his country's name was missing from the list of countries of the Americas in the report perhaps because the relevant information was not available. The Ministry of Health of Ecuador had been in existence for only five years, and health programmes and activities had begun when the present Government had established its health policy two years previously. Ecuador had a scattered population and 60% of the people lived in rural areas. In the past two years, the Ministry had had to tackle priority problems the first of which was to integrate all health institutions. Efforts were being made to extend the coverage of health care, which had been inadequate in the past, and the budget for health programmes had been substantially increased. The Ministry of Health, in coordination with the universities, was stimulating the training of medical and para-medical staff at all levels. A census of health resources was being undertaken for the first time and would make it possible to take stock of the human and material resources available for health care.

The report was a valuable source of information on the health situation in the Americas. However, it should be based on the annual reports that Member States submitted to the appropriate regional agency; in that way the statistics of all countries would appear in the report.

Dr CHITIMBA (Malawi) believed that the quality of the report was strongly influenced by the information supplied by the 99 Member States that had replied to the WHO questionnaire. In that respect, the fifth report was no worse than the four preceding reports. Resolution WHA23.24 indicated that a report on the period 1969-72 should be prepared for the Twenty-seventh World Health Assembly, with an outline for the guidance of Member States; but there was nothing to stop States that were dissatisfied with that outline from improving on its presentation. Such information could be presented as an appendix to the report. An outline was inevitable if there was to be comparability of the health situation in different countries.

Limited as it was, the information given in the report was a valuable indicator of world health trends and was also of great importance for the current country programmes undertaken by WHO. He asked what mechanism was available to the Secretariat for ensuring the validity of the data obtained since, in his view, some of them were not always entirely credible. If the form of the report on the world health situation was chosen by the Executive Board, it was only fair that the Member States should indicate what variables they wished to see included - otherwise there would be similar complaints about the sixth report. He therefore proposed that that aspect should be reflected in any resolution on the subject.

Dr SÁNCHEZ MURIAS (Spain) said that the delegate of Brazil had raised an important point and would be submitting a resolution, which his own delegation would support.
The report before the meeting revealed that information was lacking and that epidemiological, statistical, and demographic services were not sufficiently developed to serve as a basis for the planning of health services. He wondered how health needs could be assessed and health costs calculated, since practically all countries had economic and financial problems. Moreover, was it permissible to waste manpower in cases where, for example, the size of the population at risk was not known. That was an important point, not only for developing countries but also for developed countries that were planning costly control measures, for example in environmental health.

The general guidance given in the report concerning the theme of this year's Technical Discussions had been of great interest to his delegation. It had revealed once again the increasing influence of social and economic factors on health problems and hence on health legislation and on health institutions whose existence depended on their cost-benefit. Finally, he stressed the importance of the coordination and integration of preventive, curative, and rehabilitation services if progress were to be achieved.

Dr TARIMO (United Republic of Tanzania) agreed with previous speakers who had called for a resolution requesting the Executive Board to study the problems related to the standardization, collection, and accuracy of data received from Member States for inclusion in future reports on the world health situation. The need for such a study had been explained by the Deputy Director-General and other speakers. For example, under the section on Mortality (in Chapter 2 of Part I, fifth paragraph), it was stated that communicable diseases, with the exception of tuberculosis and influenza, had not been taken into account as causes of death because countries that sent in information rarely mentioned the common infectious diseases as causes of death, since the underlying cause was not often given. Yet communicable diseases were known to cause over 30% of deaths in a number of developing countries. It was obvious, therefore, that any discussion or graph that excluded those diseases as a cause of death was unlikely to give an accurate picture of the mortality situation in those countries. The study to be undertaken by the Executive Board was intended to find ways of producing a more comprehensive, satisfactory, and useful form of report before the sixth report was compiled. There was no question of discontinuing the report. However, it would be more meaningful and useful if it could be compiled in stages - first at the regional level and only then at the world level.

Dr O. A. HASSAN (Somalia) agreed with the delegate of Poland that greater emphasis should be laid on immunization programmes in developing countries.

Dr GEBREEL (Libyan Arab Republic) expressed appreciation of what was a serious report but might perhaps be deficient in information because of the rapidity of developments.

He supported the proposal of the Indian delegation that the report should cover a five-year period. In Libya, health planning depended to a great extent on the social and economic plan for the whole country, and therefore on long-term planning - which was now oriented towards enabling the country to depend on resources other than oil. An attempt was being made to develop manpower resources by free education at all levels, and also to ensure the equitable distribution of national resources, including various services, and the rapid development of means of production. He paid a tribute to the other Arab countries, and to WHO for helping Libya to achieve a successful health plan.

Dr GUILLÉN (Peru) observed that, as general and statistical information was lacking in his country, the Ministry of Health had recently set up a data-processing service that would make up for previous shortcomings and be of assistance in health planning.

The DEPUTY DIRECTOR-GENERAL thanked the members of the Committee for their stimulating, positive, and helpful statements. Note had been taken of their suggestions. There was no doubt that the Executive Board would have to examine the subject in detail.

The quality of the Director-General's report reflected that of the information received from Member States in reply to the questionnaire. The report was intended to give guidance not only to Members but also to the WHO Secretariat in future planning; however, it could perform that duty only if the information supplied to it was realistic, meaningful, and indicative of the dynamics of the whole world health situation. The Director-General was anxious to see that the report became a sensitive instrument, much more scientific, reliable, and valid - as well as highly sophisticated - while maintaining its quality. There were inherent complexities and problems in making use of data from Member States, especially in view of the differences in health systems, socioeconomic.
factors, and technological, administrative, and organizational capabilities. The Director-General had noted that many countries would need further assistance if the information received at WHO headquarters was to have some measure of reliability and comparability.

The delegate of Iraq had referred to suggestions that the report might be discontinued. What was proposed was that the Executive Board should study the rationalization of the different procedures for collecting health and other statistical information from countries, with a view to making that information more amenable to a meaningful assessment of the world health situation. There were, of course, many difficulties. Only 99 Member States had responded to the questionnaire, and some of those had replied so late that it had been impossible to include the information that they had supplied.

In reply to the two points raised by the delegation of India, he said (1) that the proposal that the report should cover a five-year period would be placed before the Executive Board; and (2) that the report was not a digest of the Director-General's Annual Report but a compilation, analysis, and synthesis of the data collected through questionnaires. There was a need for more scientific analysis and for standardization of methods to ensure comparability of data.

The delegate of Malawi had questioned the credibility of the data supplied. It was not for the Secretariat to question the validity of information, which was normally accepted in good faith and on the assumption that Member States would send as much information as possible to enable WHO to present a reliable and complete picture. The report could be made into a very important instrument to guide Member States in many of their activities and enable them not only to project and extrapolate but also to compare systems of health services in countries with different cultural, ideological, political, and socioeconomic systems. To enable the Secretariat to produce a report of such high quality and relevance, the Executive Board would need to study the subject thoroughly and to take into consideration the most important points that had been raised in the debate. Moreover, Member States would have to take the issue very seriously and supply as much information as possible. The Director-General and Secretariat would be only too glad to give further assistance to countries that were still behind in setting up the essential mechanisms for obtaining reliable and relevant data.

He thanked the Member States that had sent in information for inclusion in the report. The suggestions put forward would guide the Secretariat in presenting the subject to the Executive Board.

Dr Kilani (Jordan) stated that the inclusion of East Jerusalem in the statistics of Israel was without any legal or international foundation. It was against all United Nations General Assembly or Security Council resolutions regarding the status of Jerusalem. His delegation therefore requested that the passage in question be deleted from the section of Part II concerned.

The Deputy Director-General assured the delegate of Jordan that his statement had been recorded, and that the Secretariat would look into the matter.

Dr Samba (Gambia) proposed that the questionnaire sent out by WHO should include a question as to why a Member State might not be able to fill in and return the questionnaire. It was important for the Health Assembly to know the reasons. For example, in the Gambia, with one doctor to 35,000-40,000 patients, doctors had no time to carry out public health measures, let alone collect statistics. His delegation was therefore heartened by the Health Assembly's progressive move in developing biomedical research in the regions.

He supported the delegate of Pakistan in asking that the Assembly should be more aggressive in helping the developing countries to provide statistics. Without statistics, it was impossible for countries like his own to formulate a health policy, especially in view of its financial and manpower problems.

Dr Shrivastav (India) thanked the Deputy Director-General for clarifying certain issues and asked if the information given in the Director-General's Annual Report in the previous three years was at variance with the data collected as a result of the questionnaire.

The Deputy Director-General replied that the Director-General's Report was supposed to complement the information supplied by Member States. From the point of view of methodology, it was obvious that the information in the two reports might be at variance
because WHO headquarters and those involved in field programmes viewed things in a different light. WHO was aware that the two reports should complement each other: that point would be brought to the attention of the Executive Board.

The question raised by the delegate of the Gambia was relevant. WHO appreciated the difficulties encountered by many of the developing countries in completing the questionnaires and would be more active in future in assisting Member States in that respect.

The CHAIRMAN said that the Rapporteur would prepare an appropriate draft resolution for consideration at a subsequent meeting.

(For continuation, see summary record of the fifth meeting, section 2.)

2. WHO'S ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH

Dr RAMZI (representative of the Executive Board) said that the Board at its fifty-third session had examined the Director-General's report on WHO's role in the development and coordination of biomedical research (document A27/11, Annex I), a report that had emerged from a study carried out by the Director-General with the aid of consultants and the Advisory Committee on Medical Research (ACMR). Since the Deputy Director-General would be summarizing the report for the Health Assembly, he would simply note the salient points of the discussion that had taken place in the Executive Board.1

First, since the Organization had only modest resources available for medical research in its regular budget, the Board had noted that WHO's role must be primarily to coordinate the efforts of national institutions and research workers of various countries. Second, the Board had stressed the urgent need to increase the research resources and potential of the developing countries. Third, it had concluded that a plea should be made to Member States and voluntary organizations to contribute as much as possible to the Special Account for Medical Research and to increase the funds at the Organization's disposal by all other available means. Fourth, while opinions on the determination of priority subjects for research had been somewhat muted, the Board had noted that parasitic diseases had been selected as the model for basic and applied research in centres of excellence, since it had been thought that the research potential thus established could be applied to virtually all other problems of biomedical research and public health that might arise in the future. Fifth, after lengthy discussion, the Board, in resolution EB53/R36, had decided to transmit the report to the Twenty-seventh World Health Assembly together with its observations.

He drew attention in particular to operative paragraph 3 of that resolution, recommending that members of the Executive Board attend the sessions of ACMR and that members of ACMR should likewise attend stipulated sessions of the Executive Board and Health Assembly.

The DEPUTY DIRECTOR-GENERAL said that the summary of the Director-General's proposals (document A27/11, Annex I, pages 2-3) indicated that the study leading to the report had been based on the experience of the Secretariat since 1959, aided by consultants in the biomedical sciences who had been in close contact with the work of WHO during that time. The result had been a synthesis in which the tools used successfully in the past for planning WHO's research activities were combined with the changes made necessary by new advances in some areas of the biomedical sciences. The significance of that synthesis was particularly evident in the specific proposals for general research policy and strategy and in the research priorities set forth.

With respect to increased international cooperation and coordination of biomedical research, the functions of WHO collaborating institutions and reference centres had been reviewed and steps had been taken to rationalize their use in the intensification and elaboration of the Organization's research activities. The Secretariat would inform each of them of those developments, and was already contacting major medical research councils and similar national bodies in that connexion. One concrete step planned was the wider use of the WHO Library for satisfying needs in medical literature of the regions, and of Member States.

The role of the WHO regional offices in this intensified biomedical research and their increased involvement in those activities was presently under review. It was hoped that in the years to come such activities would be developed systematically through the regional offices, with the technical collaboration of headquarters.

Special attention had also been given by ACMR to the problems of intensifying WHO's biomedical research programme, and stress had been laid on involving ACMR even more actively in particularly important programmes, so as to ensure a better dialogue between that body, the Executive Board, and the Health Assembly. The Health Assembly might wish to consider resolution EBS3.R36, which recommended reciprocal attendance between the meetings of those bodies.

One of the most important sections of the report was part V, section E (document A27/11, Annex I, pages 22-24), entitled "Special problems of research in developing countries". In the study leading to the report, the development of research resources and potential in the developing countries had stood out as a particularly important and pressing need, and an examination of the problems of those countries made it very clear that the ultimate solution lay in their ability to carry out their own research in the very areas where the problems existed. Reliance on outside research capabilities had not been notably successful in providing permanent results over the past twenty-five years, except in fields such as smallpox vaccination and, to a more limited extent, the use of DDT in the control of malaria. The problem of malaria control was still far from solved in countries whose infrastructure and socioeconomic conditions were such that conventional procedures employed elsewhere had little chance of marked success in any reasonably short span of time. Thus, even in the field of malaria one had to search for short cuts, perhaps in the form of a vaccine. Moreover, operational research methods might help the poorer countries to make the most economical and realistic use of their limited manpower and material resources.

The parasitic diseases and other communicable (including enteric) diseases, in addition to being complicated by concomitant nutritional disorders, were superimposed on other diseases that were already being given much attention in the developed countries, e.g., mental disorders, cancer, and cardiovascular diseases, which were now emerging as problems of considerable concern in the developing countries themselves.

In view of the complex situation, it was evident that WHO would not be able to rely on short-term approaches in developing countries or on the traditional patronage of the developed countries. The only logical answer was for all countries to have their own capacity for analysing and doing research on a wide variety of biomedical and public health problems. With the growing realization of the importance of scientific research and the increasing expectation that it could meet the material, intellectual and creative needs of society, research had become an item of public property and public policy, as such, concern for its efficiency, organization and support could no longer be confined to the exclusive patronage of the developed countries. There had to be a two-way flow of knowledge, from the developed to the developing countries and vice versa, just as from practice to research and vice versa. Moreover, the technologically advanced countries had relatively little interest in, and devoted comparatively little research to the large gaps in knowledge of the biological characteristics of the parasitic diseases, which continued to plague the poorest countries in the tropical belt. For those reasons the report had adopted the long-term approach with respect to the developing countries, namely, to take all possible steps to support research and training institutions and capacities within those countries themselves so that they could serve their own needs and those they shared with other countries having similar problems and conditions.

In order to permit developing countries to carry out research on specific disease problems and to train the scientific manpower required, an integrated programme was needed that would combine both fundamental and applied research with the training of a selected group of local scientists in centres of excellence in the countries in question. Such a course would best serve the needs of most of the developing countries in the foreseeable future, and would help them to achieve self-sufficiency and the ultimate independence they were seeking from outside sources, whose aid was on occasion tinged with extra-scientific considerations. Skills were still very scarce in the developing countries, millions of whose inhabitants did not yet possess the modern scientific and technological expertise for the production of enough wealth to make possible a just and fair standard of living for themselves and their nation as a whole.

An intensive and at the same time extensive series of consultations was at present in progress to formulate a systematic programme for achieving those goals, which were to be taken up with ACMR at its meeting in June 1974. The formulation and planning of such activities required time, and it could be anticipated that such consultations would continue and that feasibility studies would be implemented over the next year.
The developing countries could not of course be expected to achieve those goals by themselves: a collaborative effort with the technically advanced countries and their scientists and laboratories was needed. WHO, with its function of coordination and its proven capacity to arrange collaborative efforts, had a large role to play in that connexion, not the least of which would be the stimulation and support of biomedical research on tropical diseases in appropriate institutions in technically advanced countries, which would be linked as closely as possible with the efforts to be undertaken in the developing countries themselves. Such an approach would make it possible to harness all possible resources - actual as well as potential, scientific as well as material - on a global scale and bring them to bear on the relatively neglected field of tropical diseases - relative, that is, to the immense importance these diseases had in the health and total wellbeing of the poorer countries.

Finally, he drew attention to the financial implications of the Director-General's specific proposals, as stressed in the introductory section summarizing those proposals. The proposed activities obviously could not be intensified or expanded to any marked degree within the Organization's regular budget, particularly where the above-mentioned problems of the developing countries were concerned. WHO was therefore making a plea to Member States to contribute to the maximum to the Special Account for Medical Research (within the Voluntary Fund for Health Promotion) and was taking action with voluntary agencies in that regard. Member States were also asked to help the Organization to identify those institutions and research workers that were willing and able to expand and intensify WHO's research programme through collaborative efforts.

WHO viewed its research efforts as a creative evolutionary development by which, through a series of changes, greater and increasingly complete levels of unity and rationality could be achieved within its overall programme. Such development was inescapable, timely, and right. The struggle for needed knowledge, for openness and resourcefulness, for new possibilities and discoveries, and for scientific and technological innovations cut across the great organized ideologies of the contemporary world. In that task the Organization had succeeded in good time in overcoming the risk of two failures: the failure of courage and the failure of imagination.

Dr VELIMIROVIC (Austria) considered WHO's role in the development and coordination of biomedical research to be particularly important and useful. Experience had shown repeatedly that there was a multitude of problems that could not be coped with by a single country alone and that demanded international cooperation. He would be happy to see WHO's efforts continue in the coordination of research, particularly in communicable diseases, vector biology and control, immunization, and epidemiology, and hoped that those fields would receive due emphasis.

It was important that efforts not be deflected from the most pressing practical problems facing the countries, such as problems related to immunization programmes listed among the Director-General's priorities for research (document A27/11, Annex I, page 3, section B, paragraph (3)) and those mentioned by the delegates of Poland and Somalia earlier in the meeting. His delegation was prepared to examine, on its return to Austria, the possibilities of making a modest financial contribution to WHO's research programme.

Dr DOLGOR (Mongolia) thanked the Director-General for his report, which was a preliminary step towards the implementation of resolution WHA25.60. From its inception, WHO, as required by its Constitution, had made great efforts in the research field. They had however been isolated efforts, and there had been no general plan. The Director-General's report, although it contained information regarding specific actions undertaken and proposed by him concerning resolutions WHA25.60 and WHA26.42, appeared somewhat elusive in the matter of an overall policy, as a member of the Executive Board at its fifty-third session had remarked.

The report seemed to him to contain a number of conflicting ideas concerning the exchange of knowledge and experience between developed and less developed countries. The experience of the developed countries in biomedical research was of great importance to the developing countries, for it would enable them to avoid mistakes and to make greater progress in a shorter time, and they could make use of the results obtained, to the extent that they were relevant to conditions in the country.

With regard to the "brain drain", it would cease or at least decrease if research workers, in addition to receiving better living and working conditions, became aware of their duty to their country and their people. If they refused to recognize their responsibilities, perhaps some measures should be taken to dissuade them from leaving the country.
WHO should continue its traditional role in the field of biomedical research, collaborating with national institutions. He looked forward to hearing the views of other delegations on the methods by which the Organization could fulfil its coordinating role; his delegation hoped that WHO would be able to use its prestige to prevent unnecessary duplication of effort.

Dr GREVILLE (Australia) concurred with the report of the Director-General on WHO's role in the development and coordination of biomedical research. He supported the recommendation in resolution EB53.R36 that there be reciprocal attendance at meetings of the Executive Board, ACMR, and the Health Assembly.

With regard to the report's statement on general research policy and strategy, he was in agreement with the policy of providing training to attack the serious problems in the developing countries, as well as with the strategy that there should be more consultation and discussion between research councils in various countries to provide guidance on general policy and on the lines of biomedical research to be pursued.

Australia had already brought under control most of its communicable diseases but, as a developed country, was experiencing increasing problems connected with degenerative diseases, particularly those associated with aging, mental disease, cancer, and pollution. Consequently, most of its biomedical research at the basic, developmental, clinical, and operational levels was directed towards those health problems. However, the results obtained were often widely applicable and could add to knowledge about the health problems of many countries, both developing and developed.

It was currently being realized that the amount of money (expressed as a percentage of the gross national product) available for all aspects of health was reaching an upper limit. The funds available had thus to be used to the greatest advantage. Biomedical research was expensive, and its financing was increasingly a governmental responsibility. To maximize the utilization of research funds, the frequent duplication of research programmes by different countries and even within countries themselves had to be eliminated - a goal that might be achievable through better communication. He believed that greater value could be derived from research funds if certain proposals made in the Director-General's report were implemented, namely, improved communication between scientists, improved collection and dissemination of information, and international cooperation in medical research. To make that possible, each country would need to maintain a central agency for the collection and dissemination to scientists of information on the research projects carried out within the country, and for coordination and cooperation with an international body. The latter could well be under the auspices of WHO. In that connexion, he drew attention to the activities of the Council for International Organizations of Medical Sciences (CIOMS), a body jointly sponsored by WHO and UNESCO, which until recently had held regular meetings of national members (representing research councils in various countries) in an effort to assist the coordination of research activities. The recent discontinuation of those meetings for lack of funds seemed to be anomalous in view of WHO's recommendation on the international coordination of research. Perhaps Member States might examine whether they should support CIOMS, as it seemed to be in an excellent position to provide the coordination required.

Professor REXED (Sweden) said that it was clear to anyone who had followed the medical research programme for any length of time that there had been a logical and straightforward development, but that the development had now stabilized. The latest recommendation from ACMR was that WHO should continue in the way it had started; the Swedish delegation was of the same opinion. He had however certain points to make with respect to WHO's general policy.

First, as regards the question of coordination he agreed with earlier speakers. Coordination was the major area of WHO's work in research. The Organization could not become an international academy or an international research council. Nor could it take up large-scale scientific work in institutions of its own - to do so would be to run the risk of isolation. It had however considerable opportunities for coordination, although any coordinative work by WHO must not come from above. It could never dictate to scientists, countries, or institutions what they should do. It could ask for positive
collaboration only by producing a programme that was worthwhile and had been developed with the support of scientists from all over the world. This implied sustained contact with the research institutions in the various countries. Collaboration with medical science academies, with medical research councils and with other policy bodies in the research field would have to be very strong, and the contact must be a live and active one. Moreover coordination required not only convincing arguments but also adequate funds and this was perhaps the weakest link in WHO's work.

As for general policy, he agreed with earlier speakers on the need to support research in developing areas. Besides new knowledge, there was a need for institutions and people who could translate that knowledge into a working method for the area where it was required. WHO should use every means to support the growth of research in developing countries, for instance by training workers in research methodology, guiding bilateral and multilateral funds to the right institutions, and helping countries to evolve their own scientific strategy for research development. Here UNDP and other such multilateral funding institutions might be useful: WHO's role would be to coordinate their efforts for the development of research. Reference centres and training and research centres might be set up under the auspices of WHO and supported by such funding agencies. The Organization's authority would enable individual institutions, funding agencies, and countries to know which centres they could rely on, which they could support, and what was the most suitable area for their support. To work out a suitable strategy for support to research and development would be an important part of WHO's work. Finally there must be a strategy for the research itself. Unless WHO could help to show how biomedical research should develop, and what part each type of research should play in the total effort, there was a danger of its activity becoming somewhat aimless and of the most important priorities being missed.

He emphasized the importance of the information networks mentioned in the Director-General's programme, and which he envisaged along the lines of MEDLINE. The work begun at the Washington National Library of Medicine had proved extremely useful, and affiliated centres were now functioning in Europe. WHO should provide information in biomedical research for countries that themselves were not in a position to develop such networks, and this was one of the most interesting approaches for future work.

Areas in which research should be encouraged were the parasitic diseases, a matter of great importance for many countries; the toxicology of the many chemicals encountered in modern life, to determine their toxic and also their genetic effects; and, finally, human reproduction. WHO could not concern itself with the political aspect of the population problem; it could however help countries to find methods of fertility control, and could test and develop new methods and techniques.

Turning to the financial implications, he said it would be quite unrealistic to think that money for the type of work in question could be found in the regular budget. WHO would have to look elsewhere, either by channelling funds from individual countries or by using its own Voluntary Fund for Health Promotion. Countries would very often finance projects that were in some way related to their own specific interests. But before it could accept such resources, WHO itself must have a strategy that was clear, logical and scientifically based. His own country had been and still was very ready to help in some of the programmes he had mentioned. It hoped that WHO, as an effective and objective agency for coordinating research work would indicate what programmes, in which the Swedish Government could take an interest, would also be of interest to the world as a whole.

Professor Renger (German Democratic Republic) said that biomedical and sociomedical research was a prerequisite to, and a part of, the optimum fulfilment of WHO programmes. And the effectiveness of such programmes must be increased by developing and coordinating international research. Priorities should be checked and redetermined by concentrating on selected global and regional problems and the medical research programme should include only those subjects that were of importance to international health policy.

Duplication of work should be avoided by an efficient distribution of responsibility between WHO headquarters and the regional offices. Matters of particular interest to an individual region, and which were mainly dealt with by that region, should remain under its
guidance. Headquarters should however be responsible for coordination, and a research division should be set up to receive, process and circulate information. Questions of global importance, such as the prevention and control of infectious diseases (including immunology), cancer, nutrition, and human reproduction (including genetics) should be handled by WHO headquarters. Subdivisions of the suggested research division should be responsible for problems of forward planning, research planning and research methods, including the putting into practice of the results of research.

The efficacy of research would be heightened by systematically bringing the scientific and technical activities of individual regions and countries into a coordinated system of planning and exchange of information; he had particularly in mind specialized research and training centres, and international scientific societies.

The WHO Technical Report Series, in which were printed the reports of groups of experts had proved an excellent means of furthering a uniform approach and definition of terms. Their revision at shorter intervals might speed up scientific development in priority fields.

Research institutes should be set up in the developing countries, since it was there that a great number of medical and social problems required solution. The German Democratic Republic was ready to offer fellowships to students from such areas. WHO should moreover possess an international information system that could be expanded to meet developing needs, since the demand for more topical and comprehensive information would require large centres with adequate information and storage facilities.

Dr HOSSAIN (Bangladesh) recalled the pioneers of scientific development in earlier times, who had made great efforts to solve the health problems of tropical countries; much however still remained to be done in those areas, and the developing countries were suffering from a big time-lag as regards scientific development. Many diseases had however been investigated in the developing countries, including his own; he paid a tribute, in that connexion, to the institutes set up in those areas by the United States of America and to the dedicated personnel of the Johns Hopkins Hospital; the USSR had also recently come to the assistance of Bangladesh by setting up a research institute for the study of tropical diseases; and an Australian team had studied smallpox there.

Research work in the countries such as his own should be carried out at the grass roots level with the assistance of the family welfare worker who could help the higher grades of research workers and medical staff to build up data that would be of interest to many countries. Such data could be coordinated by WHO and by national and international agencies set up to ensure that the research work was carried out systematically.

Referring to the "brain drain", he recognized that students from the developing countries gained much from studying in advanced countries. It might, however, be desirable for trained workers from those advanced countries to come to the developing countries, where they could improve scientific mechanisms and inspire the local workers. Such visits also could be sponsored and coordinated by WHO.

As regards subjects for research, he emphasized the need for research into the control not only of mortality and morbidity but also of fertility; and for a study of family patterns that would enable mortality and fertility to be investigated at the same time.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that previous speakers had been unanimous in stressing the importance of WHO's work in the coordination of biomedical research. That showed, in his delegation's opinion, that Member States were agreed on the necessity of developing the Organization's role in that field.

The Director-General's report was considerably more satisfactory than the preliminary report presented to the Twenty-sixth World Health Assembly, even though it could be criticized as being insufficiently precise and reflecting too traditional an approach. The essential point, however, was that Members had become convinced that WHO's role in the development and coordination of biomedical research should be extended, whereas, when two years previously the Twenty-Fifth World Health Assembly had adopted resolution WHA25.60, some doubts had been expressed.

Naturally, there were many difficulties to be overcome. There was the information barrier - the problem of disseminating the knowledge gained, for instance, in the developing countries; there was the methodological barrier - for it was necessary not
only to desire, but to know how to coordinate efforts; and finally, there was the socio-
ethical barrier, reflected in the enormous gap between what was known and what was
actually done to conserve the health of mankind.

Under present circumstances there could be no question of establishing international
research centres. For the time being the task was to coordinate the work of national
institutions; that would require a sustained effort and the creation of a climate of
mutual trust, with no attempts at domination, no "brain drain" that would deprive the
developing countries of reaping the benefits of biomedical research.

Without a sound methodology, however, attempts to coordinate biomedical research
were bound to fail. It was for WHO to work out such a methodology, and to test it on
various suitable problems, such as cancer, and certain parasitic diseases - in the first
place onchocerciasis and schistosomiasis. Work on those problems had been carried out
in the developing countries, and they would be able to participate in the research effort,
which had to cover both developed and developing countries.

The first need was to provide national health authorities and experts with a list of
problems on which research was most urgently required. The list could be altered
subsequently, as dictated by circumstances, but it should be based on expert evaluation
of the possibility of solving the problems, and should include an indication of the time
estimated to be required, the method to be employed, the resources and personnel needed.
Many countries had established research forecasts, but they had never been assembled and
compared, and that should be done. Then a timetable, covering 8 to 10 years should be
worked out. Finally, information should be collected and collated to give a picture of
what had been done so far on each problem, and what it was considered possible to do in
the future.

His delegation considered that WHO's work in biomedical research should be examined
at every Health Assembly so that any necessary changes could be made. The role and
responsibilities of ACMR should be extended and the work of the expert committees still
further improved.

With regard to resources for research, he could say that, as far as his own country
was concerned, it was collaborating with many countries in a vast number of subjects,
and the results would be communicated to WHO.

The Health Assembly might wish to adopt a resolution approving the Director-
General's report and reiterating resolution WHA25.60, which set out the lines along
which WHO's efforts might most profitably be pursued. His delegation was prepared
to put forward a suitable draft, in collaboration with any other delegations wishing
to co-sponsor it.

The meeting rose at 5.30 p.m.
THIRD MEETING
Tuesday, 14 May 1974, at 9.30 a.m.

Chairman: Professor J. TIGYI (Hungary)

WHO'S ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH

(continued)

Professor ADENIYI-JONES (Nigeria) fully supported the proposals in the report before the Committee. Although Nigeria might not be able to allocate the same priorities to all the items detailed, it fully recognized the contribution that they could make to the health of the world.

The term "biomedical research" meant different things to different people, and if - as had been suggested - sociomedical research were added, it would seem to cover everything to meet medical and health needs on a worldwide scale.

Regarding implementation of the proposals, he drew attention to the need, in dealing with health problems, to apply the knowledge already available. There was an urgent need to explore the reasons why it was so difficult to control some communicable diseases despite the availability of procedures and materials for their effective control; examples were tetanus, measles, and amoebiasis. Part of the difficulty was the need to prevent people from dying too early in life. There were so many sick people in need of care that it was understandable that only minimal attention could be given to those who were relatively well. It was necessary to ascertain how emphasis could most effectively be shifted from the prevention and cure of disease to the protection and promotion of health, in particular through the adoption of basic sanitation measures and immunization programmes that would provide a quick return for expenditure.

There was also a need to develop research protocols so that findings would be directly applicable to more than one specific area. That called for more effective coordination and closer collaboration than hitherto.

He believed that WHO should intensify efforts to explore alternative ways of delivering health care and encourage Member States to take a critical look at the organization of their health services in order to restructure them so as to reflect actual needs.

Professor REY (Spain) said that his delegation fully supported the proposed research programme. The three essential aspects of the programme were: support for basic and specialized research; the training of research workers; and the improvement of communication between research workers in different disciplines and countries.

Applied research should be adapted to the situation in each country, objectives and priorities being carefully defined. To that end it was necessary to define the problem areas, the health indicators, and the health status of the population, taking into account the general situation in the country and its stage of socioeconomic development, as well as the prevalence of various diseases. On the basis of the data obtained it would be possible to establish priorities within a brief period, and the research problems would be tackled by multidisciplinary teams.

He stressed the importance of the training of research workers, and suggested that the training programmes provided by the universities and the social security systems should be considered jointly; that programmes should be established for the continuing education of research workers; and that international agreement should be sought on the training of research workers.

The improvement of communication between research workers was of paramount importance, since it would both open up new horizons and, in some cases, indicate fields in which work should be discontinued.

He considered that the provisions of Article 2 of the Organization's Constitution could best be implemented if the above-mentioned aspects were taken into consideration.

Dr ABDALLAH (Egypt) recalled that the Advisory Committee on Medical Research, at its fifteenth session, had recommended that high priority should be accorded to research on nutrition and communicable diseases in developing countries, special efforts being made with regard to parasitic diseases. In the report now before the Committee it was stated that advances in knowledge and control of many parasitic diseases, affecting hundreds of millions of people, had been painfully slow for decades; possibilities were therefore being investigated of intensified action to deal with those problems. Egypt looked forward to the early undertaking of appropriate activities in that field; they would be highly appreciated by developing countries. The proposed research programme should include epidemiological studies to define the size of the problem, elucidate factors that might
modify the prevalence or severity of parasitic diseases, and evaluate current measures of control. It was necessary to devise methods for coordination between such public health research and basic biomedical and clinical research.

The support of WHO was urgently needed in certain fields of biomedical research for research was indispensable for success in combating such diseases as schistosomiasis, trypanosomiasis, onchocerciasis and malaria, which were endemic in a large number of developing countries, representing public health problems of varying magnitudes in different localities. The potential value of research on immunological aspects could not be overemphasized. As yet, there was no clear understanding of immune processes; parallel studies were needed to reach a clearer understanding of immunopathology in parasitic diseases and methods of inhibition. Careful studies of the consequences of immunological reactions were required; in one case the response might confer immunity on the host, in another lead to sensitization and tissue damage. Although the importance of immunopathological processes in bacterial and viral infections had long been appreciated, they had only been investigated to a limited extent with regard to parasitic diseases. The way was wide open for the study of the immunopathological aspects of parasitic diseases in endemic areas, where more immunology laboratories should be established with WHO support. The isolated efforts carried out during the past decade in laboratories in developed countries, where such communicable diseases did not exist, had resulted in significant progress in that field of research, and it was high time that those efforts were coordinated and carried out in endemic areas where immunological concepts could be easily applied in the field. The immunology research and training centres recently established by WHO in some countries in Africa and Latin America had helped mainly with training, and only to a limited extent with the promotion of research. All those centres needed to be strengthened, and their work should be coordinated with that carried out by the laboratories in developed countries. Moreover, the siting of some of the WHO immunology research and training centres needed to be reconsidered; for example, it was stated on page 33 of the report before the Committee that the immunopathology of schistosomiasis in the Upper Nile Delta was being studied in collaboration with the centre in Beirut. It seemed to be paradoxical that that particular study was not being carried out in the African continent, where schistosomiasis was endemic.

The importance of the different immunological aspects of parasitic diseases had been strongly emphasized in the report of a WHO expert committee that had met in 1964 (Technical Report Series, No. 415). The Committee had stated that "the natural histories of some of the most serious parasitic diseases ... support the hypothesis that many host populations have survived only because of the development of active immunity", and had added that "It is equally evident that such immunity has been purchased by staggering mortality rates". The Committee's recommendations had been made 10 years previously; his delegation now requested that the intensified approach referred to by the Director-General should be adopted in order to implement those recommendations, and that steps should be taken to promote coordination of the work of pathologists and immunologists.

It was a well-known fact that all the drugs currently used for the treatment of schistosomiasis, trypanosomiasis and onchocerciasis were potentially toxic; they were, however, the only weapons available at the moment for use in large-scale treatment campaigns. WHO should draw the attention of governments to the advantages of regularly reporting severe reactions and deaths related to the use of those drugs. The Organization should also assist by providing the methodology for such surveillance and monitoring systems where necessary. The WHO Research Centre for International Monitoring of Adverse Reactions to Drugs should give high priority to those drugs, since they were intended for use by hundreds of millions of patients in developing countries. The lack of clinical pharmacologists in most of those countries should be taken into consideration, and WHO should assist in the organization of clinical and pharmacological services and in training personnel. It could also assist by organizing the international exchange of information on drug evaluation, in accordance with the recommendations made by a WHO study group that met in 1969 (Technical Report Series, No. 446).

Problems regarding parasitic diseases might be very similar in many respects in adjacent countries in certain geographical regions. Research in certain fields could therefore be carried out by some of the institutions already existing in the area, and the countries concerned, with WHO assistance, would cooperate in promoting the research activities selected as priorities. There was no doubt that some developing countries already possessed the necessary technical capabilities in some of their medical institutions and, with adequate financial help, could carry out much clinical and public health research. At the same time, training could also be provided for the research workers in those institutions.

Regarding priorities, the regional offices could help to identify specific fields of medical research in their respective regions. In that connexion, they could obtain...
valuable guidance from the recommendations made at the medical meetings and conferences
that were regularly organized to discuss health problems in the different regions;
mention might be made of the meetings of the health committee of the Organization of
African Unity and the symposia held under its auspices.

It was of paramount importance that, wherever possible, research programmes on
communicable diseases should be carried out in areas where those diseases were prevalent —
subject to the availability of competent scientific centres and the establishment of
institutions in some developing countries on a regional basis.

Dr LEAVITT (United States of America) congratulated the Secretariat on the
comprehensive review contained in the report now before the Committee. His delegation
considered that WHO in its research activities should adhere to the principles endorsed
by the Twelfth and subsequent World Health Assemblies. It was, however, concerned that
the report — while placing great stress on the areas proposed for biomedical research,
which were undoubtedly important — did not specify the ways in which WHO should undertake
its research programme. Nor did it indicate the criterion for the selection of those
areas of research.

WHO should in research fully exploit the recognition and respect accorded to it as
the global health agency. It was in a position to exert influence on the international
efforts of the world’s leaders in biomedical research, and to provide leadership in both
the planning and implementation of programmes for the use of the limited resources
available to solve selected health problems.

It would be a major improvement in the planning process to identify current problems
and assess the likelihood of their solution, rather than attempt to identify the relative
importance of different diseases.

It should be the research role of WHO: first to determine research objectives, such
as the definition of global needs, the promotion of national research efforts in the
interest of global needs, and the promotion of coordination of research at the inter-
national level; and second, to devise ways of attaining those objectives. One basic way
was the collection, evaluation and dissemination of accurate data. Another was the
coordination of pertinent national research activities with other national and inter-
national efforts. Yet another was the standardization of nomenclature, methods and
techniques. Other mechanisms might include seminars and meetings of scientific groups
and expert committees, the evaluation of results, and the support of collaborative efforts
by national laboratories.

Another area in which WHO might play a unique role was in relation to the use of
human subjects for clinical experimentation. It was important to develop uniform
standards and criteria and to affirm that the progress of medicine owed a great debt
to experimentation and research.

The third approach in determining WHO’s role was the definition of priorities.
They should not be based on relative parameters of diseases, but rather on the established
need for specific research. The criteria must take into account the global perspective
and the contribution that the international effort might achieve. Another criterion for
priority should be the likelihood of success.

Finally, it was essential to ensure that the objectives, mechanisms, and priorities
were appropriate to the unique role of an international organization.

The establishment of "centres of excellence" could provide an outstanding mechanism
for the development and deployment of local cadres of scientific personnel, able to
respond to national problems by correctly interpreting technological advances in a local
context. His delegation fully supported the establishment of such centres. It was
concerned, however, that they should not be developed in such a way as to defeat their
very purpose, by being involved in esoteric studies that had no relevance to national or
regional needs. They should not seek to emulate institutions that already existed or
duplicate efforts already under way, and their work should be directed to problems that
were relevant in the area where they were located. To ignore those principles would only
serve to divert qualified manpower from the pressing problems facing the areas concerned.
Moreover, planning should try to ensure the continuous availability of resources, since
the failure of those centres would, in all probability, only add to the "brain drain", with qualified researchers seeking other opportunities.

WHO should not be identified in the eyes of the world as a biomedical research
agency; it was an international organization with specific objectives, including the
stimulation and coordination of research efforts of global significance. WHO should continue to develop its research programme, providing Member States with the tools to relate their research programmes to the totality of the Organization's efforts, and helping institutions and laboratories around the world to direct attention to the most pressing health problems.

Professor NORO (Finland) said that the report described a well-balanced and comprehensive programme in the field of biomedical research. It also took the health problems of developed countries into consideration, in particular atherosclerosis, ischaemic heart disease, cancer and mental diseases, as well as the strengthening of health services and the promotion of environmental health.

He noted with pleasure the expanded programme of research to develop effective family planning services as an integral part of the health system. His Government had recently decided to contribute approximately US$ 80 000 to WHO to support that project. It was to be hoped that that research might be carried out to a greater extent in small and developing countries; in the past, international money for research seemed to have circulated back too frequently to a few big countries.

The report showed that progress had also been made on research on environmental health. At the Committee's previous meeting, the delegate of Sweden had rightly stressed the need for research in the field of toxicology. It was necessary to establish environmental health criteria and standards on a sound scientific basis. Much still remained to be done in order to reach international agreement on threshold values in industry. Considerable work in that field had been carried out in Finland during the past 50 years. Research on general toxicology applicable to the entire population and to two million different chemical compounds constituted a vast field.

Thanks were due to WHO and the European Regional Office for all the support Finland had received in its research work. For example, valuable assistance had been provided by the Organization in planning and carrying out a project in Northern Karelia for the prevention of cardiovascular diseases in a population of more than 200 000.

In conclusion, the Finnish delegation supported the proposed programme of work. The importance of the role of WHO in the development and coordination of biomedical research had already been demonstrated, and the proposals for future activities in that field were sound and realistic.

Professor SENAULT (France) stressed the importance of WHO’s role in the development and coordination of medical research. Although there were some fields in which research could be successfully carried out on a limited scale, whether national or regional, there were others that derived tremendous benefit from international cooperation. It was important that WHO should not disperse its efforts in areas that were not of general international interest. International cooperation was required for the effective use of certain highly specialized techniques, and WHO would have an increasingly important role to play in the standardization of methodology in general. The comparison of the results obtained in different countries, in the light of prevailing conditions, permitted a meaningful interpretation of results. For all those reasons, his delegation considered that WHO should continue to play an active role in coordinating research. There was a particular need for it to organize a regular exchange of information with national research institutions. On the other hand, the financial implications of an extension of WHO’s research programme needed to be taken into account.

The French delegation was pleased to note that several of the priority areas of research listed in the report were the same as those receiving priority attention in France - in particular, pharmacology, the improvement of vaccination systems, the epidemiology of cancer, the etiology of atherosclerosis and ischaemic heart diseases.

Reference had been made to the need for cooperation and exchange of information at the national level. In that connexion, France was carrying out research in cooperation with a number of countries. In particular, a Franco-Soviet committee met annually to study certain aspects of research, and cooperative activities were also being carried out with Sweden. In addition, the French national institute of health and medical research was carrying out cooperative research projects in collaboration with the USA, the United Kingdom and, more recently, Canada.
Dr GARCÍA (Argentina) supported the approach adopted by WHO for the development and coordination of biomedical research. His delegation also supported the remarks made by the delegates of Australia and Venezuela the previous day, and he particularly wished to re-emphasize the need for an intensification of the participation of regional offices in related plans as expressed earlier by the delegate of Egypt; that would facilitate and improve coordination and information. As the delegate of Spain had said, research priorities must be determined according to the needs of each country, and national programmes formulated accordingly.

Referring to section C (13) and (14) of the Summary in Annex I to document A27/11, on the possibilities for regular exchanges of information and on the identification of institutions for collaborative efforts, he said that the delegation of Argentina considered that the health authorities in each Member State should participate actively.

Referring to the second paragraph of Appendix I to that Annex, he said that the prior acquiescence of the national government should be obtained before designation of an institution, and not only that of the institution itself or of the health authorities. Better coordination of research would result.

Referring to the antepenultimate paragraph of the examples of different methods currently used for promoting and supporting research (Appendix II to Annex I), he said that the scientists from Argentina involved in the work of the multinational centre for studies in human reproduction did not have the approval of the Government, whose policy was one of increasing the population in view of its low density (less than 25 million inhabitants for an area of 3 million km²). That policy had been stated at the III Meeting of Ministers of Health of the Americas in Santiago, Chile, in October 1972 and at the meeting on demographic policy held very recently in Costa Rica. It was an example of inadequate information and cooperation, too, that a population control centre in the province of Entre Ríos had distributed contraceptives to 30,000 women three months earlier. His Government wished to emphasize that its position in respect of population control was contrary to such measures.

Dr PETRO (Czechoslovakia) said that his country's health authorities continued to attach great importance to the development and coordination of biomedical research within the framework of WHO's programmes.

Because its health services were state-controlled, Czechoslovakia was able every year to devote considerable sums from the national budget to the development of medical and pharmaceutical research on a broad basis. Czechoslovakia had a number of scientific institutions employing several thousand scientific and technical workers, a number of whom were cooperating with WHO through its Regional Office for Europe. Many scientific workers from various countries had visited institutions in Czechoslovakia, and workers from those institutions had visited institutions in other countries. That type of collaboration should be intensified and every country, to the extent of its possibilities, should take part in the research programme worked out and approved by WHO.

It was not sufficient to approve the various research projects; every possible resource should be brought to bear on their implementation. In his delegation's opinion, there was no need to increase the amount of WHO's budget devoted to research, since many countries, including his own, provided the Organization, free of charge, with the results of their research. In the future, it would be necessary, to the extent possible, to establish institutions in certain countries on a national basis; but at the same time there was need to strengthen collaboration between national institutions and promote the exchange of information and the results of research. The transmission to WHO of the results of research was one way in which Member States could increase their voluntary contributions to the Organization.

In his delegation's opinion, WHO should provide assistance to enable research workers from the developing countries to receive training in scientific institutions in the various Member States. It should also facilitate the rapid exchange between individual countries of the results of biomedical research, and gradually work out a system for providing information on methodology and results.

His delegation considered that WHO should include in its programme research on the growing problem of the resistance of micro-organisms to antibiotics. Czechoslovakia was prepared to cooperate in such research.

Dr ZAMFIRESCU (Romania) adduced the tuberculosis control campaign in his country as an example of the proper use of biomedical research in the development of health programmes and as an illustration of an approach based on scientific research applied in the field and in the laboratory and using appropriate methods of evaluation. The campaign had been
launched 25 years earlier, and a wide network of specialized units had been set up in a large number of hospitals and sanitoria with a total of 30,000 beds and in more than 200 dispensaries, bacteriological laboratories and mobile radiological units. The first stage had used that network for full case-finding operations, BCG vaccination and chemoprophylactic and therapeutic work, while supporting legislation provided free services and compulsory notification of new cases, among other measures.

Following the decline in morbidity and the extension of standardized specific prophylactic and therapeutic measures throughout the country, the activities had been gradually integrated into the general health services, as recommended by WHO. Standardized methods for tuberculin testing, BCG vaccination, controlled chemoprophylaxis, epidemiological surveillance and maintenance treatment were applied by general practitioners working in rural dispensaries under the coordinating tuberculosis dispensary for the area.

A concerted effort was being made to determine the efficacy of such measures as compared with costly specialized "vertical" measures based on urban services. To provide scientific evidence of the efficacy of the new approach, the Minister of Health had introduced a research programme to be carried out by the Bucharest Institute of Physiology in collaboration with WHO. The protocol referred to the integration of tuberculosis control and provided for the comparison of results obtained from the specialized "vertical" measures, by the integrated "horizontal" method, and by a combination of the two, with a view to (1) evaluating the efficacy of each approach from the epidemiological, technical, operational and economic point of view; (2) establishing the acceptance of each method by the population and the medical profession; and (3) determining the rate at which integration could be effected in tuberculosis control without a reduction in efficacy and with an adequate watch over the effect of such a campaign on other public health measures.

The results would be valid for other areas with similar conditions and for WHO as coordinator of biomedical research of such general scope. The pilot study was being carried out in a district called Sibiu with 450,000 inhabitants, divided into three zones with a population of about 150,000. It had been preceded by a baseline survey on a random sample of 60,000 inhabitants, the results of which would be published in the current year.

Professor HALTER (Belgium) said that the excellent report avoided the temptation of seeking a definition of biomedical research, which often caused trouble through the need not to mix biomolecular research and clinical research in hospitals.

It was time for WHO to accept more clearly defined responsibilities in biomedical research. He had expected the delegate of France to mention the group of European medical research councils that had met once or twice annually for several years with the aim of coordinating European scientific research, with the participation of a delegate from the United States National Institutes of Health and an observer from the WHO Regional Office for Europe; that group had set an example in coordination aimed at avoiding duplication of research, and his delegation was glad to see a similar tendency at the international level which it regarded as indispensable. However, WHO must avoid becoming involved in problems of pure clinical research, although he agreed with previous speakers that it should concern itself with clinical trials of certain drugs and substances with which man was in contact, including food and food additives, phytopharmaceutical substances and pesticides.

In view of its financial limitations and the failure of earlier proposals related to WHO's role in global health research, the Organization should concentrate on fields of human health in which knowledge was still insufficiently developed. WHO's primary role should be that of a catalyst, providing a forum for scientists and experts on health subjects of the kind that existed at the regional level in the group of medical research councils to which he had already referred. That would also provide channels of information linking those responsible at the national level for research programmes and their financing. WHO could also exercise its coordinating role through such meetings and could stimulate research, although it could not finance it unless voluntary contributions were forthcoming. As an example of such contributions he referred to the financing by the Government of Belgium of certain Regional Office meetings held in that country, and he encouraged other Members to consider similar measures within the framework of their national budgets as a means of contributing to research, and particularly to an exchange of views and assessment of the progress achieved in research.

Priorities must be established in biomedical research on the basis of the practical application of the results on a worldwide scale. Only WHO could assume such a task, bringing together competent experts and creating links between research laboratories at
the lowest possible cost. There were certain fields in which many Members of WHO, pre-
occupied at the moment with practical problems of public health administration, could
benefit enormously from biomedical research. The International Agency for Research on
Cancer had found in certain developing countries, particular cancer situations, the study
of which was contributing to knowledge of the disease, and that method might be applied to
research on other health problems for the benefit of countries throughout the world.

In order to carry out its task in the coordination and development of biomedical
research, WHO would need a small administrative unit operating on a small budget to collect
information and hold meetings of the kind he had suggested. It could then play an
important part in biomedical research on the basis of the proposals outlined in the report,
with emphasis on the aspects to which he had drawn particular attention.

Dr O. A. HASSAN (Somalia) said that it was accepted that research work was a necessary
part of training and the need for manpower development in the developing countries had been
emphasized by the Director-General in his Annual Report. A number of speakers had already
stressed the need for establishing research centres on communicable diseases and for
continuing existing research on those subjects. In his opening speech to the plenary
Health Assembly the Director-General had indicated that WHO should be more aggressive.
The Organization's approach was reflected in section E of Annex I to document A27/11 on
special problems of promotion of research in developing countries, and particularly in the
third paragraph referring to the policy of adopting the training of national workers in
the health sciences as the key element in policy for promoting research in developing
countries.

However, the criteria listed in Appendix I to that Annex appeared rather to reflect
a continuation of the orthodox approach which the Director-General wished to change, and
should be replaced by considerations of national needs and the impact that research would
have on the training of local health workers. Research centres should be established in
the areas where the results could lead to better health, and it was imperative to avoid
the concentration of research in certain areas on the pretext that the facilities already
existed.

Dr SHRIVASTAV (India) described the institutions participating in biomedical research
in his country. First there was the Indian Council of Medical Research, the predecessor
of which was the Indian Research Fund Association. Secondly, there were the various
specialized institutes at the state and central levels, including government institutes,
those associated with the Indian Council of Medical Research, and various private institutes.
Thirdly, there were the various institutes and research departments of medical colleges.
Research was predominantly related to communicable diseases, nutrition and other subjects
closely related to the prevailing health problems in the country. Intellectual and
creative needs were recognized, but repetitive research and the imitation of activities
in the more developed countries were avoided, as was research primarily directed at
increasing the prestige of a particular individual or institution or involving the use of
unnecessarily sophisticated equipment. It was felt that many such research projects were
not productive in terms of measurable improvements in health.

Four essential requirements were recognized: proper training of research workers;
equipment and instruments in good working order; the right atmosphere for research work;
and financing. WHO could assist with the provision of research grants and with the main-
tenance of equipment through the organization of workshops and the establishment of
institutions for training in servicing and maintenance. Research workers, even those
who had done good work elsewhere, could not achieve results without the creation of the
right atmosphere for research even if they had the necessary equipment.

In view of the inadequate resources for research in developing countries, his dele-
gation felt that subjects should be chosen on which basic studies had already been carried
out, the emphasis being on the application of new knowledge. It had to be remembered
that health budgets, and particularly allocations for research, were the first to be cut
in the event of the kind of catastrophe or emergency situation that often affected develo-
ping countries. Attention should be given to research subjects related to the delivery
of health services, the prevention of pollution and other similar questions referred to
by previous speakers.
In bilateral research agreements, attention must be devoted to the needs of both recipients and donors in such a way as to avoid, say, the study of the psychological effects on blind children of breast-feeding and bottle-feeding - an example he had taken from real life - in a country where the need was for research on the prevention of blindness and malnutrition.

Dr UPADHYA (Nepal) said that, while most developed countries had enough funds and know-how to conduct their own biomedical research, most developing countries had not. The former might also be able to contribute voluntary funds for such research to WHO, while for the latter it was often out of the question, although they were fully aware of the problems that could be solved. The affluent countries had been able to rid themselves of most of the communicable diseases and carried out research on more complex problems such as ischaemic heart disease, cancer, air pollution, road accidents or psychosocial imbalance giving rise to mental disorders, juvenile delinquency, suicide, and so on. Meanwhile the developing countries were losing many lives to malaria and other parasitic diseases, cholera, typhoid and nutritional disorders, to name but a few. Malaria was still rampant in many areas, and there had been setbacks in some countries with eradication programmes which had been satisfactory until the appearance of new vectors resistant to DDT or of drug resistance in the parasite, as in Nepal, where resistant Plasmodium falciparum had been imported from neighbouring countries. Millions of dollars had already been spent on malaria eradication, and it would be a great pity if WHO and collaborating institutions and research workers did not give priority in medical research to the discovery of new insecticides and drugs to assist developing countries in maintaining their gains against the disease.

He appealed to WHO and bilateral assistance agencies to help in that particular field, and in general to give careful consideration to the priorities for biomedical research in developed and developing countries, aiming at solution of the most urgent current problems.

Dr MORA (Colombia) referred to part V, section F of document A27/11, Annex I, on the role of WHO's regional offices, which stated in part that "technical principles and guidance are a function of headquarters", and to which the delegate of Argentina had alluded. There was no doubt that this was the case. In his own Region, however, in some instances the Organization established research projects directly with the country concerned, whereas in others it worked through the regional offices. Was there any criterion for determining which course of action would be adopted for a given country?

Professor WOJTCZAK (Poland) drew attention to the rising health demands of society and the increasing costs, as well as the possibilities, of biomedical research. In such circumstances, he wondered how the methodology of planning and performing biomedical studies might be improved so as to obtain better effects, select the correct priorities, and formulate the right strategy. That question had been discussed in broad terms during the 1973 Congress of Polish Science, the second one to be held in 30 years. The Congress, which had been attended by government officials and organizers of the economy as well as by scientists, had considered priorities for the following 20 years and had established priorities for the further development of basic medical science, clinical science, and health care delivery. Some of the problems envisaged at the Congress could be solved by national research institutions but others, such as cardiovascular diseases, cancer, hazardous agents in the environment, and pharmacological and toxicological problems, required effective international collaboration for their solution. Hence the importance of the coordinating role of WHO.

He was satisfied with the general directions suggested in the report before the Committee, but would have been even more pleased had the report included a more critical analysis of the past. In that connexion, he supported the emphasis given by the delegate of the Union of Soviet Socialist Republics to the importance of international studies on the programming and performance of biomedical research, which had not received adequate attention in the past. The importance of such studies was underscored by rising health needs and research costs. The functions of WHO also had to include the important task of developing systems for providing continuous, up-to-date information to Member States, which would be an important stimulus for mobilizing the cooperative efforts of national institutions and research workers.

Poland was interested in greater participation in international collaborative biomedical research and was ready to serve other countries through the intermediary of WHO.
Dr SHAHRIARI (Iran) said that, since valuable remarks on the importance of biomedical research had already been made by previous speakers, he would simply give a brief report on the nature of Iranian research on human reproduction.

National policy regarding family planning in Iran was aimed at reducing the population growth rate to 1% per annum, a goal they hoped to achieve by the integration and expansion of work on population dynamics, epidemiological studies, and methods of population control. The results of studies on the safety, effectiveness, and acceptability of various contraceptive methods in, for example, the United States of America could not be directly extrapolated to his country, where women began their reproductive life at an earlier age, infants were breast-fed for a longer period of time, dietary habits were different, etc. In addition, the overall sociocultural patterns of Iran posed special problems; 54% of the population was under 20 years of age and 52% lived in rural areas. Thus, the introduction of new methods of birth control and the assessment of existing methods had to be based on studies related to local problems and carried out in Iranian communities.

Less than two years previously, it had been decided to adopt two approaches to the implementation of the family planning programme: the creation of the Institute for Research in Human Reproduction in Tehran, and the strengthening of research resources in selected universities in other cities. That programme, supported by the Government of Iran and by the United Nations Fund for Population Activities, had been initiated in 1972 with the assistance of WHO.

The purpose of the Institute was to evaluate the acceptability, side effects, safety, efficacy, and cost/benefit ratio of current methods of birth control and to explore new methods involving both male and female contraception. That would involve studying the normal physiological pattern of reproduction of Iranian women as well as any metabolic, physiological, and genetic changes induced by different contraceptive methods in the local population. Special consideration was being given to abortion, a time-honoured and effective method of population control, and to easy, safe, and inexpensive methods of pregnancy termination and menstrual regulation. Male fertility and patients with infertility were also being studied. The Institute comprised steroid hormone laboratories, protein hormone laboratories, biochemistry laboratories, biology, pathology, and cytogenetics laboratories, and animal laboratories. In addition, epidemiological and field trials were being carried out.

It was assumed that it would take five years for the Institute to grow into a fully mature body and perhaps another five years for it to achieve international status and become, hopefully, one of the collaborating research centres of WHO in the Region. Those formative years were the most crucial ones for the development of the Institute.

Dr HEMACHUDHA (Thailand) pointed out that in developing countries there was little consciousness of, or demand for, preventive health services; the public and politicians tended to show greater interest in curative services. That constituted the main obstacle to health promotion. Had WHO undertaken any research on public attitudes toward health, particularly in the developing countries? Such studies would shed light on the reasons why people were not receptive to preventive services, which after all could not be imposed on them.

Dr TEMBO (Zambia) agreed that the WHO research programme should consist of coordination and collaborative research involving national institutions and researchers of various countries, and concurred with the views expressed in the Annual Report of the Director-General for 1959 on the broad principles and policies governing WHO’s research activities. However, a review of those policies from time to time was desirable in view of advances in biomedical knowledge and the rapid changes in economic and social conditions in the developed, and particularly the developing, countries.

He commended WHO for its grants for the training of research workers and its subsidies for the promotion of the few existing institutions in the developing countries. Since common health problems faced the developing countries, they could better be approached through the establishment of regional biomedical research centres, involving of course international cooperation. Training and the promotion of a local spirit of scientific inquiry as well as the generation of technology at local and other levels were healthy signs in the WHO programme. The future of the developing countries depended entirely on the scientific curiosity and intelligence of their peoples. He did not agree with the
characterization of what had been called the "brain drain" of young scientists from the developing to developed countries. What they were in fact confronted with was a lack of facilities in the developing countries in which those young scientists could work, and whose establishment by WHO would stop the brain drain. His Government was willing to offer such facilities for the establishment of a regional centre of excellence, which hopefully would go far toward solving the problems faced by the developing countries and reducing their dependence on outside technology. That was a challenge to WHO and would require an aggressive approach on its part.

Dr BAHRAWI (Indonesia) said that research was the "brain" of WHO as well as the foundation for its policies and strategies. In particular, he fully supported the proposals put forward in section E of part V of the report (document A27/11, Annex I) on special problems of promotion of research in developing countries. While basic research might be more appropriate for well-equipped research institutions, mainly located in industrialized countries, field research had to be undertaken where the problems lay. His Government's interest in research was reflected by the existence of a Cabinet Minister for Research and by the creation in 1969 of an institute of medical research within the Ministry of Health. That institute conducted applied research projects on the elimination or control of the most prevalent and serious health problems in Indonesia, on health management, and on the development of an effective and efficient health care delivery system.

He was also in agreement with the Director-General's proposals for research priorities (part V, section B). To subsection 3 (1) on communicable diseases, however, he wished to add priority for epidemiological studies to elucidate the etiology and pathogenesis of dengue haemorrhagic fever, a relatively "new" disease, for which research similar to that envisaged for atherosclerosis and ischaemic heart disease was necessary.

He concluded by thanking WHO headquarters and the Regional Office for all their assistance in promoting research activities in his country.

Dr BERNARD (Malta) said that his was a small country with limited resources that had to rely heavily or exclusively on the research work done in other countries, and it was therefore appreciative of WHO's role in encouraging and coordinating such work and disseminating the resulting information.

With respect to the assessment of some past results of WHO-supported research (part III, section G), work on the development of a more effective cholera vaccine had been undertaken, as mentioned in the Director-General's Annual Report. That was to be commended, as outbreaks of cholera were unlikely to be eliminated for some time.

Item 4 of the same section mentioned, inter alia, progress in the chemotherapy of leprosy, of which Malta still had 2-3 cases a year. An eradication campaign had been initiated with general international assistance, and the results thus far had been very satisfying and gave promise of final elimination of the disease in his country.

Dr BRAGA (Brazil) agreed with the remarks of the delegate of the United States of America concerning the possible support by WHO of research institutions and projects, particularly in developing countries, and was pleased to note the policy expressed in the report that "the key element . . . is the training of national workers in the health sciences; and the support, and where necessary the establishment of institutions in the countries themselves for their individual or for regional purposes". However, as shown in Table 2 of the report, a rather small number of research grants for training and exchange had been made in 1973; in fact, if the 27 training grants on human reproduction, for whose implementation the Organization counted on special funding, were excepted, only 32 such grants were awarded to young research workers. He was aware that in recent years WHO had been increasing budgetary allocations to the training of such personnel. But if the Organization had to depend on its regular budget for that purpose, it would be a very long time before the good intentions of the Director-General could be realized, as he himself had stated in the report. While WHO explored the possibility of raising additional funds, its limited funds for the training of research workers therefore needed to be concentrated mainly on promising and eager young men and women from the developing countries, who needed support only in the initial stages of their research careers. He was not implying that WHO should reject the application of research workers from more
developed countries, whose proposed programmes of study were usually better presented and well designed. What was desirable was that WHO should actively seek out promising young research workers and encourage them to apply for training grants from the Organization. Those candidates would have to be given high priority in the final selection until sufficient funds were available, but he was certain that such an approach would be well understood by the world scientific community.

His last point could be considered a semantic one but was of definite importance. The committee advising the Director-General on WHO’s support of research was termed the Advisory Committee on Medical Research (ACMR); the title of the report before the Committee included the words biomedical research; the text of the ACMR appended to Annex I of the report (Appendix III, pages 35–39) spoke of "future health research needs", and the Director-General himself referred more than once in his report to research in the health sciences. The evolution of those terms was a positive and heartening trend, and he hoped that the most recent of those terms would continue to be used in the future. Sometimes the change of a word in the title of a programme was the key to obtaining additional support for it.

Dr CHITIMBA (Malawi) recalled that the promotion and conduct of health research was a function assigned to WHO by Article 2 (n) of its Constitution. However, the lack of sufficient funds was the major constraint on the Organization’s activities in research. Neither the regular budget nor the funds currently available under other rubrics permitted WHO to carry out meaningful research in the present technological age. Its role therefore had to remain one of coordination and stimulation, although the Constitution spoke of both the conduct and the promotion of research.

The coordinating role of WHO was necessarily complex, given the diversity of health problems faced by Member States. To date, as the bulk of research activities lending themselves to coordination took place in countries already possessing centres of excellence, the overall role of WHO as regards research had been somewhat lopsided. In addition, it had been heavily weighted in favour of coordination. The time had come for the stimulatory role of WHO to receive equal prominence. It was apparent from the earlier remarks of the Deputy Director-General on the importance of parasitic and enteric diseases in the developing countries that the Director-General was acutely conscious of the gap that existed in that regard. He supported wholeheartedly the categorization of those diseases as a priority item in the Fifth General Programme of Work.

If Member States became equally aware of the existing gap, they could not fail to recognize that the availability of ample resources was a prerequisite for WHO’s role of coordination, and even more so for its stimulation of the creation of new research centres. He therefore supported the appeal by the Director-General for financial contributions to the Voluntary Fund for Health Promotion, which would enable such new research centres to be established. As his delegation had pointed out during the general discussion of the Annual Report of the Director-General on the work of WHO in 1973, a great deal of enthusiasm for biomedical research existed in the developing countries of eastern Africa that could be put to good use if only the necessary resources were available. A team of consultants visiting the Region in 1974 had been pleasantly surprised to find adequate physical facilities for research and, above all, great enthusiasm and a very receptive attitude toward the purpose of the mission. He could assure any country or agency approached for funds that their contributions would not be given in vain. WHO should engage not passively but actively in fund-raising.

The proposed research centres should deal almost exclusively with local problems and in due course be staffed by local personnel. That would surely help to reduce the brain drain caused by lack of facilities. The research activities undertaken in those centres should be collective, aimed at solving the health problems of the region rather than of individual countries. The establishment of such centres was a worthy role for WHO and would by no means constitute the creation of supranational research bodies, as had been feared by some delegates.

He was undoubtedly not alone in being satisfied that attention was being given to the moral and ethical implications of medical research, as indicated in section F of part III of the report, and that the subject would be discussed by the ACMR at its June meeting. He wished only to add that such considerations should apply not merely to human experimentation but also to animal studies.
To repeat, the enormous temptation to carry out exotic research, however exciting it might be, had to be resisted. Much down-to-earth operational research and, even more so, action-oriented research still remained to be done, for example in the field of vaccination and nutrition. It was for WHO to provide the stimulus for concerted research efforts in those areas.

In conclusion, he welcomed the suggestion that the Chairman or other members of the Executive Board attend meetings of the ACMR and that the Chairman or other members of the ACMR attend meetings of the Executive Board and the Health Assembly.

Dr CHOWDHARY (Pakistan) was in full agreement with the role proposed for WHO in the report and with the broad principles expressed therein.

The importance accorded by his Government to biomedical research was clearly indicated by its establishment of a Medical Research Council. The main health problems faced by Pakistan, as by all developing countries, were communicable diseases. Their importance was indeed recognized, but the extent of the problem had not been correctly assessed. National surveys were needed to determine the magnitude of tuberculosis, smallpox, leprosy, malaria, gastrointestinal infections, diphtheria, chickenpox, measles, amoebiasis, and intestinal worm infestations. The Pakistan Medical Research Council was currently undertaking studies on the epidemiological characteristics of specific diseases, the local factors involved in certain diseases and reservoirs of infection, the efficacy of vaccines and their preparation from locally isolated strains, the detection of resistant strains of pathogenic organisms, and the training of workers in methods of investigating and treating communicable diseases. The work carried out in various institutes included studies on amoebiasis, anaemias of pregnancy, atherosclerosis, rheumatic disease, endemic goitre, leprosy, trachoma, rabies, rheumatic heart disease, poliomyelitis, diseases caused by arboviruses, and carcinoma of the liver.

While some work was being done to assess the magnitude of communicable diseases in the developing countries, it was inadequate. WHO had to come to the aid of those countries if control and eradication were to be achieved. Extensive surveys, the training of health personnel for research, and the exchange of expertise and information were all essential. Top priority had to be given to research on communicable diseases, which should be conducted in the countries involved. WHO should not be satisfied with playing an advisory role but should attempt to persuade Member States to implement its advice.

The meeting rose at 12.30 p.m.
FOURTH MEETING

Tuesday, 14 May 1974, at 2.30 p.m.

Chairman: Professor J. TIGYI (Hungary)

1. WHO'S ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH

(continued)

Professor ALIHONOU (Dahomey) recalled the statement made by the head of his delegation in plenary meeting on the subject of biomedical research. He emphasized that, although research was clearly an important factor in development, for it to benefit the developing countries it must fulfill two conditions: first, the subject for investigation must be studied on the spot at a high level institute, but it did not have to be directed exclusively to the needs of the developing countries; secondly, the facilities offered by a research centre should be integrated with the country's development plan and be bound up with the life of the region. WHO's assistance would be necessary in determining priorities, but it should have the help of national research workers, who would work in close collaboration with their foreign counterparts.

The delegation of Dahomey strongly supported the report before the Committee and appealed to the better equipped countries to show their confidence in the developing countries, and in WHO, by granting them funds and facilitating the exchange of research workers and experts. Greater responsibility should be given to the research workers of the developing countries as regards biomedical research in their own region and country.

Dr ARNAUDOV (Bulgaria) said that the proposals contained in the Director-General's report deserved careful consideration; priority had been given to the most urgent problems, and the way in which the programme was to be implemented - by international collaboration in research - had already proved its worth. One shortcoming of the report was that it lacked complete information on the results of certain tasks already carried out, which made it impossible to evaluate how effectively resources had been utilized and to draw the necessary conclusions.

Moreover, in the proposed programme insufficient account had been taken of the conditions in which it would be implemented; the "cold war" had given place to peaceful coexistence, which required WHO's activities in biomedical research to be carried out on a wider scale and with different approaches. Successful control of widespread diseases, such as cardiovascular diseases and cancer, required correctly oriented, systematic and detailed medical, biomedical and medicosocial research, in which hundreds of large scientific institutions should take part. No one country could elucidate the problems of their etiology, pathogenesis, treatment and prophylaxis, but it was not impossible to accomplish that by a global effort.

In his delegation's opinion, the biomedical research programme might include, first, short-term tasks, intended to solve the most urgent problems such as those posed by infectious and parasitic diseases; secondly, some wide international programmes to cover important medical problems (cardiovascular diseases, malignant neoplasms, etc.); thirdly, a long-term programme on problems of growing importance, such as the aging of populations, medical genetics, conservation of the environment, allergic diseases; and fourthly, the establishment of more effective forms of international collaboration.

The Director-General's report called upon Member States to assist in determining the research institutions that could take part in the programme. In Bulgaria there were a number of such institutions with considerable experience in carrying out research and putting its achievements into practice. They could successfully cooperate in the programme and assist in training research workers from other countries.

Dr N. CAMARA (Guinea) said that, among the subjects of research that were of importance to the developing countries, the report before the meeting rightly laid stress on the strengthening of health services, health manpower development, communicable disease control, malnutrition and environmental health. His delegation shared the views of the Director-General, but had some reservations as to the limits imposed on such research, since the solutions proposed concerned only a restricted aspect of morbidity in developing countries.
As regards reciprocal assistance between developed and developing countries, it was the priority needs of each region that should govern assistance. In the developing countries, for example, the problem was not to limit the number of births, but to create favourable conditions for survival and development of the child.

Regarding the responsibilities of the Executive Board in medical research, he suggested that there should be a fair distribution of tasks: one member of the Board might be responsible for coordination at international level and should visit countries where research was being undertaken. WHO should not merely wait for the results of research to come in but should centralize the carrying out of such research through its regional offices, which at all times should know what research was being carried out in the area.

The report advocated the training of scientific health personnel in national institutions in countries which most needed such assistance; his delegation was in favour of such training. As for his own country, Guinea had a Ministry of Scientific Research, to which were attached three institutes dealing with research on the traditional pharmacopoeia, edible fruits and applied biology.

Dr SAMBA (Gambia) said that he was encouraged by the favourable reaction of the Committee to WHO's role in the development and coordination of biomedical research. The valuable suggestions made by previous speakers prompted him to offer his own country as an ideal setting for one of the world centres on biomedical research.

The British Medical Association had been operating for many years in the Gambia in the fields of nutrition and communicable diseases, but recently the Governments of Nigeria, Ghana, Liberia, Sierra Leone and the Gambia had decided to establish a West African postgraduate medical college in which some of the French-speaking countries of Africa had also shown interest. The Government of the Gambia had approached the British Medical Research Council concerning the setting up of a biomedical research laboratory and school but, although the Council was willing to assist, it could not actively contribute to running the school because of stringent financial constraints. However, if the school were set up, the Council would make available all its experience and technical know-how. His delegation was happy to learn that WHO was in a position to assist in establishing the school of biomedical research, which would be open to students from all parts of the world.

Dr SPAANDER (Netherlands) drew attention to the recommendations of the Advisory Committee on Medical Research (ACMR) on WHO's role in the development of medical research (page 14 of document A27/11). He stressed the importance of recommendation 2 - establishment, maintenance and extension of working relationships between WHO and individual scientists and collaboration with regional and national institutions. Priority should also be given to recommendation 4, namely that the research programme of WHO should be directed mainly towards the solution of problems neglected by national efforts, particularly those that cut across national boundaries and that could not be investigated without international cooperation or assistance. As regards recommendation 5 - the principle of maximum utility - he said that present-day governments increasingly tended to do a great deal of basic research, and that the resultant large amount of data should be made available to others. He also stressed recommendation 7 - promotion of research through meetings of scientific and other working groups and expert committees, scientific missions to areas of special interest, travel grants, fellowships and publications.

Dr FAKHRO (Bahrain) said that very little attention had been given during the discussion on the biomedical research programme to its financial implications. In view of the fact that only about 10% of the research that was carried out achieved outstanding results, it would seem that much more discussion of financial implications was warranted, as well as more information from the Secretariat, since neither the Executive Board nor the Director-General in his report had dealt fully with the financial aspect. What was needed was a study of the financial resources available and of the financial implications of the programme.

He wondered whether it would be possible to subdivide the list of priorities given in the Director-General's report according to their greater or lesser urgency.

If the central theme of the programme of biomedical research was essentially to solve great and urgent problems, then many of the suggestions made by members of the
Committee had to be considered with caution. In that case, operational and clinical research became secondary in importance to the very basic biochemical and molecular research which, if successful, would result in a real breakthrough, and the undertaking of marginal research projects became a luxury that WHO could not afford.

He emphasized the importance of the institutional and cultural atmosphere in the education and training of research workers from the developing countries, and suggested that a follow-up study would be advisable in order to determine the results of their training, in terms of scientific achievement and productivity, under different approaches and in different types of institutions.

From the list of priorities given in the report he understood that the main criteria for the initiation of research projects by WHO would be, first, the extent of the problem and therefore the number of persons involved; and, second, whether significant research could be carried out through national efforts. The application of such criteria should constitute the "take-off" point from any project. The availability of technical resources, the expected yield, especially of the first efforts, and declared national interest were details that had to be worked out; but they should not constitute criteria which, if not met, would prevent a badly needed research project from being undertaken.

The issue was not only a scientific one - it was basically a moral one. It was a question of whether WHO had an obligation towards the millions of children and young adults who were dying unnecessarily because of lack of research, while billions of dollars were being spent to solve much less urgent health problems. Countries that were able to carry out extensive research on their own health problems had to try to understand the health problems of the poor and undeveloped world.

Professor HALBACH (International Union of Pharmacology), speaking at the invitation of the Chairman, recalled that several Presidents of the Union had served on the Advisory Committee on Medical Research and had contributed to the development of WHO's programme on drug safety and efficacy. They had also taken part in discussions on the planned WHO biomedical research programme, especially laboratory research coordinated at world level in the areas of carcinogenicity, mutagenicity, teratogenicity and other toxic effects of environmental substances, including drugs and food additives.

Referring to the collation of the large amount of information available on biomedical research and the mobilizing of the results of such research in the interests of the present WHO research programme, he suggested that this could well be facilitated by the establishment within the Union of a section on toxicology.

In connexion with the suggestion in section B (11) on page 4 of the report that research on pharmacotoxicological problems, particularly at the molecular level, should be intensified, he pointed out that much had been achieved but that more was to be done in this area in order to further the rationale of therapeutics as well as preventive measures against intoxication. As for certain other problems mentioned in the report, such as atherosclerosis, degenerative diseases, reproduction problems and aging, he referred to the special section on clinical pharmacology of the Union and emphasized that the randomized controlled trial was a method which should be applied not only to the evaluation of drugs but to all measures of health care in order to evaluate their efficiency and effectiveness.

Dr WONE (Senegal) said that the report before the Committee on WHO's role in the development and coordination of biomedical research was an excellent one, since it dealt with the problems that had been of concern to the developing countries for many years. Moreover, the proposals for research contained therein appeared well adapted to the situation in those countries.

His delegation was struck by the contrast between the resources available or potentially available for research and the small amount of research that had been carried out in certain fields - for example, in parasitic diseases such as onchocerciasis, as the Minister of Health of Senegal had pointed out during a plenary meeting of the Health Assembly. If the means available for research were brought to bear on the problem of parasitic diseases in the developing countries, those diseases could rapidly be controlled, and perhaps even eradicated.

Sections E and F of the Director-General's report clearly diagnosed the research problems of the developing countries and he could only hope that everything possible would be done to solve the special problems connected with biomedical research in those countries.

He had listened attentively to the statement made at an earlier meeting by the Deputy Director-General and had read the extracts from the meetings of the Executive
He hoped that the recommendations made in that report would be carried out as rapidly as possible, since the welfare of millions of human beings was at stake.

Dr LEKIE (Zaire) pointed out that the training of research workers was a problem mainly in the developing countries. However, even if those countries lacked funds, it was generally possible for them to attract resources from outside, depending on the way in which their research programmes were presented. WHO should play a more active role in the developing countries, where the shortage of research workers was particularly acute. A regular census of national research workers should be undertaken in order to follow progress, not only in the numbers of such workers but also in their quality. The only real solution to the problem of the brain drain was to improve the material conditions - and especially the working conditions - of research workers in the countries concerned. However, as long as there was liberty of movement in the world, the brain drain would no doubt continue.

Dr HAN Hong Sep (Democratic People's Republic of Korea) noted that a high priority for research on communicable diseases was called for in the report. It was to be hoped that WHO would continue its efforts in that field at both regional and international level; otherwise, it would be difficult to find a solution to the problem, even if preventive measures were taken at the national level.

Japanese encephalitis and cholera were common in the southern half of Korea but epidemics of all types had ceased to occur in the northern half of the country thanks to the concerted preventive efforts of the Government of the Democratic People's Republic. Yet the dangers of communicable diseases - especially Japanese encephalitis and cholera - still persisted, since the two parts of the country were closely linked and flies and mosquitoes could not be prevented from crossing the frontier from south to north Korea. It was therefore necessary to make great efforts every year to protect the population of the northern half of the country from epidemics of those diseases. WHO should take appropriate measures, as proposed in the document. His country would lend its assistance to that effect.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that the discussion had shown that all delegations were in agreement regarding the importance of WHO's role in the development and coordination of biomedical research. The work should be continued and the Executive Board and the Director-General should be requested to intensify it within the framework of the Organization's long-term programme. In that connexion his delegation, jointly with those of Poland, Turkey and the United Kingdom, was presenting the following draft resolution for the consideration of the Committee:

The Twenty-seventh World Health Assembly,
Reaffirming resolution WHA25.60 on the need to intensify WHO activities in the field of biomedical research, particularly in regard to the development of its long-term programmes,
REQUESTS the Executive Board and the Director-General to intensify work on the preparation of proposals for the development of the Organization's long-term activities in the field of biomedical research, to enlist the active participation of the Advisory Committee on Medical Research and expert committees, and to report regularly to the World Health Assembly on the progress achieved.

Dr KAPLAN (Director, Office of Science and Technology) said that a number of delegations had referred to the exchange of biomedical research information, which was generally agreed to be an extremely important aspect of the matter. WHO had been investigating such exchange for some time and was still studying the problems involved. The report referred to the increased activities of the WHO library service, and he drew attention to the MEDLINE service - based on the former MEDLARS - which was being extended to the regions and to Member States. Such a costly service could never be matched by the resources of WHO, but the Organization was taking full advantage of it and passing its benefits on to Member States and institutions. The analysis of individual research papers presented enormous problems. Information handling had advanced to such a degree that vast amounts of information could be compressed and synthesized. Elaborate organizations had been set up in different parts of the world to deal with biological and chemical abstracts, and it would be foolhardy for WHO to attempt to duplicate such activities. WHO's approach to the problem was therefore to try to take advantage of what those organizations were doing from the standpoint of
analysing specific research work in different fields, and to transmit such information to Member States.

Furthermore, in order to fulfil its function of coordinating research, WHO held meetings, working groups, organized task forces, and brought together expert committees, seminars, and workshops. WHO was also approaching the medical research councils and analogous institutions of Member States with a view to convening a small group to determine how it might better fulfil its coordinating function, in what respects it could increase its collaborative efforts, and how the exchange of biomedical research information might be improved. Within the limits of its financial resources, WHO was investigating who was doing what in the main areas of medical research; how to transmit that information to the important institutions and medical research policy makers in all countries; and what emphasis was being given to various subjects in different places. The library services and information analysis to which he had referred, as well as the increasing collaboration with medical research councils and the main medical research policy-making bodies in the various Member States, represented a substantial return for the limited resources invested by WHO.

The DEPUTY DIRECTOR-GENERAL said that the Director-General attached considerable importance to the biomedical research programme, and thanked the delegates for their illuminating and positive statements. Note had been taken of their warnings and of the need for a cautious and modest approach. The Director-General had asked for frank and effective dialogue with the Health Assembly, the Executive Board, and the Member States — and it was clear from the discussion that had taken place that the Member States intended to respond in that manner.

One of the most significant facts was the way in which bilateral relationships representing a formidable network of international institutions had been set up, especially between the privileged countries; and the way in which a solid community of international research workers had emerged — also limited to the orbit of the developed countries. A few months previously, WHO had begun to study the geographical distribution of its collaborating institutions and the strategic approach to medical research that had been the basis of the Organization for twenty-five years. It had been discovered that 60-70% of those institutions were located in the developed countries. In other words, where there had been an infrastructure in the past, a superstructure had been grafted on to it. It was hoped to enlarge the network in order that the existing resources of the USSR, the European and North American countries, and other privileged countries, should gradually begin to flow into the developing countries.

During his visits to various institutions he had observed that there were young, enthusiastic scientists all over the world who were anxious to see new things in other countries. He agreed with the delegate of Bahrain that the issue was not merely a scientific question but also a moral one. From the point of view of the philosophy of biomedical science in general, it was strongly felt that WHO should continue to explore new ideas. It was a commonplace that hypotheses were indispensable for scientific activity and that they should be judged by their heuristic as well as by their veridical importance. WHO had succeeded in avoiding two failures — of courage and of imagination — and it had to be able to take up new challenges. It could not refuse to act in what it judged to be the most helpful way for some of its Member States in acute need, even though the immediate benefits of its strategies might be uncertain. A craving for certainty could lead not only to immobilization and fossilization, but also to atrophy of the creative instinct — though clearly with regard to the problems of biomedical research, certainty was still a long way off.

He hoped that the resolution to be adopted would reflect the thinking of both developing and developed countries and would enable WHO to go forward with courage and productiveness, as well as with aggressiveness tempered by modesty.

In connexion with the question raised by the delegate of Argentina with regard to WHO's programme of research in human reproduction, he said that note had been taken of the various proposals made. The human reproduction programme had been developed in response to the resolutions of past Health Assemblies and it dealt with a large number of questions, including fertility regulation. It had involved the collaboration of numerous scientists in many countries working on different aspects and with different approaches — biological, clinical, epidemiological, and operational. WHO's activities were closely coordinated with national efforts. The specific research projects supported by WHO in any country adhered strictly to the medical, social, and cultural context and to the practices prevalent in that country. The programme was monitored continuously and was closely evaluated. Its aim was the improvement of reproductive health in accordance with national policies.
The delegate of Thailand had asked whether WHO had engaged in any research into the attitudes of the public towards health policy, especially in so far as they affected the preference for a curative as opposed to a preventive approach. No research work of any scientific merit had been done in that field by WHO, but much work had been done in a number of countries of North America and Europe, and also in Brazil, in fields closely related to the subject. Note had been taken of the proposal that WHO should nevertheless encourage young behavioural scientists in the developing countries to include the topic in their research activities.

The CHAIRMAN said that the draft resolution prepared by the delegates of the USSR, Poland, the United Kingdom, and Turkey, would be circulated for discussion at a subsequent meeting.

Dr García (Argentina) wished to clarify his reference to an experiment in birth control carried out in the province of Entre Ríos by a private group. He regretted not having stressed sufficiently that no responsibility for that programme devolved upon WHO, PAHO, or other international agencies. The Argentine Government was making a thorough investigation in order to determine the responsibilities.

Dr Mora (Colombia) recalled his earlier, an as yet unanswered, question: whether there was any criterion for defining when research agreements should be established directly with the countries concerned (or occasionally with institutions in certain countries) and when they should be made through the regional offices.

Dr Kaplan (Director, Office of Science and Technology) replied that the designation of a WHO collaborating centre was usually cleared through the government concerned. The regional office was always informed and often assisted WHO headquarters with its negotiations, including those for research agreements. A study was in progress to see how regional offices could be involved to a greater extent in the research programme of WHO, to define their better relationship with collaborating institutions, and to determine when communications with those institutions should proceed direct from headquarters, through regional offices, or by some other means.

(For continuation, see summary record of the sixteenth meeting, section 5.)

2. STANDARDIZATION OF DIAGNOSTIC MATERIALS

Dr Chang (Assistant Director-General) introducing document A27/12, said that at the Twenty-fifth World Health Assembly several delegates had stressed the increasing use of the laboratory in the diagnosis and prevention of disease, and the consequent increased importance of diagnostic substances and laboratory methodology. After further discussions, during which attention had been drawn to the increasing need for the standardization of these reagents and to the lack of international coordination of such activities, resolution WHA25.47 had been adopted. In that resolution the Director-General had been requested to study methods of extending the work of WHO in the development of standards for diagnostic laboratory work, including an estimate of the costs.

After a brief introduction explaining why the report had been prepared, part II of the document outlined the main reasons for the standardization of diagnostic materials. In part III, the general aims of the programme were defined; it also included a clear definition of "standardization". Part IV briefly described the existing activities in WHO, and Part V summarized similar activities carried out by international scientific organizations. Part VI gave a summary and the conclusions of the International Conference on Standardization of Diagnostic Materials, held in Atlanta in June 1973, and co-sponsored by WHO and the United States Department of Health, Education and Welfare, Center for Disease Control, Atlanta, Georgia. Part VII described the proposed future programme of WHO in that area, its three main aspects being: (1) programme planning and coordination; (2) services to Member countries, and (3) the promotion of research and development. It also described the programme development in two stages - immediate and long-term - and considered the different scientific areas of standardization, such as microbiology, clinical chemistry, clinical immunology and haematology. Part VIII considered the cost of standardization in general terms, and part IX indicated how WHO would organize a long-term programme on a practical basis and considered the staff requirements (in terms of WHO staff and consultants), the creation of a special advisory panel, the organization of meetings, the development of training and assistance to research activities.

It was estimated that the programme would involve fairly high expenditure over the first five years, and it was likely that the programme would be needed for a much longer period.
Dr SENCER (United States of America) said that the need for improved standardization of diagnostic materials was amply demonstrated in the Appendix to the document, in which it was indicated that a blood glucose specimen with a known value could give widely diverging results. Such results could lead to misdiagnosis or unnecessary hospitalization - either of which was unacceptable to the patient and added to the cost of health care. In the United States of America, the cost of clinical laboratory services amounted to 15% of health care costs. The urgent need for ensuring high quality diagnostic materials was therefore evident. The problem was one requiring international recognition, and concerned not only countries that produced diagnostic materials but also those that imported them. Diagnostic materials that did not meet the standards in the United States of America had been known to appear on the market in other countries. Only through international coordination could such occurrences be prevented. WHO was ideally suited for such a coordinating role.

The report specifically pointed out that standardization did not mean the imposition of a single method or reagent as the standard. It was rather intended to determine the accuracy and precision of performance of materials when used with a particular method. It was emphasized that WHO should not attempt to establish a standardization programme itself, but should build up the institutions already concerned with standardization in the Member States. As a result of the WHO programme of regional and national laboratories dealing with influenza - which currently numbered 95 - the typing of an influenza virus was the same in Rabat as it was in Bombay. The system had been developed not by constructing a large central reference laboratory, but by coordinating the efforts of a number of laboratories.

It was clear from the report that the standardization of high quality reagents, rather than increasing the cost of health care was actually of financial advantage to the health services. The programme outlined was a modest one designed to achieve results not to create a large superstructure overnight. The United States Government was prepared to give financial assistance in the initial stages of the programme, and scientific institutions in the United States were ready to collaborate in standardization work if they were coordinated by WHO. The term "chaotic" was used in the report to describe the situation, and the number of international professional societies involved might lead to further chaos if they all became involved in standardization efforts. It was therefore incumbent upon the Organization to assume the leadership in that field.

Dr JAROCKIJ (Union of Soviet Socialist Republics) said that the choice of subjects for WHO's future programme in the standardization of diagnostic materials given in the Director-General's report was a good one. The subjects were those most closely related to public health practice and to the development of laboratory services, and reflected concern for the health of the most gravely affected patients.

His delegation considered that the report provided an acceptable basis for future work. Unfortunately, it had been distributed only a few days before the Health Assembly and the experts on standardization in many countries had not had the opportunity to study it thoroughly.

The report contained no information on what had already been done by many national and international scientific institutions, whereas all achievements in the world had to be taken into account when a long-term programme was drawn up. Moreover, the programme should reflect the qualitative and quantitative requirements of various countries with different ecological conditions and different patterns of local pathology.

It would be desirable to provide the WHO expert groups that would consider the programme with additional information and proposals from as many countries as possible, so that the programme would have a more nearly universal character. The programme should also be taken into account when the Sixth General Programme of Work Covering a Specific Period was drawn up.

As the delegate of the USSR to the Twenty-sixth World Health Assembly had stated, the research institutions in the Soviet Union were prepared to participate in the programme.

Dr ZAMFIRESCU (Romania) said that standardization of diagnostic materials was of prime importance for the progress of medical science and it was therefore essential for all countries to participate in WHO's programme.

The meeting at Atlanta, Georgia, in June 1973, under the auspices of the Center for Disease Control and WHO had proposed a vast and ambitious programme of work covering practically all aspects of the standardization of diagnostic materials, including nomenclature, recommendations on quality control, evaluation and comparison of methods, and even instruments and apparatus required for the methods considered, as well as training of personnel.
Clinical biochemistry had become a vast subject covering thousands of different methods, tests and reagents. His delegation would be interested to hear the views of other delegations on the need for a special unit of clinical pathology, or clinical biochemistry, headed by a pathologist, to develop an effective and comprehensive programme.

The point was stressed that all work on defining international units of biological activity should be directed through the existing biological standardization programme.

It was also suggested that WHO's work in standardization, including biological material and pharmaceuticals as well as diagnostic reagents - at present spread over several units in WHO - should be grouped in a single service to be led by a person with wide experience of standardization.

Professor REY (Spain) said that standardization of diagnostic materials was of fundamental importance to (1) the development of research in the medical sciences, (2) studies in epidemiology, and (3) at the clinical level, in relation to hospitalization of patients. For such standardization it was important to establish international reference centres and to promote the exchange of information between research workers. When screening tests were used it was essential to know the limitations of the tests employed, and information on the reliability and reproducibility of the tests was essential. Studies in one field might have far-reaching repercussions in other fields, for example, standards developed for work in radioimmunology could be used in several different fields.

Extension of work on the standardization of diagnostic materials would enable workers involved in pure and applied research to use the same language, knowing that they were using comparable materials. One of WHO's functions should be to facilitate communication between research workers in different countries.

Dr IMAM (Egypt) said that there was no doubt that standardization of chemical and biochemical substances was of extreme importance in ensuring reliable and comparable results. Standardization was particularly necessary for biochemical substances such as agglutinating sera and antigenic substances, etc., and for the media used for growing and isolating organisms. His delegation proposed: (1) the organization by WHO of scientific committees to consider the standardization of materials for each branch of laboratory work; (2) the establishment of control laboratories in different parts of the world to examine and license all biochemical reagents; (3) a recommendation from WHO that only licensed products should be used; (4) the extension of proficiency tests for national laboratories; and (5) a mechanism for enabling scientific institutes to submit materials for testing to regional control laboratories.

Professor VON MANGER-KOENIG (Federal Republic of Germany) said that the large increase in health expenditure in Member countries indicated how important it was to rationalize health services, develop an efficient infrastructure, and plan carefully. But this was not sufficient: in order to obtain optimal efficiency and efficacy of diagnosis and therapy, reliable methods and reliable standardized materials were essential. In his country, all doctors undertaking laboratory work were now subject to continuous control of the quality of their work. Standardization of diagnostic materials must be the next step.

In the use of early detection methods and mass screening programmes it was clear that success or failure depended on the reliability of the diagnostic methods and materials. Epidemiological studies were of use only when the clinical chemist had reliable materials available. Developments in kidney transplantation would be possible only if the methods and materials used were comparable.

His delegation welcomed the fact that WHO had collaborated with the health authorities of the United States of America in bringing together representatives of organizations that had already undertaken preliminary work in standardization of diagnostic materials to study further developments. WHO should exercise a coordinating role, the practical work being done by laboratories in the field.

Professor LEOWSKI (Poland) said that the necessity for standardization was evident; it was a first step towards broad international collaboration in laboratory diagnostics. The programme proposed by the Director-General was a move towards solving a very complex problem. In order to be able to compare results internationally it was essential to have standardized materials. In Poland, the procedures concerned with laboratory diagnosis that were subject to standardization were as follows: the sampling procedures, the storage of samples, the analytical procedures, the recording of results, the control of quality testing, and the reporting of results. He thought that priority should be given to standardization of chemical reagents. His country would be willing to join any initiative in that field and to participate in any long-term programme.
Dr VIOLAKIS-PARASKEVAS (Greece) said that there was no doubt that national government laboratories, as well as national and international scientific societies and manufacturing establishments, had an important role to play in standardization of diagnostic materials. Only WHO could coordinate this work and disseminate information to the Member countries. There was an urgent need to establish priorities in the field of standardization of diagnostic materials.

Professor REID (United Kingdom of Great Britain and Northern Ireland) referred to two particular aspects of the standardization of diagnostic materials. First, he drew attention to the proliferation of commercially produced reagents kits and analytical packages and to the rapid increase in expenditure on those items, especially in the field of clinical chemistry. The Appendix to the Director-General’s report showed that some of those kits were not very reliable. He could understand that such kits were very attractive to the developing countries, but his delegation would support WHO involvement in the field of standardization to save developing countries much wasted expenditure.

Second, he referred to laboratory diagnostic materials that were biological materials. WHO and the League of Nations had an excellent record in relation to the biological standardization of substances administered to man and of substances used in laboratory diagnosis. Over the last twenty years there had been increasing interest in laboratory diagnostic materials, many of which had to be assayed by biological methods. He assumed that many of those biological substances would be established as international standards with defined international units. His delegation thought it was important that the new group of biological substances for quantitative measurement should be included in the programme of biological standardization of the Organization. Such standardization for quantitative measurement was a discipline quite different from that concerned with the vast number of diagnostic chemical substances and reagents, and WHO had developed, through its biological standardization programme, the expertise for dealing with it.

It was important that that expertise should be kept intact and independent of the other aspects of standardization of diagnostic materials, thus avoiding the undesirable situation of having a number of programmes within WHO, each defining international units of biological activity. That suggestion did not, of course, preclude the coordination of the biological standardization programme with other standardization activities within WHO; indeed, it would be advisable to have them all grouped together administratively.

Both individual scientists and institutions such as the National Institute for Biological Standards and Control in the United Kingdom were looking forward to offering their continuing and increasing assistance to WHO in the broad field of the standardization of diagnostic materials covered by the Director-General’s report.

Dr ROASHAN (Afghanistan) emphasized the great need for all types of standardization in the field of health in the developing countries, including, of course, the standardization of diagnostic materials. Standards established in the developed countries would not be applicable everywhere in the world and his delegation was therefore pleased to note the importance attached to the standardization of diagnostic materials by WHO and would also like to see standards established for many of the elements of treatment. He also emphasized the necessity for the regional offices to promote the exchange of information in the field of standardization and to help countries to establish the standards most suitable to their environment. Assistance should be made available to the developing countries to carry out their own studies on standardization. Such an investment would bring results that would lead to great savings in the rendering of health services. Efforts along those lines were currently being made in his own country.

His delegation fully approved the Director-General’s report.

Dr SHRIVASTAV (India) said that he had been associated with several WHO expert committees dealing with the standardization of diagnostic materials, biological reagents, and pharmaceutical products. It was clear that quality control and testing of those materials had much in common, and it seemed to him, therefore, that there was a need for coordination, by WHO, of the standardization work being carried out in those fields by laboratories, research associations and industrial research centres all over the world. For that reason, his delegation strongly supported the suggestions of the delegations of Romania and the United Kingdom concerning coordination, within the Organization, of the work of the research units dealing with standardization.
Dr LARREA (Ecuador) said that standardization was obviously necessary to enable laboratories to provide reliable information on which to base diagnosis and to permit comparison of laboratory tests carried out in different countries.

In Ecuador the National Institute of Hygiene was responsible for quality control of pharmaceutical and biological products and for fixing the technical standards for their production; the National Institute of Nutrition was responsible for standards for food products, and the Institute of Standardization had extended its work for products used in industry and commerce.

His delegation supported the proposals outlined in the Director-General’s report and would like to see emphasis placed on nutritional factors. In view of the high cost of the programme, he felt that the costs should be borne by the developed countries and that they should make the results available to the developing countries.

Dr AMMUNDESEN (Denmark) drew attention to the fact that standardization was not a new item in programmes of international public health. In 1921 the Permanent Standardization Commission of the Health Organisation of the League of Nations had been initiated. Standardization programmes at first had centred on the standardization of therapeutic and prophylactic substances of biological origin, but the programmes had subsequently been widened to include diagnostic materials. WHO now seemed to have realized that the time had come to launch a comprehensive programme of standardization of in vitro diagnostic reagents. The programme proposed covered products in many different fields, including microbiology, clinical chemistry (including endocrinology), clinical immunology, and clinical haematology. Activities were to be centralized in one unit at headquarters, with an appropriate advisory panel and a network of collaborating laboratories. The Danish delegation wondered whether the proposed programme was not too ambitious and whether priority should not be given at first to studies on diagnostic materials for clinical chemistry.

Dr HIDDLESTONE (New Zealand) said that, with the increasing availability of complex laboratory diagnostic equipment and automation, the purchase of commercial reagents was both attractive and often necessary. Smaller laboratories found the kits of laboratory diagnostic materials very useful, especially for the more unusual tests that were only required infrequently. Referring to the problem of import control of such kits, he said that the ideal arrangement would be for the importers or the manufacturers to submit samples to the central public health laboratory for testing prior to use. However, at present that procedure was impracticable, and in New Zealand only those reagents regarded as suspect were investigated.

The Center for Disease Control regularly published assessment reports on microbiological reagents and media, and those reports had been very useful to the National Health Institute in New Zealand. It was proposed that WHO could sponsor the extension of that type of service so that countries with limited testing facilities could import diagnostic reagents that met an accepted minimum standard.

His delegation strongly supported the use of international standards and international reference preparations and thought that WHO should encourage suitably accredited laboratories to undertake the preparation and testing of such materials. Manufacturers should be encouraged to refer their products to such reference laboratories and, wherever possible, central public health laboratories should use international reference materials for the preparation of national standards.

Within each country the conduct of proficiency testing programmes by central reference laboratories would assist in raising the standard of laboratory practice. The National Health Institute, as the New Zealand Department of Health reference laboratory, already participated in the United States Public Health Service proficiency testing scheme and would welcome its extension in the South Pacific region.

The meeting rose at 5.30 p.m.
Dr MELLBYE (Norway) felt that the consensus of the previous day's discussion on standardization was that international coordination was needed. However, one important problem taken up in the Director-General's report on the subject (document A27/12) did not, he thought, require international efforts for its solution at the present stage, namely the problem of diagnostic "kits", or analytical packages, which appealed primarily to the developing countries. The report stated (part II, page 3) that several hundred million dollars were being spent annually on such packages by laboratories and that the rate of expenditure was estimated to be increasing by 10-15% a year. That section of the report also indicated that some of those kits were "completely unacceptable". It was noteworthy that the Center for Disease Control, Atlanta, Ga (USA), which had been called upon to study the problem by the United States Congress, had reported that many diagnostic kits appeared incapable of yielding reasonably acceptable or even useful results in fairly competent hands.

Such a situation could not be permitted to continue. It was up to the countries in which such kits were produced to prevent at least the exportation of products that could be described as unacceptable. Many of them were harmful, causing indirectly the same effects as infectious microorganisms when they crossed national frontiers. The International Health Regulations already stipulated that countries in which quarantinable diseases originated were to take steps to prevent their spread, and the same provisions should be made to apply to countries in which diagnostic kits of more than questionable quality were produced. Member States should therefore be urged by the Health Assembly to establish government control over the kits produced in their countries and to prevent the sale of kits of substandard quality. Such measures were up to the countries concerned, not to WHO or any other international agency.

Since the programme outlined by the Director-General was a priority programme, he looked forward to its inclusion in the budget proposals for 1976. If it could be implemented at an earlier date as a result of the assistance offered the previous day by the delegate of the United States of America and other delegates, so much the better. The field of standardization was a mandatory one for WHO, and one in which it should play a leading role.

Consequently, he supported the draft resolution proposed by the delegations of the Federal Republic of Germany, India, the Netherlands, and the United States of America. 1

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1 The draft resolution read as follows:

The Twenty-seventh World Health Assembly,
Recalling resolution WHA25.47;
Conscious of the rapidly increasing need for international standardization of diagnostic reagents and related reference methods;
Recognizing the vigorous efforts pursued by several Member countries and scientific societies in this area of standardization;
Noting the lack of coordination of these efforts on an international basis;
Aware of the important role of WHO in the promotion and coordination of research studies for improvement of health services including the development of laboratory standards; and
Having considered the report of the Director-General on the standardization of diagnostic materials,
1. RECOMMENDS that Member States continue and expand their national activities in the development of standardization of health laboratory methods and reagents;
2. REQUESTS the Director-General to intensify the work of WHO in the coordination of the development of standards for chemical and biological diagnostic materials and their use with special emphasis on quality control, along the lines proposed in his report, to collaborate with national institutions as well as with nongovernmental scientific organizations in the coordination of standardization efforts including research, and to seek additional resources to undertake the programme as outlined in the report as soon as possible, not waiting for this to be included in the regular budget; and
3. FURTHER REQUESTS the Director-General to present a progress report to a future World Health Assembly.
However, he wondered if it would be agreeable to the sponsors if the draft resolution included a recommendation on the particular problem he had just raised. That could be achieved by inserting the following clause after the first operational clause: "URGES Member States to take immediate steps to control the quality of commercially distributed diagnostic kits and analytical packages". Control should lie primarily with the country in which kits were produced, but he did agree with the delegate from New Zealand that controls should also be established by importing countries by means of the very practical measures suggested by him on the previous day.

Dr VALLADARES (Venezuela) supported the proposal of the delegate of Norway. In addition, considering the importance for the individual and the community of diagnostic errors due to the use of diagnostic materials of defective or variable quality, he proposed that the draft resolution should also include a clause urging governments to classify such diagnostic materials among the substances that needed to be given national registration and undergo periodic quality controls as a prerequisite to their sale and distribution in the country. WHO reference centres should when necessary assist countries in carrying out such periodic controls. Countries had to establish defence mechanisms against possible serious diagnostic errors, and the proposed clause could stimulate their establishment.

Professor SENAULT (France) said that, taking into account the needs created by individual diagnostic examinations as well as mass screening, the concept of standardization had now become reality. The standardization of diagnostic methods and quality control constituted a national obligation; in his country, for example, the French Society of Clinical Biology had established a mechanism for checking biochemical and haematological procedures in more than 1000 laboratories. His delegation recognized the need for standardization at the international level as well. However, those with experience in performing such controls had observed the marked differences among results, which was a function of the techniques used, the materials utilized, and the personnel—all being possible sources of error. Diagnostic methods had to be reliable, sensitive, and reproducible if subsequent comparative studies were to be possible.

All too often, however, one had the feeling that so-called reference values were ultimately no more than mean values that were applicable to certain techniques or given types of equipment, and whose validity was questionable. Everyone was aware of the importance of defining reference values, but he felt that cautious, rigorous studies were necessary for their analysis. It would be wise to avoid the danger of recognizing standards, which would be tantamount to recognizing values that corresponded to given types of materials; that would have perilous consequences. He was, however, completely confident that international exchanges of information on diagnostic materials, methods, and techniques were highly useful, and WHO was in a good position to act as a clearing house for that purpose.

The reservations he had just expressed by no means implied a lack of interest on the part of his delegation in the subject under discussion, but merely underscored his wish to find the best possible solution for a problem whose difficulties should not be underestimated.

He was ready to support the draft resolution if only a small change were made to operative clause 2. He proposed that it should read: "not waiting for its possible inclusion in the regular budget".

Dr SUMPAICO (Philippines) said that the subject under discussion had a special and great significance for his country, as for all countries at a similar level of development. That was demonstrated by its modest efforts at monitoring the quality of its own biological products and, to some extent, of diagnostic activities in microbiology, virology, immunology, and clinical chemistry.

Its experience had begun with the WHO programme of biological standardization, which had given it the opportunity to participate in the collaborative assay of certain products. As a result of its own biological production activities, it had been able to use international reference preparations to calibrate its national standards. It had also participated, and was continuing to participate, in the proficiency testing programme of the Center for Disease Control, Atlanta, Ga, for syphilis serology and clinical chemistry. The antigens and diagnostic sera supplied to the Philippines by WHO had in large measure enabled them to carry out their surveillance activities with regard to influenza, poliomyelitis and other diseases.

The availability of standardized materials permitting accurate diagnosis was the basic requirement for any surveillance, control, or eradication programme. Consequently, his delegation would welcome any opportunity to participate in the WHO programme.

He drew attention to the broad interpretation of the word "standardization" given in part III of the report (document A27/12, page 3). To reiterate what he had said at
the Twenty-sixth World Health Assembly, efforts at standardization should not stop with diagnostic materials but should, as the responsibility of national laboratories, be directed also at diagnostic methods. In the absence of adequate methodology, even standard materials would not yield standard results.

Dr SPAANDER (Netherlands) said that laboratory examinations had become an important tool for the medical profession and for public health. Their quality, however, was not always constant and might lead to erroneous decisions. There were three main factors that determined the results of laboratory examinations, and all three had to be considered: (1) the quality of the reagent, (2) the quality of the instrument, and (3) the skill of the laboratory worker. If only one factor was deficient, the laboratory results could deviate substantially from the true values.

While quality control of reagents and instruments - the first two factors - could be exercised at the manufacturing level, the skill of laboratory personnel - the third factor - depended upon education and training. Training was particularly essential in countries that were in the process of developing their health services; that tied in well with WHO's policy of helping those countries to establish and reinforce their basic health services. It would be desirable for the training of laboratory personnel to take place at the local level, since circumstances differed so greatly from one area to the next. It was also important for an international organization such as WHO to establish simple and unsophisticated reference methods that would enable laboratory directors to test the overall proficiency of their laboratory, including reagents, instruments, and staff performance.

National and international organizations devoted to the standardization of laboratory determinations could assist WHO by making their expertise available for proficiency testing in microbiology, clinical chemistry, immunology, haematology, and endocrinology. As the report indicated, several groups of experts in those disciplines had already made known their willingness to cooperate with WHO. To take one example, the standard haemicyanide reference preparation for the determination of haemoglobins developed by the International Committee for Standardization in Hematology (ICSH) had already been accepted by WHO and made available to all national authorities for the purposes described in the Director-General's report.

Since the proposed programme would cost only a relatively small amount of money - the sum of $1 million for 4-5 years was mentioned in the report - WHO should not hesitate to include it in its regular budget.

The intercomparability of laboratory results was of primary importance for the treatment of patients all over the world; in a patient with cardiovascular disease, for example, survival itself might depend on the accuracy of coagulation factor studies. His delegation gave full support to the programme proposed in part VII of the report, of which WHO could provide the basic structure, and was prepared to take an active part in its realization.

Dr TWUMASI (Ghana) said that the importance of the Director-General's report lay in the fact that the standardization of diagnostic materials aimed at providing precise, statistically relevant, and reliable laboratory data that would permit a distinction to be made between healthy and ill persons.

Such standardization presupposed, however, the existence in each country of a basic infrastructure comprising both human and material resources. Since the developing countries had to rely largely on paramedical personnel for health care delivery, there was a current need to simplify diagnostic procedures. The laboratory assistants available to them were of such a calibre that, at best, their work was not free from inaccuracies. In addition, such personnel often had to work with equipment and methods having a large margin of error. If the goal of obtaining reliable and comparable data from all countries was to be realized or even approached, not only did universal standards for laboratory equipment and materials need to be set, but laboratory procedures had also to be simplified wherever possible without sacrificing accuracy and reliability.

He wished to mention another problem, and would again have to refer to the developing countries as he was more familiar with circumstances in those parts of the world. In Ghana, to take a specific example, diagnostic materials had to be imported. While they tried always to import from the same sources, occasionally they were obliged to use other suppliers. They had found that, not uncommonly, diagnostic materials from different manufacturers differed in quality, with obvious repercussions on the accuracy of their diagnostic procedures. The standardization of diagnostic materials would not only make
COMMITTEE A: FIFTH MEETING

Dr. Fleury (Switzerland) said that the standardization of diagnostic materials was a particularly welcome move at the present time, when clinical laboratory analyses were increasing continuously in quantity and quality. The many diagnostic materials on the market were in fact very uneven in quality, and it was desirable for quality control to be part of the programme of any laboratory doing medical analyses.

In so far as laboratories performing microbiological and serological analyses were concerned, quality control was provided for in the Swiss legislation on communicable diseases due to come into force in July. A quality control programme had already been introduced in 1973 into clinical chemistry laboratories on an unofficial basis by the Swiss Centre for Quality Control, with the assistance of the National Foundation for Scientific Research. Almost half of all Swiss laboratories were participating regularly in that programme.

The Director-General's excellent report was particularly timely, since the standardization of diagnostic materials and methods was essential for quality control. The role of WHO in that field was important, and he supported the proposed draft resolution.

Dr. Hemachudha (Thailand), referring to the statement in the report concerning the "rapid proliferation of commercially designed reagent sets and analytical packages or 'kits'", said that those kits were mushrooming in his country because physicians were increasingly laboratory-oriented and also because commercial firms were very active in introducing and selling their products. The reagents that were flooding medical institutions in many countries had not been subjected to any quality control or checking by national authorities, and he doubted whether the Health Assembly had the legal authority to impose such controls upon them. It was a serious problem if the disease of a sick person escaped detection or if even one healthy person was made ill by the use of such reagents.

He did not know how WHO could come to their aid, but would be glad to hear about its attitude to the question.

Dr. Chang (Assistant Director-General) thanked the delegates for their very positive response to the report on the standardization of diagnostic materials. He assured them that the Secretariat would take into consideration all the comments made by them and would see to it that they were taken into account in the preparation of the programme.

The Chairman observed that the delegates of Norway, France, and Venezuela had each proposed an amendment to the draft resolution sponsored by the delegations of the Federal Republic of Germany, India, the Netherlands, and the United States of America. He therefore proposed that a working party be formed, consisting of the original sponsors of the draft resolution and those delegates that had proposed amendments, to combine the various proposals into a single draft resolution, and he invited any other delegates wishing to participate in the working party to do so.

It was so agreed. (For continuation, see summary records of the sixteenth meeting, section 6.)

FIFTH REPORT ON THE WORLD HEALTH SITUATION (continued from the second meeting, section 1)

The Chairman drew the Committee's attention to the following draft resolutions - the first submitted by the Rapporteur and the second by the Union of Soviet Socialist Republics. The first read as follows:

The Twenty-seventh World Health Assembly,
Having noted the fifth report on the world health situation prepared by the Director-General in pursuance of resolution WHA23.24;
Noting the considerable amount of time and effort required within Member States and Associate Member States and within WHO Secretariat to collect and study the information and prepare the reports;
Concerned by the duplication of collection of country health information by WHO for these reports, for the publication of statistical reports provided in accordance
with Article 64 of the Constitution and for other purposes;

Deeming it necessary to rationalize the collection of and reporting on country health information by the Organization;

Mindful of the potentialities of country health programming for generating information that is relevant to the assessment of the world health situation;

Recalling WHA23.59, which drew special attention to a number of the Organization's important functions, including the analysis and evaluation of information on the state of health of the world population and on environmental health with a view to identifying general trends in the world health situation and to evolving a strategy in regard to the most promising ways of developing health services and medical science; and

Stressing the importance for the promotion of world health and socioeconomic development of periodic authoritative assessments of the world health situation,

1. THANKS Member States and Associate Members for their assistance in providing material for the fifth report;

2. REQUESTS Member States and Associate Members to submit before 15 July 1974 any additional information or amendments they wish to include in the fifth report; and

3. REQUESTS the Executive Board to study the feasibility of WHO improving its methods of reporting on the world health situation - for example by preparing periodically authoritative assessments of the world health situation, based on relevant country health information and taking into consideration the discussion that took place on the Fifth World Health Situation Report during the Twenty-seventh World Health Assembly, and to report thereon to a future World Health Assembly.

The draft resolution proposed by the delegation of the Union of Soviet Socialist Republics read as follows:

The Twenty-seventh World Health Assembly,

Noting the fifth report on the world health situation prepared by the Director-General in pursuance of resolution WHA23.24;

Noting that the report contains summarized data on the health status of the population and trends in the development of public health throughout the world and also reflects the substantial disparities in the level of health of the people and in the status of the national health services between Member States, resulting from the great differences in the levels of their social and economic development;

Recalling resolution WHA23.59, in which among the Organization's important functions special attention was drawn to the analysis and evaluation of information on the state of health of the world population and on environmental health with a view to identifying general trends in the world health situation and to evolving a strategy in regard to the most promising ways of developing health services and medical science;

Emphasizing the importance of carrying out periodic authoritative evaluations of the world health situation with a view to promoting its improvement; and,

Considering it necessary to rationalize the collection and presentation of information on the health situation in the world as a whole and in individual countries,

1. THANKS the Member States and Associate Members for their assistance in providing material for the fifth report and requests them to submit, before 15 July 1974, any further information or amendments they wish to include in the text of the fifth report;

2. REQUESTS the Executive Board to consider the question of rationalizing the collection and summarizing of information on the health situation in the various countries, including the intervals at which the information should be published and provision for its continuous revision in the light of the data obtained; and

3. REQUESTS the Director-General to continue work on preparation of the sixth report on the world health situation and to present a progress report to one of the forthcoming World Health Assemblies.

Dr ŠČEPIN (Union of Soviet Socialist Republics) said that the reports on the world health situation were the only international documents in which could be found information on the health situation in the countries of the world, and the only ones that gave an indication of the health situation in and the health needs of the developing countries. For those reasons such reports should continue to be published. From the discussion, it was clear that most delegations shared that view.
It was also clear, however, that more accuracy was required in the case of certain data. National statistical services needed to be further improved.

There was also a need to study further the periodicity of the reports, the methods of collecting information, and the presentation of statistical data in a uniform manner. His delegation therefore considered that the matter should be referred to the Executive Board for study and recommendations. Meanwhile, the Organization should continue its work, bearing in mind the need for more detailed analysis of the general and individual tendencies in the development of health services, to enable rational programmes of WHO assistance to be worked out. Those proposals were contained in the draft resolution presented by his delegation for the Committee's consideration.

Dr SHRIVASTAV (India) agreed with the views set out in the draft resolution submitted by the Soviet Union. However, he would like the intervals mentioned in operative paragraph 2 to be specified; his delegation would prefer it to be five years. He pointed out that the draft resolution made no mention of the link between the Director-General's Annual Report and the report on the world health situation. The information contained in the two reports should agree. He therefore suggested that a small working group should be set up to consider the two draft resolutions before the Committee in order to arrive at a combined text.

Dr WONE (Senegal) said that the second preambular paragraph of the Soviet Union's draft resolution reflected the disparities that existed between Member States in the field of health owing to the great differences in their economic and social development. He noted, however, that no mention was made in the operative part of measures to be taken to do away with such disparities. He therefore thought that either the second preambular paragraph should be deleted or the operative part should contain a paragraph indicating how such disparities could be removed.

Dr PARMALA (Finland) supported the Soviet Union's draft resolution. It was the duty of the Executive Board to seek a solution to the various questions raised by delegations concerning the report.

Professor CANAPERIA (Italy), while supporting the Soviet Union's draft resolution, felt that it would be difficult at this stage to determine the intervals mentioned in operative paragraph 2.

He suggested that the second preambular paragraph should read as follows:

Noting that the report contains summarized data on the health status of the population and trends in the development of public health throughout the world;

The following three lines should be deleted.

Dr ELAWAD (Sudan) thought that the second preambular paragraph of the draft resolution could be deleted.

Professor WOJTCZAK (Poland) said that his delegation fully supported the draft resolution submitted by the Soviet Union. However, he suggested the deletion of the word "authoritative" in the fourth preambular paragraph. It was not necessary to specify the length of the interval to which reference was made in operative paragraph 2, since that was a subject for discussion by the Executive Board.

Dr PETRO (Czechoslovakia) said that his delegation fully supported the Soviet Union's draft resolution.

Dr GALEGO (Cuba) supported the Soviet Union's draft resolution, since it set out clearly the methodology to be followed and left the Executive Board to decide the interval at which such reports should be submitted.

Dr SENCER (United States of America), supporting the Soviet Union's draft resolution, said that his delegation considered that it was essential that reference to social and economic development should be retained.

Dr TOTTIE (Sweden) considered that the two draft resolutions could be combined.

The CHAIRMAN proposed that a working party should be set up to consider the draft resolutions.

Dr EL-GAMAL (Egypt) supporting the Soviet Union's draft resolution, welcomed operative paragraph 3 and considered that the second preambular paragraph should be retained since it clearly showed the importance of the collection and summarizing of health data. The decision regarding the intervals at which information should be published should be left to the Executive Board.
Dr N. CAMARA (Guinea) supported the USSR draft resolution, but suggested that the word "authoritative" should be omitted from the fourth preambular paragraph.

Dr DOLOGR (Mongolia) said that he did not think that a working party was required. With regard to the remarks made concerning the second paragraph of the preamble of the draft resolution presented by the delegation of the USSR, in his opinion the operative part of a resolution did not necessarily have to reflect everything contained in its preamble. As regards the intervals at which information on the world health situation should be published, he thought that it could be left to the Executive Board to take the decision. Alternatively, the Director-General might give the necessary guidance to enable the Committee itself to come to a decision.

Dr ELOM (United Republic of Cameroon) supported the Chairman's suggestion that a working group should be set up to consider the draft resolutions, since they contained much in common.

He considered that the second preambular paragraph of the Soviet Union's draft resolution was pertinent, emphasizing as it did the great disparities existing between the health services of the developed and the developing countries. He agreed with the delegate of Senegal that something should be said in the operative part concerning the measures to be taken to remove such disparities.

Dr HEMACHUDHA (Thailand), supporting the Soviet Union's draft resolution, suggested that an additional operative paragraph should be inserted reading: "Urges all Member States to assist in the preparation of the report by providing the information required by the World Health Organization".

Mr VÁLDES (Ecuador) supported the suggestion that a working group should be set up to consider the draft resolutions.

Dr ALAN (Turkey) moved the closure of the debate.

The Chairman declared the debate closed.

The CHAIRMAN suggested that a working party to discuss the draft resolutions should meet and consist of members of the following delegations: India, Mongolia, Senegal, Sudan, Thailand and the Union of Soviet Socialist Republics.

Dr EL-GAMAL (Egypt) suggested that any other delegate who was interested in attending the working party should be entitled to do so.

It was so agreed. (For continuation, see summary record of the sixteenth meeting, section 4.)

3. LONG-TERM PLANNING OF INTERNATIONAL COOPERATION IN CANCER RESEARCH Agenda, 2.6

Dr PAVLOV (Assistant Director-General) said that the Twenty-sixth World Health Assembly, in resolution WHA26.61, had recognized the importance of international coordination and cooperation in studies on cancer and, in accordance with that resolution, the Director-General had submitted to the Twenty-seventh World Health Assembly the report contained in document A27/13.

Cancer was a problem of significance for all countries. It took a toll of millions of lives and inflicted immense economic and social damage on humanity. WHO's work in the oncological field had so far been mainly directed towards promoting studies on the epidemiology, pathology, and control of cancer. To intensify international cooperation in cancer research, and particularly to promote the study of the role of the environment in the causation of tumours, the Eighteenth World Health Assembly in 1965 decided to establish the International Agency for Research on Cancer (IARC). Active encouragement for international cooperation in many aspects of cancer research had been given by the International Union against Cancer (UICC) - the oldest nongovernmental organization in that field.

Despite the importance of the work in cancer research carried out by WHO and various governmental and nongovernmental organizations, those activities alone were not enough for an effective global effort against cancer. In pursuance of resolution WHA26.61, the Director-General had asked Member States to identify the problems in cancer research that they considered to be of high priority and to indicate in what way they could participate in a long-term programme. Fifty-nine governments had replied to the Director-General's
questionnaire, and 58 of the replies were analysed in his report. The reply from the Jamaican Government had been received after the document had been completed. The Director-General was grateful to all the countries concerned. Most of them had expressed great interest in intensifying international cooperation in cancer research. Over 300 institutes and laboratories in those countries were particularly concerned with such work. The clinical features and diagnosis of individual forms of cancer, the treatment of patients, theoretical aspects, registration, standardization, and exchange of information were all questions that, in the opinion of most countries, should be the subject of cooperation.

The report mentioned the extreme complexity of the cancer problem, the fact that it was impossible for any single country to solve the problem with its own resources alone, and the savings and advantages that would result from unifying the efforts of countries and international organizations.

The differences between the developed and the developing countries in their approach to the problem were evident in a number of aspects, ranging from etiology to control measures. The experience and scientific achievements of the developed countries in cancer control should be available to the developing countries so that they could avoid a repetition of past mistakes. Improvement of cancer control services, organization of case registration, and improvement of methods of diagnosis, treatment, and prevention were all urgent tasks facing the health authorities in those countries.

The advantages and benefits of international cooperation in cancer studies were obvious. The international comparability of data would be facilitated by the standardization, for example, of terminology, methodology, and coding. A common approach to new tasks would help national institutes to select priorities and to make economical use of resources and equipment. The well organized collection and dissemination of information would assist the progress of research and would help to prevent unnecessary duplication of effort.

The long-term programme of cancer research should cover basic research, a study of the role of environmental factors in carcinogenesis, clinical research, and investigation of cancer health services. Progress in the understanding of the tumoral process would undoubtedly result in improving methods of preventing, diagnosing, and treating cancer. Clearly, laboratory investigation of such aspects as the molecular and cellular biology of tumour growth and host tumour relationships could best be carried out in individual national institutions. WHO should however take the initiative of conducting a series of meetings with a view to formulating new tasks and approaches to their solution, and promoting the standardization of methods of research, the exchange of information, and the training of staff.

IARC was already actively studying the role of environmental factors in the development of cancer in various parts of the world. The programme of international cooperation should include, in addition to that topic, the identification of carcinogenic agents (chemical, biological, and physical), the study of high-risk groups, and statistical, laboratory, epidemiological, monitoring, and other operational projects. Among the clinical questions suggested for international study were: evaluation of the effectiveness of diagnostic methods; improvement of criteria for surgical intervention; evaluation and selection of optimum radiation and chemotherapy schedules; standardization of morphological and clinical classifications of cancerous lesions; development of methods for evaluating end-results; and carrying-out of joint research. An important place would be assigned in the future programme to the organization of cancer control services. Among the concrete tasks would be to improve the structure and functioning of cancer control services; to evaluate the efficacy of screening techniques; to develop methods of determining high-risk groups; to establish educational and training programmes; and to study the rehabilitation of cancer patients.

In the last section of the report, entitled "WHO strategy and tactics in the planning and implementation of a long-term programme in cancer", emphasis was laid on the importance of close cooperation between WHO, IARC, and UICC, and of coordinating the cancer control activities of various divisions and units at headquarters with those of the WHO regional offices. Cooperation between the main existing international organizations was vital, and it was proposed to set up a special liaison committee to coordinate the overall programme of activities.

The main responsibility for coordinating international cooperation in cancer studies lay with WHO. However, that did not imply the rigid management and supervision of all projects. WHO should act as promoter and intermediary to ensure the success of the work and to guarantee that international cooperation produced results.
The CHAIRMAN drew the attention of the Committee to the Annual Report of IARC and to documents A27/WP/9 and A27/WP/12, submitted by the delegations of Egypt and the USSR.

Dr EL-GAMAL (Egypt) said that the priority of cancer as a public health problem differed from one country to another: in some developed countries, it ranked as the second cause of death, whereas in developing countries it might rank fifth or sixth - he said "might" because the relative distribution of the causes of death in some of those countries was not known for certain. Member States therefore should first have been asked what was the priority of cancer among their health problems and what was the prevalence in their populations of cancer of the various sites. The three questions posed on pages 3 and 4 of the report could then have followed in logical sequence. The answers to the two questions that he had suggested would have shown how uncertain the problem of cancer was in most developing countries. That point had not been sufficiently brought out in the report, and the proposed long-term plan of international cooperation therefore did not follow as a reasonable conclusion.

Four items were indicated in that plan (page 7, third paragraph). The priorities for assistance to the developing countries however should have been: (1) surveying of cancer as a national problem, by establishing or improving statistical systems; (2) standardization of examination methods; (3) classification and terminology of tumours; (4) exchange and dissemination of information; (5) study of the environment, with emphasis on the possible carcinogenic effects of parasitic diseases; (6) development of medical and paramedical manpower; and (7) improvement of existing treatment and investigation facilities. Basic research, on the other hand, could be left to the developed countries, which should make the results available to all Member States.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) expressed the satisfaction of his delegation with the Director-General's report. His delegation had also studied attentively the Annual Report of IARC and the document presented by the delegation of Egypt.

During the past year much had been accomplished by WHO, IARC and UICC, as well as by many Member States. Naturally, a definitive programme of cancer research had not yet been drawn up, but his delegation had never considered that it could be in so short a time. It would merely request all concerned to continue the work with the same intensity as during the past year. For the first time in the history of medicine the possibility existed of establishing an international programme of cancer research, to be carried out essentially on a voluntary basis by a great number of countries. For the programme to succeed, however, there had to be a sense of responsibility on the part of all concerned, and also mutual trust - and not only a desire but the knowledge of how to collaborate. His delegation had presented (in document A27/WP/12) a series of proposals regarding methods of collaboration and he hoped that they would be studied by other delegations and by the WHO Secretariat, if not at the present Health Assembly session, at least during the coming months. His delegation was also presenting a draft resolution, co-sponsored by a number of other delegations, for the consideration of the Committee.

In conclusion, he expressed his conviction that, if the work was continued, within three or four years a truly interesting international programme on cancer research would emerge; but even before then, international collaboration in that field would improve, to the advantage of all countries, both developed and developing.

The draft resolution presented by the delegation of the USSR, and co-sponsored by the delegations of Australia, Belgium, German Democratic Republic, Greece, New Zealand, Poland, Sweden, Syrian Arab Republic, Turkey, United Kingdom of Great Britain and Northern Ireland, and United States of America, read as follows:

The Twenty-seventh World Health Assembly, Having considered the Director-General's report, prepared in accordance with resolution WHA26.61, on long-term planning of international cooperation in cancer research; Re-affirming its belief in the usefulness of drawing up a comprehensive international cancer research programme in which the research institutions of the Member States could participate on a voluntary basis;

1 The delegations of Bangladesh, Czechoslovakia and France subsequently expressed the wish to see the names of their countries added to the list of co-sponsors.
Believing that an important condition for ensuring the success of such a programme is to develop an effective methodological basis for it which will make it possible to coordinate research successfully in a comprehensive manner and to collect and combine its results,

1. THANKS the Director-General for his report, which sets out in the spirit of resolution WHA26.61 the strategic and tactical task facing WHO in its cancer research activities and states the aims and possible priorities of that research;

2. EXPRESSES its satisfaction at the readiness shown by the International Union against Cancer, and other intergovernmental and nongovernmental international organizations, to participate under the leadership of the World Health Organization, including the International Agency for Research on Cancer, in drawing up and carrying out a comprehensive programme of international cooperation in cancer research;

3. THANKS the Member countries which have made constructive proposals in regard to the international cancer programme and have expressed their readiness to take part in its implementation;

4. REQUESTS the Director-General to continue the work that has been started on a comprehensive programme for international cooperation in cancer research and research methodology, including suggestions on an effective system for its implementation, taking into account all resources at his disposal, and calling on the services of any experts needed, and of representatives of Member States and of the international organizations concerned; and

5. ASKS the Director-General to report on further progress in this work to the Executive Board at its fifty-fifth session and to the Twenty-eighth World Health Assembly.

Professor MATEJICEK (Czechoslovakia) said that the urgency of the problems raised by the increasing prevalence of cancer in the world's population made WHO's assistance essential. From the theoretical and practical points of view, their solution was becoming extremely complicated. There was no hope that they could be solved by any individual country: international cooperation on a wide basis would be needed, and it was for WHO to organize it. The views expressed by the Director-General in his report on the long-term planning of international cooperation in cancer research were therefore welcome.

The Czechoslovak delegation considered that cancer control should occupy an important place in WHO's programmes and that there was a need to create the conditions for employing resources effectively and avoiding duplication. That would require the intensification of coordination and cooperation between national research institutions and of coordination of the work of international organizations (FAO, IARC) and other international bodies. Those essential points were covered in the draft resolution presented by the delegation of the USSR, which he hoped would be adopted.

His delegation considered that the most important task was to work out a methodology for international cooperation in oncological research. In that connexion three aspects should be considered. First, WHO should coordinate basic research and stimulate national efforts in that field. Secondly, it should pay great attention to new methods of cancer treatment, including immunotherapy, chemotherapy and combination therapy. Thirdly, there should be confrontation and comparison of all results, which could only be done if uniformity and standardization were achieved in classification, coding, nomenclature, criteria, methodology, and cancer registers.

Dr ZSOGON (Hungary) recalled that tumours were a major cause of death, ranking second or third in developed countries and eighth to tenth in the developing countries. Environmental carcinogenic factors, such as air pollution, chemical substances, and radioactivity, were on the increase; and, as a result of increased longevity, more people were reaching the age at which cancer tended to occur.

Research workers and clinicians in many countries were attempting to solve the problem by applying the methods and results of research in marginally related fields, such as biology, genetics, and biochemistry. Thus several hundred thousand workers were directly or indirectly involved in research into the origin, diagnosis, and treatment of tumours. But progress in relation to the vast efforts invested was small. Even with optimum treatment methods, only about 40% of cancer cases were curable - and in many places the proportion of cures was lower because of the lack of specialists and technical means.
Analysis of the causes of failure revealed that, although much was known about experimental carcinogenesis, the origin of most human tumours remained an enigma. The type and evolution of a tumour differed with the individual, so that there was no uniform method of diagnosis and treatment; and, although there were many research workers, there was little coordination between them, and duplication of effort was not infrequent. Furthermore, the problem of making the results of such an enormous amount of research available to everyone remained unsolved. Clearly, in those circumstances, progress was not possible without international cooperation between research institutions in different countries and national research programmes at the regional and international levels.

WHO was already playing an important role in the coordination of cancer research and should strengthen its leadership in international coordination, which covered such important fields as epidemiological research; the demonstration of carcinogenic factors and their elimination; unification of pathological nomenclature; clinical diagnostic methods and classification; a data bank of therapeutic methods; elaboration of guiding principles for cancer control; and teaching of oncology. WHO was the main organizer of those activities, but the valuable work of UICC and IARC should also be optimized by the pooling of efforts. In order to perform its coordinating functions properly, WHO must have the necessary facilities, and there should be close cooperation among the units of WHO interested in different aspects of cancer, including statistics, pharmaceuticals, and environmental health.

Hungary was taking an active part in the coordination of cancer research. The Director of its National Cancer Institute was a member of the committee that had drawn up the guiding principles of the long-term programme of international cancer research; the same Institute, together with the Institute of Research in Cancer Pathology, had organized a collaborating centre for the study of melanoma, ovarian cancer, and cancer of the stomach. Another centre - for the study of precancerous lesions of the mouth - had been set up at the Semmelweis University. The National Cancer Institute had also collaborated in the preparation of a work on the chemotherapy of tumours, published by WHO. Hungary would continue to lend its support to WHO in the coordination of cancer research.

Professor HALTER (Belgium) said that cancer was a dramatic disease, the cure for which was in sight. If research into the problem of cancer could be intensified, the key to its solution would be found more rapidly. Belgium enjoyed the privilege of belonging to IARC, which had been established by the World Health Assembly in 1965, by resolution WHA18.44. IARC was thus part of WHO and, although it was governed by a group of countries meeting certain criteria in order to ensure its harmonious and efficient operation, all the 140 Member and Associate Member States of WHO were entitled to benefit from the work of IARC and IARC had the duty of serving them. Unfortunately, that state of affairs was all too often forgotten by delegations of countries that did not serve on the Governing Council of IARC, and occasionally even by certain units of WHO. On behalf of the Belgian delegation, he formally declared that the achievements of IARC were for the benefit of all the Members of WHO.

Research was not, of course, concentrated in Lyon; indeed it was indispensable that it should be carried out wherever competent research workers were capable of furthering knowledge. But it was essential that the efforts of those workers should be made known, should be cohesive, and should be capable of integration. Much valuable time would be wasted by individual uncoordinated research work. He called on the Health Assembly to take concrete decisions, forthwith or at a subsequent session, regarding the division of responsibilities among WHO headquarters, IARC, and other international organizations, especially UICC.
The report should be complemented by a document in which an attempt was made to distribute the medium-term and long-term activities in cancer research among the various bodies. That task was the responsibility of WHO alone, and the Health Assembly should take full responsibility for deciding what cancer research should be carried out in the near future.

The Director-General, in close collaboration with IARC, UICC, and any other competent bodies should formulate more precise proposals for the division of responsibilities and present them to the Twenty-eighth World Health Assembly. Such an effort of additional reflexion should not however be allowed to slow down the work already in progress at IARC, at WHO headquarters, and elsewhere.

Coordination and the division of responsibilities were the essential preoccupations for the future. It was important, for example, for the developing countries to be aware that their role in cancer research was at least as important as that of the developed countries since: although the latter possessed the means of undertaking research, there were frequently typical epidemiological situations in the former could lead to rapid advances in the knowledge of cancer.

(For continuation, see summary record of the sixth meeting, section 3.)

The meeting rose at 5.30 p.m.
1. REVIEW AND APPROVAL OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1975

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 1975 and examination of the projection of the budget estimates for 1976

The CHAIRMAN drew attention to the report of Committee B to Committee A (page 547) and to the working paper, to which was annexed the draft resolution on the effective working budget and budget level for 1975, with a blank space for the insertion of the approved amount.

Dr RAMZI (representative of the Executive Board) said that, according to the established custom, the Standing Committee on Administration and Finance and the Executive Board at its fifty-third session had made a detailed analysis of the proposed programme and budget estimates for 1975; that analysis was contained in Official Records No. 216. The Board had also considered certain matters of major importance in accordance with the terms of resolution WHA5.62. Chapter I of the Board's report contained the detailed analysis of the proposed programme and budget estimates for 1975, pages 2-7 being devoted to a study of the main features of the proposals for 1975 and of the main factors accounting for the increase over the level for 1974. As shown in paragraph 5 (page 3), the effective working budget originally proposed by the Director-General for 1975 amounted to US $112,778,000. As a result of the decision, taken in December 1973 by the United Nations General Assembly, to incorporate five classes of post adjustment into the base salaries of professional and higher categories of staff as from 1 January 1974, the Director-General had found it necessary to submit supplementary budget estimates for 1974 and 1975 in order to meet the expenditure involved. The supplementary estimates for 1975 amounted to $2,462,000, giving a proposed effective working budget for that year of $115,240,000—an increase of 5.92% over the 1974 level (including the supplementary estimates for that year). As explained on pages 3-4 of the report, almost the whole of the increase proposed for 1975 was to cover the increased cost of maintaining the same staff as in 1974 and continuing the activities in progress.

Pages 7-54 gave a detailed analysis of the proposed programme and budget for 1975 presented by Director-General. Reference to the budget of the International Agency for Research on Cancer and to the additional programmes requested by governments that were not included in the proposed programme and budget would be found on page 54. In Chapter II (Matters of major importance considered by the Board), Part 1 related to the Board's consideration of additional budgetary requirements for 1975, which the Director-General had found it necessary to present following the decision of the United Nations General Assembly to which he had referred; Part 2 was devoted to questions considered by the Board in accordance with resolution WHA5.62 of the Fifth World Health Assembly. As indicated in paragraphs 7 and 8, the Board was satisfied that the budgetary estimates were adequate to enable WHO to carry out its constitutional functions, taking into account its current stage of development; that the proposed programme for 1975 was in line with the general programme of work approved by the Health Assembly; and that it would be possible to implement the programme during the financial year. As indicated in paragraphs 10-33, the Board had studied the financial implications of the budgetary estimates, taking into account (1) the amount of casual income available to help finance the budget for 1975; (2) the scale of assessments and amounts of contributions for 1975; (3) the status of collection of annual contributions and of advances to the Working Capital Fund; and (4) Members in arrears in the payment of their contributions to an extent that might give rise to the application of Article 7 of the Constitution. Part 3 (pages 60-64) dealt with the Board's consideration of the text of the proposed appropriation resolution for 1975, and summarized the Board's view—favourable on the whole—of the new form of presentation of the proposed programme and budget. Furthermore, it indicated that the Board had studied the functions of the Standing Committee on Administration and Finance as regards consideration of the programme and budget and had adopted resolution EB53.R35, which would be studied by the Health Assembly under another item of the agenda. Part 4 contained the Board's recommendation on the proposed effective working budget level for 1975. The Board believed that the proposed programme and budget for 1975 was
satisfactory and had unanimously adopted resolution EB53.R22, recommending that the
Health Assembly should approve for 1975 an effective working budget level of $ 115 240 000.

With regard to the programmes financed from the Voluntary Fund for Health Promotion,
he noted that, in view of the new presentation of the programme and budget, all activities
financed from extrabudgetary sources, including the Voluntary Fund for Health Promotion,
were not shown in separate parts of the budget volume as hitherto but were included in the
general statements describing the programme and subprogrammes. The Board had of course
taken account of the activities that were to be financed from the Voluntary Fund, and had
satisfied itself that they met the criteria laid down in resolution WHA13.24. In view of the
integrated presentation of all the programmes to be carried out by WHO, whatever their source
of funds, the Board had not seen fit to recommend a separate resolution relating to the
Voluntary Fund component of the programme. However, if the Committee wished to
recommend such a resolution, it could do so at the end of the detailed examination of the
programme and budget.

The DIRECTOR-GENERAL said that the amount of the effective working budget proposed
for 1975 - US $115 240 000 - was different from the one shown in Official Records No. 211,
since it included the additional amount of $ 2 462 000 required in 1975 as a result of the
decision of the United Nations General Assembly to incorporate five classes of post
adjustment into the base salaries of professional and higher categories of staff. For the
same reason, it had been necessary to submit supplementary estimates for 1974. The
total amount of the proposed effective working budget for 1975 represented an increase
of $ 6 440 200, or 5.92%, over the 1974 level as adjusted by the supplementary estimates.
Most of that proposed increase was required merely to maintain the level of operations
approved for 1974. Indeed, in view of current rates of inflation in most countries of the
world, and of continuing international monetary instability, it was quite possible that ultimately the proposed 1975 budget would not even fully cover the real increased costs.

In 1974, for the first time, the programme and budget estimates were presented in the
new, more programme-oriented, form previously approved by the Health Assembly. As he had
stated in his Introduction to Official Records No. 212, he had no illusions that the principles underlying the new form of presentation had been adequately implemented.
However, he hoped that the Health Assembly would be able to agree, as the Board had agreed
in January, that an important first step had been taken towards developing one of the
Organization's mechanisms for longer-term planning of its programmes. It was realized
that there was still a great deal to be learned before the stage of real programme
budgeting was reached. The Secretariat, in its endeavour to improve further the
presentation of the programme and budget, would of course be grateful for the criticisms and suggestions of Members.

The 1974 and 1975 budget estimates were based on the rates of exchange in force at the
time of preparation of the estimates for the individual currencies in which the expenditure were to be incurred. In the case of expenditure to be incurred in Swiss francs, the rate of exchange on which the estimates were based was 3.23 Swiss francs to one US dollar. Unfortunately, as the Committee was aware, a situation of international monetary instability, with greatly fluctuating exchange rates, continued to prevail, and in most countries inflation did not show any signs of abating. Whereas, for example, the rate of exchange between the US dollar and the Swiss franc a few months previously had been close to - indeed for a very brief period even above - the 3.23 level to which he had referred, it was now well below three Swiss francs to one dollar. That meant, of course, that more dollars than originally foreseen were needed to meet expenditure incurred in Swiss francs. The same situation prevailed, in varying degrees, in respect of the other currencies required by the Organization to carry out its activities. He did not wish to speculate about the future trend of inflation and currency exchange rates. He could only hope that, with very severe financial management, including the probable freezing of vacant posts, and by effecting all other possible economies in WHO's operations, the Organization might be able to manage for the remainder of the year within the limits of its resources without too greatly impairing its programme delivery. On the other hand, if the circumstances to which he had referred continued to prevail until 1975, it was very likely that it would become necessary to submit supplementary estimates for that year. He remained hopeful that the international monetary situation would improve and that the rates of inflation would perhaps stabilize before the end of 1974, but he thought it his duty to alert the Members of the Organization to the financial problems that might have to be faced in the following year.

In conclusion, he hoped that the Health Assembly would approve an effective working budget for 1975 in the amount of $ 115 240 000, as he had proposed and as the Board had unanimously recommended.
Mr FURTH (Assistant Director-General) drew attention to the working paper, which contained a draft resolution on the effective working budget and budget level for 1975. The text followed that of the resolution adopted by the Health Assembly the previous year. It contained blank spaces that would need to be filled in once the Committee had taken its decision. He reminded the Committee that the decision on the amount of the effective working budget required a two-thirds majority of Members present and voting.

Dr ŠCEPIN (Union of Soviet Socialist Republics) said that the definitive figure proposed for the Organization's regular budget for 1975 was 8.38% higher than the budget for 1974, although, if the supplementary estimates for 1974, now approved, were taken into account, the percentage increase was somewhat lower. Although every year the Health Assembly approved a relatively modest increase - less than 10% - the actual increase was considerably higher; as could be seen from the report of the External Auditor on the accounts of WHO for 1973, the increase of the effective working budget for 1973 over 1972 had been 12.38%, and the increase for 1972 over 1971 had been 14.4%. It should not be forgotten, moreover, that every 1% increase meant an increase of more than US $1 million.

WHO continued to devote a considerable part of its resources to technical assistance, although the increase in funds for technical assistance from other sources should make it possible to reduce the rate of increase and subsequently to stabilize the Organization's regular budget. The rapid rate of growth of the budget was making it difficult for a number of countries to pay their contributions; about one-quarter of WHO's Member States had been in arrears for a part or the whole of their contributions at the end of 1973.

For the reasons he had given, his delegation once more invited other delegations to find ways of improving the effectiveness of WHO's work, not by increasing the regular budget but by using the resources and possibilities of Member States to better advantage through improved coordination and elimination of duplication of work.

The delegation of the USSR could not support the proposed level of the effective working budget for 1975 and would vote against it. It was sure that its position would be understood by other delegations, since it was based on the conviction that the Organization could not resolve all the health problems of countries even if its budget were increased tenfold. It was not the task of WHO to do so: its task was to organize coordination and cooperation between countries and to use the resources they placed at its disposal without placing upon them the burden of increased contributions.

Professor AUJALEU (France) emphasized that the proposed budget for 1975 should not be compared with the effective working budget of the current year, i.e., including the supplementary budget estimates. The only equitable comparison was between the budget that was about to be voted for 1975 and the budget that had been voted for 1974; or, alternatively, between the 1974 budget to which had been added the supplementary estimates of January 1974 and the 1975 budget with the supplementary estimates that would no doubt need to be added in January 1975. However, although the Director-General had proposed a budget level showing an increase of 8% over that of the previous year, he had been moderate in his budgetary demands for 1975. The figure of 8% was probably lower than the average rate of inflation in a large number of countries. The Director-General would have enough difficulty as it was in managing with his budget for 1975 without being hindered at the outset by a refusal of what he was requesting. For that reason the French delegation would vote in favour of the budget proposed by the Director-General.

Mr KAMER (Switzerland) noted that the Executive Board had recommended an effective working budget of US $115 240 000 for 1975, and agreed with the delegate of France that that figure should be compared with the amount approved the previous year, namely, $ 106 328 800. The increase was thus $ 8 911 200, or 8.5%. The Swiss authorities would approve the proposed budget, provided that the Health Assembly did not change it significantly. In so doing, the Swiss delegation thanked the Director-General and his assistants for the tremendous job that they had done, with regard not only to the new presentation of the budget but also the measures of economy and rationalization that the modest increase of 8.5% reflected. Since much of the expenditure of WHO was incurred in Switzerland, where the annual increase in the cost of living was currently between 8% and 9%, and in view of the continuing international monetary crisis, he thought that a budget showing such a modest increase might even be over-optimistic.

The first concern of his delegation was to avoid approving a budget that, while it had the merit of being relatively modest, might oblige the Health Assembly to approve considerable supplementary estimates a year later. The danger of such a situation was particularly great as WHO did not practise the system of integral budgeting and therefore did not take into account all the increases in prices and salaries that might occur in
While not proposing that integral budgeting should be introduced in WHO, his delegation urged as realistic a budget as possible, to avoid unpleasant surprises in the future. However, the Secretariat should not be encouraged to go to the other extreme and submit for the following year a budget that was inflated to provide for every eventuality resulting from the unstable monetary situation. He did not doubt that a golden mean could be attained.

The Swiss delegation approved the proposed budget in principle.

Dr BEDAYA-NGARO (Central African Republic), referring to the proposed programme for the African Region, remarked on the fact that, out of 230 projects, 20 had been postponed and seven cancelled. He also observed that the delegates to the Twenty-seventh Health Assembly had been swamped with draft resolutions concerning concrete problems and programmes that would certainly have repercussions on the budget. As regards the uncertain monetary situation, he had noted with interest what the delegate of Switzerland had said about the rate of increase in the cost of living. His own country, which had been beset by unprecedented calamities such as drought, was prepared to approve the proposed budget. However, in view of the monetary situation, he thought that the Health Assembly should authorize the Director-General to review the budgetary position at any time with a view to making ends meet.

Dr SIDERIUS (Netherlands) remarked on the skill with which the Director-General had managed the presentation of his programme and budget in a financially difficult period. The proposed increase in the budget level was certainly lower than the average inflation rate in the world. Indeed, the increase was so modest that the Director-General's realistic proposals would lead to a stabilization of the programme. However, the health needs of the world were still increasing. The Director-General should therefore continue his efforts to find additional resources to expand the activities of the Organization.

The Netherlands delegation supported the proposed programme and budget estimates for 1975. As to the programme level for 1976, he had understood the Director-General to propose an increase similar to that for 1975. His delegation could accept such an increase and even, in view of the needs, a somewhat greater increase.

Dr EHRLICH (United States of America) strongly believed that the Director-General's proposals deserved the full support of the Committee and of the Health Assembly as a whole. The Organization was in a state of rapid change, as was the international monetary situation. Full support should therefore be given to the Director-General so that he could adapt and modify the Organization's programme as necessary, with the guidance of the Health Assembly. The proposed budget level of US $115,240,000 was adequate for that task, and the United States delegation therefore supported it.

Dr ALAN (Turkey) recalled that the Turkish delegation had been voicing its opposition to the rapidly increasing budget for more than 10 years. However, having listened to the representative of the Executive Board, the Director-General, and the other speakers, and taken into account the instability of the monetary situation, the Turkish delegation - although it would have difficulty in accepting a growth rate of 8% - would vote for the budget presented by the Director-General. It shared, however, the concern expressed by the Swiss delegation.

Professor VON MANGER KOENIG (Federal Republic of Germany) agreed with previous speakers that the growth rate of the proposed budget was moderate and stood in reasonable relationship to the general cost increase. He was therefore able to vote in favour of the proposed budget. However, the budget level was probably not high enough to keep pace with rising costs and the Secretariat would no doubt be faced with problems, as in previous years.

He complimented the Director-General on the new programme-oriented form of the budget, which facilitated comparison of programmes and analysis of priorities. There was now a direct relationship between the objectives of the Organization, the programmes by which it was hoped to reach those objectives, and the budget to implement the programmes, and this would facilitate the task of the Health Assembly when biennial budgeting was introduced.

Professor REID (United Kingdom of Great Britain and Northern Ireland) supported the proposed budget level. It was difficult to strike a balance between a budget taking inadequate account of the escalating cost of living and a budget making excessive demands on financially hard-pressed countries, but that feat had been successfully achieved by the Director-General.
While supporting the view of the delegate of the Soviet Union that the prime task of WHO should lie in the field of coordination, he observed that even that task had been made heavier by the decisions already taken in the Committee, e.g., the recommendation concerning the Organization's involvement in the standardization of diagnostic materials. In the light of the current world situation, an increase in the budget of about 8.5% was a thoroughly reasonable compromise and one that he supported strongly.

Mr Armento (Italy) said that the main point noted by financial authorities in his country had been the increase in the budget, which, as they had seen, was a limited one. However, going back in time, it would be found that the Organization's regular budget had increased by almost 170% between 1966 and 1974. No country he knew of had enjoyed such an increase in its national revenue during that period.

Given the worldwide economic crisis, in which his country was in a particularly unfavourable position, he could only express dismay at that proposed increase and particularly at the proposed increase in the Italian contribution for 1975, which would be about 18.7% higher than for 1974. Such an increase ran counter to the stringent financial measures recently adopted by his Government. Therefore, while hoping that the present crisis would be temporary, he would make the following suggestions: (1) The Organization should decide on the programmes to be implemented on the basis of their priority; it should undertake neither those programmes without priority nor those that might overlap with the programmes of other international organizations, and there should be a closer link with the latter in so far as programme formulation was concerned. (2) The level of staff and salaries now proposed should remain unchanged for two years.

His delegation was unable to support the proposed budget. However, that decision was forced on them by the current economic situation and did not imply any lack of confidence in the Organization's activities.

Professor Sulianti Saroso (Indonesia) contrasted the debates on the budget at previous Health Assemblies, which had usually featured many suggestions for lowering the proposed level of expenditure, with the present Assembly, where the majority of delegations supported the proposed budget and a few had even expressed a wish for a larger increase. In the light of the international monetary crisis, 8% could hardly be called an increase; rather, there was a danger that with the proposed regular budget the Organization might not be able to cover all the activities and programmes envisaged.

She therefore appealed to countries that thought WHO would experience difficulties in programme coverage to contribute to the Voluntary Fund for Health Promotion, for example, so that such difficulties could be averted. More specifically, as the delegate from the Central African Republic had pointed out, resolutions had already been adopted the implementation of which would require additional funds. Her delegation of course supported the Director-General's proposed budget as well as any mechanism whereby it could be increased.

Dr Violakis-Paraskevas (Greece) thought the proposed rate of increase a realistic one. She was in favour of the budget proposed by the Director-General.

Dr Wone (Senegal) said that his country, like several others, had been affected in the last few years by new problems for which the Organization had happily been able to provide rapid and effective assistance. First for cholera and then for an even graver calamity - drought - WHO's assistance had been given ungrudgingly, massively, and effectively. In order that WHO would always be in a position to offer such aid to his and other countries facing similar difficulties, he would enthusiastically support the proposed budget. Even countries such as his own were obliged to increase their budget by a greater amount every year owing to inflation. It was only the Secretariat's great skill that had limited the increase in the Organization's budget to a moderate sum.

Dr Al-Wahbi (Iraq) said that his delegation had for years been supporting a higher ceiling for the WHO budget. One reason was their conviction that a normal, healthy growth of the Organization was essential, and that would require increased funds to permit WHO to provide increased assistance and services, especially to countries most in need of them. The proposed figure of 8% was probably not sufficient for such growth, and he hoped supplementary funds could be found. An increase of at least 5% was needed over and above the statutory increases - and that would amount to more than 8% even under normal circumstances. In the current situation, an increase of about 12% would be required to allow for some growth.

He supported the proposed budget but would have preferred the level to be higher.
Dr A. M. HASSAN (Somalia) recalled that every year projects assisted by WHO were allocated funds for supplies and equipment. As those sums had remained almost constant while their real value had dwindled, as a result of inflation less equipment was in fact now being supplied than in previous years. As shown on page 67 of Official Records No. 216, the percentage increase for disease prevention and control was only 0.66%. Surely it could not be claimed that such an increase would meet the increased costs of such services. He hoped that a solution for the problem would be found.

Dr BADDOO (Ghana) joined previous speakers in supporting the proposed level of expenditure. In the present monetary situation the 8% increase might be just enough to maintain the 1974 level of services and, he hoped, might also cover additional services. His country, belonging to the African Region, was in great need of services to its population and was grateful for the assistance already given by the Organization. He noted with interest that efforts had been made to increase the budget for the Region, although some projects had nevertheless had to be postponed.

Dr HAAS (Austria) would vote in favour of the proposed working budget for 1975 because, while the increase was moderate, it might possibly be sufficient to enable the Organization to meet all the demands made upon it. He supported the proposed increase, especially since inflation rates in most countries all over the world were far higher. Limiting WHO’s budget increase was an act of real responsibility at a time when an international effort to combat worldwide inflationary trends was particularly needed.

Dr GALEGO (Cuba) said that she also would vote for the proposed budget but she drew attention to the fact that the budget continued to suffer from the ever-growing consequences of the international financial crisis in capitalist countries. The proposed budget increase was in reality intended to compensate for those consequences. It was unfair that countries with no direct responsibility for that crisis should be affected by it.

Moreover, the budget suffered from a certain hypertrophy: there was a marked tendency for it to increase from year to year. About 70% of that increase was to cover administrative expenses, to the detriment of the Organization’s technical assistance activities or its projects in the developing countries. In the not too distant future, unless a close watch was kept on the situation, small developing countries such as Cuba that were now receiving benefits in proportion to their contributions would find those benefits dwindling relative to their rising assessments, the increases in which would be needed largely to cover bureaucratic and inflationary costs.

The CHAIRMAN proposed that the Committee vote on the only proposal for an effective working budget that it had before them, namely, the Director-General’s proposed figure of US $115 240 000.

Decision: The Director-General’s proposal that the effective working budget level should be US $115 240 000 was approved by 93 votes to 5, with 5 abstentions.

The DIRECTOR-GENERAL said that he had asked for the floor in order to make a not entirely traditional type of statement.

He believed that at the present time the world was playing a very dangerous game of brinkmanship. The promises of solidarity between nations made after the Second World War had certainly not been kept. Looking at the world today, in the stark nakedness of its social injustice, there were no reasons for complacency. Given the objectives of its Constitution, WHO could not remain silent in the face of injustices which this very year could result in tens of millions of children dying in countries where the rains might fail. Should that happen, there would be many other consequences for the health of the world. And yet nowhere was there anything resembling a contingency plan to meet such a catastrophe.

There should be no misunderstanding about his own attitude towards WHO’s role. The Organization, together with the other multilateral and bilateral organizations concerned with development, must be an aggressive force to further social justice in the world. If no radical change supervened in the present lukewarm attitude towards development, the world would be faced with very serious problems indeed before - and even long before - the end of the present century.

How was that related to the budget the Committee had just approved? He would be the first to admit that the Organization must prove that it was worth the confidence that all Members were willing to invest in it. WHO was going through a period of questioning itself about its future mission - a period in which he and his staff needed very strong
support. Moreover, harmonious relations were essential to the success of the common search for new ideas as to how the Organization could do more to promote social justice within the health sector. He therefore believed that it was a time to avoid any acrimonious debate on the budgetary increase.

The Committee would agree that any comparison of budgets for different years in terms of United States dollars or Swiss francs made little sense in the absence of a standard for programme delivery; and there was unfortunately nothing comparable to a gold standard for programme delivery. The budget might have been stabilized in monetary terms, but it was probably slightly declining in terms of programme delivery. Nevertheless, if Members - developed and developing, rich and poor - were ready to enter into a dialogue, as they had already indicated at the present Health Assembly, then WHO's current resources could be mobilized to play a far more imaginative role in countries that were in need of immediate assistance. Holding that philosophy, he would not have dared to propose a stabilized budget had he not been convinced that the Organization would be able to mobilize resources far beyond those of the regular budget for the promotion of social justice in the health sector in developing countries.

The remaining years of his mandate would show whether that prediction could be realized or not. If it could not, and if the Organization failed to generate any substantial increase in extrabudgetary resources, then those who had just voted - almost unanimously - for the proposed budget, considering it a prudent one, would have been wrong, as he himself would have been wrong. To choose one path or the other posed a serious moral dilemma for a director-general of a health organization. The near unanimous support given to the budget was of great importance at a time when new methods of mobilizing resources were being sought, and he was grateful for it. The essential now was to evolve better ways of thinking and acting that would make for the development of social justice in the world.

Examination of the projection of the budget estimates for 1976

The DIRECTOR-GENERAL recalled that, under the terms of paragraph 1 (1) (c) of resolution WHA24.4 and paragraph 3 of resolution WHA24.3, the projection of the budget estimates for 1976 had to be considered by Committee A at the same time as it discussed the effective working budget level for 1975. In that connexion, he referred the delegates to pages 37 and 38 of Official Records No. 212, which showed a tentative projection of the budget estimates for 1976. However, the figures appearing on that page in the 1974 and 1975 columns must be adjusted in order to take into account the additional budgetary requirements resulting from the consolidation of five post adjustment classes into the base salary of professional and higher categories of staff. Consequently, the tentative projection for 1976, which represented an increase of a little less than 6%, would also change in terms of absolute dollar figures. Bearing in mind the international monetary situation and the high rates of inflation throughout the world, he thought that a budget increase in 1976 of about 6% over the 1975 level could not be said to represent anything but a stabilized budget with no real programme growth.

In conclusion, he pointed out that the tentative projection for 1976 did not take into account any decisions of the present Health Assembly on important programme matters that might have future budgetary implications. Nor did it make allowance for the occurrence of any unusual developments, including monetary ones, that might result in additional resources being required by the Organization.

Professor HALTER (Belgium) agreed with those delegates who thought the budget level was not high enough. The budget had been approved because it was felt that the Director-General had excellent ideas. As he had said, WHO could speculate on international solidarity and on the solidarity of those who, at some point in the economic evolution of their countries, could make resources available to those who needed them. He had the privilege of belonging to a country that for many years had made a substantial effort in that respect. WHO had a role to play at the present time, when many countries were placing vast resources at the disposal of countries that needed them, through bilateral and multilateral assistance. Presumably that was what the Director-General had been alluding to when he had admitted that the budget was stabilized if not declining, but said that he was speculating on the solidarity of Member States to help WHO develop its activities by means of external resources that would not be found in the regular budget.
He too felt that WHO should speculate on that. In his own country, attitudes were very favourable to such participation. Even with its present budget, WHO possessed such technical and scientific expertise that Member countries had no choice but to turn to the Organization whenever they attempted to do some good around them but were perhaps unsure of the actions to be taken or the priorities to be accorded to them. As had been emphasized during the discussion of WHO's role in biomedical research, WHO could play an important role in bilateral assistance programmes also, regardless of their nature, by placing its personnel and expertise at the disposal of such programmes. There was a great deal of money available in the world for bilateral assistance programmes, as the Director-General had correctly pointed out. In that connexion, he said that a draft resolution would soon be circulated in the Health Assembly encouraging the Director-General, and above all Member States, to make use of that new kind of collaboration within the framework of bilateral and multilateral assistance.¹

Dr SHRIVASTAV (India) said he had been greatly inspired by the statement of the Director-General. However, he regretted that some of the Health Assembly's actions belied those ideas of social justice, uniformity of treatment and non-discrimination. He quoted one instance. At the Twenty-sixth World Health Assembly, a resolution had been tabled by a group of delegations on behalf of a particular African country suffering from severe drought; the resolution had been directed particularly to assisting the children of that country. He and some fellow delegates had insisted that WHO's role should not be restricted to a specific country or area or to a specific calamity but should be comprehensive and based on the principle that any area experiencing drought, floods, or pestilence should have the same support. They had therefore wanted to enlarge the scope of the resolution by making it refer to all "countries needing help as a result of natural calamities". Unfortunately, however, the resolution as adopted had been restricted to one region alone. Such instances made him feel that the Health Assembly was not considering the interests of all countries of the globe but rather of regions and areas. He invited the Director-General and the Chairman to review that resolution and the discussion on it. Members must all search their own hearts, since it was not very valid to express high-sounding ideas about social justice and then to discriminate between countries.

Professor AUJALEU (France) felt, as regards the 1976 budget projections, that the Health Assembly could do nothing at the present time, since no one could make the slightest prediction as to what inflation might be like in 1976.

Dr GUILLÉN (Peru), Rapporteur, read out the following draft resolution, which incorporates the figures for miscellaneous income and reimbursement from UNDP contained in the report of Committee B to Committee A (see page 547):

The Twenty-seventh World Health Assembly

DECEIVES that:

(1) the effective working budget for 1975 shall be US$ 115,240,000;

(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 1975 shall be financed by assessments on Members after deduction of the following:

(i) reimbursement from the United Nations Development Programme in the estimated amount of US $1,800,000;

(ii) the amount of US $1,200,000 available as casual income for 1975

Decision: The draft resolution was approved.²

¹ See p. 363.
² Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA27.24.
2. FIRST REPORT OF THE COMMITTEE

The CHAIRMAN drew attention to the Committee's draft first report (document A27/A/2).

Decision: The report was adopted (see page 543).

3. LONG-TERM PLANNING OF INTERNATIONAL COOPERATION IN CANCER RESEARCH

Dr ARNAUDOV (Bulgaria) expressed his delegation's satisfaction with the work so far accomplished by WHO. Cancer research and the improvement of oncological services were essential parts of his country's health policy. An oncological centre had been set up to direct and coordinate research, training, and diagnostic and treatment services.

Clearly, no country could by itself successfully tackle the cancer problem and conditions for international cooperation were favourable. In that connexion, the experience of the Council for Mutual Economic Assistance had been convincing. In 1973 two meetings had been held, in Bratislava and Moscow, at which a general outline for international collaboration in cancer research had been drawn up; and towards the end of the year a programme had been worked out and approved by the governments concerned.

Bulgaria viewed favourably the idea of an international collaborative programme directed by WHO, which could constitute a decisive step in the unifying of efforts for a global attack on the cancer problem. A number of countries were cooperating in cancer research and much useful work had been done by IARC and the International Union against Cancer (UICC). There was no doubt that the assumption by WHO of a directing and coordinating role would have a beneficial effect. Already meetings of cancer experts had been held under WHO auspices in December 1973 and March 1974 to discuss the long-term programme of cancer research; further meetings should take place in order to work out in more detail the tasks to be accomplished and the methodology for international collaboration.

International collaboration was needed in basic research on carcinogenesis, particularly on the influence of environmental factors. In research on treatment and the early diagnosis of cancer of various sites it would facilitate the rapid exchange of information for finding and applying the most effective methods. Clinical research in support of basic research for improving existing methods of diagnosis and treatment and finding new methods, and research on the organization of oncological services and on the general strategy for cancer control could also be included in the programme. The training of medical personnel of all levels was particularly important.

One of the first steps under the international programme should be the establishment of an information centre, since that would facilitate the execution of all subsequent stages of the programme.

His country was prepared to take an active part in the international collaborative programme.

In conclusion, he expressed the hope that the draft resolution presented by the delegation of the Soviet Union and other delegations would be adopted.

Dr LEAVITT (United States of America) was pleased to note that meetings of cancer consultants from Member States and nongovernmental organizations had been held on two occasions recently in order to provide WHO with expert advice and recommendations concerning international cooperation as regards cancer research, treatment and prevention. His delegation had been particularly impressed by the report on the consultation on the preparation of a programme of international cooperation in cancer research and considered that it should be made available to all Member States of WHO.

The conquest of cancer was among the highest priorities in the United States of America and the Government was eager to take full advantage of research, data collection, information exchanges and other activities relating to that disease. An international
attack on cancer held great promise if the valuable resources currently available, both national and international, were used in an effective and coordinated manner. The implementation of such a comprehensive programme required in-depth research and detailed planning, and feasibility studies would have to be initiated. His delegation suggested that WHO continue to convene appropriate groups of cancer scientists, and perhaps management experts, to assist in developing a suitable system for implementing a programme of such magnitude.

His delegation had long been aware of a certain degree of confusion concerning the responsibilities of WHO, IARC and certain nongovernmental organizations such as UICC. Their specific roles should be defined as clearly as possible if a successful long-term cooperative programme was to be undertaken.

There should be continuous close cooperation between WHO and IARC, and cooperation should extend to the UICC and other international bodies having an interest in cancer. WHO should actively engage in the collection and dissemination to Member States, of cancer-related information, and concern itself with manpower development, the development of cancer services, unified methods of classification and registration, education of the public, rehabilitation, and evaluation of the efficacy of various mass-screening techniques. It should use the regional offices to a greater extent so as to implement effectively its information, manpower and services development functions.

IARC was an important component of WHO and could act as the principal international agency for the coordination and implementation of cancer research in the fields of epidemiology, environmental carcinogenesis and related activities. The competence of the IARC staff and the high quality of their work were recognized throughout the world. The Agency enjoyed a degree of autonomy that gave it the necessary operational flexibility to meet new challenges and opportunities in cancer research. His delegation was pleased that at its meeting earlier in May the Governing Council of the IARC had indicated its willingness to provide, inter alia, scientific advice and other assistance to the Director-General on collaboration in the field of cancer research. IARC was an important resource for all Member States of WHO and therefore its programme of work should reflect the research needs of all Members of WHO. Such a resource must be made available to the Director-General if he was to accomplish the objective of resolution WHA26.61.

The United States delegation was a co-sponsor with the Union of Soviet Socialist Republics and other Member States of the draft resolution before the Committee.

Dr SHRIVASTAV (India) said that there was a popular belief that cancer was not a problem of the developing countries, but that was not so. For example, the commonest varieties of cancer in India were as follows: cancer of the cervix, 2.6 per 1000 population; cancer of the oral cavity and pharynx, 1.6 per 1000; cancer of the breast, 0.4 per 1000; other forms of cancer, 0.5 per 1000. About 98% of those suffering from cancer in India were economically and educationally backward, and the combination of ignorance and poverty played an important role in the patients' neglect of the disease in its early stages and sometimes prevented them from going to a hospital. The percentage for breast cancer was lower than that of the United Kingdom and other western countries, but higher than for Japan and the Soviet Union. Seven major institutions were involved in cancer therapy, located in Bombay, Ahmedabad, Hyderabad, Kanpur, Calcutta, Madras and New Delhi; and medical college hospitals also had facilities. A sum of Rs 30 million had been provided in the present planning period for developing research on and treating cancer. The Indian Council of Medical Research had set up an expert committee on experimental oncology and an ad hoc committee on exfoliative cytology to advise in the formulation of cancer research programmes. The Council had recently become a member of the advisory body of UICC. The Council had initiated collaborative studies on oral, cervical and breast cancer at various centres in India.

The problem of environmental carcinogenesis had assumed greater importance in recent years owing to the contamination of edible oils by possible carcinogenic substances such as argemone oils, the use by the population of substances incriminated as carcinogenic, e.g., tobacco, and evidence from experimental work in relation to known carcinogens like methyl cholangrene, 9:10 dimethyl-1:2 benzanthracene (DMBA) and 3:4 benzypprene. The Indian Council of Medical Research had organized three environmental carcinogen testing units in Ahmedabad, Hyderabad and Bombay.
Clinical observations and statistical surveys had stressed the role of tobacco in the causation of oral carcinoma. A study on changes in the haemopoietic tissues and other organs of mice was being made in Kanpur, and a study on in vitro sensitivity of leukaemia cells to chemotherapeutic agents was being carried out at Chandigarh.

A cytogenetic study on two different types of haematological disorders - leukaemia and myeloproliferative disorders, and nutritional megaloblastic anaemia - was being carried out in Chandigarh, and the immunological aspects of hepatic carcinogenesis were also being studied there. Virus research units for the study of the role of adenoviruses in the etiology of cancer of the oral cavity had been set up in Agra and Ahmedabad. A study of herpes virus and its role in the production of cancer of the uterine cervix was also being made in Madras. Assistance was being provided by WHO to a cancer control pilot project whose objective was to evaluate a cancer control programme based on applicable systems of early detection and effective treatment.

He considered that emphasis should be placed on the early diagnosis of cancer and on health education.

Professor CARDA (Spain) favoured long-term planning of international cooperation in cancer research but considered that immediate priority should be given to the collection and dissemination of information by setting up in WHO a specialized body to make available such information to Member States, as suggested among the specific activities proposed in the Director-General's report (part VI, page 13, section (5)).

He approved the suggestion, in section (7), that a small cancer liaison committee consisting of senior staff members and advisers of WHO, IARC and UICC should be established. Such a committee would facilitate the coordination of efforts, not only internationally but also within Member States and between governmental and private organizations. In order to facilitate the active participation of Member States, at least in the European Region, each country might find it useful to have a central coordinating reference body in close and permanent contact with WHO and IARC. That would not prevent IARC from having official contact with other public and private bodies.

Spain had a national cancer institute in which research programmes were carried out and which intended to expand its epidemiological studies and especially studies concerning the early diagnosis of cancer.

Professor FAJGELJ (Yugoslavia) said that cancer was one of the most important health problems in his country. Yugoslavia had a long tradition in the field of cancer research as regards both basic and clinical research and cancer health services. Environmental research should certainly be given a higher priority because of the evident lag in that field; in that connexion he referred to part V, page 8, section 2 of the Director-General's report, where the situation was summarized.

Cancer research in Yugoslavia had received good financial support in the past and it was hoped that it would receive greater support in the future since its Constitution and many federal and republican laws paid much attention to human environment problems. His Government also hoped that IARC, as one of the principal international bodies concerned with cancer and as an integral part of WHO, would help Yugoslavia to carry out environmental research projects in a more effective way.

In conclusion, he said that his delegation supported WHO's strategy and tactics in the planning and implementation of a long-term programme in cancer research and would like to take an active part in that programme.

Dr GREVILLE (Australia) said that as cancer was an international health problem research was being carried out on it in a large number of countries. There must, therefore, be coordination and cooperation for the elucidation of the results of research programmes and to prevent unnecessary duplication of projects.

Cancer research was being carried out in many institutes, hospitals and university departments in Australia and was being supported financially by the Government, the State Governments, university grants and private donations. Cancer research was supported directly through the National Health Medical Research Council by project grants, scholarships and fellowships, by the John Curtin School of Medical Research and by other government medical establishments.

Over a number of years special research expertise in several areas had been built up in Australia. Those areas were, first, immunology - anticancer immunoreactivity profiles, technology of early detection by immunological surveys of body fluids and controlled clinical trials of immunotherapeutic procedures; secondly, leukaemia - mechanism of leukaemogenesis by in vitro analysis of leukaemia stem cells; and thirdly,
cancer of high local incidence - skin cancer and the role of immunological factors in melanoma, squamous cell carcinoma and keratoacanthoma.

Australian institutions would, however, benefit in many areas of special research by a programme of international cooperation including: information dissemination - the provision of up-to-date data to the clinician faced with alternative modes of treatment; standardization of terminology, techniques and reagents used in the study of cancer; immunodiagnosis; immunotherapy - multicentre trials of available methods of immunotherapy in a variety of forms of cancer and the use of standardized protocols; epidemiological studies, with emphasis on the achievement of uniformity in nomenclature and improvement of the completeness of case reporting; multicentre therapeutic trials; and workshops in a closely defined area of cancer research.

As one of the participating States in IARC, Australia realized the importance of long-term planning in cancer research and supported the WHO strategy and tactics in the planning and implementation of a long-term programme as set out in the Director-General's report.

His delegation, while emphasizing the importance of the coordinating role of WHO, considered that the conduct of research would be better dealt with by existing national research institutions, which were often of considerable size and had special expertise and greater financial resources.

Dr VIOLAKIS-PARASKEVAS (Greece) said that the report demonstrated the important results achieved in the field of cancer research and the fact that WHO was fulfilling its role as an international coordinating centre. It clearly showed the complexity of the long-term planning programme, the difficulties encountered in the early diagnosis of cancer and the prevention and treatment of the disease, and the need for the effective use of the expertise and resources of all countries.

Cancer was one of the most serious and complicated of global problems and research in that disease and its control were important for both the developed and the developing countries. The methodology of the early diagnosis of cancer, the execution of mass preventive examinations, and the search for more rational means of organizing cancer treatment and control presented complex problems for all nations.

Her delegation considered that WHO should play a leading part in international cooperation in cancer research since it was the most competent international organ for doing so. It should coordinate the collection of and disseminate all data for the benefit of all.

Referring to the list on page 4 of document A27/13 showing the number of cancer institutions or laboratories involved in treatment or research in various countries, she pointed out that the figure for Greece given in the list should read 5 and not 0.

Dr KUPFERSCHMIDT (German Democratic Republic) referred to the contribution made by WHO to the control of communicable diseases which had led to an increase in life expectancy and hence to an increase in the importance of neoplasms. For that reason, joint measures in both the developed and the developing countries were required to deal with the change in the morbidity structure.

WHO had promoted international cooperation in cancer research and control, and WHO experts had given valuable advice on the early diagnosis and treatment of cancer. WHO had also sent consultants and supported the training of experts. Its work on cancer mortality provided the basis for comparative studies of geographical pathology and the investigation of living conditions associated with cancer hazards. The establishment of reference centres and the publication of histological classifications of neoplasms helped to promote mutual understanding among pathologists.

WHO should help to develop international cooperation and coordination, and unite the activities of existing international organizations and societies, but should not take on any further activities. It was very important that duplication should be avoided. His delegation agreed with the views expressed by the delegation of the Soviet Union in document A27/WP/12.

WHO should start by taking stock of what international organizations were already doing in cancer research, and should also survey the main directions of the cancer research undertaken by national institutions. It was not necessary or expedient for all problems to be included in WHO programmes. Many problems could be solved by national institutions or on the basis of bilateral cooperation between already existing bodies. An international information network could be of great value in cancer research. Information centres, such as that established at Villejuif, France, by the UICC, were a valuable tool in facilitating the exchange of research methodology and results. WHO could help to make such information centres accessible to all at low cost.
WHO should concern itself with those questions where state authority was required, for example in drug testing and the definition of permissible threshold values. WHO was also responsible for relations with other international organizations, for example FAO in the field of nutrition and cancer and ILO in that of cancer hazards in the occupational environment. Particular attention should also be paid to the training of personnel, since at the present time there was an obvious gap between scientific knowledge and routine practice in cancer control. The German Democratic Republic would be willing to train WHO fellows in immunology, radiotherapy, chemotherapy, pathology, and neurosurgery. It could also establish reference centres, for example for immune sera in leukaemia, and tumour pathology in infancy.

Professor SENAULT (France) emphasized the worldwide nature of the cancer problem and the need to avoid excessive optimism. He drew a parallel with malaria, which WHO had thought that it had mastered. Health education of the public was important, but an exaggerated fear of the disease must be avoided. His delegation was conscious of the importance of coordinating the work both of scientists and of institutions. Scientific research, both fundamental and applied, was very important. Reference had been made to special cancer registers. France had such a register, which now contained more than 200 000 cases. The study of the data in that register should provide information on the prognosis and epidemiology of cancer, especially of rare forms.

As far as institutions were concerned, international cooperation was a necessity. There were IARC, WHO, and UICC. Coordination of the work of those bodies should increase their effectiveness. Certain difficulties did exist, however, for example, in relation to terminology. Moreover, in the orientation of research a certain degree of liberty should be left to scientists and only the main lines to be followed in research should be laid down.

With regard to the draft resolution proposed by the Soviet Union, France had agreed to act as co-sponsor.

Professor KOSTRZEWSKI (Poland) said that Poland was prepared to cooperate in the field of cancer research. A very high priority was given to oncology and cancer research in Poland as part of the overall long-term research programme adopted at the Second Congress of Polish Sciences held in Warsaw last year. It had been decided to construct a new building for the Centre of Oncology in Warsaw over the next five years. That Centre was playing a leading part in the planning, implementation and coordination of basic clinical and epidemiological research on cancer in Poland. The Institute of Oncology in Warsaw and its branches in Cracow and Silesia were also collaborating with oncological centres in the Soviet Union, France, the United States of America and other countries, and would expand such collaboration in the future.

WHO should continue to play a leading role in the coordination of cancer research, and the Polish delegation therefore welcomed the proposals contained in the document submitted by the Soviet Union. The time had come for a comprehensive worldwide programme on cancer research, and WHO should prepare and implement such a programme and encourage Member States to take part in it. Any reduction in the time required to achieve success in cancer research and control would depend largely on the achievement of international cooperation and coordination by WHO. The Polish delegation fully supported the draft resolution proposed by the Soviet Union.

(For continuation, see summary record of the sixteenth meeting, section 7.)

The meeting rose at 5.55 p.m.
The CHAIRMAN reminded the Committee that the Health Assembly had adopted the first report of the Committee, including the resolution on the proposed effective working budget level for 1975. The Committee could therefore proceed to the detailed review of the programme and budget estimates. He proposed that Official Records Nos. 212 and 216 should be considered section by section.

Dr MEPIN (Union of Soviet Socialist Republics), commenting on the new form of presentation of the proposed programme and budget estimates, used for the first time in Official Records No. 212, said that, in his delegation's opinion, WHO's proposed programme and budget estimates should be presented in a way that would enable Member States to become fully acquainted with what was proposed, in order to take part, at the sessions of governing bodies, in planning the Organization's programmes and its financial policy. Further steps in that direction should be taken.

The proposed programme and budget estimates for 1975 contained no descriptions of individual projects, but only their titles and the sums allocated to them. Their objectives were not stated and there was no breakdown of the estimates. It was impossible, therefore, to make a concrete assessment of the measures planned. The descriptions given of the headquarters, regional and national programmes could not, in his delegation's opinion, replace project descriptions. Moreover, the programme analyses were full of general information that would be repeated from year to year, and in many cases they consisted merely of amplified repetitions of parts of the Fifth General Programme of Work, whereas the purpose of such analyses should be to set out clearly what it was proposed to undertake in the budget year, and how it was proposed to go about it.

In previous years a separate section had been devoted to interregional projects and projects of assistance to research; now, however, they were dispersed throughout the part of the volume concerned with headquarters activities, which made it extremely difficult to find out what was planned in the way of assistance to research. Formerly, also, there had been a separate section for projects planned to be financed from the Voluntary Fund for Health Promotion. Those projects were now spread all over the volume, making it impossible to obtain an overall picture.

Finally, his delegation, having examined the organizational chart showing the structure of the WHO Secretariat as at 1 November 1973, considered that, while the form of presentation of the programme and budget estimates was being revised, it might be well to consider, at the same time, making some changes in the organizational structure of headquarters.

Dr DE CAIRES (United States of America) said that the new format of the programme and budget document represented a step forward in the attempt to develop a comprehensive approach to the activities of the Organization as a whole. It allowed the reader to see at a glance the main activities of the Organization at the headquarters, regional, and country levels for a given programme area. Although the first attempt was most promising, he hoped that it would be possible to improve still further the definition of objectives at each level. Although for each major area at headquarters the objectives ranged from the most complex to the most basic, it was necessary to define more sharply, within the constraints, the priorities and the context of the health needs of individual countries at each level. The programme budget should be based on distinct work elements, i.e., programme units or projects, each of which should be oriented and should contribute to programme objectives. For each of those programme units or projects there should be a statement of the expected results, or "project outputs", so that accomplishment could be assessed in terms of the progress made in attaining the expected results. Thus, the programme units should be output-oriented. For each of the programme units there should be a statement of the anticipated beneficiary or beneficiaries. Those might be countries, geographical areas within countries, regions, population groups, or segments external to the Organization. Each project should indicate the anticipated financial obligation, as well as all sources of funds.
The programme budget was an integral part of, and a key element in, the WHO programme management system, which involved a cycle of planning, presentation, approval, implementation, evaluation, reporting and, if necessary in subsequent budgets, replanning, representation, approval, and so on for all projects and programmes. The first programme and budget document in the new format (Official Records No. 212) dealt with broad objectives at all three levels but rarely specified priorities, goals, or outputs. As a country's plan deliberately defined its priorities, the Organization could determine the areas in which its contribution to a country's overall health programme could be maximized.

Some modifications in the texts of the country narratives could improve their value and clarify what was already being done within the country and WHO's role in relation to those activities. An example - taken at random - could be seen, in a country that did not yet have a health plan, in the area of Health Manpower Development. There was a brief but adequate description of the government's role and its own priorities, but WHO's role was unclear. There were no details of the goals, the outputs expected, or the way in which WHO's activities complemented those of the government.

Another improvement in the document might be a brief summary of what other agencies, both multinational and bilateral, were contributing to that programme area within the country. Some information might be available to the WHO representative or to the Regional Director. An example could be found on page 506 of Official Records No. 212, for Bangladesh, a country with a health plan, under the heading "Other assistance". That type of information could be a valuable part of each programme area, even though the outside funding was not guaranteed. Perhaps the Secretariat would comment on that sensitive issue, which had been discussed before.

His delegation had two specific suggestions to make. First, it would be beneficial to have in one place not only the proposed expenditures for the year but also the cumulative expenditures on that project to date. That information might be placed in Appendix 4 of the Financial Report (Official Records No. 214), under the breakdown by region and country of the project costs. Second, in relation to the sections entitled "Details of projects included in above schedule", which were to be found throughout all the programme areas at headquarters (pp. 75-334 of Official Records No. 212) most of the information was already provided in preceding tables entitled "Estimated obligations" (pp. 23-32). The small differences between the figures in the two sections represented the costs for regional advisers; those could be found in the corresponding tables for the regions, or could be gathered in one place. By constructing a table showing the programme activities present in each country some repetition would be avoided, and a reduction of approximately 70-100 pages might be achieved.

Mr FURTH (Assistant Director-General) said that the Director-General was grateful to have the suggestions put forward by the delegates of the USSR and the USA with regard to the improvement of the presentation of the programme and budget estimates. As the Director-General had said the preceding day in introducing his programme and budget estimates for 1975, he had no illusions that the present form of presentation adequately reflected the intent of the World Health Assembly when it had approved the new form of presentation in resolution WHA25.23. He realized that it would take several budget exercises before a form of presentation could be developed which would meet the requirements of real programme budgeting and which would at the same time satisfy all delegations. However, if one compared this first attempt at programme budgeting with the budget document of former years, one had to recognize that some significant progress had been made.

The specific suggestions and comments that had been made on the form of presentation of the budget document would be carefully studied by the Secretariat, although it might not be possible to adopt all the suggestions entirely or in exactly the form in which they had been made. The implementation of some of them might give rise to considerable difficulties, as they appeared to be contrary to the concept of programme budgeting or would result in a much more voluminous budget document - and possibly even two budget volumes.

The delegate from the USSR appeared to regret that the programme and budget estimates no longer contained detailed descriptions of individual country, inter-country and inter-regional projects. That question had been discussed in both the Executive Board and the Health Assembly when the Director-General had presented his proposals on the new form of presentation, and there was at the time general agreement with the Director-General's proposal to replace individual project descriptions by comprehensive country programme statements. If in addition to country programme statements the budget would have to include project descriptions, several hundred additional pages would be required. It should also be pointed out that individual project descriptions could still be included in the regional programme and budget documents, which were carefully examined by the Regional Committees. He wondered whether it would be appropriate or feasible for the Executive Board and the Health Assembly, in the limited time available to them and
in the light of their responsibility to concentrate on the broad programme objectives and priorities of WHO, to study the details of individual projects, some of which involved not more than a few fellowships or a single medical officer. While he appreciated the wish of some delegates to see more information on projects in the document, he hoped that the further development of the methodology for country programming would lead to improved country programme statements with greater focus on major projects to be implemented through WHO assistance.

As regards interregional projects, including assistance to research and projects to be financed through the Voluntary Fund for Health Promotion, it was true that they no longer had separate sections devoted to them in the document, but they were now included, together with all other projects financed from all sources of funds, in the sections relating to the programmes and sub-programmes of the new programme classification structure. It seemed to him that that form of presentation was in line with the concept of programme budgeting, which required that all of WHO's activities, whatever their nature or source of financing, should be seen as an integrated whole in relation to a given programme objective. It might be possible, if the Health Assembly so wished, to include in the document a list of all the interregional projects as well as a list of all projects financed through the Voluntary Fund for Health Promotion, although that would represent a duplication of information in the same document and would again increase its size. If the Assembly really wished to see all the interregional projects and all the Voluntary Fund projects in one place, consideration might perhaps be given to including such lists in working papers to be distributed for the information of the Board and the Assembly.

It was true that there was no longer included in the Explanatory Notes at the beginning of the budget document a description of the organizational changes that had been made at headquarters in the preceding year. It had been thought that such descriptions were not particularly relevant to programme budgeting. However, Official Records No. 212 contained at the end two tables showing the organizational structure of the Secretariat and the organizational structure of the Secretariat at headquarters as of 1 November 1973. He wondered whether that did not provide sufficient information.

He agreed entirely with the delegate of the United States of America that all the programme statements needed considerable improvement. Programme objectives should be more clearly defined and there should in addition be more precise statements of the progress achieved so far in the implementation of programmes and major projects and of how WHO's contribution related to national health plans. To the greatest extent possible financial indicators should also be included in the programme statements. Moreover, programme statements should relate much more than at present to the General Programme of Work covering a Specific Period, and he hoped that, once the Sixth General Programme of Work had been elaborated, it would be more useful to the Secretariat than the Fifth General Programme of Work had proved to be in preparing the programme and budget estimates.

The delegate of the United States of America had made a specific suggestion to the effect that it would be useful to have in one place not only the proposed expenditures for the year but also the cumulative expenditures of a given project to date. It was doubtful whether such information could be given in the budget document, but consideration could be given to including it in the Financial Report. The United States delegate had also mentioned that most of the information included in the sections "Details of projects included in above schedule", was already provided in the tables on pages 23-32. He could not agree. It seemed to him that the sections giving the details of projects included in the schedules were essential to permit the reader of the document not only to obtain an overview of the geographical location and the type of activities of the Organization in the given programme area, but also to find, by cross reference, the details of projects in the same programme area under the appropriate country project schedules.

Policy organs

There were no comments.

General management and coordination

There were no comments.

Strengthening of health services

Sir John BROTHERSTON (United Kingdom of Great Britain and Northern Ireland) welcomed the new format of the programme and budget estimates, while recognizing that further improvements would be possible. The change had been useful to his Government as it had come at a time when the National Health Service in the United Kingdom was being reorganized.

When the National Health Service in the United Kingdom was started in 1948 a tripartite organization was decided upon - hospital, primary care, and preventive services.
After 26 years, experience had shown the need for reorganization and integration of the three parts. The development of a strongly administered and increasingly powerful hospital service had threatened to overshadow the other elements of the service. Continuity of care for the elderly, for example, could be achieved only if hospital and primary care services worked together. The time had come also for the population and preventive aspects of public health to permeate the whole of the service.

On 1 April 1974 a new organization had been introduced that placed all the health service responsibilities and resources in the hands of area health authorities. The changes involved were important steps in the removal of administrative barriers to integration, but there remained some psychological barriers to integration among members of the medical professions. Professional involvement at the advisory and planning stages was being emphasized, however, and the general public were also being consulted on the planning and functioning of the health services by means of government health councils.

His Government welcomed the WHO studies on planning and planning methodology, especially those undertaken by the European Regional Office. The health authorities in Scotland had recently worked together with the WHO project systems analysis team.

Dr ALAN (Turkey) shared the pleasure expressed by previous speakers at the constant improvements in the presentation of the programme and budget estimates.

With regard to subprogramme 3.1.3 (Health laboratory services), he drew attention to page 12 of the Executive Board's report (Official Records No. 216); paragraph 64 referred to the publication by WHO of a manual for the training of laboratory assistants, and stated: "The manual would be used for one year in training programmes in different WHO projects . . ." He asked whether the manual would be used in certain countries selected by WHO, or whether it would be used in reply to requests from governments.

Dr ZAMFIRESCU (Romania) introduced the following draft resolution, co-sponsored by the delegations of Algeria, Brazil, Central African Republic, Costa Rica, Cuba, Dahomey, Democratic People's Republic of Korea, France, India, Indonesia, Iran, Mongolia, Morocco, New Zealand, Peru, Syrian Arab Republic, Thailand, Tunisia, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, Yugoslavia and Zaire:

The Twenty-seventh World Health Assembly,

Having reviewed the Director-General's Annual Report for 1973 which points out the disparities that exist between the levels of development of the health services of the Member States owing to the different stages reached in their economic development, and taking into account the discussions to which the review of this report gave rise and which depicted the health situation at the national level;

Considering that the lofty goals and objectives of WHO as regards the improvement and protection of health can be attained only through harmonious development of the basic national health services;

Mindful of the need to concentrate WHO's activities in order to ensure that they produce a lasting impact;

Taking into account the experience which has been acquired by many of the Organization's Member States and which can be put specifically to the service of the developing countries in order to accelerate the development of their health structures and systems,

1. Considers it necessary to concentrate WHO's efforts in order to assist governments to adopt global national programmes oriented towards the major health objectives, priority being accorded to rapid and effective development of the basic health services in the light of the specific economic and social context of each country, and at the same time to support the continuous training and instruction of the necessary national health personnel; and

2. Requests the Director-General to take the necessary measures within the framework of the Organization's programmes to ensure still more effective coordination between the activities undertaken by WHO and the national health programmes, and to report to one of the forthcoming World Health Assemblies on the progress achieved in this direction.

1 The delegation of Bangladesh subsequently expressed the wish to see the name of its country added to the list of co-sponsors.
Experience in a number of countries, he said, had demonstrated the validity of the basic concept of the draft resolution - namely, that in each country the health programme should be established in accordance with the priorities dictated by its own specific problems. It was essential to establish a system of basic health services adapted to each country's economic and social condition, and the programme should include the training of the medical and auxiliary personnel required to ensure its effective implementation. Discussions that had taken place in various WHO meetings, the experience of a number of countries, and Romania's own experience during the past 30 years had all shown that - however great the progress in science and technology and however vast the financial resources - valid long-term results in the field of health could not be obtained without a basic health network effectively covering a country's whole territory and having competent health personnel at its disposal.

Dr ACUÑA (Mexico) agreed with previous speakers who had referred to the possibilities of improving the form of presentation of the programme and budget estimates.

The urgent need to find new ways of improving the health services and of solving health problems had been stressed by the Director-General. While the needs of the world, and of the developing countries in particular, were constantly increasing, the resources of even the developed countries were insufficient to meet all those needs; the resources of the Organization were, of course, also limited.

A new system of health planning had been started in Mexico. In the past the planning, which had been carried out at central level, had been technical and political in character; it had taken into account the resources available at central level, and had had no relevance for the small community living in a remote rural area or, for that matter, for the individual living in a large town. Under the new system small communities were encouraged to take part in the planning, which was started at the periphery and concluded at the centre. Mexico's new health plan, which would be completed in mid-1974, had been drawn up on that basis - i.e., planning at the level of the small community, using local resources, to which were later added resources from the district, provincial and, finally, national levels.

WHO could play a valuable role in assisting countries in that type of planning activity, but it was essential that the population should be adequately prepared through an effective programme of health education. He felt that more emphasis should be laid on health education in WHO's activities, and he, with other delegations, would be presenting a draft resolution on the subject.1

Dr ŠKEPIN (Union of Soviet Socialist Republics) said that the Soviet delegation fully supported the draft resolution presented by the delegate of Romania. However, he drew attention to the following very similar draft resolution, co-sponsored by the delegations of Bulgaria, the Democratic People's Republic of Korea, the German Democratic Republic, Poland, and the Union of Soviet Socialist Republics:

The Twenty-seventh World Health Assembly,
Having reviewed the Director-General's Annual Report for 1973, and the Fifth Report on the World Health Situation which point out the substantial disparities that exist in the development of the national health services of the Member States owing to the great differences in their social and economic development;
Considering that the lofty goals and objectives of WHO as regards the improvement and protection of the health of the peoples can be attained only through harmonious development of the basic national health services and the effective coordination of their activities under WHO auspices;
Taking into account the positive experience acquired by many of the Organization's Member States and which can be used, particularly by the developing countries, in order to accelerate the development of their health structures and systems, as reflected in resolution WHA23.61,

1. CONSIDERS it necessary to concentrate WHO's efforts on the rendering of consultative and other assistance to governments for the development of their national health services, priority being accorded to rapid and effective development of the basic health services in the light of the specific economic and social context of each country, and at the same time to support the continuous training and instruction of the necessary health personnel; and

1 See p. 354.
2. REQUESTS the Director-General to take the necessary measures within the framework of the Organization's programmes to ensure still more effective coordination between the measures undertaken by WHO and the national health programmes, and also to conduct in 1975-1976 an international conference under WHO auspices for the exchange of experience as regards the development of national health services, and to report to the World Health Assembly on the progress achieved in this direction.

Operative paragraph 2 of the latter included the proposal that an international conference for the exchange of experience in the development of national health services be conducted under WHO auspices during 1975-1976. WHO would not have to accept all the responsibility for such an endeavour, since several countries would no doubt be prepared to cooperate. The conference that had been organized in Bucharest by the WHO Regional Office for Europe had illustrated the great usefulness of that type of activity.

Apart from that point, and the fact that the draft resolution included a reference to resolution WHA23.61, which he considered important, there were so few differences between the two texts that he would propose the establishment of a working group to draw up a joint text.

Dr ZAMFIRESCU (Romania) thanked the delegate of the USSR for his remarks supporting the draft resolution co-sponsored by the Romanian delegation, and for his reference to the success of the conference held in Bucharest.

The Romanian delegation would be pleased to consider any constructive suggestions, and would be happy to participate in the proposed working group.

The CHAIRMAN suggested that a working group be established consisting of delegates of the following countries: Algeria, Brazil, the German Democratic Republic, India, Indonesia, Romania, the Union of Soviet Socialist Republics, and the United Kingdom of Great Britain and Northern Ireland.

Dr ZAMFIRESCU (Romania) suggested that the United Republic of Cameroon should be included in the working group.

Professor SENAULT (France) said that France would also like to be included.

It was so agreed.

Professor SULIANTI SAROSO (Indonesia) said that there were two main aspects of the strengthening of health services - planning, and the delivery of health services.

In accordance with its general policy, the Government of Indonesia was seeking to ensure the delivery of health care to the greatest possible number of people. It believed that, if the system for the delivery of health services complied with quality requirements and was effectively reaching the people, activities such as communicable disease control, nutrition, health education and family planning could be carried out more effectively. It therefore aimed at integrating those activities into the general programme for the delivery of health care by the time of the next five-year development plan.

A good information system was essential for the other aspect, planning, and in that connexion she drew attention to page 101 of Official Records No. 212. She asked why no budgetary provision had been made for 1975 for project STR 12 (Health service information systems).

Dr SHRIVASTAV (India) said that an important element of the minimum needs programme drawn up as part of India's fifth five-year plan was the development of a cadre of multi-purpose workers. However, some caution was required in the integration of specialized health activities into a general programme, particularly in developing countries. In India, for example, it had been found that in certain areas some communicable diseases whose incidence was still very high (for example, smallpox) required the undivided attention of the health workers available. On the other hand, it had been found possible to start integrated programmes in certain other areas - for example, where the malaria programme had reached the maintenance phase and only limited activities, such as surveillance, were required. The integrated programmes, using multipurpose workers, covered nutrition, family welfare, maternal and child health, and immunization. The last-named included certain activities that had normally been carried out by specialized workers - for example, primary immunization, BCG and diphtheria/pertussis/tetanus immunization.

Dr HOSSAIN (Bangladesh) shared the reservations expressed by the previous speaker. Similar problems had been encountered in Bangladesh, particularly in connexion with the emergency situation there. An attempt to use multipurpose workers for the smallpox project had had an adverse effect on the project for the development of the basic health services, and it had been decided to send groups of between 50 and 100 senior medical

1 For the report of the working group, see p. 381.
students to carry out immunization programmes in the areas particularly affected by smallpox. It was clear that the training of more multipurpose workers was essential for the improvement of the basic health services.

Dr TOUA (Papua New Guinea) stressed the importance of governments being closely involved in all stages of the planning of health services.

Dr FERREIRA (Health Laboratory Services), replying to the query by the delegate of Turkey, explained that the manual for the training of laboratory assistants had been prepared on an experimental basis. The French edition has been prepared, and it was hoped that the English edition would be completed during 1974.

The regional offices were sending it, together with a questionnaire, to certain countries that had programmes for the training of laboratory assistants, and the manual would be subsequently revised. It would ultimately be made available to any country requiring it, together with film strips.

Dr NEWELL (Director, Division of Strengthening of Health Services), replying to the delegate of Indonesia, said that although it might appear from the estimates for health service information systems, on page 101 of Official Records No. 212, that support would end in 1974, that was not the case. Many small programmes had been amalgamated into large programme areas as from 1975, and the programme for health information systems would continue as a part of the planning and development of health service delivery systems (STR 11) and related research activities for several years.

In relation to the objectives and methods of approach in the programme and budget estimates for the strengthening of health services, the proposals in the budget document related to three main types of activity: programming, planning and implementation of health systems on a country basis; assistance in improving the coverage, and utilization of national innovatory approaches; and measures to improve the national capacity for change. The role of health service development institutes was incorporated in the activities in the third group. It was recognized that community involvement must be an integral part of programmes for the planning, implementation and administration of health services; the current process in Mexico, where planning measures started in the peripheral services and would proceed to the central services before being implemented from the centre outwards again to the periphery, merited the active support it was receiving from WHO.

Family health (programme 3.2)

Maternal and child health (subprogramme 3.2.2)

Human reproduction (subprogramme 3.2.3)

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) said that, at a time when breast-feeding was declining for a variety of reasons related to socioeconomic change and lack of health education, some mothers, particularly in developing countries, were wrongly beginning to think that feeding babies with manufactured substitutes was superior to breast-feeding. A tendency to malnutrition in poorer families might thus be aggravated when the mother could not afford adequate amounts or was unaware of how much was needed for the normal development of the child. Additional hazards to infant health related to the difficulty of ensuring the necessary hygiene in the preparation of substitutes.

The Health Assembly should therefore clearly declare the superiority of breast-feeding and draw the attention of all concerned to the need to examine the promotional policies of the baby-food industry. Attention must also be drawn to the important role of health education in the solution of the problem as a responsibility of health administrations and other authorities concerned with child health.

His delegation had co-sponsored the following draft resolution: 1

1 The other co-sponsors were the delegations of Australia, Austria, Bangladesh, Belgium, Denmark, Finland, France, Gambia, Federal Republic of Germany, New Zealand, Norway, Singapore, Spain and Western Samoa. The delegations of the German Democratic Republic, Peru, Turkey and Venezuela subsequently expressed the wish to see the names of their countries added to the list.
The Twenty-seventh World Health Assembly,
Reaffirming that breast-feeding of infants has proved to be the most appropriate
and successful nutritional solution;
Noting the general decline in breast-feeding, related to sociocultural and
environmental factors including the misunderstanding caused by some sales promotion
that breast-feeding is inferior to feeding with manufactured breast milk substitutes;
Observing that this decline is a significant factor contributing to infant
mortality and malnutrition in particular in the developing world; and
Realizing that mothers who feed their babies with manufactured foods are often
unable to afford an adequate supply of such foods and that even if they can afford
such foods the tendency to malnutrition is frequently aggravated because of lack of
understanding of the amount and correct and hygienic preparation of the food which
should be given to the child,
1. RECOMMENDS strongly the maintenance of breast-feeding of infants whenever the
mothers' health allows it;
2. URGES the Director-General to intensify various activities relevant to the
promotion of breast-feeding including reviewing with the food industry their promo-
tional policies related to baby foods in order to ensure that no implication is made
that these products are superior to breast-feeding, and that the amounts required
for the normal development of a child are clearly set out for the benefit of those
mothers who for health reasons cannot breast feed; and further urges the Director-
General to bring those matters to the notice of health administrators, and emphasize
the need for health personnel, mothers and general public to be educated accordingly;
and
3. REQUESTS the Director-General to promote and further support activities related
to the preparation and use of locally-produced weaning foods.

That resolution would define the views of the Health Assembly on an important issue
and focus attention on the further action necessary to reduce a significant hazard to
infant health. It would also encourage WHO in its work connected with the development
and use of locally-produced weaning foods as an important way of overcoming infant nutri-
tion problems in many developing countries.

Professor HALTER (Belgium) said that his delegation, also a sponsor of the draft
resolution, proposed the following amendments to the French text: in the second paragraph
of the preamble, the English word "misunderstanding" should be rendered by "malentendu"
rather than "idée fausse"; and "breast milk" by "lait maternel" rather than "lait simple". In
operative paragraph 1, "infants" should be translated as "nourrissons" and not "enfants".

Professor SENAULT (France) said that it seemed to his delegation, also a sponsor of
the draft resolution, that "idée fausse" conveyed the right impression in the context of
the second preambular paragraph, and he preferred that it should be maintained.

Professor HALTER (Belgium) agreed, saying that the English word should however then
be changed to some such term as "misleading idea".

Dr LEKIE (Zaire) preferred "enfants" to "nourrissons" in operative paragraph 1,
because of the juxtaposition of "nourrir" and "nourrissons".

Professor HALTER (Belgium) withdrew his proposed change to that paragraph.

Dr ALAN (Turkey), referring to paragraph 68 of Chapter I of Official Records No. 216,
asked whether the results of the field tests of the manual for project formulation in
family health, including family planning, were available for application in his country,
which was engaged in amalgamating its maternal and child health and population planning
services.

His delegation supported the draft resolution introduced by the delegate of the
United Kingdom.

Dr DE CAIRES (United States of America) said that a World Population Conference would
take place in Bucharest in the summer of 1974 at a most significant moment, and it would
be of great relevance to the family health programme of WHO. He said that, in that
connexion, his delegation, together with the delegations of Colombia, Ghana, Indonesia,
Mexico, Netherlands, Romania, Thailand and the United Kingdom of Great Britain and Northern Ireland,¹ proposed the following draft resolution:

The Twenty-seventh World Health Assembly,

Recognizing the importance of 1974 as World Population Year and the interest expressed at this Health Assembly by many Member governments; and

Noting that during August of this year, under the auspices of the United Nations, the World Population Conference will be held in Bucharest,

1. WELCOMES the emphasis given to health and the enhancement of the quality of life in the draft World Population Plan of Action, to be considered at the World Population Conference;

2. CALLS ATTENTION to the importance of including health officials in national delegations to the World Population Conference; and

3. REQUESTS the Director-General to report to the fifty-fifth session of the Executive Board and the Twenty-eighth World Health Assembly on implications of the results of the World Population Conference and the action taken thereon by the Economic and Social Council and General Assembly of the United Nations for the work of the World Health Organization.

He urged that WHO should take an active part in the Conference.

Dr TOTTIE (Sweden) said that breast-feeding was a subject of interest to the developed as well as to the developing countries. Sweden had instructed a special committee to recommend national measures to arrest its decline.

His delegation wished to see some mention of the psychological or psychosomatic aspects of the problem in the draft resolution, and proposed the addition of the words "for the harmonious development of the child" to the first preambular paragraph. He referred to the importance, for example, of body contact as an important influence in child development.

He was also concerned lest operative paragraph 1 offend those mothers who were unable to breast-feed their babies, and suggested that the wording be altered, in particular by the omission of the word "strongly". Otherwise his delegation supported the draft resolution.

Dr SCEPIN (Union of Soviet Socialist Republics) said that his delegation welcomed the draft resolution on infant nutrition and breast-feeding. He considered, however, that it should contain some recognition of the importance of artificial breast milk substitutes in the modern world.

His delegation was, moreover, somewhat concerned over the wording of the first part of operative paragraph 2. WHO's task was to set standards, not to consult with firms producing baby foods. The resolution should also contain some reference to the importance of health education in connexion with infant nutrition and breast-feeding and, somewhere in the preamble, draw attention to the fact that even in developed countries infant nutrition could not be considered balanced.

Finally, the Russian translation of the first preambular paragraph required correction.

Professor PACCAGNELLA (Italy) stressed his delegation's interest in projects for family health as a whole, considering the family as a social group and taking into account the somatic, mental and social aspects of family wellbeing. Family planning was important in more developed countries, where measures to reduce abortions were necessary and for various other reasons, but family problems varied greatly in different countries according to the mental health and social influences.

Social and health services similar to marriage guidance councils in other countries had recently been developed in Italy on a voluntary basis with teams including psychiatrists, physicians and social workers, and it would be worth while to make a study of its experience and that of other countries to determine the role that such services might play.

¹The delegations of Bangladesh and Pakistan subsequently expressed the wish to see the names of their countries added to the list of co-sponsors.
Dr VALLADARES (Venezuela) supported the draft resolution, but wished to add to operative paragraph 2, before "health administrators", the words "the medical profession and". Many members of the medical profession, with the possible exception of paediatricians, had no clear idea of the advantages of breast-feeding and even recommended that mothers should not breast-feed their infants.

He also proposed that operative paragraph 1 be amended to read:

1. RECOMMENDS strongly the maintenance of breast-feeding of infants as the ideal method of feeding for the achievement of the harmonious psychosomatic development of children.

Dr HOSSAIN (Bangladesh) also supported the draft resolution. It was well known that there was no substitute for mothers' milk; babies should continue to be breast-fed for as long as possible. However, when complementary foods could be made available, infants should perhaps have them.

There was a crisis in breast-feeding in Bangladesh, where pregnancies succeeded each other too rapidly - sometimes as little as three months after the birth of a baby. The fertility rate for women in the country was 6.6. The Government was trying to introduce the idea of "replacement reproduction", limiting families to two well-spaced children. Meanwhile, the infant mortality rate was high and undernutrition was prevalent among children throughout the country. "Repeated pregnancies are a preventable disease" was the slogan being used, with the added warning that they could eventually kill the mother and destroy the family.

His delegation also agreed with the United States delegate on the part WHO should play in the World Population Conference to be held in Bucharest in August. The United Nations had done well to draw the attention of the world to the population explosion. His country's position had already been discussed with the Secretary-General for the Conference, and Bangladesh attached great importance to its success. Countries with less urgent population problems should help those most seriously affected, remembering that 67% of the world's population lived on 17% of the land area in the South-East Asia Region.

The future of family health depended very much on the outcome of the Conference, which, together with the nutrition Conference to be held in Rome in November 1974, might make 1974 a historic year for the United Nations and for the improvement of living conditions throughout the world.

Dr VIOLAKIS-PARASKEVAS (Greece) expressed her delegation's support for the draft resolution on infant nutrition and breast-feeding. It believed that the resolution, as well as noting the general decline in breast-feeding related to sociocultural and environmental factors, should reflect the need to improve social measures during the lactation period for working mothers in both developed and developing countries.

Dr KUPFERSCHMIDT (German Democratic Republic) said that much health education would be needed to convince not only mothers but also obstetricians of the superiority of breast milk to manufactured substitutes.

In relation to the third preambular paragraph of the draft resolution on infant nutrition and breast-feeding, the experience of his country in assistance to developing countries indicated that the problems of infant mortality and malnutrition were complex and involved such factors as the spacing of pregnancies, mentioned by the delegate of Bangladesh, and the dilution of breast milk substitutes with bacteriologically contaminated, or too much, water. He therefore proposed that the words "one factor" be substituted for "a significant factor" in that paragraph.

Dr MOKE E (Lesotho), stressing the importance of the subject for developing countries, said that mothers could be divided into three categories for the purposes of the Organization's activities in maternal and child health: first, those who had no means to buy milk substitutes but who could breast-feed and should be encouraged to do so; secondly, those who might have the means but were unable to breast-feed because of poor health and working conditions; thirdly, those who had no means and no breast milk, who were often found in countries without the means for the local production of substitutes. The second category should be advised on how to use substitute milk products properly. Operative paragraph 3 of the draft resolution dealt with weaning foods but should include special recommendations
for the last category, particularly as the World Food Programme had reported that it would not have enough milk to distribute, at least in 1974. Assistance should be given and directives issued for the use of breast milk substitutes to help reduce malnutrition and gastrointestinal disease.

The meeting rose at 12.30 p.m.
EIGHTH MEETING
Friday, 17 May 1974, at 2.30 p.m.

Chairman: Professor J. TIGYI (Hungary)

DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1975 (continued) Agenda, 2.2.3

Family health (programme 3.2) (continued)

Maternal and child health (subprogramme 3.2.2) (continued)

Human reproduction (subprogramme 3.2.3) (continued)

Dr SHRIVASTAV (India) recalled his statement at an earlier meeting concerning the integration of various health programmes and the desirability of training multipurpose health workers. His Government had drawn up a "minimum needs programme", which was important from the point of view of the welfare of the nursing mother and child. The multipurpose workers would devote a great deal of their time to family planning and, with the help of basic health workers, would endeavour to develop nutrition programmes for the nursing mother and child.

Referring to the draft resolution on infant nutrition and breast-feeding, Dr SHRIVASTAV (India) said that 95% of the women in rural India still breast-fed their infants, but that only a smaller percentage of mothers did so in the urban areas. Multipurpose workers and auxiliary nurses would in the future lay more stress on the importance of breast-feeding.

Dr MORA (Colombia) said that his delegation supported the draft resolution on infant nutrition and breast-feeding. Referring to operative paragraph 3, he said that the Ministry of Public Health of Colombia, with the help of PAHO, was encouraging the preparation of a food product of high nutritional value, based on products produced locally and which it was hoped would play an important role in child nutrition.

Dr LARREA (Ecuador) supported the draft resolution on breast-feeding and also the amendment proposed by the delegation of Venezuela at the previous meeting.

Dr BERNARD (Malta) supported the draft resolution on breast-feeding, but pointed out that operative paragraph 2 made no mention of the medical practitioner. The physician's role was most important, since he was in a position to give the mother scientifically based advice. He therefore suggested that some reference should be made in the draft resolution to the role to be played by physicians, and also to postgraduate training in the subject of infant nutrition.

Dr CHITIMBA (Malawi), while supporting the draft resolution, suggested certain amendments. First, as regards the preamble, he thought that the present first paragraph should be deleted or at least modified. It should state that breast-feeding of infants was a good, natural practice, and no allusion should be made to its being a solution for all nutritional problems.

The second preambular paragraph should condemn any sales promotion by baby-food manufacturers that suggested that breast-feeding was inferior to the use of manufactured baby foods. There were many important reasons for the decline in breast-feeding, one of which was the fact that an increasing number of mothers took up full-time employment in order to increase the family income and were thus unable to breast-feed their infants while at work. He emphasized that the governments themselves should put pressure on baby-food manufacturers to cease publishing misleading advertisements.

The word "significant" in the third preambular paragraph should be deleted; and the two subjects covered by the third and fourth preambular paragraphs should be dealt with separately.

1 For text, see p. 346.
He agreed that artificial breast-feeding, when unhygienically carried out, could contribute to a rise in mortality; but he did not believe that supplementary feeding with manufactured baby food did so. WHO certainly would not wish to discourage such supplementary feeding. If it were considered dangerous, then the mention in operative paragraph 3 of locally produced weaning foods would be inappropriate.

Operative paragraph 2 should be re-written completely, since breast-feeding and supplementary feeding were two different subjects. Moreover, health reasons were not the only acceptable reasons for failure to breast-feed a child.

He suggested that the word "infant", which often had different meaning in different countries, should be replaced by the word "child".

Dr SAMBA (Gambia) observed that breast-feeding had a family planning aspect, since in polygamous societies a mother who was breast-feeding her child was excused from certain conjugal duties until the child was weaned, usually at the age of two years.

The feeding-bottle had become such a hazard in Gambia that the Government was seriously thinking of introducing legislation to ensure that such bottles could be obtained only on a doctor's prescription.

Dr GALEGO (Cuba) said that the draft resolution before the Committee was certainly very important: there could be no doubt of the superior benefits of breast-feeding. However, the social problems facing modern mothers should not be overlooked. Women made up 50% of the world population and, although their place in society differed from country to country, modern life called for increasingly greater effort from them and they often worked away from home for the greater part of the day. She therefore suggested that a paragraph should be inserted in the draft resolution along the following lines:

RECOMMENDS governments of Member States of the Organization to study the possibility of giving working women special working hours in order that they may breast-feed their children and thus give them an opportunity for harmonious development, both physical and psychological.

Dr NOZARI (Iran) recalled that in the last two decades the public health situation in the developing countries had greatly improved. The infant mortality rate had decreased, but the birth rate had not greatly changed. Significant changes had thus occurred in the age structure of the population. In Iran, for instance, the percentage of children under 20 years of age had risen to 54% in 1966, and was expected to be much higher when the next census was taken in 1976.

The health of mother and child was one of the priority public health programmes in all countries and the best investment for the future health, welfare and development of countries. He asked WHO to bring to the attention of Member States the need for renewed emphasis on maternal and child health programmes as a priority component of public health services with the object of improving the coverage and efficiency of existing services, broadening the scope of programmes to meet immediate needs, and instituting effective cooperation between family planning and maternal and child health services.

Dr TARIMO (United Republic of Tanzania) also supported the draft resolution. He agreed that the important decline in breast-feeding was due to the great increase in sales promotion of manufactured baby foods, and suggested that the word "misleading" should be inserted before "promotional policies" in operative paragraph 2. He did not think that the Director-General could tackle the problem of the sales promotion of baby foods in isolation - or even in consultation with the health administrators mentioned in operative paragraph 2. He therefore suggested that an additional operative paragraph should be inserted, urging Member States to review the sales promotion activities of baby-food manufacturers in their countries and requiring them to take all appropriate measures, including the introduction of appropriate legislation, to prevent misleading sales promotion.

Dr UPADHYA (Nepal) said that diarrhoea was the second greatest killer of children in Nepal. The attitude of mothers towards breast-feeding and the adulteration of artificial milks were partly to blame. Physicians from Nepal were attending WHO seminars on rehydration therapy techniques and rehydration therapy units were being set up in the outpatient departments of hospitals. Advice was given to parents on the use of inexpensive saline solutions to combat dehydration; and the importance of breast-feeding in making up for the nutritional deficiency resulting from diarrhoea was emphasized. Infant mortality rates could be reduced by as much as 50% by rehydration therapy techniques.
Dr KIDANE-MARIAM (Ethiopia), associating herself with the statement made by the delegate of Malawi, said that the item before the Committee was one of the most important on the agenda.

The third preambular paragraph of the draft resolution referred to the fact that the decline in breast-feeding was a significant factor contributing to infant mortality. But one of the most important factors was the state of the basic health conditions in a country.

The CHAIRMAN called on Dr Zahra, Director of the Family Health Division, to reply to certain statements made during the discussion.

Dr ZAHRA (Director, Division of Family Health) referred to the statement of the Italian delegate at the seventh meeting and said that, since the family was the basic social unit, every family health problem had by definition social and psychosocial components. Indeed, attention was being increasingly given to the psychosocial aspects in all the Organization's projects in family health — in the delivery of services, in the development of health manpower, and in research.

Provision for the psychosocial aspects was closely integrated with the other aspects of those projects. As delegates would see from the summary records of the fifty-third session of the Executive Board, a group of experts representing various disciplines had recently met in Geneva to review family health care, with emphasis on the various biological, social and psychosocial factors. In addition, the Division of Family Health had built up an extensive bibliography on the family and on family studies, which included material on epidemiological, public health and psychosocial aspects.

In answer to the question of the delegate of Turkey at the seventh meeting, he said he would gladly give information on the manual for project formulation in family health with emphasis on maternal and child health/family planning. As some delegates had pointed out, government commitments for the promotion of family health, in particular the areas of maternal and child health/family planning, had increased; this was due both to difficulties arising from changing technology, and also to the need to integrate an increasingly wide range of activities within the existing health infrastructure. This of course highlighted the importance of improving the managerial capacities of departments of health so that they could meet the need for systematic project formulation, training in management techniques, and operational research. In association with Project Systems Analysis staff, the Division of Family Health had prepared a manual for project formulation in family health, which had recently been put to the test in one country in West Africa and in another in South-East Asia. A WHO interdisciplinary interregional team on family health, together with national experts, had developed a comprehensive national programme in family health care in the two countries. One salient feature of the project formulation method was that evaluation was built into the planning process and that monitoring was an integral part of the project formulation. The methodology outlined in the manual would continue to be used and adapted to local situations, and would be further developed as an important tool in similar activities elsewhere. He would be glad to discuss more details at any delegate's convenience. Guidelines which WHO had developed on the delivery of integrated maternal and child health/family planning care could also be made available.

He referred to the statements made by several delegates that touched on the four priority areas in maternal and child health of disease prevention/control; nutritional health; reproductive health; and growth and development of the child. Emphasis on those areas would help to reduce the heavy load of morbidity and mortality among children and women of child-bearing age, who represented some 65% of the population in many countries. Health care delivery should aim at improving coverage among these vulnerable groups, with better quality of care during the three phases of maternal care and through infancy, childhood and adolescence.

He had noted the important points raised during the helpful discussion in the Committee on the subject of infant nutrition and breast-feeding. As part of its activities, particularly in the field of nutrition and maternal and child health, WHO had continuously emphasized the value of breast-feeding. For example, an expert group had been convened in 1973 to review the various factors contributing to the adverse effects of the present

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1 Summary records of the fifty-third session (EB53/SR/6 Rev.1, p. 81).
declining trend in breast-feeding, and the immediate and long-term harmful effects on the growth and development of the child. Among the various other factors thought to influence behaviour as regards breast-feeding were urbanization and industrialization; the fact of the mother working outside the home; the attitudes of health workers and the policies of health services; legislation on maternity leave; the influence of marketing and sales promotion, etc. However, the challenge of encouraging breast-feeding lay with governments, and in the strengthening of maternal and child health care.

Several delegates had mentioned the World Population Conference to be held in August 1974. In document A27/24 submitted under the item on Coordination with the United Nations system, details were given of the agenda of that Conference and of the areas which concerned health. WHO had been involved in some of the discussions leading to the drafting of the World Population Plan of Action, thereby providing the health-related inputs. For example, the following sections of the draft World Population Plan of Action were of major interest to health: the section on morbidity and mortality, where attention was drawn to the reduction of fetal, perinatal and early childhood mortality and related maternal morbidity and mortality; the section on reproduction and family formation, which invited governments to consider integrating or coordinating family planning programmes with health programmes and with programmes to raise the quality of family life; and the section highlighting the need for more research on health problems. The Director-General had drawn the attention of all Member States to the importance of including officials of their ministries of health in the national delegations to the Conference.

The CHAIRMAN proposed the setting up of a working group to examine the amendments to the draft resolution on infant nutrition and breast-feeding. Members might include the following delegations under the chairmanship of the Rapporteur: Bangladesh, Belgium, France, German Democratic Republic, Greece, Lesotho, Malawi, Sweden, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland and the United Republic of Tanzania.1

It was so agreed.

Speaking at the invitation of the CHAIRMAN, Dr WALLACE (International Society for Burn Injuries) expressed the appreciation of his Society at being given the opportunity to address the Committee.

The Society, like WHO, was deeply concerned to assist governments to reduce the mortality and morbidity in infancy and childhood, particularly that resulting from burn injuries. Morbidity from burn injuries and scalding was shockingly high; such injuries distressed not only the patient, but also the parents and disturbed the whole domestic atmosphere. No patient who had been burnt ever became 100% normal, and the home was often permanently disturbed. No other injury or disease had so high a morbidity rate. Moreover, the hospitalization, the painful dressings, the destruction of tissue, the crippling, the many operations, the psychosocial disturbance, and the complications related to kidney, liver and lungs - all gave rise to great suffering. A method for estimating morbidity from burns had never been worked out because of the many possible complications that could result.

This relatively hidden problem, of astronomical proportions, affected family life in all countries of the world. In India, for example, burns were probably more of a problem than leprosy. As for other countries, after many years' experience he was still appalled by the innumerable reports of the frequency and severity of avoidable burns in children. The answer to the question of what could be done in the future would naturally vary from country to country. But why had so little been done hitherto, when such injuries had occurred ever since man first became domesticated? The answer was partly because most such accidents occurred in the home and were therefore accepted as unfortunate natural happenings; and partly because morbidity from this cause had been glossed over. The medical journals of a hundred years back described the disruptive effects in the home of burn injuries and suggested - even then - that clothing be made non-flammable. But very little had been done to achieve this. The manufacturers of inflammable fabrics were inclined to place the responsibility on the parents. To do nothing now was to condemn thousands of children to death each year, and to destroy the natural carefree life of thousands more.

1 For text proposed by the working group, see p. 373.
What then could be done? More protection could be given, and educational programmes could be established and continued. Mother and child could be protected by the use of non-flammable clothing and possibly by safer cooking methods (a safer primus stove, for example, was not being developed because to do so would add to the cost). As regards educational programmes, the Society believed that all schoolchildren should be taught the health sciences in their biology lessons. They should know how their body functioned and also have some knowledge of the environment - air, water, soil and heat - and also of food hygiene, sewerage, etc. The Society was preparing a book on health sciences for school-children, and along with it a small illustrated booklet as part of a series suited to children of various ages. It was also prepared to run courses for doctors and nurses on the prevention and care of burns, on statistics, and on laboratory services. He offered these services in full recognition of the fact that team work was essential to solving all medical problems.

(For continuation of the discussion on Human Reproduction, see page 366.)

Nutrition (subprogramme 3.2.4)

There were no comments.

Health education (subprogramme 3.2.5)

The CHAIRMAN drew attention to the Director-General's report and to the two draft resolutions before the Committee. The first, on health education, sponsored by the delegations of Bangladesh, Belgium, Canada, Egypt, Federal Republic of Germany, Finland, France, Ghana, Iran, Ireland, Italy, Luxembourg, Madagascar, Mexico, Netherlands, New Zealand, Peru, Philippines, Romania, Sierra Leone, Singapore, Sweden, Thailand, Trinidad and Tobago, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon and Yugoslavia, read:

The Twenty-seventh World Health Assembly,
Noting the discussions at the fifty-third session of the Executive Board on the programme review on health education, and the resultant resolution EB53.R38; and

Reiterating that health education is basic both for individual motivation and for community participation in the improvement of health conditions and should therefore form an integral part of all health programmes,

1. NOTES with satisfaction the trend of activities of the Organization in the field of health education;

2. EMPHASIZES the importance of health education not only in health programmes but also in programmes of education and related socioeconomic development efforts that affect health;

3. RECOMMENDS that the World Health Organization should
   (1) intensify health education activities in all programmes of the Organization;
   (2) endeavour to enlarge its support to interested Member States in strengthening the planning, implementation and evaluation of the health education components of their national programmes including manpower development, strengthening of health services, promotion of environmental health and disease prevention and control;
   (3) cooperate more actively with the United Nations, the specialized agencies, and the appropriate international nongovernmental organizations and bilateral agencies in programmes in which health education plays a part, and should be continuously alert to opportunities for inserting health education into all such programmes;

4. REQUESTS the Director-General:
   (1) to bring to the attention of Member States and international agencies the need for the inclusion of health education activities in all health and other related programmes;

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1 Published as WHO Offset Publication, 1974, No. 7.
2 The delegation of the Union of Soviet Socialist Republics subsequently expressed the wish to see the name of its country added to the list of co-sponsors.
(2) to develop ways and means of providing additional support, including manpower and funds, for the Organization's programme of work in health education in accordance with available budgetary resources, taking into account its essential role in programmes for socioeconomic development.

The second draft resolution, on the health education of children and young people, sponsored by the delegations of Algeria, Argentina, Brazil, Central African Republic, Costa Rica, Cuba, Dahomey, Democratic People's Republic of Korea, Federal Republic of Germany, France, German Democratic Republic, India, Iran, Madagascar, Morocco, Mongolia, New Zealand, Peru, Poland, Romania, Sweden, Syrian Arab Republic, Thailand, Tunisia, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, Yugoslavia and Zaire.

The Twenty-seventh World Health Assembly,

Taking into account the basic principles set forth in the WHO Constitution and particularly the fact that healthy development of the child is of basic importance and that ability to live harmoniously in a changing total environment is essential to such development;

Recalling the declaration adopted by the United Nations General Assembly (resolution 2037(XX)) on the promotion among youth of the ideals of peace, mutual respect and understanding between peoples;

Aware of the important role played by the younger generation in every domain of human activity and also of the fact that in our era the enthusiasm and creative talents of the young should be dedicated to promoting the material and spiritual progress of all peoples;

Taking into account the fact that WHO's activities should not be concerned solely with the prevention and control of physical and mental illness but that special attention should also be paid to the harmonious development and training of rising generations with a view to the building of a healthy society;

Considering the important role of health education and of the multiplicity and complexity of educational factors, within the family, the school and other institutions, in the training of children and young people and in protecting them against the undesirable features of our era (the tobacco habit, alcoholism, drugs, etc.); and

Considering that WHO possesses an authority and an exalted prestige based on the positive solutions found for many major health problems relying on the experience of national medical and health staffs,

DEEMS it necessary:

(1) to intensify within WHO's programmes concrete and effective action to ensure that children and young people receive a multidisciplinary health education, which is of particular importance for the development of future generations;

(2) to explore and promote new approaches for tackling and solving in an appropriate way the problems posed by the health education of children and young people in order to take care of their health and of their protection against the harmful factors of modern life;

(3) to support actively the basic right to health of the child and the adolescent and to promote by suitable means the improvement of legislative provisions, together with other concrete actions aimed at ensuring a healthy future for the rising generations;

(4) to invite other international organizations, particularly UNESCO and UNICEF, and, through the governments of the Member countries, national health agencies, voluntary organizations and parents to participate actively in the implementation of activities for the health education of children and young people.

Dr RAMZI (representative of the Executive Board) said that the Director-General had presented to the Board at its fifty-third session a report indicating some of the salient features of the programme that WHO had been conducting for 25 years in the field of health education. The report highlighted certain aims, concepts, and guiding technical principles, and gave examples of the contribution of health education to health programmes supported by WHO in Member States. Health education had three broad aims: to inform, to motivate, and to stimulate. It was a long-term process, which, in order to be effective, had to be continuous, and it was an integral part of all health programmes undertaken by WHO headquarters, the regions, or countries.

1 The delegation of Belgium subsequently expressed the wish to see the name of its country added to the list of co-sponsors.

The Director-General had carried out his study in collaboration with the regional offices and the technical services at headquarters, paying particular attention to the difficulties that health workers in the field encountered in introducing health education into their activities, as well as to the efforts they were making in order to improve the utilization of health services and the participation of communities.

The report described the role of health education in family health, health protection of school-age children and of young people, environmental sanitation, communicable and noncommunicable diseases, development of health manpower, and research. It examined priority needs in the development of health education services. The examples cited as instances of assistance in those fields were extremely varied, including support to programmes undertaken by Member States, technical discussions, seminars, workshops, communications, publications, and projects carried out in collaboration with other international institutions and nongovernmental organizations.

After a broad exchange of views, the Executive Board had adopted resolution EB53.R38. In accordance with that resolution, the Director-General had brought to the attention of the Committee the report presented to the Board and the summary of its discussions on the subject.2

Professor FRITSCHE (Federal Republic of Germany) recalled that, at the Twenty-sixth World Health Assembly, his delegation had proposed health education as the subject for the Board's programme review at its fifty-third session. His delegation appreciated the Director-General's comprehensive and stimulating report on 25 years of health education activities, and his country was grateful to WHO for having assisted it in developing a health education organization of its own. He also thanked the Regional Director for Europe for having helped to advertise the important role of the health education institutions of his country in health care and protection.

Health education had been one of WHO's main concerns from the very beginning, as could be seen from resolution WHA1.41, in which the First World Health Assembly had referred to the Executive Board for consideration and, if necessary, for action a resolution of the Association of American Medical Colleges on the importance of stimulating the production, use and exchange of films and other audiovisual media in medicine, health and their related sciences. Health education had since undergone changes, but there was general agreement that it was still one of the indispensable tools of modern health care. Its importance was recognized in the developing and developed countries: their problems might vary, but there were basic factors of human behaviour and communication that offered comparable data for assessing the feasibility and efficacy of health education means and methods. The developed countries could learn much from the developing countries in that respect.

He himself would define health education as the conscious planning, scientific and technical preparation, implementation, control, and evaluation of such processes of human communication as were based on biomedical, economic, sociological, psychological, or other scientific knowledge, research findings, and reasoning or common sense, with the aim of restoring, maintaining, or improving the health of individuals, groups of people, or society as a whole. He therefore agreed with the last paragraph of the introductory section entitled "What is health education?" that health education is not the province alone of a few practitioners with a given set of skills. It is a way of working with people that should be employed by every health worker from the village level to the topmost levels of health administration and by other workers and volunteers engaged in services which promote human and socioeconomic development. Health education, as thus conceived, was undertaken at many levels, by many people, in many places, under different circumstances, and with different aims - but the final objective always remained the fostering and improvement of health. His delegation would therefore support the draft resolutions on infant nutrition and breast-feeding, health education of children and young people, and prevention of road traffic accidents.

He was aware of the difficulties met with in implementing programmes. His delegation agreed with the objectives stated in subprogramme 3.2.5 of Official Records No. 212, and fully supported the programme proposed for 1975; it also endorsed the conclusions given in chapter 9 of the Director-General's report. The seven items listed should be attempted if possible. He suggested the addition of three further items that would have an impact on long-term planning in health education. WHO's activities at the regional, interregional, and international level should help national health authorities to draw on each other's

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1 WHO Offset Publication, 1974, No. 7.
experience of (1) socioeconomic developments that had created problems requiring health
education for their solution; (2) the methods and materials that had proved effective in
solving health education problems; and (3) the influence of other sources of information,
such as mass media, advertising, and entertainments, on the health-related behaviour,
motivation, and knowledgetipability of population groups. While not presuming to suggest
an order of priority - only WHO could do that according to its resources and the needs of
its Members - his delegation believed that a panel of experts might be envisaged.

It was with the aim of reinforcing WHO's activities in health education that his
delegation - together with, originally, 26 others - had sponsored the draft resolution
titled "Health education". He expressed the hope that the Committee would support it.

Dr DONA (Romania) drew the Committee's attention to the draft resolution on health
education of children and young people, which his delegation along with others had
sponsored. Humanity had made considerable economic, social, and spiritual progress,
though not at the same rate in all countries. Medical science had benefited from that
progress, and successes that would have been inconceivable several decades earlier were
currently being achieved, e.g., the eradication or effective control of communicable
diseases, and tissue and organ transplants. Preventive measures were preoccupying WHO
and its Member States increasingly as the dangers to man's environment grow in size and
complexity. Thus much effort and money had been expended on attempting to clarify the
role of tobacco in the development of cardiovascular and respiratory diseases and in the
etiology of cancer, as well as the harmful effects of the abuse of alcohol and various
drugs on physical and mental development. However, it was clear that no great effort
had been made to prevent those factors from damaging health, since drug addiction, alcohol
and drug abuse, and venereal diseases had assumed epidemic proportions, particularly among
young people, who were especially vulnerable to them. Regrettably, a blind eye was too
often turned to events that might have a capital importance for the health of future
generations and hence for the progress of mankind. Everyone was aware of the importance
of the role that the young generation played in every sphere of human activity, and of the
fact that their enthusiasm and creativeness needed to be harnessed to material and
spiritual progress. At its twentieth and subsequent General Assemblies, the United
Nations had adopted resolutions on the education of youth in world peace and understanding
among nations. WHO, as a specialized organization, should similarly take measures for
the health education of children and young people. Even if those measures alone were not
sufficient to prevent all the harmful phenomena that he had mentioned, WHO should make
every effort to influence favourably the health education of the young generation. It
was in that light that the Committee should consider the draft resolution that his own and
other delegations had sponsored.

Dr JAKOVLJEVIĆ (Yugoslavia) suggested that some of the priority topics should be
stressed as guidelines for the further development of health education. They were
(1) the establishment of health education services or activities at the national level
(institutes, committees, etc.); the intermediate level (country, district), with a
multidisciplinary team to plan, supervise, and evaluate; and the communal level. Health
education was an integral part of routine health services and, in countries where those
services were focused on family health - e.g., his own country and the United Kingdom - a
special service should be provided to bridge the gap between the public health services
and the family. (2) Training of health workers, especially health educators. (3) Study
of the problems involved in the health worker/consumer interaction, and regular evaluation
of health education. Health education ought to occupy an important place in public
health policy, and that required many years of organized effort.

Dr ELOM (United Republic of Cameroon) recalled that the Eighth International
Conference on Health Education, in July 1973, had stressed the need for all countries -
developing and industrialized - to develop health education in view of the health problems
of present-day society. The health education activities of WHO were praiseworthy and
should be encouraged. The cooperation that had been established between WHO and other
organizations interested in the promotion of health education - especially UNESCO, UNICEF,
FAO, and the International Union for Health Education - was particularly gratifying and
should be intensified. He had noted with special interest certain country projects, and
particularly, in chapter 6 of the Director-General's report in the section entitled "WHO's
role in strengthening postgraduate training in health education", the one set up in Africa
for the development of postgraduate teaching in health education, through which WHO had undertaken to assist in the establishment of two regional centres for specialization in health education.

Dr KUPFERSCHMIDT (German Democratic Republic) said that his delegation, which was a co-sponsor of the draft resolution on the health education of children and young people, agreed with WHO's general principle that health education must be a central component of the planning, preparation, and implementation of health policy programmes, in developing and developed countries alike.

Health education encountered a variety of significant obstacles and difficulties that resulted mainly from the different socioeconomic conditions prevailing in the various countries. He stressed that it was necessary (1) to integrate health education into educational and medical institutions at all levels, from the nursery school to the university; (2) to build up systematic and continuous health education in addition to specialized health programmes; (3) to coordinate research on health education and improve methods of effectively influencing behaviour patterns; (4) to pay particular attention to the health education of children and adolescents, the problems of the family, and the impact of the environment, including mental health; (5) to establish voluntary coordination mechanisms for involving the whole of society in health education, in addition to providing for health education services within the framework of health institutions; and (6) to promote international cooperation and the exchange of experience.

His country was prepared to support WHO's programmes according to its ability by training WHO fellows in the German Democratic Republic, providing consultations on health education work in other countries, and participating actively in health education work mainly within the European Region.

Dr GRAHAM (Australia) said that, in order to reduce the health hazards associated with smoking in the population as a whole, the State and Federal Governments in Australia, with the support of public bodies, had conducted a campaign and introduced appropriate legislation progressively over the past few years. The approach had been to educate persons, particularly those in the younger age-groups, on the dangers associated with smoking, and to remove influencing factors that might encourage adoption or continuation of the practice. As governmental responsibilities for health were shared by the Federal and State Governments, a concerted effort had been needed to ensure an acceptable level of nationwide uniformity.

The early stages of the campaign had been directed at reducing the impact of cigarette advertising on young persons. A revised voluntary Code of Advertising had been drawn up and had been extended to include radio advertising in October 1971. The Code required that cigarette advertising be directed only at adult smokers, with the sole aim of affecting a change of brand. Except in crowd or other similar scenes not under the immediate control of the advertiser, none of the characters in such advertisements were to be under 25 years of age. No family scenes of parents handling cigarettes in front of children were to be shown. Persons with major appeal to those under 18 years of age - athletes, sportsmen, those recently engaged in sporting activities requiring unusual stamina, or others who might have a strong influence on the young - were not to be depicted. Similarly, the code prohibited advertising scenes possibly suggesting that smoking resulted in success, distinction, or attractiveness, or that it led to exaggerated satisfaction. No properties indicating any beneficial effects on health could be depicted, nor could there be any claim of a reduction in any ingredient from the smoke of any cigarette.

Unfortunately, the Code had allowed too wide a scope for the method of presentation and had therefore been considered to have been in many ways a complete failure. Health education programmes had then been amplified. The Federal Government had intensified its programme in the mainland territories and provided additional materials, such as films and brochures on smoking and health problems. In the various states, educational methods had been aimed at forming a healthy, balanced attitude towards living. National legislation introduced as from 1 January 1973 required that the following warning message be broadcast for at least three seconds in association with all broadcast advertisements for smoking: "Medical authorities warn that smoking is a health hazard". A national campaign to warn against the dangers of smoking was currently well into its second year. Sponsored by the Federal Government, the programme involved extensive advertising on radio, television, and in the press. In addition, publications both for adults and for schoolchildren had been produced.
The advertising of cigarettes and tobacco on radio and television in Australia would be completely banned within three years. The initial stages of the ban had been introduced in the latter half of 1973, and the later phases would be introduced progressively. Legislation requiring health warnings to be printed on all cigarette packets now existed throughout Australia. Undoubtedly such printed warnings initially arrested the attention of the user, but just what reaction they produced was difficult to determine. Did they merely serve as a source of annoyance or were they taken seriously? It was also debatable for how long the reaction to the repeated warnings was maintained.

While it was too early to determine the full effects of those measures on smoking, the results of a recent national opinion poll had been encouraging. That the objective fixed for the campaign was correct had been supported by the findings of a survey on smoking conducted among Australian schoolchildren in 1968, which had clearly demonstrated that the example set by parents and peer groups had a profound influence on the decision by children and teenagers whether to reject or take up smoking.

Dr UPADHYA (Nepal) stressed that health education should be one of the most important components in any national health plan, since without it, health programmes—especially communicable disease control programmes—could never achieve the desired results.

He felt that the methods for imparting health education should differ somewhat in the developed and the developing countries. In the former, television, radio, film strips, and newspapers were the usual effective methods. In the latter, where most of the population lived in small communities, the method of choice was two-person and group discussions.

Even at the community level, it was very difficult to change the attitudes and behaviour of adults and elderly people, who already had fixed ideas; their education had to be a slow and continuous process. Health education must aim at disseminating knowledge of health matters to the very young. That could be done only by integrating the health sciences into schools from the very lowest level, so that young children growing up in the school environment would adopt health practices enabling them to lead a clean, healthy life. To make such an approach successful, there should be a continuous training programme for teachers, organized by the national governments in collaboration with WHO.

Professor SENAULT (France) agreed that health education was an integral part of public health activities. The awareness of and interest in health education shown by governments and individuals had been brought about primarily by WHO, which had devoted attention to that subject from the very beginning.

Health education, which everyone recognized now as being totally distinct from health information, was a continuous, permanent process aimed at changing the living habits of individuals so as to develop and improve their overall quality of life. That was not an easy objective to attain, particularly at the present time when life was being endangered by the repercussions of socioeconomic changes, inequalities of development in certain parts of the world, and deterioration of the environment. But those very dangers made health education imperative.

Health education ultimately appealed to the deepest human motivations, and this gave it a privileged position within the framework of health policy. In addition, health education had to take into account the consumers, who after all were to be the ultimate beneficiaries of health promotion; it therefore had to span many disciplines and many sectors of life. It had, however, for too long been considered as the domain of the health professions, particularly the medical profession. The Director-General's report stressed that a multidisciplinary approach was in fact essential. Moreover, health education could not be confined to the health sector alone, although the latter might play the preponderant role; rather, it spanned all sectors of life—cultural, economic, etc.—and officials in those sectors must therefore take an active interest in health education.

An important role could be played by all those who for some reason came into contact with the public and were in a position to transmit a number of important ideas, including concepts of health promotion.

The Director-General's report underscored the importance of developing health education activities at all levels of schooling. Young people had to realize that in the society of tomorrow they would need not only to protect themselves against the dangers he had mentioned before but also to play a role in health promotion. Hence they had to be sensitized from their earliest years to the problems of health education. To make that possible, their teachers evidently needed to be familiar with health education. But the difficulties involved were greater than was generally imagined: school teachers, university professors, and even professors in medical schools did not always attach as much importance as they should to health education. Being a university professor himself,
he dared to suggest that medical school professors in particular should lay greater stress on health education.

Another point that attracted his attention in the programme review was the question of research. Health education could not be entirely satisfactory unless it were based on data not only from the health sciences but also from the social sciences. Research must be pursued in all those fields, since it was seemingly a determining factor.

Dr JAROCKIJ (Union of Soviet Socialist Republics) regretted that the programme review did not include a critical analysis of WHO's work in health education; however, the conclusions and recommendations contained therein were fully acceptable, and the orientation of the Organization's activities in health education towards cooperation with the United Nations, UNESCO, FAO, ILO and UNICEF, and with nongovernmental organizations such as the International Union for Health Education, was noted with satisfaction. His delegation endorsed the terms of resolution EB53.R38, and supported the two draft resolutions before the Committee.

The inclusion of the Health Education unit in the Division of Family Health had resulted in a somewhat one-sided development of its activities, in which rather too much attention was being paid to family planning, to the detriment of other fields, particularly communicable diseases, which were still important in the developing countries. The unit should, therefore, intensify its cooperation with other WHO services, especially the Division of Communicable Diseases.

The value of the programme review would have been greater had it included more precise information on what was needed in school health education, since the fundamentals of good health practices should be learned at school. The review should have dealt with new forms and methods of health education of children, teachers, parents and health workers. In addition, there should have been a broad review of the experience of various countries, including the socialist countries. The Soviet Union had considerable experience in health education in connexion with the control of communicable diseases, and particularly in involving a wide network of social organizations in that work. His country had also considerable experience of health education in industrial enterprises.

Health education in environmental health should not be considered merely from the point of view of the improvement of community services and amenities, as in the programme review: attention should also be given to its value in promoting the passing and implementation of legislation concerning the conservation of air, water and soil. Such legislation had been passed in his country quite recently, and its enforcement was being assisted by a number of health education measures.

His delegation wished to be included in those co-sponsoring the draft resolution on education before the Committee. He proposed, however, that the second paragraph of the preamble should be expanded to include a reference to the collective responsibility of society for health education and the need to involve the population in the implementation of all health programmes.

Dr NOZARI (Iran) said that his country, as a co-sponsor of the draft resolution on the health education of children and young people believed that such education was one of the basic elements of public health services and had given it top priority.

The Iranian programme of health education had begun about 23 years before, and a recent imperial decree for the promotion and reinforcement of public health services had included the health education of personnel in various public health fields as one of its components. In Iran, health education was not the sole responsibility of health educators with special training in health education but was also the duty of all health workers, especially physicians, nurses, and midwives.

He wished to propose two small additions to the draft resolution. First, since growth and development were two separate components in a child's healthy development, he wished to amend the first preambular paragraph to read: "healthy growth and development of the child is of basic importance". Second, mothers were important in the education of children, and he therefore proposed to add "mothers" to the operative paragraph (2), making it read as follows: "the problems posed by the health education of mothers, children and young people".

Dr DE CAIRES (United States of America) felt that the Director-General's report was an excellent historical review of the Organization's programme of health education over the past 25 years. He recalled that it had been suggested at the fifty-third session of the Executive Board that consideration be given to publishing the report. Many health professionals with possibly no access to the Organization's unpublished documents would be interested in the report, and he was confident that its publication would be given consideration by the Director-General.

WHO had articulated sound principles of health education and valuable programme guidelines. But, as had already been stressed, a major effort at the country level would be required to achieve active public participation in national health programmes. A key factor for the future was the Director-General's assurance to the fifty-third session of the Executive Board that health education permeated all WHO's divisions, and that its importance was therefore not to be judged only on the basis of its inclusion in Family Health.

Professor HALTER (Belgium) was in agreement with the Director-General's report and was a co-sponsor of the draft resolution on health education. His delegation also wished to be included among the co-sponsors of the draft resolution on the health education of children and young people, as it believed, along with other delegations, that health education was a fundamental component of any in-depth action in the health field and that such education was particularly important for very young children, even those of preschool age. Protective and health-promoting behaviour patterns must be imprinted at as early an age as possible.

Dr HOSSAIN (Bangladesh) said that, while it was easy for a trained administrator to outline a country's health education programme, in many countries it was difficult to implement it because the consumers might not be very receptive to such education and were diverted from health concerns by other problems of life. Bangladesh had begun with members of the medical professions, and the slogan being promoted was "medical education should be converted into health education". Unless members of the medical profession could be made health conscious and could be oriented away from clinical practice toward the education of the population from which they drew their patients, it would be very difficult to eliminate many diseases.

As regards the behaviour of the consumers of health education programmes, a great deal of cultural background was needed in order to educate the whole of society, from infancy to old age. Society was divided into various groups, and the practices of the educated minority of a country might be difficult or inaccessible for the common man, particularly for agricultural workers in agrarian societies. As had been pointed out by the delegate of France, information was not education; the latter was the integration into one's habits of what one had learnt. That raised the question of man's fundamental nature. Alexis Carrel, the famous French physician, had wisely said that man had remained unknown to himself for many centuries because he had directed his attention outwards. To apply that statement to the subject of health education, it was clear that as long as a man was healthy he did not concern himself with the question of how to remain well; he did not take advantage of good health to try and avoid the diseases he was likely to develop. And once he was ill, it was too late to benefit from preventive health education. It was extremely difficult to change the existing habits, traditions, superstitions, and cultural patterns of the various societies. Thus the task was not a simple one. It required a group of highly dedicated, motivated people to spread out into all walks of life - schools, universities, medical schools, and all types of institutions - and educate the public about principles for keeping healthy. Involvement in health education was thus part of the general implementation of the health programme. How well it could be implemented would become clear as experience accumulated.

Dr VAN VAN CUA (Viet-Nam) drew the attention of health educators to the difficulty of changing people's behaviour, a difficulty that had been overcome by few health services. The failures of health education in his own country made him see the problem in the following light. Given the structure and stage of social evolution of the developed countries, the difficulty of health education there lay in motivating individuals to change the priorities in their system of social values. In the developing countries,
however, the difficulty was not social but cultural: the whole system of concepts concerning the life and death of man and his place in the universe and in society had to be changed. Hitherto, efforts at health education had been oriented toward research in the field of interpersonal perceptions, but little research had been carried out in the cultural field. How could health educators communicate scientific concepts of health and the causes of disease to fellow citizens who perceived the world differently? In developing countries, it would be helpful to begin by developing a method for communicating scientific concepts in the language of another culture.

Dr TAYLOR (New Zealand) drew attention to the fact that in Official Records No. 212 the various objectives set for the units and divisions of WHO were followed by the approaches intended to be used in achieving them. Many of those objectives required a health education approach and the participation of the individual and/or the community. He hoped that the Director-General and his staff, before the next programme and budget volume, would review those approaches and see whether the health education approach should appear not more often in the text; it was important enough to be mentioned wherever it was being used.

As one of the co-sponsors of the draft resolution on health education, he noted that an amendment had been proposed by the delegate of the Soviet Union. He felt that it could reasonably be added as a third preambular paragraph, to read along the following lines:

Recalling that health education of the population and the involvement of people in all health programmes is a collective responsibility of all elements of society;

Dr TWUMASI (Ghana) emphasized that in many developing economies there were two basic sectors: the traditional rural sector, in which about 60-70% of the people lived and shared the traditional mentality and way of life, and the modern urban sector with its scientific model. Ghana’s own studies on health education had clearly shown that, in the traditional sector, people did not really assimilate the germ theory of disease. The main point emerging from the studies was that health education had to be complemented by the availability of certain resources and facilities. Rural, traditional people did not take seriously, for example, the advice to wash their hands - whether the message was communicated by face-to-face interaction, group discussion, or the mass media - if the necessary facilities for hand-washing were not available. However, there was a positive correlation between effective changes in people’s mentality and the availability of structural facilities. Traditionally minded people could indeed change if the proper facilities were available.

The meeting rose at 5.30 p.m.
DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1975 (continued) Agenda, 2.2.3

Family health (programme 3.2) (continued)

Health education (subprogramme 3.2.5) (continued)

The CHAIRMAN asked if the Committee was prepared to approve the draft resolution on health education introduced at the eighth meeting\(^1\) with the amendment proposed by the delegations of New Zealand and the USSR adding a third preambular paragraph to read:

Recalling that health education of the population and the involvement of people in all health programmes is a collective responsibility of all elements of society.

Dr JAROCKIJ (Union of Soviet Socialist Republics) recalled that at the previous meeting he had requested that his delegation's name be added to the list of sponsors.

Decision: The draft resolution, as amended by the delegations of New Zealand and the USSR, was approved.\(^2\)

The CHAIRMAN asked if the Committee was prepared to approve the draft resolution on health education of children and young people introduced at the eighth meeting\(^3\) with the amendments proposed by the delegation of Iran, adding in the first preambular paragraph, after the word "healthy", the words "growth and", and in subparagraph (2) of the operative paragraph, after the words "health education of" the word "mothers".

Decision: The draft resolution, as amended by the delegation of Iran, was approved.\(^4\)

Role of WHO in bilateral or multilateral health aid programmes

Professor HALTER (Belgium) introduced the following draft resolution:\(^5\)

The Twenty-seventh World Health Assembly,
Considering the urgency of the needs of developing countries in regard to health promotion from the point of view of both the infrastructure and the staff required;
Noting that many countries provide bilateral or multilateral aid through special programmes in the field of health;
Believing that the wide experience acquired by WHO and the information at its disposal are such as to facilitate the establishment of useful and effective programmes, and that countries with large bilateral aid programmes could effectively use WHO in the planning and implementation of their assistance activities in health and sanitation;
Stressing that assistance in the field of health may have important repercussions over vast areas and that coordination of effort and concerted action between assisting and assisted countries could materially improve the results;
1. RECOMMENDS that Member States make use of WHO in its advisory and coordinatory capacity with regard to bilateral or multilateral aid programmes in the field of health; and

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\(^1\) See pp. 354-355.
\(^2\) Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA27.27.
\(^3\) See p. 355.
\(^4\) Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA27.28.
\(^5\) The other co-sponsors were the delegations of Brazil, Federal Republic of Germany, India, Japan and the United Kingdom of Great Britain and Northern Ireland. The delegations of Dahomey, Netherlands, Peru and Zaire subsequently expressed the wish to see the names of their countries added to the list.
2. INVITES the Director-General to study ways in which WHO could strengthen its role in the establishment of bilateral or multilateral aid programmes and priorities and to report on the matter to the Executive Board in relation to its forthcoming organizational study on "The planning for an impact of extrabudgetary resources on WHO's programmes and policy".

He recalled that he had alluded to the matter during the discussion in plenary on the Annual Report of the Director-General, and again when the Director-General had made his positive and interesting statement on the establishment of the WHO budget level, appealing to Members to supplement the regular budget with voluntary contributions.

Many countries had bilateral or multilateral assistance programmes, and it would be interesting to try to assess their total value; in his country alone it was nearly as much as the WHO budget. Those programmes often ran into political or other difficulties which obliged governments to take steps that were not always the most reasonable or the most effective in the field of aid and collaboration. He adduced the case of a modern hospital building he had seen in a developing country; it would have been the object of envy in his own country, but all the doctors in the country in question would not have sufficed to operate it. In such cases there was an evident lack of precision in the establishment of priorities and perhaps in the direction of their financial efforts by the donor country.

He had been emboldened by such considerations and by discussions with the Director-General to suggest the measures forming the subject of the draft resolution, giving WHO the role of adviser in the elaboration of bilateral and multilateral programmes and recommending that Member States should seek such advice on programmes of assistance affecting health. The Director-General was invited to propose methods of applying such a procedure to the Executive Board and the next Health Assembly.

If the present Assembly agreed to the proposal, the Director-General, after the Executive Board had considered the matter in relation to its "Organizational study on the planning for and impact of extrabudgetary resources on WHO's programmes and policy", would submit a document as the basis on which countries could adapt their assistance policy to make the best use of the Organization's advisory role. WHO might also play an executive role in those programmes for which donor countries had not the necessary equipment for implementation of their assistance. That would ensure that the assistance was consistent in areas such as the Sahel region of Africa where health problems knew no frontiers.

Dr TOTTIE (Sweden) supported the draft resolution, but felt that countries with large bilateral aid programmes should not be the only ones to benefit. He therefore proposed the deletion of the word "large" in the third preambular paragraph.

He further proposed the insertion of the words "of the globe" after "vast areas" in the last preambular paragraph.

Dr CHITIMBA (Malawi) said that the important subject of the draft resolution touched on problems of developing countries. His delegation had no objection to WHO's acting as a leading consultative body in bilateral and multilateral assistance programmes; that was indeed the purpose for which a specialized agency was established. But it should be recognized that certain countries had eminent health consultants of their own who knew the local conditions and needs best, so that the advisory role of WHO should not be absolute; donor countries should take the advice of experts in the recipient countries as well as that of WHO experts. WHO was not, and would never be a supranational body, and must not therefore be given powers that might enable it to thwart national interests; nor was it a party to all national programmes for health, but only to those in which its assistance was requested.

The DIRECTOR-GENERAL said that the last note sounded by the delegate of Malawi, suggesting competition in expertise between WHO and its Members, made him very sad; the one message he himself had been trying to communicate during the present session was that WHO existed to serve developing and developed countries in whichever capacity they wished, and the whole purpose of his remarks in reference to a critical dialogue and the humility WHO was to show in its role had been to prevent such misunderstandings. In the past WHO had perhaps played a too aggressive advisory role.

The proposal presented by Professor Halter was in accordance with the spirit of the constitutional coordinating role of WHO. It was understood that it was not possible to replace national expertise. That was rare enough for WHO to wish, on the contrary, to
facilitate its mobilization for the achievement of maximum inputs to improve health in a
given country.

Member States must be confident that WHO was not trying to usurp national prerogatives;
only then could progress be made in that difficult area of coordination.

Dr GUILLÉN (Peru) said that, as his delegation understood it, the advisory
role proposed for WHO was for governments to use or not as they wished, and the text of
the draft resolution reflected that clearly. It was a positive initiative and his
delegation wished to be associated with it as a co-sponsor.

He proposed that the advisory and coordinatory capacity of WHO should be exercised
through its regional organizations, and that operative paragraph 1 of the draft resolution
should be amended accordingly.

Professor ALIHONOU (Dahomey) said that it was not clear from the text of the draft
resolution that countries receiving assistance could benefit from the advisory role of
WHO, and expressed anxiety lest donor countries should impose the conditions of their
assistance, reminding the Committee that developing countries were most in need of
judicious and objective advice. With that reservation, his delegation wished to be
included among the sponsors.

Dr LEKIE (Zaire) said that the draft resolution was limited to the enunciation of a
principle, leaving it to the Director-General to propose specific measures for its
practical application. A decision could be made at a later stage on those measures.
Meanwhile, his delegation fully supported the proposal and wished to be included among
the sponsors.

Dr SAMBA (Gambia) said that for a long time developing countries had been urging WHO
to be aggressive in its approach to the solution of their problems, and it was only logical
that countries like his own that had always wished such a role for WHO should support
the draft resolution.

Dr GERRITSEN (Netherlands) supported the draft resolution and said his delegation
wished to be included among the sponsors.

Dr DOLGOR (Mongolia) said that the Russian text of operative paragraph 1 should be
brought into line with the English.

Dr O. A. HASSAN (Somalia) said that developing countries had been urged to treat UNDP as
the coordinating authority for all external assistance. He knew that WHO representatives
in countries had an advisory and coordinating capacity, and he wondered how, with country
programming, the two procedures could be reconciled.

The DIRECTOR-GENERAL replied that there should be no difficulty, as WHO was moving
forward together with national bodies, and was training WHO representatives to act with
nationals in the ministries of health on activities in the health sector and with all
other social and economic sectors within the context of country health programming.
WHO was recognized as an agency that had moved forward in the most imaginative way to
accomplish such coordinative measures, and was prepared to play the coordinating role not
only with ministries of health but also with the resident representatives of UNDP and with
the ministries responsible for planning, finance and other related questions.

The Organization was engaged in studies on methods of solving various difficulties
in overall coordination and, although it had been accused in the past of a high degree of
isolationism, it had recently moved forward to the point where it was possible to consider
its regular budget in its entirety in relation to any country's total development effort.

Certain difficulties had to be faced, but WHO had the will and the imagination to
avoid major problems.

Professor HALTER (Belgium) agreed to the deletion of the word "large" in the third
preambulary paragraph of the draft resolution, and with the other proposal of the delegate
of Sweden.

He assured the delegate of Dahomey that the advisory and coordinatory capacity of
WHO was intended as much for countries receiving as for those giving assistance in the
terms of the proposal. It was intended, indeed, to give bilateral or multilateral
assistance an essentially objective humanitarian character.
He welcomed the association of other delegations as co-sponsors of the draft resolution.

Dr SHRIVASTAV (India) said that the word "large" had been used deliberately in the third preambular paragraph by the authors of the draft resolution, which included his delegation; it had been felt that if WHO became involved in large numbers of small programmes it might have to expand its services, with a consequent increase in staff and costs. He was sure WHO would not deny assistance to smaller programmes, but might have difficulty in assisting them. Countries should perhaps try to participate in major programmes aimed at a lasting impact on the health situation. However, in deference to the delegate of Belgium, he would not oppose the amendment.

Dr CHRISTENSEN (Secretary) said that the proposal of the delegate of Peru could be accommodated by adding, after "capacity" in operative paragraph 1 of the draft resolution, the words "through its regional organizations".

Professor HALTER (Belgium) asked the delegate of Peru not to press that amendment, as it could be taken for granted that WHO would act through its existing machinery, which included its regional offices as well as WHO representatives and others. He thought that the Health Assembly could have confidence in the Director-General to use those channels.

Dr GUILLEN (Peru) assured him that his Government had confidence in the Director-General, and he had proposed the amendment only because of the concern expressed at the possibility of WHO's role becoming supranational. However, he was willing to withdraw it.

Decision: The draft resolution was approved, with the amendment proposed by the delegate of Sweden to delete the word "large" in the third preambular paragraph.¹

Family health (programme 3.2) (resumed)

Human reproduction (subprogramme 3.2.3) (continued from the eighth meeting)

The CHAIRMAN called for comments on the draft resolution on the World Population Year and Conference, 1974.²

Dr BAHRAWI (Indonesia) said that population growth was an acute major public health problem in his country, where the number of inhabitants had totalled 119.2 million at the last census, in 1971, compared with 97 million in 1961, 60.7 million in 1930 and 52.3 million in 1920. The rate of growth was complicated by the uneven distribution of the population, more than 60% living in Java, Madura and Bali, which totalled only 20% of the land area of Indonesia. The population density in Java was 1400 per square mile, and the population was growing at the rate of 2.5% per annum, which would make any economic development aimed at improving the people's welfare very difficult. The population pressure in Java, Madura and Bali was creating a bad socioeconomic and psychosocial environment.

The Government had since 1970 been implementing a family planning programme attached to the maternal and child health services. Experience had shown that the integrated approach yielded better results than a separate campaign in terms of the rate of acceptance among the population.

He recalled that his delegation had expressed the wish to be included among the sponsors of the draft resolution.

Dr PARNELL (United States of America) stressed the importance of the Declaration on Food and Population reproduced in the working paper, which emphasized that food shortage was the greatest manifestation of world poverty and that some solution to the present world food crisis must be found within the next few years.

The problems of food shortage and population growth were closely related and must be discussed by the international community.

Dr HOSSAIN (Bangladesh) wished his delegation to be included among the sponsors of the draft resolution.

Dr TOTTIE (Sweden), agreeing with the delegate of the United States of America, proposed the addition of the following preambular paragraph to the draft resolution in order to amplify the connexion between food and population:

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA27.29.
² For text, see p. 347.
Noting the declaration on food and population delivered to the Secretary-General of the United Nations on 25 April 1974.

Dr Chowdhry (Pakistan) welcomed the draft resolution, and particularly operative paragraph 2, because the population planning programmes in some countries were administered by non-medical people and he felt that one reason for failure of the programmes was that they did not have the necessary medical supervision. In some countries the population had avoided the specialized clinics and had been reserved in their attitude to workers in family planning. Coordination between health personnel and other competent services would improve the chances of success of measures to control population.

He wished his delegation to be included among the sponsors.

Dr Acuña (Mexico) said that his delegation, a co-sponsor of the draft resolution, considered that the technical aspects of the Declaration on Food and Population were not entirely acceptable. For instance, in relation to food supplies, it was not a question of shortage of supply but of poor distribution of food. Approval of the draft resolution before the Committee would enable representatives of ministries of health to stress the relevant aspects of the problem at the World Population Conference.

With reference to the second operative paragraph of the draft resolution, he proposed the replacement of the words "health officials" by "representatives of health services".

Dr Hossain (Bangladesh) agreed with the delegate of Pakistan about the effects of staffing the population programmes with non-medical personnel. Bangladesh had suffered from the same situation.

Dr Hemachudha (Thailand), as one of the co-sponsors of the draft resolution emphasized the importance of the World Population Conference not excluding health from the population problem. Thus, he would support the proposal suggesting that the words "health officials" should be changed to "representatives of the health services".

Dr Valladares (Venezuela) proposed instead the term "public health administrators" in operative paragraph 2 of the draft resolution.

Dr Acuña (Mexico) and Dr Hemachudha (Thailand) withdrew their amendments in favour of that proposed by the delegate of Venezuela.

The amendments proposed by the delegates of Sweden and Venezuela were accepted by the co-sponsors.

Decision: The draft resolution was approved, as amended.¹

Sir William Refshauge (World Medical Association) drew attention to the details in the working paper concerning the forthcoming international conference on the physician and population change. The role of the physician in this connexion was of particular concern to the World Medical Association in the present period of unprecedented demographic change, with world population; at current rates of growth, doubling every 35 years. There were many factors contributing to population growth and they included the increased effectiveness of health measures. Since population growth had become one of the greatest forces in social change, it could not be studied in isolation: action programmes must be developed in the context of the totality of activities that contributed to reinforcing the quality of life for peoples everywhere. The World Medical Association believed that the physician could have a very significant influence on those activities, in particular because of his primary role in reducing morbidity and mortality. There was a particular challenge to broaden the traditional orientation of the physician towards individual patient care and to inculcate a new awareness of, and involvement in, community health problems. That approach would require also the assistance of auxiliary health personnel as important members of the health care team. For that reason, the World Medical Association, in association with the World Federation for Medical Education, the International Planned Parenthood Federation and WHO, was sponsoring such a conference in Stockholm, immediately after the United Nations World Population Conference.

Health manpower development (programme 4.1)

Dr Henry (representative of the Executive Board) read out the text of the resolution recommended to the Twenty-seventh World Health Assembly in resolution EB53.R24. The Executive Board believed that the adoption of that resolution and the implementation of its operative paragraphs 1 and 2 would be of considerable assistance in furthering the work of WHO.

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA27.30.
Dr PHOUTTHASAK (Laos) noted with interest that there would be a consultation in Geneva on the role of medical assistants in the improvement of health services delivery; and that the Eastern Mediterranean Region would be undertaking a comparative study on the cost of training and the utilization of physicians and medical assistants. His Government would be pleased to be informed about the results of those discussions, since Laos was a country in which medical assistants were widely used. Although the training of doctors had begun, medical assistants continued to be trained for work in rural areas.

Sir John BROTHERSTON (United Kingdom of Great Britain and Northern Ireland) said that a recent innovation in the United Kingdom had been the evolution of the specialty of community medicine and its introduction into the newly integrated National Health Service. The first initiative had been the establishment of a Faculty, or College, of Community Medicine that brought together the public health specialists, academics, and medical administrators who had become increasingly separated from each other. The reorganization of the National Health Service involved the disappearance of separate public health authorities and medical officers of health under city and county government. Under each of the new health authorities there would be teams of specialists in community medicine, with a chief medical officer as leader, which would function as the main health service planners and epidemiologists for their areas and would work closely with their clinical colleagues to assist in the integration of clinical services. The community medicine specialists would be appointed and paid on the same basis as clinical specialists in the National Health Service. This would lead to more stringent standards of training and appointment but would also improve the financial and career opportunities as compared with other medical careers. The responsibilities of the new specialty were most important for the new integrated service, but recent experience in recruitment had shown that candidates did not always match the challenge of the new responsibilities. The Faculty of Community Medicine and the National Health Service were currently busy with plans and programmes for training, recruitment and examinations for the new specialty.

Dr BRAGA (Brazil) expressed his satisfaction at the increasing importance being given both by headquarters and the regional offices to the fundamental issue of providing assistance to Member countries in developing the manpower required for the improvement and expansion of their health services. Nearly all the projects in the programme and budget for 1975 included an element of education and training, and the concept of health manpower development was present throughout the long-term programmes of WHO. Although in many countries the training of health workers was still carried out in isolation from the country's health system, he was confident that the efforts of the Organization towards interrelating training schemes with health systems would be completely successful in the not too distant future. In his view, there should be established in every country a permanent mechanism for coordinating this interrelationship through continuing surveillance of the health manpower situation. The success of any health plan entirely depended on how well everything connected with the manpower component—demand, projections, preparation and proper utilization of the health labour force—was not only worked out but also implemented. WHO had an essential role to play in this connexion.

Professor PACCAGNELLA (Italy) said that in the last few decades the field of public health had changed very rapidly, and it was well known that there were difficulties in retraining medical personnel to meet the new needs of the health services. In that respect mention had been made of psychological barriers: he thought there were also cultural barriers.

His delegation considered that the projects in medical education and training, and medical pedagogy proposed in the programme for 1975 under the programme for health manpower development were in fact fundamental to that other aspect of the programme—the strengthening and the planning of health services. By such projects, WHO could stimulate university medical schools, in countries where the universities were the responsibility of the ministry of education, to adapt their curricula. There was already evidence that WHO's activities in that connexion were producing their effect, even in his own country.

Dr KUPPERSCHMIDT (German Democratic Republic) gave three examples of ways in which his country had tried to overcome gaps in health manpower. First, it had introduced a five-year period of compulsory specialization after graduation from medical school for all medical graduates, including the specialty of general practice; the period ended with an examination. Second, a central academy of postgraduate training for physicians had been established in Berlin, and had delegated some of its functions to teaching hospitals.
Third, his Government had passed new legislation improving the social status of nurses, midwives, and medical assistants by giving them special training in medical colleges.

Dr HOSSAIN (Bangladesh) said that members of the medical professions in countries that had been members of the British Commonwealth were grateful to the late Aneurin Bevan, who introduced the National Health Service in the United Kingdom, which they were thus able to study. In his experience it had hitherto been a curative-oriented health service and he was pleased to note that, with the new integration of the health services, the preventive aspect was being emphasized.

In developing countries such as Bangladesh, the health manpower development was the most challenging task encountered: no amount of planning would be effective unless proper leadership was available throughout the service. Leaders at the political level and professors and specialists should be able to talk to the basic health workers in the same language. There were two types of parasite in the medical profession - the top specialist or professor who did not share their knowledge with the basic health worker, and the busy practitioner who was interested only in earning more money. He thought that members of the medical profession, if they were to become a real asset to society, should have a broader education that should include sociology, psychology, and philosophy.

Dr SHRIVASTAV (India) said that a medical education commission was being established in India, following a strike by junior doctors. Increasing importance was being given to medical education in the developing countries, and to the question of what the students were actually being trained for. In India, the majority of medical colleges seemed to be training doctors who did not know enough about the rural areas or the problems of the primary health centres, and who were more suited for work in countries other than their own. There was of course, a "brain drain", and a large number of doctors were going to the United Kingdom, to the Americas, and to certain countries in Africa. A number of changes had been proposed by medical educationists, but their implementation was still awaited.

Regarding multipurpose health workers, there was no doubt that auxiliary personnel could be used effectively in certain health programmes in areas where the incidence of communicable diseases had declined. A programme of in-service training was being established at six or seven centres in India to provide, for example, three-month orientation courses for malaria workers, so as to enable them to deal with other communicable diseases, with family planning, and with nutrition. The aim was to train enough auxiliary personnel to achieve the ratio of one to every 5000 of the population. At a conference recently held on the subject in India, it had been repeatedly stressed that it was very difficult to change people's attitudes, and that training must be provided by those who themselves were adequately trained in the philosophy of integration and multipurpose work.

Closer study was required of the whole subject of adapting the training of auxiliary health workers in the developing countries to meet actual needs. He suggested that regional conferences and meetings might be held - for example, in the African, South-East Asia, and Western Pacific Regions - to bring together people with experience in this field, in order to draw up suitable curricula and a plan of operation.

Professor LEOWSKI (Poland) said it had become apparent during past years that, to meet health needs satisfactorily, an integrated approach to training was required that would cover psychological and social problems and not merely physical health and well-being. During the Technical Discussions at the present Health Assembly, an attempt had been made to list the main relevant factors, and it had been the general opinion that the physician alone was - or very soon would be - unable to solve the numerous problems. The need for a team approach to health manpower development had been stressed in many countries and also during the Technical Discussions at the last Health Assembly. He asked what steps WHO was taking in that direction.

Dr CHOWDHRY (Pakistan) referred to the vicious circle in developing countries: on the one hand the problems of disease, population increase, malnutrition and limited resources and, on the other, the lack of manpower to deal with the situation. Despite the emphasis on training, manpower remained insufficient. In Pakistan, for instance, the doctor/population ratio was about 1:9000. Quite apart from the "brain drain", there was the problem that most trained workers tended to stay in the urban areas. In Pakistan, where more than 80% of the population lived in rural areas, incentives were being provided
to induce health workers to stay in rural areas. However, the problem remained serious, and efforts were now being made to provide short-term training for auxiliary personnel to work in those areas.

The training of doctors should include more emphasis on the preventive aspects of medicine, so as to better suit them for work in rural areas.

Dr CHITIMBA (Malawi) said that countries like Malawi, suffering from an acute shortage of health personnel, could not afford to ignore the large number of workers practising traditional medicine and midwifery. He therefore welcomed the call for action to improve their methods and restrain them from harmful activities. However, he did not believe that a poor health worker was necessarily better than no health worker at all. While endorsing the philosophy behind the encouragement to countries to improve the activities of traditional health workers, he therefore wished to sound a note of caution. The emphasis should be on the improvement of those practices, and there should be no room for WHO pronouncements on the matter to be interpreted as a licence for wholesale acceptance of traditional medicine and midwifery. Perhaps the whole issue might be studied by the regional committees.

Dr UPADHYA (Nepal) was pleased to note WHO's emphasis on the training of multipurpose health workers as a means of enabling governments to develop a basic health infrastructure. Even where medical education was said to be community-oriented, experience in most developing countries had shown that medical graduates were reluctant to go and work in the community. Perhaps WHO could study the problem and make suggestions to the governments of developing countries in that respect. It might be that real incentives were still lacking.

With the cooperation of WHO, Nepal was concentrating on training various categories of auxiliary personnel in order to be in a position to provide basic health care to the whole population.

The "brain drain" was a problem that was not confined to the developing countries: it also affected some of the developed countries. If the present trend continued, governments would have to rely entirely on auxiliary workers and would be unable to develop their hospital services effectively. WHO should study the various causes of the whole problem.

Dr SHAHRIARI (Iran) said that there had been considerable changes in recent years in the health programme in his country, in line with the various rapid changes that were taking place there: a population growth of 3.2% per year, rapid industrialization, and the modernization and reorganization of rural areas. With the assistance of the Health and Literacy Corps, educational programmes had been carried out in the rural areas, where a large proportion of the total population lived. As a result, there was a new awareness among the rural population of the importance of public health services and medical care - and the demand for health care was correspondingly increasing. However, the shortage of medical manpower constituted a serious obstacle to the development of effective health services in the rural areas. About half of the 600 physicians who graduated each year left Iran. The present educational system in the medical schools and other health institutions was not suitable for training community-oriented health workers. The problem would soon become universal, and a new approach would be required on the part of governments and of WHO as regards (1) the training of middle-level and auxiliary personnel to compensate for the shortage of physicians and other university-level personnel, and (2) the revision of the curricula for all health professions so that the training was truly adapted to the needs of the countries concerned.

Dr BAHRAWI (Indonesia) said that the health manpower problem in Indonesia was one of quality as well as quantity. There was a lack of health workers who understood the needs and demands of the community in which they were working. At the moment, medical and paramedical workers trained in a hospital environment waited for the sick to ask for help.

He supported the proposal of the delegate of India that the problem should be approached at regional level, so that a more aggressive plan for health manpower development could be drawn up, coordinated and implemented.

Dr TOUA (Papua New Guinea) said that political developments in Papua New Guinea had created a particularly acute health manpower problem, in that experienced workers were leaving the country. Attempts were being made to overcome the problem by training auxiliaries and by fostering the team approach, to which the delegate of Poland had referred. With regard to that approach, however, certain difficulties had arisen, and he stressed the need for closer cooperation between the universities and the various sections of the health services, as well as between the different categories of health workers.
Dr VIOLAKIS-PARASKEVAS (Greece) said that the particular difficulty in Greece - where the number of physicians was high and the doctor/population ratio was 1:550 - was to attract medical people to take training in public health. She asked how WHO was dealing with that problem.

Dr LARREA (Ecuador) said that, despite the fact that the universities of Ecuador were training large numbers of professional health workers, the latter were still far from sufficient to meet the country's health needs. At the moment some 2300 doctors served a population of 6.5 million. Moreover, the distribution of health workers throughout the country was very uneven: most of them were concentrated in the urban areas, whereas 60% of the population lived in rural areas. The universities were trying to adapt training programmes to bring them more into line with the country's needs; in particular, in the past insufficient attention had been given to the preventive aspects of medicine.

There was also a lack of auxiliary personnel, and in that connexion the Ministry of Health was drawing up a programme, in cooperation with the universities, that would provide six-month courses for the training of auxiliaries.

Ecuador, like other countries in the Americas, had started to train a new type of auxiliary health personnel, who carried out simple health tasks in population groups of less than 1500. Professional health workers leaving the universities were required to work for one year in rural areas; before going there they received a basic orientation in health problems, but it was not sufficient to equip them fully for work in rural areas. More emphasis needed to be laid on the training of auxiliary personnel in Ecuador if the country was ever to have valid health teams.

Dr LEIGUE (Bolivia) expressed appreciation to WHO for the assistance provided to Bolivia in the training of health personnel, in particular with regard to national courses and in-service training for hospital administrators, environmental health staff and auxiliary nurses for rural areas. He hoped that the Organization would continue to provide such assistance.

He would also thank Belgium, France and other countries that had provided bilateral assistance for training programmes.

Dr FULOP (Director, Health Manpower Development) thanked the Committee for the encouraging comments that had been made during the discussion.

The delegate of India had stressed the need to adapt training to local needs and demands. In accordance with the Director-General's slogan in his introductory statement to the general discussion of his Annual Report regarding the need to adapt and not adopt, WHO was carrying out a programme aimed at assisting Member States to train teachers who could teach their students to serve the community more competently, taking account of local needs. In that connexion, the Organization fully shared the view of the delegate of Italy - namely, that the ultimate aim of health manpower development was the strengthening of health services.

Many delegates had asked that WHO should intensify its programme for the training of auxiliary personnel; that was very much in line with the Organization's own thinking, and an interdivisional programme team had recently been established. The aim was to produce feasible proposals that would assist Member States that were finding difficulty with coverage of their rural population to train first-line health workers (who would be able to cope with the basic needs in rural areas), and also supervisors (who, in addition to their supervisory function, would provide continuing education and consultation). Those proposals would be finalized before the end of 1974.

The "team approach", mentioned by the delegate of Poland, was constantly kept in mind by the Organization. At its fifty-third session the Executive Board had considered the report of the Expert Committee on Continuing Education for Physicians and had adopted a resolution on the subject. He drew attention to section 5 of that report (Interprofessional education programmes) and, in particular, to the following introductory sentences:

This section is concerned with educational activities provided for mixed teams of health care workers as distinct from those directed toward particular professions on their own. Interprofessional education should not replace programmes for individual health professions, but should offer a new opportunity.

for members of health care teams to learn together how to solve problems in which all have a common interest.

In the mid-1960s, when the Government of Cameroon had asked for assistance in developing a medical school, it had been suggested that a university centre for health sciences should be developed, where the different health workers would be trained together as a team. That proposal had been accepted, and the centre was now functioning. The same suggestion had been made on a number of occasions subsequently. However, it was true that much remained to be done in this field, both to convince governments and teachers to accept the idea and, in the theoretical field, to work out in detail how the approach could best be implemented.

The delegate of Greece had referred to training in public health. He would draw his attention to the recently published report of the Expert Committee on Postgraduate Education and Training in Public Health.\(^1\) It attempted to summarize the situation on the basis of the various experiences, including the particular aspect described by the delegate of the United Kingdom.

Regarding the problem of the "brain drain", a comprehensive study on migration was planned by WHO and was due to start during the next few weeks. The aim was to provide alternative intervention strategies for use by governments wishing to tackle the problem more aggressively.

The delegate of Brazil had stressed the need for a permanent mechanism in every country to coordinate health manpower development. WHO was about to draw up a proposal regarding the establishment in Member States of manpower development centres that would deal with the whole process of health manpower development from the planning to the final "production" stage, carry out a monitoring of the "product", and feed back the results into the system.

He assured the delegate of Laos, who had requested the dissemination of reports of two consultations to be held in 1975 - on the role of medical assistants, and on a comparative study on the cost of training, that WHO would do everything possible to meet that request.

Dr SUMPAICO (Philippines) said that the Philippines, like many other countries, was faced with the problem of lack of health manpower, particularly in rural areas. The Government had accordingly decided to require new graduates to serve in rural areas for a certain period - sixth months for doctors and four months for nurses - working either in the public health services or in hospitals.

Dr TARIMO (United Republic of Tanzania) said that consideration should be given to the possibility of reducing the period of training of both auxiliary and professional health workers. Steps had already been taken in that connexion in his country with regard to auxiliary personnel.

Decision: The draft resolution proposed by the Executive Board in resolution EB53.R24 was approved.\(^2\)

The meeting rose at 12.30 p.m.

\(^2\) Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA27.31.
1. SECOND REPORT OF THE COMMITTEE

Dr Guillén (Peru), Rapporteur, read out the draft second report of the Committee.

Decision: The report was adopted (see page 544).

2. DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1975 (continued) Agenda, 2.2.3

Family health (programme 3.2) (continued)

Maternal and child health (subprogramme 3.2.2) (continued from the eighth meeting)

The CHAIRMAN drew attention to the new draft resolution on infant nutrition and breast-feeding proposed by a working group.

Professor Halter (Belgium), Chairman of the working group, said that various amendments and changes in wording had been incorporated into the earlier draft resolution on the same subject. The final version of the draft resolution proposed by the working group (including the delegations of Bangladesh, Belgium, France, German Democratic Republic, Greece, Lesotho, Malawi, Sweden, Union of Soviet Socialist Republics, and United Kingdom of Great Britain and Northern Ireland) read as follows:

The Twenty-seventh World Health Assembly,

Reaffirming that breast-feeding has proved to be the most appropriate and successful nutritional solution for the harmonious development of the child;

Noting the general decline in breast-feeding, related to sociocultural and environmental factors, including the mistaken idea caused by misleading sales promotion that breast-feeding is inferior to feeding with manufactured breast-milk substitutes;

Observing that this decline is one of the factors contributing to infant mortality and malnutrition, in particular in the developing world; and

Realizing that mothers who feed their babies with manufactured foods are often unable to afford an adequate supply of such foods and that even if they can afford such foods the tendency to malnutrition is frequently aggravated because of lack of understanding of the amount and correct and hygienic preparation of the food which should be given to the child,

1. RECOMMENDS strongly the encouragement of breast-feeding as the ideal feeding in order to promote harmonious physical and mental development of children;

2. CALLS the attention of countries to the necessity of taking adequate social measures for mothers working away from their homes during the lactation period, such as arranging special work timetables so that they can breast-feed their children;

3. URGES Member countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation where necessary;

4. URGES the Director-General to intensify activities relevant to the promotion of breast-feeding, to bring those matters to the notice of the medical profession and health administrators and to emphasize the need for health personnel, mothers and the general public to be educated accordingly; and

5. REQUESTS the Director-General to promote and further support activities related to the preparation and use of weaning foods based on local products.

Decision: The draft resolution was approved.¹

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA27.43.
Communicable disease prevention and control (programme 5.1)

Dr VELIMIROVIC (Austria) expressed concern about the prevalence of communicable diseases that could be prevented by immunization, and stressed the need to promote immunization activities. The sum of US$ 100 000 allocated under the regular budget to the integrated immunization programme (Official Records No. 212, page 146) was very small in comparison with other budgetary obligations not related directly to the practical, immediate health problems of Member States.

He hoped that some details would be provided concerning the Organization's programme in that field. Specifically, with reference to the Director-General's remarks about attracting additional resources, he wished to know (1) what steps the Organization intended to take with international agencies and other possible donors to obtain vaccines, equipment, and transport; (2) what programmes had been established to assist developing countries to intensify their immunization activities; and (3) what research was being carried out on operational and technical problems related to the immunization of the largest possible proportion of susceptible children.

Dr GERRITSEN (Netherlands) agreed with the statement on page 142 of Official Records No. 212 that immunization was the most effective and rapidly applicable measure of preventive medicine. In countries where it had been effectively applied, it had contributed immensely to the control of the common communicable diseases. However, in extensive regions of the world immunization was available to only a small proportion of children in the susceptible age-groups. He therefore noted with satisfaction that $ 100 000 had been allocated in the 1975 budget to an integrated immunization programme, but wished to be informed what that programme would entail. In view also of the excellent results obtained in the smallpox eradication programme, he felt that the time had come for WHO to make a comparable effort for other lethal diseases, especially those of childhood, such as diphtheria, whooping-cough, measles, tuberculosis, and tetanus.

In that connexion, his delegation and those of Ethiopia, India, Poland, Qatar, Somalia, United States of America, and Venezuela submitted the following draft resolution:

The Twenty-seventh World Health Assembly,
Having considered the statement on immunization against the childhood diseases, and the allocation of funds for an integrated programme on immunization contained in the proposed programme and budget estimates for 1975;
Recognizing the immense contribution immunization has made to the control of many of the common communicable diseases in the countries where it has been effectively applied;
Knowing that in extensive regions of the world immunization is available to only a small proportion of children in the susceptible age-groups;
Aware of the potential for disease control when a well planned and well coordinated programme such as that of smallpox eradication is instituted; and
Expressing its satisfaction at the readiness of the World Health Organization to promote measures to assist countries in extending their immunization programmes to cover the greatest possible percentage of the susceptible populations,
1. RECOMMENDS

(1) that Member States not currently having adequate vaccination programmes develop plans to include in their health services immunization and surveillance against some or all of the following diseases: diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis;
(2) that the Director-General intensify at all levels of the Organization its activities pertaining to the development of practicable immunization programmes especially for the developing countries and assist Member countries:
   (i) in developing suitable programmes and providing technical advice on the use of vaccines;
   (ii) in assuring the availability of good quality of vaccines;
(3) that the World Health Organization should:
   (i) study the possibilities of providing from international sources and agencies increased supplies of vaccines, equipment and

1 The delegations of Austria, Ecuador, Ghana, United Republic of Cameroon and United Republic of Tanzania subsequently expressed the wish to see the names of their countries added to the list of co-sponsors.
transport, for countries that indicate that they can shortly become self-sufficient in these requirements;

(ii) continue its researches on as yet unsolved practical problems encountered in immunization procedures;

(iii) arrange seminars and other educational activities on the design and execution of programmes; and

2. REQUESTS the Director-General

(1) to establish a special account under the Voluntary Fund for Health Promotion to be credited with the values of gifts intended for the expanded programme on immunization and to ensure that vaccines donated to the programme conform with the relevant WHO requirements;

(2) to report progress annually to the World Health Assembly.

Dr JAYASUNDERA (Sri Lanka) said that since 1964, when India had been invaded by El Tor cholera, Sri Lanka had used surveillance methods to guard against its possible importation, particularly in the northern part of the island close to India. El Tor cholera had been reported for the first time in October 1973 on two small islands adjacent to the northern peninsula. Unfortunately, by the time large-scale investigations had been started, the disease had spread to the mainland, where it reached a peak in early November. By 24 April 1974 there had been 680 cases with 62 deaths, giving a case/mortality ratio of about 9%. The serotype responsible for most cases was Ogawa, but the Inaba strain had been isolated in a small proportion. The results of phage typing on several strains sent to the WHO reference laboratory in Calcutta, India, were awaited. A WHO team visiting the island in April to evaluate the situation expressed complete satisfaction with the measures taken to control the epidemic.

The greatest problem faced by his country, and indeed by all developing countries, in combating the epidemic was poor environmental sanitation, particularly in slum areas. Intensive measures had been taken in that regard, and a long-term programme for slum clearance had been drawn up. However, progress had not been overly encouraging, which had led them to believe that the only immediate answer to cholera control and eradication in developing countries was the immunization of all vulnerable groups with a potent vaccine, which he hoped would soon be available. The improvement of environmental sanitation, the ideal corrective measure, was a costly and time-consuming process. He thanked WHO, the Red Cross, and those countries that had assisted Sri Lanka with large stocks of cholera vaccine and drugs. The outbreak occurring in his country after it had been free from cholera for 20 years demonstrated the need for continuous epidemiological surveillance in countries now free from that disease.

Malaria continued to be a major health problem in his country. Recrudescence of the disease had begun in 1964/1965 and had assumed epidemic proportions in 1967/1968. The incidence had declined in 1971 but had again risen in 1972 and 1973, with 143,000 and 217,066 cases respectively. In 1973, 95.72% of cases had been due to *Plasmodium vivax*, 4.15% to *P. falciparum*, and the balance to mixed infections; there were no *P. malariae* infections. Fortunately, there had been only two confirmed deaths from falciparum malaria.

The rising incidence was due to several factors, such as growing vector resistance to DDT, operational and ecological problems, and the recent price rise in petroleum products which had curtailed spraying operations. In addition, increasing proportions of the population had been exposed as a result of prospecting for gems and opening up new agricultural land in jungle areas with a high malaria potential. Therefore, malaria would continue to remain the main health problem for several years to come, even if the control programme could be expanded with the limited resources available.

Mr LEE (Republic of Korea) said that the sum allocated for communicable disease control was dropping continuously—from $30 million in 1973 to $28 million in 1974 and $27 million in 1975. When viewed against the continuous increase in the total budget, that meant a considerable decline in the proportion of funds allocated to communicable disease control and hence a reduction of that programme.

He hoped that careful consideration would be given to that question in preparing the budget for 1976 and that the sum allocated, if it could not be increased, should at least be maintained at the 1975 level.

Dr WANG Kuei-chen (China) wished, as a barefoot doctor, to say something about how she and other barefoot doctors participated in the prevention and control of communicable diseases in the rural areas, where the policy of "prevention first" had always been adhered to.
First, the barefoot doctors spread information about personal hygiene and prevention of communicable diseases. As they knew the conditions in the rural areas, they could take advantage of, say, a break in agricultural work in the fields to tell commune members about disease prevention. They went to primary schools to educate the pupils about health and mobilize them to carry out health propaganda. Blackboard posters and broadcasts were used in an attempt to make everyone aware of the need for and the methods of personal hygiene and communicable disease prevention. In winter and spring, they asked the people to ventilate their rooms well and air their bedding. They also collected traditional medicinal herbs, which in their experience had some preventive effect on communicable diseases, and sent infusions to each commune member's house. In the summer they sent boiled water to the fields for the commune members to drink during breaks as a preventive measure against gastroenteritis and other diseases.

Second, barefoot doctors reported communicable diseases, carried out inoculations, and supplied preventive drugs. In the communes everyone had a "health card". Immunization and preventive drugs were provided against smallpox, measles, whooping-cough, and epidemic encephalitis B, etc. Since immunization coverage was 100%, morbidity from communicable diseases had been reduced.

Third, barefoot doctors mobilized the masses to carry out patriotic sanitary campaigns centred on the elimination of the "four pests", attention to hygiene, the eradication of major diseases, improving the water supply, and nightsoil disposal. Village wells were cleaned once or twice a year and disinfected regularly with bleaching powder. Nightsoil was disposed of in a harmless way. Areas in which animals were kept were sprayed with disinfectant periodically to eliminate breeding grounds for flies, mosquitoes and other disease vectors. The incidence of malaria and gastrointestinal diseases had dropped drastically and infectious diseases had been effectively controlled in the rural areas.

As regards the training of barefoot doctors, in her commune those who were to become barefoot doctors were chosen by the poor and lower middle peasants from among their own children; they selected young people who had had some education and loved medical work. The initial training period ranged up to 6 or 12 months in some regions but in her case has lasted 4 months, during which she had studied human anatomy, preventive and curative methods for some common diseases in rural areas, and first aid, e.g. for drowning and electric shock. She had then returned to her production brigade as a barefoot doctor, learning while working and integrating theory with practice to raise her level of competence. In addition, barefoot doctors were assembled for two days every month to receive lectures on seasonal diseases by doctors from the commune health centre and city mobile medical team. During the slack season in winter, they received refresher courses for two months at the commune health centre. In the nine years since she had become a barefoot doctor, she had taken part in five refresher courses and had mastered basic techniques for both preventing and treating common diseases in rural areas.

Her commune had 68 barefoot doctors; the average number in each production brigade was 3, including a female doctor in charge of maternal and child health and family planning. On a weekly basis, one-third of their time was devoted to home visits, one-third to duty at the health station, and the remainder to collective physical labour on rotation.

Barefoot doctors lived in rural areas, where they took part in agricultural production, and were determined to live there for the rest of their lives. While their level of medicine was not high, with practice they were able to tackle more and more problems every year. Cases they were unable to deal with they sent personally to the commune health centre or to the country hospital. They treated the patients as their dear ones and were in turn profoundly welcomed by the peasants.

Dr SHRIRAVASTAV (India), although a co-sponsor of the draft resolution, suggested that a phrase drafted along the following lines should be added at the end of operative paragraph 1 (3) (i): "and also in testing facilities to ensure that the vaccines meet relevant WHO requirements". He felt that testing facilities concerning vaccines should be developed in all developing countries and, later, facilities for the manufacture of vaccines.
Dr KUPFERSCHMIDT (German Democratic Republic) said that WHO should in future pay greater attention to programmes of systematic immunization of children in the developing countries. The experience gained in the smallpox eradication programme, and the personnel that had been employed in it, should be used for the control of other communicable diseases such as measles, tetanus, poliomyelitis and tuberculosis, from which millions of children died in the developing countries.

In his country, as in other socialist countries, following programmes of immunization against the diseases he had mentioned, there had been no cases of poliomyelitis in the preceding few years, the number of cases of measles had declined considerably, tuberculosis had ceased to be a serious problem, tuberculous meningitis had disappeared and tetanus had become extremely rare. Twenty-nine years previously, many children were still dying of those diseases in his country.

His delegation considered that the immunization of children in developing countries should be given a larger place in WHO’s regular programmes, because resources accruing in the Voluntary Fund for Health Promotion would not be sufficient to enable satisfactory results in that field to be achieved.

Dr CHOWDHARY (Pakistan) noted that smaller and smaller sums were yearly being allocated to the prevention and control of communicable diseases. He asked what criterion was adopted for the allocation of funds to the various regional offices for that purpose and suggested that larger sums should be allocated. Similarly, larger sums should be allocated to immunization because of its effectiveness and rapidity of application.

He also pointed out that more research was needed into new vaccines for simpler administration.

Professor KOSTRZEWSKI (Poland) was convinced that immunization should be one of the most important future activities of WHO. Within a comparatively short time results could be achieved with immunization similar to those achieved in smallpox eradication. He therefore suggested the launching of an expanded programme for immunization in every country in order to achieve better results in the control of communicable diseases.

Dr KIDANE-MARIAM (Ethiopia) said that her country was a co-sponsor of the draft resolution because of the importance it attached to immunization in its national health programme. It was an accepted fact that most diseases in the younger age groups were preventable provided effective vaccines were available. Childhood immunization should therefore be an essential component of maternal and child health (MCH) programmes, especially in the developing countries, where poor environmental conditions played a major role in most of the preventable childhood diseases.

Health service coverage was limited in Ethiopia, but the first priority was given to coverage with minimum basic health services through which MCH services could be provided. The family planning programme, which was not considered as a national priority, was provided by a voluntary organization that operated through existing MCH services wherever possible. Family planning activities now included childhood immunization and because of that positive step had gained greater acceptance. However, the implementation of childhood immunization programmes was beyond the means of many developing countries and therefore her delegation emphasized the role that WHO could play in making the very much needed childhood vaccines available to developing countries through the appropriate international agencies.

Dr TARIMO (United Republic of Tanzania) considered that communicable diseases should be included in WHO’s priorities. Admittedly, all the data required by WHO concerning communicable diseases were not available, but much could be achieved as regards prevention and control. Efforts had recently been made by his Government to give priority to infectious diseases taking into account their importance (in terms of morbidity and mortality), their vulnerability to known measures and the cost of the proposed activity. On that basis, measles, which was a disease susceptible of control by vaccination, had been given priority. In other countries too measles was an important problem and therefore WHO should take a lead in coordinating the international fight against it.
Research was urgently needed to develop more stable vaccines, less expensive vaccines, combined vaccines and vaccines administered more easily. While the search for ideal vaccines continued, efforts should, however, be made to use those that were known within their limitations. More aggressive measures should be taken in that field. WHO was to be congratulated on having gone ahead with its smallpox eradication campaign without awaiting the discovery of the ideal vaccine.

As regards measles vaccination, it was necessary to have an effective maintenance phase if the initial success achieved was to be maintained. Vaccination programmes should therefore go hand-in-hand with the strengthening of basic health services and manpower development. It was fortunate that immunization programmes could be carried out by multipurpose auxiliaries. The number of schools for such auxiliaries had recently been increased in his country, but the Government was looking into the possibility of reducing the period of training in order to place more auxiliaries in the field. With such auxiliaries serving in health units covering 5000 to 7000 persons and constant supervision from the centre, his Government believed that the maintenance phase of vaccination programmes - as well as other health programmes - could be carried out.

With reference to the smallpox eradication problem, the momentum to which the Director-General had referred in his Annual Report had taken many years to build up.

In conclusion, his delegation considered that the immunization programme should feature more prominently in future WHO programmes, and wished to co-sponsor the draft resolution.

Professor SULIANTI SAROSO (Indonesia) said that the communicable diseases control programme in Indonesia was being developed along the lines described in the proposed programme and budget estimates, which it fully approved. The success of the smallpox eradication programme had been achieved not only by routine vaccination but also by means of very strict epidemiological surveillance.

Her delegation agreed in principle with the draft resolution, but would like it to lay more stress on the epidemiological aspects of immunization. She therefore proposed that the vote on the draft resolution should be deferred until the end of the discussion on the communicable diseases programme.

Dr VALLADARES (Venezuela) said that his country was a co-sponsor of the draft resolution on the WHO expanded programme of immunization. In relation to the traditional quarrel between those who supported programmes known as vertical and the supporters of so-called horizontal or integrated programmes, he felt that the two approaches were not opposed, but must necessarily be complementary, the best example being in the field of immunization. His country had always supported the integration of all programmes in the general health services. However, so far as immunization was concerned, there were cases when campaign-type activities were necessary using both health service personnel and organized community groups: first, when the susceptible population was large and had to be protected quickly in order to control the disease; second, when health service coverage was low, since then the new population could not be immunized routinely, as was the general rule in most countries; and third, when it was necessary to immunize 70 to 80% of the population in a short time, because it was known that the immunizing agent would pass through the normal transmission channels to the other 30 or 20% of the susceptible population in the area. That was the case with poliomyelitis vaccination, with regard to which excellent results had been obtained in several Latin American countries. The choice of approach therefore depended on the resources available.

Dr JAROCKIJ (Union of Soviet Socialist Republics) expressed his delegation's satisfaction with the progress made in the smallpox eradication programme. The programme should be continued with unflagging energy and he was sure that, if the necessary efforts and resources were brought to bear on it, it would be completed successfully.

The malaria eradication campaign had been less successful. There was a need for intensive research into methods of controlling malaria in the endemic areas of Africa, and especially for research on long-acting antimalarial drugs. Unless solutions for a number of problems were found, the programme was bound to run into difficulties.

He noted that the Committee would be considering a document on the onchocerciasis control programme, which was of great importance for the African countries, especially those of West Africa. In that connexion also research was indispensable, particularly on the immunopathology of onchocerciasis, as well as to find effective non-toxic drugs suitable for use in mass campaigns, since the drugs at present known were toxic, had serious side effects, and could not be used on a mass scale.

Now that WHO was giving priority to programmes of vital importance to the developing countries and that new regional or global programmes were expected to be planned, it
seemed to his delegation that research to ensure their effective implementation was essential. If a critical analysis was made of the position regarding control of the most important tropical parasitic diseases, it could be seen that no really effective drugs were available for their treatment; and that was one of the main obstacles in the way of the socioeconomic advancement of most of the developing countries of the tropics and subtropics. Moreover, there existed no sound scientifically based methodology for the implementation of mass campaigns against diseases such as onchocerciasis, schistosomiasis and African and American trypanosomiasis. For those reasons, his delegation and other delegations were presenting a draft resolution on the subject,1 which he hoped the Committee would approve.

Coordination by WHO of research on the subjects he had mentioned would be of great value and would be in conformity with the changes in the philosophy of the Organization's future work to which the Director-General had alluded.

In conclusion, Dr Jarockij summarized the main points covered in his delegation's draft resolution.

Dr LARREA (Ecuador) said that the two main health problems in developing countries were communicable diseases and malnutrition. The first could be solved only by mass vaccination programmes and the improvement of the health infrastructure. As such programmes were costly, the developing countries needed the assistance of international organizations in addition to their own resources to carry them out. A fundamental requirement for controlling communicable diseases was better reporting, which was not always satisfactorily carried out in those countries. Not all countries complied with the provisions of the International Health Regulations, particularly as regards international air and sea transport, and there were restrictions on their application because there were no uniform criteria. Another important factor was the divergent systems of epidemiological surveillance adopted by the various countries with regard to morbidity, which often did not follow the universal model recommended by WHO. Certain provisions of the Regulations should be reviewed periodically in order to keep them up to date and to cover all the needs of Member States according to their particular circumstances of morbidity and mortality. All countries should comply with the Regulations through their ministries of health or similar bodies, in order to provide quick and accurate information and restrict the international transmission of communicable diseases.

The delegation of Ecuador approved the draft resolution on the WHO expanded programme on immunization and asked to be included among its sponsors.

Dr KONE (Ivory Coast) said that communicable diseases were one of the main concerns of developing countries and his delegation therefore unreservedly supported an integrated programme of vaccination against certain of those diseases. Thanks to the experience acquired in the control of smallpox, the developing countries had been able to eradicate that disease within a short time. With adequate assistance, similar success might be achieved with other communicable diseases. However, certain diseases, such as measles, posed problems and required a more careful approach. Different logistic means were needed, immunization campaigns had to be carried over a longer period, and - above all - the same places had to be visited several times yearly - at least twice - in order to achieve adequate coverage. Thus, in his country, where mass measles vaccination campaigns had been undertaken with the help of USAID, it had been observed that all children vaccinated before the age of 9 months were not correctly immunized, since cases of measles quite often appeared among them.

He was disturbed at operative paragraph 1(3)(i) of the draft resolution on immunization, which mentioned the supply of vaccines, equipment, and transport to countries that indicated that they could shortly become self-sufficient in those requirements. That provision seemed to exclude a certain number of the economically least favoured developing countries, and it was precisely those countries that needed long-term assistance. Therefore, although he fully agreed with the sponsors of the draft resolution, he urged that countries without the necessary logistic means should not be systematically excluded.

Referring to the regional onchocerciasis campaign that was about to begin in seven countries of West Africa, including his own, he said that the results obtained in vector control thanks to the assistance of the European Development Fund augured well for the success of the programme. Unfortunately, the same could not be said of the treatment of persons already suffering from the disease. Thousands, if not millions, of individuals were affected, and it was well known that infestation persisted for many years. All appropriate studies of the treatment of onchocerciasis should therefore be undertaken by WHO.

1 See p. 394.
Dr ELOM (United Republic of Cameroon) supported the draft resolution on immunization and wished to be included among its sponsors. The recommendations made in it were pertinent, with the reservation expressed by the delegate of Ivory Coast. One point that had not been sufficiently stressed was the need for more research into more effective and stable vaccines with better keeping qualities, especially a vaccine against measles. Techniques for administering several vaccines simultaneously in mass campaigns needed to be improved. Vaccination campaigns undertaken with outside assistance should be more rigorously planned, taking into account financial logistic, and material problems that might arise in the countries concerned once assistance had ceased. His own country had experienced such difficulties after a measles vaccination campaign undertaken with outside assistance. Two years after that campaign, measles had almost completely reconquered the ground gained.

Dr PARNELL (United States of America) said that his delegation was a co-sponsor of the draft resolution on immunization and supported it in the belief that - in many countries, including his own - too much reliance had been placed on sporadic mass immunization programmes. In the draft resolution, WHO was asked to assist Member States in developing programmes that would obviate the necessity for mass campaigns and lead to a continuing programme on the part of the health services that ensured high levels of immunity in the child population.

Dr HEMACHUDHA (Thailand) understood the draft resolution to refer only to the free supplies made available to Member States by WHO as part of its assistance to their communicable disease prevention and control programmes. As regards the types of vaccine that WHO was not ready to supply free of charge, he proposed that manufacturers be urged to reduce their prices for certain expensive vaccines, such as those used against poliomyelitis and measles, so that developing countries could expand their vaccination programmes. That might be possible if such vaccines were purchased in bulk for distribution to countries that had previously informed WHO of their needs.

Professor SENAULT (France), referring to operative paragraph 1(3)(i), inquired what help would be given to the other countries.

Dr TAJELDIN (Qatar) pointed out that paediatricians and public health physicians did not agree about the timing of vaccination against certain communicable diseases. In some countries, for example, children were vaccinated against smallpox and tuberculosis within one week of birth; in others they were vaccinated against smallpox during the first three months of life; and in yet others such vaccination was postponed until they were at least two years old. Opinions differed, also, on vaccination against poliomyelitis, diphtheria, whooping cough, and other diseases. Sabin and Salk poliovaccines, for example, which were given by mouth and by injection respectively, were thought to confer greater immunity when administered simultaneously with combined vaccine against diphtheria, whooping cough, and tetanus than when they were given separately. Any programme of vaccination against diseases should satisfy both paediatricians and public health officers.

The meeting rose at 11.5 a.m.
DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1975 (continued)

Strengthening of health services (programme 3.1) (continued from the seventh meeting)

Professor SULIANTI SAROSO (Indonesia) drew the attention of the Committee to the text of the draft resolution agreed by the working group, which read:

The Twenty-seventh World Health Assembly,
Having reviewed the Director-General's Annual Report for 1973, which points out the disparities between the levels of development of the health services of the Member States owing to the different stages reached in their social and economic development, and taking into account the fifth report on the world health situation and the discussions to which the review of these reports depicting the health situation at the national level gave rise;
Recalling resolutions WHA23.61, WHA25.17, WHA26.35 and WHA26.43;
Considering that the goals and objectives of WHO directed towards the improvement and protection of health can be facilitated through the harmonious development of the health services;
Mindful of the need to concentrate WHO's activities in order to ensure that they produce a continuing impact on health programmes;
Taking into account the experience that has been acquired by some Member States, which may assist in the adoption of methods which would accelerate the development of the health structures and systems of other Member States;
1. CONSIDERS it necessary to concentrate WHO's efforts in order to assist governments to direct their health service programmes towards their major health objectives with priority being given to the rapid and effective development of the health delivery system in the light of the specific economic and social context of each country, and at the same time to support the continuous training and instruction of the necessary national health personnel; and
2. REQUESTS the Director-General to report to the fifty-fifth session of the Executive Board and the Twenty-eighth World Health Assembly upon the proposed steps which could be undertaken by WHO to further this and the related resolutions referred to above, and which could result in the more effective coordination between WHO's activities and the national health programmes.

Decision: The draft resolution was approved.1

Communicable disease prevention and control (programme 5.1) (continued from the tenth meeting)

The CHAIRMAN drew attention to the draft resolution on the WHO expanded programme on immunization.2

Dr WELLS (Barbados) said that communicable diseases could be divided into two groups: those that were controllable by immunization, e.g. smallpox, diphtheria, and tetanus, and those that were not controllable by immunization, e.g. malaria, dengue fever and schistosomiasis. Yellow fever could be included in both groups. In communities where diseases in the first group were prevalent, control activities resulted in an increase in immunity. Where diseases in the second group were prevalent, vector control activities might control the disease but the level of immunity became increasingly lower. Moreover, in the latter communities the reintroduction of the vector was to be feared. In the Caribbean area the situation had been disastrous as regards dengue fever. Eradication schemes to control Aedes aegypti had met with varying success, but when the vector had been reintroduced in several countries in South America and the Caribbean severe epidemics had occurred. He understood that the position was similar as regards malaria in Sri Lanka.

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA27.44.

2 For text, see p. 374-375.
In his opinion there had not been sufficient research into ways and means of controlling those diseases where it was essential to control the vector. He also asked that more research should be done into immunization procedures for those diseases. Research to produce a vaccine against dengue fever was being carried out in the United States of America but he thought that other countries also could undertake such research.

Dr LEKIE (Zaire) agreed in principle with the draft resolution. He had certain amendments to propose to the French text that might also have a bearing on the substance of the resolution. He proposed that operative paragraph 1(1) should read:

que les Etats Membres instituent ou maintiennent en activité, autant que faire se peut, des mesures de vaccination et de surveillance dirigées contre les maladies suivantes: diphtérie, coqueluche, tétanos, rougeole, poliomyélite et tuberculose;

and that operative paragraph 1(3)(i) should read:

étude la possibilité d'obtenir d'organisations internationales et d'autres sources de renforcer l'assistance qu'elles fournissent sous forme de vaccins, de matériel et de moyens de transport aux pays qui se déclarent en mesure de se passer dans un avenir proche d'une telle assistance;

He asked whether the intention was to strengthen the means of launching a last and efficacious attack on the diseases in question; or simply to limit the aid to a certain number of years.

Concerning operative paragraph 2(1), he proposed that the words "qui sera crédité" should be replaced by the words "à créditer", and that the phrase "les dons de vaccins faits" should be amended to read "les vaccins fournis en dons pour" to make it clear that it was the vaccine and not the assistance that should conform with WHO requirements.

Dr ADAMAFIO (Ghana) wished to associate his delegation with the draft resolution. There was clearly a need to place greater emphasis on the control of communicable diseases, which in Ghana accounted for some 60% of the outpatients seen in hospitals, 70% of patients attending rural health centres, 20% of all hospital admissions, and 30% of all certified deaths. Nor did the figures take into account the many people who for various reasons did not take advantage of organized health care. He recognized that there were difficulties in organizing immunization programmes in developing countries, but those difficulties only increased the need for assistance from WHO.

Professor HALTER (Belgium) supported the draft resolution. However, immunization was not only of concern to the developing countries. Antivaccination leagues were active in many developed countries in endeavouring to obtain the abandonment of vaccination as a control procedure. It was a dangerous tendency and he hoped the final resolution would take it into account. A strong resolution from WHO, stressing that WHO was firmly convinced of the importance of vaccination in all countries, would be very helpful.

Dr AL-WAHBI (Iraq) said that his delegation completely endorsed the principle of the draft resolution. It also agreed with the delegate of Indonesia that some mention should be made of surveillance. Referring to operative paragraph 1(3)(i), he said that since clearly it was the health services of the poor countries that needed help most; the words "for countries that indicate that they can shortly become self-sufficient in these requirements" should be omitted.

Dr JAYASUNDERA (Sri Lanka) said it was important that facilities should be available for quality testing of vaccines at country level. In Sri Lanka some vaccines were manufactured locally and others were imported; the country was considering manufacturing a wider range of vaccines, but BCG and poliomyelitis vaccines were used in such small quantities that it would not be economical to set up facilities for their manufacture. Testing facilities for locally produced vaccines were inadequate, and there were no facilities at all for testing imported vaccines. WHO could help countries set up quality control laboratories. One such laboratory had already been set up in Sri Lanka and WHO could use that laboratory if it decided to give assistance. He emphasized the need for carrying out checks at the periphery to ensure that quality had been retained.

Dr KADEVA HAN (Khmer Republic), referring to operative paragraph 2(1) of the draft resolution concerning the establishment of a special account under the Voluntary Fund for Health Promotion, said that experience in other areas had shown that when there was no more money left in a special account the Health Assembly had to include provision in the regular budget to ensure the continuation of activities. The special account for malaria was a good example of that situation.
The DIRECTOR-GENERAL, replying to a question by the delegate of Pakistan on the way in which the Director-General decided upon the allocations to the regions for communicable disease programmes, said that such funds formed part of the block allocations to the regions; there were no specific allocations for communicable diseases. He agreed that better methods were required for making available funds to implement Health Assembly decisions on what was to be done by the regions. As he had said previously, he hoped that the methodology of country health programming in general would be improved.

Replying to a further point raised by the delegate of Pakistan concerning the allocation of funds to the regions, he said that over the last 25 years the commonsense approach had been used. It was clear that those regions that had acquired a certain level of funds could not have that level reduced without detriment to their programmes. It was usual to make slightly higher allocations to those regions that had several new Members and slightly lower allocations to those regions in which there were several of the more affluent countries. Article 50(f) of the Constitution said that one of the functions of a regional committee should be:

- to recommend additional regional appropriations by the Governments of the respective regions if the proportion of the central budget of the Organization allotted to that region is insufficient for the carrying-out of the regional functions;

Those were the ideas that had guided the Director-General in the past. A report was being prepared for the Executive Board in January 1975 that would outline the historical trends of the allocation of resources to regions, and would indicate possible criteria for the Board's consideration.

Dr BERNARD (Assistant Director-General) in reply to the delegate of the Republic of Korea and the delegate of Pakistan concerning the progressive reduction of the allocations for communicable disease control over the years 1973, 1974, and 1975, said that the total funds under the Organization's regular budget were about the same for those years. The decrease resulted from the fact that the figure for extrabudgetary funds was lower: it was not known how much would be available in 1974 and 1975 from external sources, and only those amounts that were assured had been included. Supplementary funds might be allocated subsequently and it was hoped that the total funds available would be at least as great as, and perhaps greater in 1975 than in previous years.

Concerning the amount of $100,000 that had been included under subprogramme 5.1.1 (Programme Planning and General Activities) for the integrated immunization programme, he explained that for several diseases there were many activities, for instance research activities, that had a bearing on the immunization programme. The sum of $100,000 had been included to enable that programme to expand in 1975 in accordance with instructions given to the Director-General by the Health Assembly.

Dr COCKBURN (Virus Diseases) said that the members of the Secretariat concerned with the expanded programme on immunization had been greatly encouraged by the remarks made by members of the Committee. It was a practical programme that would have an immediate effect. He agreed with the delegate of the United Republic of Tanzania that there was no need to wait for perfect vaccines - those already available were known to be effective.

The expanded programme was primarily concerned with childhood diseases. From the official figures of mortality and morbidity it was clear that the death rates from those childhood diseases were 100-300 times greater in the developing world than in the developed countries. In many countries only 10% to 20% of children had any hope of being vaccinated against diphtheria, pertussis, and tetanus; fewer still were likely to be vaccinated against poliomyelitis or measles. As was well known, immunization programmes had been very successful in many countries. In Canada, the United States of America, Australia, and New Zealand, for example, there had been 44,000 cases of poliomyelitis annually before the start of the vaccination campaigns; since the campaigns had been fully developed, there had only been about 50 cases annually. In the German Democratic Republic there had been no cases of poliomyelitis for several years.

Turning to the size of the problem to be dealt with in the expanded programme, he said that each year about 70 million children reached the age of one year in the countries concerned. If 80% of those children were vaccinated, it would mean that 56 million children must be covered. The cost of vaccine would be about US $24 million, of which measles vaccine alone would cost between $12 million and $16 million. The immunization programme would, of course, entail other costs, including the cost of a cold storage chain, and transport facilities, needles, syringes, etc.
On the implementation of the programme he said that there was no foreseeable end to the use of the vaccines in question. Once the programme had been started it must be continued. The major effort must therefore come from the countries themselves. The contribution that WHO could make had been discussed at an informal meeting in Geneva between consultants and members of the Secretariat, and several steps that should be taken had been clearly defined as follows:

1. The preparation of general guidelines to help national authorities to plan and organize vaccination programmes and to provide expert advice and technical information on the most practicable design of a programme for the country concerned, based on realistic inventories of national resources and needs.

2. The extension of WHO's activities in advising governments on the potency and safety of vaccines from different sources.

3. Discussions with potential donor countries and international agencies concerning the contributions they might be willing to make to well-designed programmes.

4. Studies with the vaccine producers as to how the cost of vaccines could be reduced.

5. The organization of seminars and courses in the different WHO regions on the planning, implementation, and evaluation of national immunization programmes.

In answer to the delegates of Austria and of the United Republic of Tanzania on the question of the research being developed by the Organization in that field, he said that activities included improvement of stability of vaccines, studies of new methods of administration, field trials of single and combined vaccines, methods of standardization and testing for potency and safety, development of new vaccines, improvement of potency and efficacy of established vaccines, and research on the delivery of vaccination.

In reply to the delegate of Qatar, he said that it should not be too difficult to reconcile the approaches of the paediatrician and the public health officer, since their aims were similar. In reply to a further question concerning the relative advantages of live or inactivated poliomyelitis vaccine, he said that the live vaccine gave very good results even in warmer climates if the susceptible age group was covered completely. Inactivated vaccine was also effective but more expensive. Concerning the best age for vaccinating infants against measles, he said that if infants were vaccinated below the age of nine months they should be revaccinated at one year.

In replying to the observations of the delegate of Barbados concerning a vaccine against dengue fever, he said that a special WHO/PAHO committee was meeting at the present time to discuss the matter.

Dr CHITIMBA (Malawi) noted that certain delegations had expressed reservations on the draft resolution, in particular on operative paragraph 1(3)(1) referring to increased supplies for countries that indicated that they could shortly become self-sufficient. In its relations with UNICEF - to which organization a tribute for its role in immunization programmes should be included in the draft resolution - Malawi had often been informed that technical clearance by WHO was required before UNICEF could assist with such programmes. He asked for some explanation of that point from the technical point of view.

Dr KIDANE-MARIAM (Ethiopia) said that the stipulation referred to by the delegate of Malawi would indeed appear to create an obstacle for many countries that were experiencing difficulty in assuming full responsibility for vaccination programmes. She felt that some provision should be added to facilitate assistance to those very countries.

The DIRECTOR-GENERAL, replying to the delegate of Malawi, said that there could clearly be no technical explanation for not wishing countries to have permanently at their disposal vaccines against diseases that were susceptible to control by vaccination. In the past, donor agencies had insisted that countries commit themselves to taking over within a certain period the responsibility for continuing routine vaccination. There had been a constant exchange of views between WHO, UNICEF and bilateral and multilateral assistance agencies, in which WHO had fought to convince the other agencies that countries needed a long time to become self-sufficient in that respect. Very often the fight had been bitter, and sometimes WHO had lost. The question had also been frequently discussed in the UNICEF/WHO Joint Committee on Health Policy.

He assured delegates that WHO would do its utmost to ensure that any country in need received vaccines until such a time as self-sufficiency could reasonably be expected. The unfortunate situation regarding measles in Africa was a typical and embarrassing example of how withdrawal of assistance from immunization programmes could lead to a shortage of vaccines, and, in the case in point, to deaths among children.
Dr SHRIVASTAV (India) found some of the statements on vaccination against dengue fever, Japanese B encephalitis and yellow fever confusing: he did not understand how far vaccination for those three types of disease could be said alone to prevent large-scale epidemics. Yellow fever vaccine was very good and potent, but had it been possible to prevent large-scale epidemics of yellow fever simply through a vaccination programme? He thought that vector control and public health measures, for example, were essential.

Dr COCKBURN (Virus Diseases) replied that of course the delegate of India was right. The three vaccines in question had only been touched upon in the debate. There was no doubt about the value of yellow fever vaccine—for example, against sylvatic yellow fever in South America, or in Africa. There was a case for vaccination against all three diseases, but no one would say that vaccination was the only, or even necessarily the best way of controlling them. One could only say that the vaccines had a certain definite function.

The CHAIRMAN, replying to a question from Professor SULIANTI SAROSO (Indonesia), suggested that a working group composed of the delegates of Austria, Belgium, India, Indonesia, Iraq, Ivory Coast, Malawi, Poland, Thailand, United Republic of Cameroon and Zaire should work out a new draft resolution.

It was so agreed.  

Epidemiological surveillance of communicable diseases (subprogramme 5.1.2)

The CHAIRMAN observed that the subject had been covered during the preceding discussion.

There were no further comments.

Malaria and other parasitic diseases (subprogramme 5.1.3)

The CHAIRMAN reminded the Committee that onchocerciasis in the Volta River Basin would be discussed during the examination of the programme and estimates for the African Region.

Dr BERNARD (Assistant Director-General) introducing the working paper on the development of the antimalaria programme, said that it reflected in particular the Director-General’s serious concern at the present position with regard to malaria and malaria control in the world. Five years after the adoption by the Twenty-second World Health Assembly in 1969 of the revised strategy, the eradication of the disease in a certain number of territories could, it was true, be noted with satisfaction; but reversals had occurred in countries that had reached an advanced stage in their eradication programme.

One aim of the revised strategy had been to maintain the gains achieved where it was not possible to complete eradication programmes; that aim had in some cases not been fulfilled, and its fulfilment was seriously threatened. Another unfulfilled aim had been to give the population of areas, notably in Africa, where eradication could not at the moment be envisaged, enough protection to reduce morbidity and mortality from malaria, especially among children. WHO must have the courage to recognize that setbacks had occurred and must examine the reasons. He did not think that the revised strategy could be called into question, since it included a series of measures for the most varied situations. Nor were methodology or the necessary technology lacking, although they could be further perfected. The problems were those of establishing priorities and of implementing measures.

The revision of the strategy had coincided with a loss of confidence in the earlier programme. But the very flexibility proposed in the new strategy had caused a relaxation in the dynamism of national programmes, particularly since other priorities had a claim on restricted resources. Measures must be taken to reverse that trend.

With regard to the implementation of programmes, the analysis undertaken as part of the revised strategy had often not been thorough enough to reveal the epidemiological and other factors contributing to a given national situation. The risk of a new offensive by the disease and certain problems such as urban malaria—of which there had been an alarming recrudescence in South-East Asia—had been underestimated. The integration of
malaria control into the basic health services, logical as it seemed, had sometimes, where those services were insufficient, resulted in a less effective programme, which lost its identity within the wider measures and received less financial support, with a consequent weakening of effect.

As if those setbacks were not enough, in the last two years there had been a world energy crisis and also inflation, which had affected the production of insecticides and the supply of fuel for transport, and increased the cost of almost all supplies and equipment, as well as salaries. The per capita cost of a malaria campaign had recently been estimated to have increased eight- or ten-fold.

WHO had proposals to make for a plan of action, but he did not wish to force them on the attention of the Committee.

Professor CORRADETTI (Italy) said that, as could be seen from the section on malaria in the Annual Report of the Director-General (Official Records No. 213, pages 34-41), in 1973 many setbacks had affected the malaria programmes in various parts of the world, including South-East Asia, where, in addition to the increase in rural malaria, there had been much urban malaria. His delegation was therefore surprised to note that only a routine programme was proposed in Official Records No. 212, and that for South-East Asia, it was even stated that particular attention would be paid to the closer integration of the specialized malaria service within the general health service. The working paper on the development of the programme, however, expressed the proper deep concern.

The recrudescence of malaria transmission that was occurring simultaneously in different parts of the world must have a common explanation; he thought it was due to the fact that in many countries malaria was a lower priority than other long-term programmes. He recalled the warning given by the delegation of Italy at the Twenty-third World Health Assembly (Official Records No. 185, pages 281-282) against the danger that the change of strategy might be interpreted as a reason for doing less to combat malaria when it was necessary to do more.

Italy had always favoured the principle of the integration of specialized services - but few of the malarious countries, which were mainly developing countries, had health services covering the whole territory or a rural infrastructure capable of absorbing the malaria service. In most cases it would be advisable to build up the rural infrastructure around an efficient malaria service, as had been successfully done in the malarious parts of Italy at the end of the nineteenth and the beginning of the twentieth centuries, and more recently in Venezuela.

He feared that territories recently freed or nearly freed from malaria might be considered no longer to be in danger by their governments, and that surveillance would be reduced or discontinued in order to save money for other purposes. It was now becoming clear that the wrong line had indeed been taken in certain places, with the result that malaria had reappeared or substantially increased in areas from which it had been wholly or partially eradicated.

The situation was serious and might easily degenerate. Meanwhile adverse conditions were being encountered, some of which had not been present 20 years earlier when the worldwide malaria eradication campaign was launched: widespread resistance of anopheles to insecticides in many areas; the growing resistance of the parasite to antimalarial drugs; the reduction of acquired immunity among populations freed or nearly freed from malaria; the tendency among certain governments to demobilize malaria services and actually to reduce surveillance; and finally, the disappearance of schools of malariology and the shortage of experienced malariologists, which was everywhere acute. Those factors all favoured the reintroduction of malaria into areas from which it had recently been eradicated, and the increase in the prevalence of the disease in those from which it had nearly been eradicated. In certain places the phenomenon might even take on epidemic proportions in view of the dynamics of malaria transmission.

Recalling the early history of WHO, when the highest priority had been given to malaria and the worldwide campaign begun in 1955 had resulted in the liberation of many territories and a vast population from the disease, he said that a new decision must be reached on the priority to be given to malaria in the present general policy of the Organization. Governments appeared to have lost some of their earlier interest in malaria in the face of financial and technical difficulties; WHO's greatly expanded activities now covered new fields; and financial resources were insufficient owing to the economic crisis and the devaluation of certain currencies. There was little hope of an improvement in the economic
of malaria was largely due to the equivocal priority assigned to it since the global strategy had been revised. The time had also come for the Assembly to declare unequivocally that the highest priority must be accorded to the disease, which affected the developing countries first and foremost African and other tropical countries - and which was the main obstacle to the socioeconomic development of the populations where it was prevalent.

Dr SHRIVASTAV (India) endorsed every word spoken by the delegate of Italy. He referred to the spectacular success achieved in the Indian programme in the period 1953-1957, when morbidity from the disease had fallen from 10.8% to 5.3% and mortality to nearly nil; that programme was the largest multifaceted public health programme undertaken against a single communicable disease in any country. But the situation had more recently become alarming, with 348,000 cases in 1959, increasing five- or six-fold by 1973, in which year a quarter of the cases had been reported from areas in the maintenance phase. Surveillance operations had suffered from the allocation of staff by the states, which carried the responsibility for the programme, to other programmes, e.g., the family planning programme. The setbacks had occurred in spite of the fact that 60% of the budget for the health sector went on malaria operations, at a total cost of US $364 million to date. Eradication had been demonstrated to be feasible in 90% of the country, but the remaining 10% presented particular difficulties, such as those resulting from afforestation, which made spraying operations so difficult that other techniques would have to be considered; one such technique was to concentrate on urban areas. Other difficulties included the insecticide resistance that had developed in some states. It had been suggested by a special committee, on the recommendation of an evaluation team of international experts, that the problem areas should be dealt with separately and that special measures should be used in an intensified campaign.

He referred to the cooperation between WHO, the Center for Disease Control, Atlanta, Ga (USA), and the Indian Council of Medical Research on the genetic control of mosquitoes, and the recent contribution that the WHO Research Unit on the Genetic Control of Mosquitoes had made to knowledge on the ecology of Culex fatigans and Aedes aegypti and on biological and technical problems of genetic control. The Unit had developed a production capacity of a million mosquitoes a day. Genetic strains containing translocations had been developed for field testing for the first time. The information on reproduction dynamics, density regulation, dispersal and immigration had been utilized for computer simulation of various release methods. Releases of sterile C. fatigans, or of those with translocations, had however resulted in only about 80% sterility in field trials in rural areas. Recent experience indicated that optimism regarding the use of genetic control methods for vector species was well founded, but that more ecological data and more sophisticated development methods were required.

He suggested that the revised strategy might be faulty, as the technical problems such as vehicle failures and the fresh plastering of houses with mud by villagers immediately after DDT spraying could not explain the general setbacks to the world programme. Technical problems could be overcome, but if serious reversals continued to occur there must be great uncertainty about the future application of the revised strategy.

Dr ROASHAN (Afghanistan) stressed the importance of malaria in the whole process of a country's development. It was one of the major health hazards in Afghanistan and the need for developing both industry and agriculture had led the Government to accord overall priority to the malaria control programme.

In the past, malaria programmes had enjoyed support of many national, bilateral and international sources. In recent years, however, those sources seemed to have lost interest as it became apparent that the eradication programmes were unable to achieve their ambitious goals in the time set. He was pleased to note that WHO continued to maintain its concern.

Year after year the discussion at the Health Assembly had underlined the importance of malaria and, at the same time, the technical, biological and administrative difficulties involved. He considered (1) that WHO, as the most competent world health authority, should clearly emphasize the relationship between malaria and general socioeconomic development; (2) that other sources of assistance should not lose interest in malaria at the present stage, but should continue to support the implementation of malaria control programmes, since all past investments in that area would otherwise be wasted; and (3) that there was an urgent need for a study of alternative methods of combating malaria.
He shared the concern expressed by the delegate of Italy regarding the integration of malaria control programmes into general health services, and considered that an overburdening of the basic health services before a solid health infrastructure had been established could result in adverse effects on the health services in general. He therefore urged WHO and all other sources of assistance to give close consideration to that problem.

Dr ALAN (Turkey) referred to the following statement in section 3.4 of the working document.

In the few remaining attack areas was favourable, but several grouped foci in the consolidation area required intensive operational measures. That was correct, and the reason for the situation had been mentioned by previous speakers, whose concern he shared. However, he would stress that they were only small foci: most of the country was free of malaria, as was indicated in the information on malaria risk for international travellers, published by WHO in Weekly Epidemiological Record, 1973, No. 3. In general, there was no risk of malaria in the urban areas of Turkey.

He also drew attention to the following statement on page 154 of Official Records No. 212:

In the South-East Asia and European Regions, particular attention will be paid to the closer integration of the specialized malaria services within the general health services.

Work on integration had already begun in Turkey, and he thanked WHO for its assistance in that connexion.

Dr JAROCKIJ (Union of Soviet Socialist Republics) fully supported what had been said by the delegate of Italy with regard to malaria. The general discussion on the Report of the Director-General on the work of WHO in 1973 had shown that all were concerned about the present serious situation.

His delegation had studied with interest the working paper on the development of the antimalaria programme. It considered that Member States and the Secretariat should come to a definite conclusion on the place of the antimalaria programme in the large-scale programmes, and that the antimalaria programme should not be neglected because programmes in other fields were being planned. The fact that it had proved impossible to complete the programme in the time anticipated in no way lessened its urgency. On the contrary, the spread of malaria and its reappearance in areas from which it had been eliminated, to which the delegate of India had just drawn attention, warranted a serious review of the programme from both the scientific and the operational angles - which however it did not seem to be receiving.

At the present time, when enthusiasm for the antimalaria programme was waning, full information (such as was provided on the smallpox eradication programme) and systematic assessments of the rapidly changing situation were essential. The Division of Malaria and other Parasitic Diseases had recently issued some excellent documents on the risk of malaria to tourists and on its prophylaxis, and WHO was producing other valuable information on malaria. But fuller and more frequent information, particularly on antimalaria strategy, was needed.

Activities against malaria should be governed by an understanding of the enormous losses caused by the disease. It should not be forgotten that every year hundreds of thousands of children died from malaria, particularly in the holoendemic areas of Africa. Moreover, the social and economic repercussions of the disease were such as to warrant the intensification of both national and international action.

The review of antimalaria strategy on a global or even a regional basis was insufficient. A strategy should be worked out for every country concerned, and even for different areas of a country, priority being given to the areas where the population was most seriously affected. He fully agreed with what had been said by the delegate of Italy with regard to the need to review malaria strategy more energetically. The WHO experts could certainly help national services to determine the most effective antimalaria measures. He suggested that the Secretariat should prepare a document on the antimalaria strategy in the various countries for the consideration of the Twenty-eighth World Health Assembly. It would help national services to plan their programmes better and determine their priorities. In his view, priority should be given to areas where mortality from malaria was highest in the child population, which it was possible to protect even with the measures at present available.
WHO was coordinating research in a number of problems connected with malaria and that research was producing results. However, what was most needed, and what was far too slow in coming, was a methodology for controlling malaria in the holoendemic areas of Africa. He hoped that WHO would extend its work of coordinating research on malaria to more scientific institutions.

Dr McGregor, in the speech he had made when he received the Darling Foundation Medal and Prize, had outlined a programme of research on malaria which his delegation fully supported.

Dr EHRLICH (United States of America) also considered that since malaria was reappearing in some parts of the world and had never been controlled in others, it seemed to call for priority attention. His delegation believed that the revised malaria eradication strategy adopted by the Twenty-second World Health Assembly was effective, but for a variety of reasons – some of which had been mentioned by previous speakers – the programme had not been effectively implemented. It was therefore submitting a draft resolution calling upon the Executive Board to make a thorough review of the complex problem of malaria, in order to help determine national and international priorities, and to report to the Twenty-eighth World Health Assembly.

Dr HOSSAIN (Bangladesh) said that the incidence of malaria in Bangladesh had decreased considerably during the 1960s and early 1970s. Of the 273,444 slides examined in 1974, 2,882 had been found to be positive, 963 had been previous infections, 1,701 were new cases, and 218 were mixed. The highest incidence had been found in three districts in the south-east of the country. Throughout the country antimalaria work was being carried out by multipurpose personnel known as family welfare workers. The incidence of malaria was not, on the whole, a cause for concern; on the other hand, the fact that DDT was no longer controlling the mosquito population was giving rise to alarm. It was felt, however, that proper attention was being given to malaria and that it would be possible to keep it under control in future, in conjunction with activities for the control of other communicable diseases.

Dr GUILLEN (Peru) said that setbacks in the malaria eradication programme in Peru had been mainly due to administrative and financial difficulties, manpower problems, the need for more studies on the ecological and epidemiological aspects, and the need for studies on population movement. There had been great optimism when the programme started, and it had been claimed that malaria would be eradicated within five years; in fact, the programme had already been under way for seventeen years, and the budget for malaria eradication was steadily increasing. There were problems of resistance – resistance of the parasite to the drug, as well as that of the vector to insecticides. Moreover, UNICEF was no longer assisting in the procurement of drugs and insecticides.

The whole policy regarding malaria needed to be revised. Governments should ensure that fully adequate budgetary provision was made for antimalaria activities and, equally important, that the funds were available when required, so that operations did not have to be interrupted owing to lack of money. He agreed with views expressed by the delegates of Italy and the USSR. National strategies needed to be revised on the basis of ecological and epidemiological studies; extrabudgetary funds were needed to obtain insecticides (as in the case of Peru); and WHO should continue to promote research, in particular on the immunological aspects of malaria.

Dr KIVITS (Belgium) said that the Belgian delegation had always been amongst those who felt a certain scepticism in face of the optimism of the advocates of the ambitious programme of malaria eradication. In fact, during the implementation of the programme a series of obstacles had arisen; some technical (vector resistance to insecticides and parasite resistance to drugs); some administrative and financial (the lack of basic health services, or the lack of funds). After so many years' efforts, the present situation was tragic. It was stated in the working paper that only 3.5% of the population at risk in Africa was covered by malaria eradication programmes, and that 89.1% was not protected by any antimalaria measures. In Asia, malaria had once again

1 For text, see p. 393-394.
become a serious problem in areas where it was thought to be controlled. It seemed that those setbacks had discouraged both WHO and governments, and malaria had lost its former priority. Perhaps it was not a very spectacular disease. It killed children in remote villages and rural areas; but it should be remembered that it killed a million children annually. The indifference with regard to malaria was in striking contrast to the emotion aroused by the appearance of a few cases of cholera in certain countries, and the resources mobilized to combat those outbreaks would seem to be out of all proportion in comparison.

WHO should study the whole problem of malaria, both from the operational point of view and with regard to research. Regarding the former, consideration should be given to whether the antimalaria activities should be entrusted to the basic health services or whether it was necessary to return to systematic malaria campaigns. With regard to research, there was a need for studies on vector control, chemotherapy and immunology. To abandon the struggle after 20 years would mean that all the past efforts and expenditure had been wasted.

Dr CHOWDHARY (Pakistan) shared the views expressed by the delegates of Italy and India.

In Pakistan the malaria eradication programme, started in 1961, had achieved good results: the attack phase had been successfully completed in most parts of the country, and in some areas the maintenance phase had been started. But malaria had returned, and by 1968 vector resistance to DDT was found in all areas where the attack phase had been completed or was nearing completion. The Government had accordingly established a strategy review committee (including experts from WHO and USAID), which had identified the main reasons for the failure of the programme as being: the exclusion of the larger towns from the programme; the lack of provision, in the original plan, to deal with the problem of malaria resurgence; the lack of an adequate health infrastructure to take over the maintenance phase activities; financial problems; inadequate procurement of insecticides; and vector resistance. That Committee’s unanimous opinion was that, in view of the local demographic, sociocultural and socioeconomic factors, it was impossible to eradicate malaria from the country on the basis of a time-limited eradication programme; it considered that the strategy should be changed to a control programme, unlimited in time.

Pakistan was therefore faced with a dilemma. The time-limited eradication programme had absorbed a large proportion of the health budget, at the expense of other programmes, so that it had not been possible to develop a solid health infrastructure. Moreover, there were the difficulties in procuring the newer, more expensive insecticides that were necessary in view of the widespread vector resistance to DDT.

Pakistan was therefore trying to change over to a malaria control programme, using larviciding measures. It had hoped to obtain BHC and malathion with bilateral assistance; it now seemed however that that would not be possible, so that practically no insecticide would be available for the coming season. It was true that in 1973, when very little insecticide had been available and malaria control work had consisted mainly of preventive and curative treatment, the number of cases had been about the same as in 1972. However, the present situation was serious, and it was feared that an epidemic was imminent.

Dr VIOLAKIS-PARASKEVAS (Greece) agreed with the observations made by the delegates of Italy and the United States of America. A breakdown in surveillance and a delay in applying effective remedial measures might well lead to rapidly spreading epidemics.

Section 3.4 of the working paper contained a reference to malaria in Greece. During 1963, 35 cases had been reported; 20 of these had been imported from endemic areas, five had been due to blood transfusions, four had been relapses, and six had been indigenous cases among gypsies.

Dr ACUÑA (Mexico) fully shared the views expressed by the delegates of Italy and India. It was, indeed, a matter for concern that malaria no longer seemed to be receiving the same priority as in the past. As the delegate of Pakistan had stressed, many countries faced the dilemma of having to decide whether to invest ever-increasing funds in order to maintain what had been achieved, or to abandon the programme. For those reasons his delegation would co-sponsor the draft resolution proposed by the delegate of the United States of America.

Dr MICHEL (France) said that the tragedy of the present situation had already been stressed by previous speakers. Perhaps one of the most tragic aspects of all was the situation in Africa south of the Sahara, where malaria was hyperendemic in most areas, and where its effects on the vulnerable population, including young children, were
The failure of pilot zones in that region had long ago demonstrated the impossibility of eradicating malaria, despite the fact that in the majority of cases DDT remained effective against the anopheles vectors in Africa, and that there had been no evidence of drug resistance on the part of the parasite.

Following setbacks, it had been decided to return to malaria control activities which, theoretically, were integrated into the basic health services. However, the question arose as to whether the stage of development of the basic health services was such as to enable them to carry out both vector control and chemotherapy, in addition to their other health activities. Up to now the results had not been very convincing.

As a result of health education campaigns, people were becoming increasingly aware of the importance of the fight against malaria. The most modest target — a reduction in mortality and morbidity and in the effects of malaria on children — was at the moment a realistic aim that could be achieved. Above all, it was necessary to protect the rural population, which constituted between 80 and 85% of the total population of these areas. Chemoprophylaxis and chemotherapy should be used, but drugs were expensive and it would be difficult for most governments to ensure a regular distribution of drugs to the total population, even during the period of intense transmission only. Drugs must be made available to those countries. On the other hand, the available drugs were not as perfect as might be wished, particularly if they were to be used for mass campaigns. Further research was therefore required by pharmaceutical institutes in order to find more active drugs that were less costly and had a more lasting effect. In that connexion, he referred to the symposium on malaria research that had been held in Rabat in April 1974; the discussions had demonstrated the keen interest of research workers in the problem of malaria both as regards therapy and vaccines. WHO should continue to encourage and coordinate research on malaria and, in particular, follow it up rapidly with field tests.

Large-scale malaria activities should be directed particularly to areas of agricultural and socioeconomic importance, and bilateral and international aid should be coordinated in that respect.

The meeting rose at 5.35 p.m.
TWELFTH MEETING

Tuesday, 21 May 1974, at 10 a.m.

Chairman: Professor J. TIGYI (Hungary)

1. THIRD REPORT OF THE COMMITTEE

At the request of the CHAIRMAN, Dr GUILLEN (Peru), Rapporteur, read out the draft third report of the Committee.

Decision: The report was adopted (see page 544).

2. DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1975

Communicable disease prevention and control (programme 5.1) (continued)

Malaria and other parasitic diseases (subprogramme 5.1.3) (continued)

Dr LEPES (Director, Division of Malaria and Other Parasitic Diseases) said that there was no fundamental disagreement as far as the appraisal of the situation as a whole was concerned, although there were certain differences of interpretation as to the causes of the alarming situation. However, all agreed that the situation was serious and required immediate remedial measures. Several speakers had wondered whether there should not be a change of approach with regard to the revised strategy of malaria eradication. That strategy, adopted by the Twenty-second World Health Assembly, had been necessitated by difficulties encountered in a number of malaria programmes because of the dogmatic approach previously applied. In fact, the revised strategy offered governments all possible options in deciding how the malaria programme should continue. An analysis of what had been implemented and how, as far as the recommendations of the review teams were concerned, would lead too far, but that was the point at which the analysis of the situation should start. The governments of most malarious countries had declared their malaria programmes to be priority programmes, but in the past six to eight years other health programmes, such as smallpox eradication, family planning, and the development of health services, should have received priority. In most instances the total budget for health and the available manpower were insufficient to cope with all those priorities. The health administrator thus found himself faced with the choice between being courageous and concentrating on a single problem, or exercising justice and dealing with several. If he tried to be just, some programmes had to suffer. It was well known that malaria services had been used in several countries to control cholera epidemics or support smallpox eradication or family planning programmes. He did not criticize such decisions, which most health administrators would probably have taken.

The problems of resistance of anophelines to insecticides and of plasmodia to antimalarial drugs were causing difficulties but were not obstacles to the interruption of transmission. However, the resistance of mosquitoes required a change of insecticides, which usually involved an increase in the cost of spraying operations.

Much research had been carried out in the previous ten years on the development of an alternative methodology, and new approaches had been explored. On the basis of existing knowledge it could be stated that genetic control of vectors was not the method of choice and that, whereas some biological methods looked promising, their application on a large scale was scarcely conceivable. Much had been done in the last decade on the development of new antimalarials; in the United States alone, more than 214 000 compounds had been screened and tested for their antiplasmodial activity, but only four had emerged as candidates for final testing. Fortunately, even with the drugs already available, malaria could be treated and prevented.

Important advances had been made in research on the immune response, and the function of humoral immunity was now well understood. At the same time, research on the development of an immunizing agent had progressed to the extent that a small number of immunized volunteers had resisted challenge for over six months. There were therefore good hopes for the development of a malaria vaccine, although much research was still required in that field. He stressed that a vaccine that would be a breakthrough in many ecological situations would not suffice as a single measure, and other measures for the interruption of transmission would be required. The need for further research in that respect and on other aspects of the parasite, the vector, and the host was appreciated, but vector control measures and insecticides would have to be relied on for some time to come. However, if
the technology already available were applied to the extent required and with the intensity that the ecological conditions demanded, there would be fewer setbacks than had been experienced recently.

The possible approaches to malaria control in Africa, especially in the countries south of the Sahara where the disease was hyperendemic and holoendemic, had been discussed thoroughly at the Interregional Conference on Malaria held in Brazzaville in 1972, and by the Expert Committee on Malaria at its sixteenth session in November 1973. Guidelines for action and further study had been laid down, but the resources available in some of those countries did not permit antimalarial activities to be undertaken on a larger scale. Therefore the international community should consider the assistance that might be rendered and that would at least reduce the high mortality that malaria caused in young children. It was perhaps appropriate to use voluntary funds for that purpose, but, if so, additional large contributions to the Malaria Eradication Special Account would be required. The draft resolution before the Committee indicated the need for a further study of the subject by the Executive Board, which should in turn provide suggestions for concrete measures to be taken by governments and by WHO.

Dr ELOM (United Republic of Cameroon) said that his delegation had already made many statements in the past concerning the malaria problem and the difficulties encountered in its solution. The strategy that had been laid down by the Health Assembly in Boston had seemed promising, but no tangible result had been observed in the African Region, where malaria continued to be the most important cause of morbidity and mortality, especially among children. It therefore remained a priority public health problem and a powerful brake to socioeconomic development in Africa. The WHO programme included the development of basic health services, the training of health workers, vector control, entomological and parasitological research, and the development of better insecticides and antimalarials. The greatest handicap of the developing African countries was the lack of funds, personnel, and equipment to enable them to take full advantage of the programme. It was stated on page 2 of the working paper that whatever assistance WHO could offer - and could engage other international multilateral or bilateral agencies to provide - would be of little avail without unequivocal recognition by the governments concerned of the priority to be given to the protection of the population against malaria. African governments indeed allotted very high priority to malaria control, but they were faced with many priority problems among which they had to divide their meagre funds. Within the development of health services programmes were being integrated everywhere, and malaria control was being included in those services without losing any of the attention due to it. WHO should continue to include malaria control among the highest priorities in the African Region and to develop intensively the measures that would stem the advance of the disease. That would require of WHO great financial efforts that it could not sustain alone, and international and bilateral assistance would need to be increased. It was regrettable that some international organizations had stopped giving assistance in that field, or had at least restricted it to certain sectors. He believed that closer cooperation - such as had been achieved in the smallpox eradication programme - should be brought about so that the malaria campaign could be waged more vigorously.

The CHAIRMAN drew attention to the draft resolution on the development of the antimalaria programme, Proposed by the delegations of Afghanistan, Austria, Ethiopia, India, Italy, Mexico, Sierra Leone, United Kingdom of Great Britain and Northern Ireland, and United States of America, and reading as follows:

The Twenty-seventh World Health Assembly,
Noting the report of the Director-General that describes the state of development of antimalaria programmes;
Recognizing that malaria is resurging in parts of the world, has never been controlled in other parts, and remains a disease the control of which is of the highest priority;

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3 For text, see below.
Believing that the revised strategy adopted by the Twenty-second World Health Assembly is an effective strategy, but for a variety of reasons has not been effecti-
vantly implemented,

REQUESTS the Executive Board thoroughly to review the problem and national and
international priorities, and report to the Twenty-eighth World Health Assembly.

Decision: The draft resolution was approved.1

The CHAIRMAN then drew attention to the draft resolution on tropical parasitic
diseases proposed by the delegations of Chad, Cuba, Czechoslovakia, German Democratic
Republic, Ivory Coast, Kenya, Malawi, Mali, Nigeria, Poland, Sierra Leone, Sri Lanka,
Sudan, Togo, Uganda, Union of Soviet Socialist Republics, United Republic of Cameroon, and
United Republic of Tanzania,2 which read as follows:

The Twenty-seventh World Health Assembly,

Recognizing that tropical parasitic diseases are one of the main obstacles to
improving the level of health and socioeconomic development in countries of the
tropical and subtropical zones;

Bearing in mind the need to develop research on matters connected with the most
important tropical parasitic diseases;

Realizing that national, regional or global programmes of tropical parasitic
disease control can be implemented only if scientifically based methods and effective
means for their control are available,

1. NOTES with satisfaction that the importance of the medical, social and economic
aspects of the major tropical parasitic diseases has been recognized;

2. EMPHASIZES the urgent need for further development and intensification of research
in this domain;

3. RECOMMENDS that Member States of WHO extend the activities of their national insti-
tutions for the development of research of prime importance for the control of the major
tropical parasitic diseases;

4. REQUESTS the Director-General:
   (a) to intensify WHO activities in the field of research on the major tropical
       parasitic diseases (malaria, onchocerciasis, schistosomiasis, the trypanosomiases,
       etc.);
   (b) to define the priorities in research on the problem of tropical parasitic
diseases in the various regions of the world, bearing in mind the primary needs
of the developing countries;
   (c) to extend cooperation with national institutions and other governmental and
       nongovernmental organizations in regard to the coordination of research in this
field;
   (d) to enlist extrabudgetary resources on a wider scale for these purposes; and

5. FURTHER REQUESTS the Director-General to submit a report on progress in the imple-
mentation of this resolution to the Executive Board at its fifty-seventh session and
to the Twenty-ninth World Health Assembly.

Dr KUPFERSCHMIDT (German Democratic Republic), as one of the co-sponsors of the draft
resolution, said that the control of the most important parasitic diseases was very compli-
cated and had many social and economic implications; the malaria eradication programme had
proved that many difficulties stood in the way of complete success. It was not as easy as
with virus diseases, such as smallpox, measles, and poliomyelitis, against which effective
vaccines were available. Therefore, in order to avoid disappointments, as in the case of
the malaria programme, it was an urgent necessity to elaborate scientifically based methods
and effective means for the control of the important parasitic diseases, which took a
heavy toll of lives in tropical countries and led to severe economic loss.

Dr HOSSAIN (Bangladesh) endorsed what the delegate of the German Democratic Republic
had said. It was indeed an important draft resolution and his delegation wished to be
included among its co-sponsors.

1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as
resolution WHA27.51.
2 The delegations of Bangladesh, Bulgaria, Ethiopia, Madagascar and Venezuela sub-
sequently expressed the wish to see the names of their countries added to the list of co-
sponsors.
Dr SOBOTKOVA (Czechoslovakia) said that, as one of the co-sponsors, her delegation found that the draft resolution accurately reflected the present position with regard to tropical parasitic diseases and the orientation of future efforts to bring about their control.

Dr VALLADARES (Venezuela) said that the list of sponsors of the draft resolution gave the impression that none of the tropical American countries was interested in parasitic diseases. He therefore asked that Venezuela be included among the sponsors.

Dr KIDANE-MARIAM (Ethiopia) and Dr ARNAUDOV (Bulgaria) said that their delegations also supported the draft resolution and wished to be included among its sponsors.

Dr ABDALLAH (Egypt) agreed with the draft resolution and with the concept so clearly expressed in the Director-General's report, as well as with the statements of previous speakers to the effect that such research could be carried out in countries in which the disease was endemic. He therefore proposed that the words "taking into consideration that such activities be carried out in endemic areas whenever possible and feasible" be added to operative paragraph 4 (a) of the draft resolution.

Dr GEKONYO (Kenya) said that his delegation had been pleased to associate itself with the draft resolution because of the significance of parasitic diseases to his country and neighbouring East African countries. To emphasize what the delegate of Egypt had said, he drew attention to the existence of the East African Virus Research Institute and the East African Community Medical Research Council, which had set up institutes in Uganda, Tanzania and Kenya. Those institutes had done research on malaria and onchocerciasis and would benefit greatly from the spirit of the draft resolution. Greater cooperation could be effected in intensifying their work.

Dr ŠČEPIN (Union of Soviet Socialist Republics) was a little concerned about the amendment proposed by the delegate of Egypt. In the draft as presented it was proposed to use the research potential of all countries; if the resolution merely called for intensification of research in the endemic areas, the benefit of the research achievements of countries outside those areas would be lost.

Dr ABDALLAH (Egypt) pointed out that it had not been his intention to restrict research to certain countries; he only meant that research in tropical medicine should be carried out in endemic areas whenever possible and feasible. Some scientific centres in developing countries had capable technical personnel and should be given an opportunity of undertaking research.

Dr TOUA (Papua New Guinea) said that there were malarious areas in the Western Pacific Region. On malaria, as well as on other aspects of the control of mosquitoes and parasites - insects, such as bedbugs, for example, that were attracted rather than repelled by DDT - research might usefully be performed.

Professor KOSTRZEWSKI (Poland) agreed with the delegate of the USSR that the amendment proposed by the delegate of Egypt might have an unduly restrictive effect. If endemic countries were overemphasized, other countries with facilities for undertaking research, into, for example, new drugs, might lose interest. He therefore proposed that a small working group be set up to revise operative paragraph 4 (a) to meet the objections raised.

Dr SHRIVASTAV (India) pointed out that certain laboratories, such as the School of Tropical Medicine in Calcutta and that in Kuala Lumpur, and possibly laboratories in Egypt and other countries, had developed a great deal of competence. There was no reason why they should not be involved in such research. Other laboratories not situated in the endemic zones might also be interested. There was therefore no conflict between the two ideas, and the operative paragraph might be reworded as suggested by the delegate of Egypt. With that qualification, other countries were not debarred.

Dr ABDALLAH (Egypt) thought that there was no need for a working group since he had merely suggested the addition of a phrase.

Dr ŠČEPIN (Union of Soviet Socialist Republics) said that the amendment was acceptable to his delegation and he thought that his co-sponsors would agree to it. A working group might therefore not be necessary.

Professor SULIANTI SAROSO (Indonesia) supported the draft resolution. However, she was disturbed by the statement made by the delegate of India implying that research could only be undertaken in laboratories. Research on tropical parasitic diseases could be
performed without a laboratory if related to field operations and to epidemiological and operational problems.

Dr SHRIVASTAV (India) and Dr HOSSAIN (Bangladesh) agreed.

The CHAIRMAN said that, as the amendment of the Egyptian delegate was acceptable to the sponsors of the draft resolution, there was no need for a working party.

Decision: The draft resolution was approved, as amended.1

Dr ABDALLAH (Egypt) remarked that, although the title of the subprogramme under discussion was "Malaria and other parasitic diseases", not a word had been said about the programme of work concerning the other parasitic diseases as proposed in that subprogramme.

Smallpox eradication (subprogramme 5.1.4)

Dr RAMZI (representative of the Executive Board) said that the Board had examined the report of the Director-General on smallpox eradication. That report stressed that, at the advanced stage reached in the programme, three measures deserved particular attention: first, immediate notification and complete international coordination if smallpox was reintroduced into a country; secondly, maintenance of vigilant surveillance and an appropriate vaccination programme; and thirdly, confirmation of the absence of smallpox cases. The Director-General had informed the Board that WHO allotted high priority to the final stages of the programme and was prepared to mobilize other funds if necessary. WHO was actively seeking funds outside its regular budget so that it could assist regions in difficulties. The question of monkeypox had arisen during the Board’s discussions, and the Director-General had explained that a group of research workers had made a thorough study of the disease in December 1973. Further studies were envisaged in countries in which cases of monkeypox had been observed.

Dr BERNARD (Assistant Director-General) said that the working paper summarized the existing situation. As in previous years, it included as an annex the issue of the Weekly Epidemiological Record that had appeared at the beginning of the Health Assembly and that reviewed the problems of smallpox surveillance.2 The zones of smallpox endermity had been reduced to the smallest dimensions ever known in the history of the disease. Only four countries of endermity remained, and more than 90% of the world total of cases were concentrated in a region representing less than 15% of the surface of those four countries. Surveillance activities had been considerably improved during the previous year in the Asian countries of endermity, and now allowed more than 80% of all existing cases or epidemics to be identified and dealt with. The increase in reported cases thus reflected better surveillance, and WHO believed that three times as many cases as were currently being identified had previously been reported. Each of the countries in which the disease had been endemic during the previous year had allotted the highest priority to its smallpox programme. Moreover, the numerous countries that had supported the global smallpox eradication programme had maintained and even increased their assistance, especially in the form of donations of vaccine. It was very important for the Secretariat to stress how much those contributions had contributed to the success of the programme. As an example, he cited the most recent contribution: that of the Government of Sweden, amounting to some three million dollars and intended to speed up smallpox eradication in India. During the previous twelve months, international commissions had made a thorough study of the epidemiological situation in the Americas and in Indonesia and concluded that transmission of the disease had been interrupted, which could be acknowledged as a historic achievement. The aim of the programme remained the total interruption of transmission in the remaining endemic areas during the year 1975, but WHO would refrain from making any strict or definitive forecast, which might be hazardous in a world of uncertainties in which so many factors could influence the evolution of the programme. The date should, however, be maintained as an incentive to pursue the programme with the greatest energy, on the part not only of the countries affected but also of other Member States of WHO.

Dr HOSSAIN (Bangladesh) said that his country was one of those in which smallpox was still prevalent. The situation was better than it had been in 1973 when, owing to the chaos prevailing in the country, health workers had had to concentrate their energies on the more urgent work of relief and rehabilitation and could not be properly distributed

1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.52.
through the areas infected with smallpox. As a result, a record number of 5000 cases had been reported in April 1973, and the actual number of cases was probably twice as many. Reports of morbidity and mortality in 1973 were being received in 1974. The situation had vastly improved, as had been indicated in an official report a short time previously. Every single case in the country had been identified and welfare workers were visiting families regularly and finding cases wherever they existed. More than two-thirds of the country had been virtually freed from smallpox since September 1973. Efforts had been concentrated on the programme and the entire population had been classified according to age and history of primary or no vaccination. From 21 January to 15 April 1974 about one million persons had received primary vaccination. In addition, over two million had received secondary vaccination. Thus, over three million in all had been vaccinated during the past three months. The latest report on the incidence of the disease during that period indicated 4456 cases and a mortality of 2435. During the month of April, 1700 cases had been reported. About 200 villages had been reported as infected, but very few cases had been reported in them. In three areas bordering India, the disease had been difficult to control, although several hundred medical students had gone from house to house vaccinating the inmates.

The situation had since been brought under control. The medical officer in charge of the WHO smallpox programme had visited Bangladesh twice during the preceding six months and had urged that all available resources be applied to bringing the disease under control. Thanks were due to the WHO staff members who had worked tirelessly to that end. It had been shown that integration of health services was the only realistic approach, and therefore malaria, smallpox, tuberculosis, and family planning had all been tackled in a comprehensive way, with good results.

If Bangladesh was to be freed from smallpox by 1975, it would need a helicopter and several tons of chocolate, because the helicopter attracted thousands of children, who - although they normally fled from vaccinators - would accept vaccination when given chocolate. Apart from those items, Bangladesh was well equipped with vaccine and other materials and did not need many experts, since it had built up its own infrastructure of hard-working and devoted health staff.

Dr SHRIVASTAV (India) said that, in the past year, a remarkable effort had been made in India with the active cooperation of WHO, the Government of India, and the state governments. An intensive campaign had been mounted in which 34 epidemiologists (including 9 from WHO) and 24 state-level teams were working in those parts of the country in which smallpox was endemic. In the past, the states had been reluctant to recruit staff to undertake an intensive immunization campaign because they were not sure of obtaining funds. It was therefore an important point that the programme was entirely financed by the Central Government as part of its fifth Five-Year Plan. In 1973 there had been 22 million primary vaccinations and 76 million revaccinations - 4% instead of the target of 6% for primary vaccinations and 14% instead of 20% for revaccinations. It had been found that the reason why it was not possible to attain the target in some places was lack of staff. Paradoxically, the incidence had increased rather than fallen. Thus, in 1972 there had been 27 000 cases and about 5000 deaths; in 1973 80 000 cases and some 15 000 deaths; and up to May 1974 about 60 000 reported cases and a number of deaths of approximately the same magnitude as in 1973. An intensive search was in operation especially in the states of Uttar Pradesh, Bihar, West Bengal, and Madhya Pradesh - the four states that accounted for 94% of the cases in the country - mobilizing a large number of health staff and the special epidemiological teams. It was estimated that two-thirds of cases had been missed in the past, which accounted for the apparently high increase in incidence. India was self-sufficient in the production of vaccine, but it was grateful for past donations of vaccine, notably freeze-dried vaccine supplied by the USSR through WHO. The budget for 1973-74 was sufficient for the purpose: 35 million rupees for the whole country. The future plan of action, envisaged in consultation with WHO, provided for improved reporting procedures and intensified surveillance, which needed to be heightened during the summer and autumn so as to produce an impact on the smallpox season, which was in the winter. The vaccination programme would continue to receive the same emphasis, especially primary immunization, for which purpose the services of basic health workers and multipurpose workers had been secured. It was thus a combined vertical and multipurpose programme, and would remain so until a substantial dent had been made in the problem. The battle against smallpox had been joined from all angles. It was hoped that it would be the last, and that it would be possible to report its successful outcome to the next Health Assembly. There was no room for complacency, and vaccination and surveillance would continue until not a single case had been reported and at least two years after the end of the programme; indeed, surveillance and primary immunization would go on even after that.

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Dr JAROCKIJ (Union of Soviet Socialist Republics) was satisfied with the progress made in the smallpox eradication programme. The Soviet Union, which had originally proposed the programme, was continuing to support it by a further donation to the Organization of 75 million doses of smallpox vaccine, to be delivered between 1974 and 1976.

It was too early, however, to speak of the programme as nearly completed and to envisage a slackening of the efforts of the health services. On the contrary, the epidemiological services would have to be strengthened, effective surveillance systems set up, and revaccination of the population carried out where necessary.

It might also be desirable to include in the International Certificate of Vaccination or Revaccination against Smallpox a note concerning revaccination of persons arriving from smallpox-infected countries.

Research was still required on reliable tests of immunity to smallpox, on the biological properties of monkeypox virus, and on the causes of complications following smallpox vaccination.

The Director-General's report on smallpox eradication referred to difficulties encountered in India, Pakistan and Ethiopia. The Organization and the national smallpox services should make every effort, at the present critical stage of the programme, to avoid prolonging it. From the statement made by the delegate of India, it appeared that that country, where the smallpox situation showed little change, was particularly in need of assistance. WHO was helping to intensify measures in India and some of its experts, including experts from the USSR, were working in the worst affected areas.

The proposals of administrators, health and social workers, and even of the population of the affected villages, on how to increase vaccination coverage, particularly of agricultural workers and those who had to travel about frequently, should be studied attentively. As the delegate of India had stated, it was also important to establish epidemiological surveillance services; it was especially important to work out methods of rapid case-finding. Health education should be intensified and efforts made to encourage the vaccinators and to stimulate the population to cooperate in the programme.

The establishment in Calcutta of an additional regional reference centre for laboratory diagnosis of smallpox, as provided for in the proposed programme and budget estimates for 1975, was timely, and it was hoped that the centre would be designated as soon as possible.

Dr VIOLAKIS-PARASKEVAS (Greece) pledged her country's continued support of the WHO smallpox eradication programme, first approved by the Eleventh World Health Assembly in 1958 and intensified on a global scale in 1967.

The maps on pages 157-158 of the Weekly Epidemiological Record attached to the working paper demonstrated that smallpox could be eradicated not only from areas with high population density but also from sparsely settled areas. However, the problems experienced by certain countries should not be underestimated; to overcome them, increased efforts by those countries as well as international cooperation would be needed.

She did not agree that countries with a low risk of importing smallpox and with developed health services could afford to stop routine vaccination of the total population; there still remained the danger of importing smallpox from endemic areas as a result of tourism. All countries should join in working towards the simultaneous accomplishment of smallpox eradication. WHO was on the threshold of a major achievement and could not afford to fail.

She wondered if the delegate of the United Kingdom of Great Britain and Northern Ireland could provide some information about why the incidence of vaccinia infection had increased from 1972 to 1973, as shown on page 169 of the aforementioned issue of the Weekly Epidemiological Record.

Dr KIDANE-MARIAM (Ethiopia) said that in her country, which was one of the countries still afflicted with endemic smallpox, within the span of three years the eradication programme had effectively controlled the disease in all but 22 of the country's 102 sub-provinces, the uncontrolled areas being located in the rugged and inaccessible central highlands or inhabited by nomads. In a country with an area of 1 221 900 square kilometres and an estimated population of about 26 million, 90% of whom lived in scattered small rural communities with a limited health infrastructure and serious communications difficulties, that result had been made possible only through WHO assistance and guidance and the adoption of an effective strategy. Plans were already under way to bring the last few pockets of smallpox under control by the end of 1974.

She was pleased to report that good cooperation did exist between Ethiopia and the neighbouring countries in regard to smallpox eradication, and she was confident that if
the intensive efforts continued her country would soon be declared free from smallpox.

It was worth pointing out that smallpox surveillance teams in the areas already controlled were also successfully assisting the BCG immunization programme in those areas. She hoped that in the very near future, whenever funds and assistance became available, that cadre of health workers would play an important role in the immunization programme for communicable diseases of childhood.

Dr KHALIQ (Pakistan) said that, although his was one of the four countries in which smallpox was still endemic, it was encouraged by the spectacular results in other developing countries, such as Indonesia, that were endemic areas only a few years before. Benefit- ing from their experience, Pakistan was now placing increased emphasis on improved surveillance activities and containment procedures. Every outbreak was fully investigated, the source of infection was traced, and containment measures were then implemented.

The reported number of cases of smallpox in his country had risen in 1974 for the fourth consecutive year, although that rise partly reflected improved surveillance. However, the incidence in large areas of the country was low or zero, and comparatively localized problem areas accounted for the great majority of cases. An intensive effort was being made to eradicate smallpox from those heavily endemic areas, where additional WHO and national epidemiologists were working to interrupt transmission within the next few months.

Regular search operations had been implemented in many areas and all health workers, including malaria eradication and population planning personnel, kept watch over their respective areas to detect cases of smallpox. Cash rewards were offered as an incentive to those discovering previously unknown outbreaks. Those measures had proved very effective. However, systematic vaccination of the population as a whole had been pursued as relentlessly as ever so as to raise immunity levels and retard transmission. He hoped that transmission would be interrupted in the very near future.

Dr UPADHYA (Nepal) said that the eradication of smallpox from the world by 1975 would be a great victory of mankind over a dreaded disease that had wiped out the populations of innumerable cities and villages in the past. Smallpox could not spread to that extent now, even though it was reportedly still endemic in four countries, because of the excellent surveillance and containment mechanisms developed by the national governments under the guidance of WHO.

Nepal, though declared a non-endemic country since March 1973, still experienced frequent small outbreaks of smallpox and was reluctant to be over-optimistic until the disease was actually eradicated from it and from neighbouring countries. There were cultural barriers against vaccination in some communities, people being more inclined to rely on supernatural forces than to have themselves vaccinated or report cases to the authorities, despite the fact that vaccination was compulsory. A door-to-door vaccination campaign was being developed. In addition, there were unrestricted migration and travel on either side of the 500-mile open border with neighbouring countries, and some people returned home harbouring the infection. A cross-notification system existed between the countries concerned, but it sometimes did not work very well because transport and communication problems, especially in the hills, made it difficult to locate the individuals and their close contacts.

There was also sometimes negligence on the part of surveillance workers, who did not regularly supervise their assigned areas although they were aware of their responsibili- ties and the possibility of punishment for negligence. The human factor was a most vital problem and was not very easy to deal with. Unless such lower-level workers were fully motivated, through training and group discussions, to assume their responsibility to the community and the eradication project, smallpox would persist for some years to come despite the very efficient operational mechanism for surveillance and containment developed at a higher level.

Nepal was also attempting to achieve better coverage by assigning malaria house visitors to report suspected cases of smallpox. Their training to date was insufficient; the frequent reporting of false positives caused the smallpox supervisors to make unnecessary journeys. Better training would be required if such personnel were to be entrusted with case-reporting.

The country was making satisfactory progress with its vaccination campaign and, with the continued assistance of WHO in the form of technical consultants, teaching aids, and the vaccine needed, smallpox could be eradicated from Nepal by 1975, provided the above-mentioned problems could be obviated.
Dr FLEURY (Switzerland) said that his Government had donated more than 20 million doses of freeze-dried smallpox vaccine to WHO since it had begun supporting the smallpox eradication programme. It would continue to contribute vaccine, since it was aware that in practice increasingly great efforts were needed as one approached the target.

Professor SULIANTI SAROSO (Indonesia) thought that the success of the smallpox eradication programme in her country, made possible by WHO assistance, was owing not to routine or mass vaccination campaigns but to very strict surveillance and containment measures. In the past few years the health authorities had enlisted the cooperation of children in case-finding after showing them a picture of a case of smallpox. There was also a reward system for the reporting of any subsequently confirmed case, but only once in the past two years had the reward been won.

In Official Records No. 212, Indonesia was still listed as having a "country project of eradication" even though it had been declared smallpox-free. The project being carried out was a vigilance programme, and smallpox vaccinators were now also administering BCG vaccines and would perhaps give other antigens as well in the near future.

Dr SIMÕES (Brazil) congratulated the Director-General and his staff on the excellent results obtained in the smallpox eradication programme. Out of 30 countries where the disease had been endemic in 1967, only four were still endemic. In his country no cases had now occurred for three years; it was grateful to WHO and its Regional Office for the Americas for their assistance to the eradication effort.

Dr JIROUS (Czechoslovakia) said that, although the problem of smallpox was not of direct concern to his country, it fully supported WHO's programme, which had achieved notable successes during its seven years of operation. He urged countries not to relax their efforts, but to follow the example of the USSR, the USA and the other countries that had made donations to the programme. In addition to the assistance of its epidemiologists, some of whom had served as members of working groups, Czechoslovakia was providing direct assistance in the form of a donation of 250 000 doses of smallpox vaccine.

Sir John BROTHERSTON (United Kingdom of Great Britain and Northern Ireland) said that the question asked by the delegate of Greece was related to the decision by his country to discontinue recommending routine smallpox vaccination of children. That decision had been taken after it had satisfied itself that the risk of morbidity and mortality from vaccinia was greater than that from smallpox. He was unable to add any information to that contained in Weekly Epidemiological Record No. 19, which indicated that there had been 83 vaccinia infections in 1973 as compared with 35 in 1972. That was only to be expected, since in 1973 about 3.2 million doses of vaccine had been issued (as against 1.7 million in 1972) owing to the small outbreak of smallpox in March-May 1973. If any other information became available, he would inform the delegate of Greece.

Dr HENDERSON (Smallpox Eradication) said that, as noted in the Director-General's report, the remaining endemic areas were comparatively limited, and so the tempo of activity was being stepped up to several times the level of the previous year. A final breakthrough seemed possible and would require the best efforts of the countries concerned and all others throughout the world.

He thanked countries for their assistance, especially for the donations that had been announced at the present Health Assembly by the delegations of Sweden, the Union of Soviet Socialist Republics, Czechoslovakia, and Switzerland, to name but a few. The final stages of the eradication programme were in fact the most difficult, as the delegate of Switzerland had pointed out, but with the strong support of all governments the end might be in sight in a year's time.

Bacterial diseases (subprogramme 5.1.5)

Dr HEMACHUDHA (Thailand) wished to say a few words about cholera, which in many developing countries was a disease of the present as well as of the past. Only those communicable diseases for which there existed specific prophylactic and therapeutic measures could be contained or eradicated. No specific answer yet existed for cholera; the vaccine was not totally effective. Sanitation was the first line of defence, but satisfactory sanitation was nearly impossible to achieve in underdeveloped areas or else required huge investments that they could not afford. Hence, a more effective and specific vaccine was greatly to be desired.
He referred to a news clipping from an unidentified United States newspaper indicating that research conducted at the Massachusetts General Hospital (Boston) had shown how intestinal antibodies protected against cholera. That strongly suggested that an oral vaccine would confer better protection than the parenteral one now in use. If so, cholera could be eradicated with oral vaccine as poliomyelitis had been in some countries. Could any further details be added by the WHO Secretariat or the delegation of the United States of America?

Dr CVJETANOVIC (Bacterial Diseases) replied that several lines of research were being pursued by WHO, one being to find a better oral vaccine. Some studies had been done in India with a live El Tor strain vaccine but it had had to be abandoned because its safety was not proved. Another study had been done with the assistance of colleagues from the United States of America using other strains developed in India through genetic manipulation of the El Tor organism. Those studies were still in their initial phase, but despite some hope there was the problem that such vaccines could revert to the pathogenic state and their stability and safety had to be proved before they could be used in the field. No living oral vaccine was therefore in sight in the near future, and other lines of research for improved vaccines were being pursued, information on which could be provided if desired.

Dr EHRLICH (United States of America) could not provide any further information for the delegate from Thailand but he supported the need for continuing research on new vaccines. He believed firmly that WHO had to provide the leadership for a global programme of the magnitude required for successful elimination of the threat of cholera. That effort must be a phased one and must include emergency assistance to areas immediately threatened with epidemic cholera as well as long-range efforts to achieve permanent reduction of the acute diarrhoeal diseases. Long-range action should focus on the development of environmental health facilities and practices, including personal hygiene, disease surveillance systems, and treatment capabilities. Effective health education at all levels was an essential element of the programme.

In that connexion, he requested a very brief summary of current WHO action under resolution WHA24.26 in response to the threat of cholera.

Dr CHITIMBA (Malawi) fully endorsed the statement by the delegate of the United States of America.

Dr BERNARD (Assistant Director-General) said that the Organization had devoted itself to establishing a short-term, medium-term, and long-term programme of action against cholera. An initial consultation had been held in 1973 to formulate the general principles and a study plan, and a number of visits had been made in that same year to countries with different epidemiological and socioeconomic patterns. The preparatory studies were now finished and the last touches were being put to a programme of action. Its goal would be to offer a number of different options or models suitable for countries with different resources, epidemiological features, and levels of health service and health personnel development. Responsible national health administrators would thus have a practical and appropriate instrument for responding to the specific problems posed in their country by cholera, whether the country was endemic for cholera, threatened by an epidemic, or desirous of protecting itself against an attack, or whether it simply wished to contribute technically or financially to the concerted action against cholera.

Three types of action were planned: immediate action for emergency situations, since it was WHO's duty to assist countries faced with or threatened by an epidemic, and then a medium-term programme paving the way for the long-range action programme that would create the basic conditions permitting elimination of the disease and prevention of its re-introduction.

For the emergency situation one was led to focus on cholera specifically; the short-term programme would thus include a surveillance and warning system, epidemiological surveys for case-finding, the treatment of cholera patients by intravenous or oral rehydration, vaccination, and measures for personal hygiene. However, when a longer-range view was taken of the problem, it was impossible to consider cholera independently of the overall group of acute diarrhoeal diseases, which were closely associated with it as, like cholera, they were linked to biological pollution of the environment, from the epidemiological point of view and also from the therapeutic point of view. Cholera-induced mortality was undoubtedly impressive but it must not be forgotten
that the other less feared diarrhoeal diseases were even greater killers and above all affected the infant population more severely. The medium-term and long-term programme thus had to be conceived of in broader terms, as the United States delegate had said, without losing sight of the central objective of eliminating cholera, and had to include mainly measures for improving environmental sanitation. The WHO plan called for a series of pilot projects that would attempt to determine what environmental sanitation measures would be applicable to the acute diarrhoeal diseases and compatible with the resources available in various countries. Such diseases were now one of the main causes of morbidity and mortality, against which countries were still defenceless. Numerous field studies had failed to yield practical solutions, and they would hence be sought in relation with the long-term solution of the problem of cholera.

**Mycobacterial diseases (subprogramme 5.1.6)**

Professor LECHAT (Belgium) had been particularly interested in the programme and budget estimates for leprosy, which together with the Director-General's Annual Report indicated that the fight against that disease was finally reaching a turning-point. New microbiological and immunological techniques were opening the door to effective methods of primary and secondary prevention. The development of epidemetric models would, moreover, help in the formulation of the optimum strategy for action against leprosy. In countries where the basic health services were not yet sufficiently developed, the well-structured leprosy services already in existence might be given responsibility for multi-purpose activities.

The generally effective use made of the considerable sums collected for leprosy in his and other countries from the public by nongovernmental organizations was largely attributable to the technical directives issued by WHO. In view of the significant resources available for the fight against leprosy, the technical and perhaps even the operational responsibility of WHO could only grow; that responsibility consisted in informing, convincing, guiding, and possibly coordinating the nongovernmental organizations in their efforts against leprosy in accordance with the priorities defined by the countries concerned. It would consequently be justifiable to reassess the situation and review the progress made since the last meeting of the WHO Expert Committee on Leprosy in 1970. His delegation would shortly table a draft resolution along those lines.  

Professor SULIANTI SAROSO (Indonesia) noted that, as stated in Official Records No. 212, one approach to achieving the objectives of the tuberculosis control programme was the vaccination of the eligible population with a heat-stable freeze-dried BCG vaccine of good quality. The 1973 WHO Expert Committee on Tuberculosis in which she had participated had discussed BCG vaccination at length. Because of the importance of using BCG vaccine of good quality, her delegation had, together with the delegations of Austria, Denmark, India, Iraq, Philippines, and Poland, proposed the following draft resolution:

1. **URGES** Member countries importing BCG vaccine on a bilateral basis to make use of the international quality control system set up by the Organization; and
2. **RECOMMENDS** that Member countries producing BCG vaccine avail themselves of the international system of assaying the quality of BCG vaccines until they have established a competent national control service.

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1 See p. 448.
2 The delegation of Pakistan subsequently expressed the wish to see the name of its country added to the list of co-sponsors.
The point of the draft resolution was that since production and quality control of BCG vaccines required expensive facilities and equipment and a high degree of technical skill, the role of WHO was important; it was therefore recommended that Member countries avail themselves of the Organization's facilities for quality control when either importing BCG vaccine or producing it.

Dr VALLADARES (Venezuela) hoped that the report of the WHO Expert Committee on Tuberculosis that had met in December 1973 would receive as wide a distribution as possible when it was published. The WHO Regional Office for the Americas had just finished preparing a manual of the procedures to be followed for bacteriological examination in the diagnosis of tuberculosis, basically by direct examination. He hoped that those procedures would be adopted, as they could lead to greater precision and comparability of results.

He fully supported the draft resolution. The Latin-American Committee of the International Union against Tuberculosis had set up a special BCG committee that would in June present the results of the first experiments with the bifurcated needle mentioned in the budget document.

Professor KOSTRZEWSKI (Poland) supported the draft resolution on the quality control of BCG vaccine, which his delegation had co-sponsored. However, he wondered how much the World Health Assembly should concern itself with recommendations of a technical nature. The problem of vaccine quality, including vaccines against tuberculosis, was being considered in the draft resolution on the WHO expanded programme on immunization. While it was not unusual for the Health Assembly to adopt resolutions of a technical nature, he asked whether the draft resolution should be adopted or whether the problem should rather be dealt with by the Expert Committee on Tuberculosis, whose recommendations could be considered and approved by the Executive Board. Personally, he felt that the Health Assembly should in its resolutions deal with health policy, strategy, and tactics, and leave technical problems to other competent bodies of WHO.

Professor SULIANTI SAROSO (Indonesia) said that the draft resolution under discussion contained nothing technical, e.g., on the desirable number of organisms in the vaccine or the best method of preparation. It dealt with policy and administrative action, urging Member countries to use the available WHO facilities for quality control.

Dr KHALIQ (Pakistan) said that in his country tuberculosis was a major communicable disease ranking only below malaria and the diarrhoeas and dysenteries and causing high morbidity and mortality. In developing countries like his, with malnutrition, population explosion, overcrowding, and insanitary living conditions, tuberculosis found an excellent environment in which to spread.

A mass BCG vaccination campaign to reduce susceptibility to tuberculosis had been in operation in Pakistan since 1949. In accordance with the recommendations of WHO, direct BCG vaccination was given to children up to the age of 15, and freeze-dried vaccine was used. Serious consideration was also being given to administering BCG and smallpox vaccines simultaneously.

The National Tuberculosis Control Programme, launched in 1968, was a 20-year plan to cover the whole of the country in four 5-year periods. The District Tuberculosis Control Centre and the District Tuberculosis Officer were envisaged as the nucleus for all anti-tuberculosis measures in each district. All available health resources and units were utilized for the diagnosis, prevention, and treatment of tuberculosis. Antituberculosis drugs were distributed free of charge to all patients, and BCG vaccination was given to children under 15 years of age. Thus far, 28 districts of the 4 provinces had been covered by the programme. Domiciliary treatment was being encouraged.

Voluntary organizations such as the National Anti-Tuberculosis Association of Pakistan (affiliated with the International Union against Tuberculosis) assisted the Government's efforts by operating several chest clinics and drawing public attention to the problem of tuberculosis through health education. WHO could assist by providing his country with diagnostic laboratories and large amounts of drugs to combat the disease. It could also encourage research for developing other cheap, non-toxic, effective drugs.

In conclusion, his delegation wished to be included as a co-sponsor of the draft resolution.

Dr Scepin (Union of Soviet Socialist Republics) shared the doubts that had been expressed by the delegate of Poland concerning the draft resolution. A special resolution on such a narrow technical question probably did not need to be adopted by the Health Assembly, since a draft resolution on the general problems of immunization remained to be considered.

Dr Hoossain (Bangladesh) had bad news to report about tuberculosis in his country. The problem was that they had not yet been able to launch their offensive against tuberculosis. Three million people were estimated to have the disease but only 300,000 were under active treatment; since only 1000 hospital beds were available, the rest were receiving domiciliary treatment. Present diagnostic and treatment facilities were also far from what was required. Mass miniature X-ray facilities were needed very badly and regular sputum examinations had not yet been established. The health services were also running short of chemotherapeutic agents such as streptomycin and PAS.

The country would take whatever measures it could to tackle the problem of tuberculosis, but the present situation was very depressing. The underlying conditions leading to tuberculosis still prevailed and patients were simply suffering in silence. He wished to bring the country's need for assistance to the attention of the Health Assembly.

Dr Shrivastav (India) said that WHO already had an expert committee dealing with the standardization of biological products, whose function was to review periodically and lay down criteria for the efficacy and standardization of vaccines. Consequently, he too was at a loss to understand why one particular vaccine had been singled out.

With regard to BCG vaccine production in India, steps had been taken with the help of WHO and UNICEF for the production of 30 million doses of freeze-dried vaccine, a proportion of which would be available to countries of South-East Asia.

A research project was being carried out at the Tuberculosis Chemotherapy Centre in Madras, under the auspices of the Indian Council of Medical Research, to develop inexpensive but effective drug regimens for domiciliary treatment. Such a project was in line with the wish expressed by an earlier speaker that more research should be done to find cheap drug associations for domiciliary treatment.

A large-scale BCG trial, known as the tuberculosis prevention trial, had also been undertaken under the joint auspices of the Indian Council of Medical Research, the United States Public Health Service, and WHO. After 15 years of work, evaluation was apparently now being done at WHO on that very important project to determine to what extent different strains of BCG vaccine were truly protective, especially in the tropical developing countries where there were many other types of mycobacteria already present that might give a false-positive reaction.

A related research project had been drawn up to investigate the possible effects of BCG vaccination on the subsequent development of leprosy in immunized children as compared with controls.

Dr Michel (France) said that early detection and effective treatment were needed in leprosy as well as in tuberculosis. Active detection of cases required well informed health workers capable of making a precise diagnosis of those illnesses. It was thus necessary to maintain or to create structures capable of detecting recent cases of leprosy by means of systematic examinations of the population, and of tuberculosis by bacteriological examination of people with expectoration or cough. The late detection of heavy bacillus carriers could not conceivably result in a rapid significant reduction of those two diseases. The carriers of bacilli, who were truly those who spread leprosy and tuberculosis, should be given appropriate treatment under surveillance; in the case of leprosy, the few hospital institutions remaining should be used instead of housing patients there who stagnated in them interminably.

As regards tuberculosis, a problem that preoccupied everyone had been created by the ambulatory treatment of patients, who were given large amounts of drugs to take home. Those drugs were not always used well; as a result, resistance developed to the drugs or treatment regimens were interrupted, necessitating when the patients returned after contaminating a good part of their family - the administration of different and very costly drugs.

Professor Sulianti Saroso (Indonesia) did not want to press the draft resolution unduly; if the Committee so wished, there was no need to discuss it further. But the BCG vaccination programme was one of the extensive vaccination programmes, with smallpox, in which vaccine was provided as a donation. When vaccines were received as donations, they were used. The draft resolution therefore emphasized that, even if vaccine was
donated, quality control was still necessary. As they all knew from experience, the most expensive part of a vaccination programme was administration, not the vaccine itself; if a country, especially a developing country, spent money on such a programme, it had to be sure of the quality of the vaccine used. In addition, as the second preambular paragraph noted, extensive facilities and equipment were needed for BCG vaccine production and countries were refraining from producing it. Hence the need to ensure that the quality of the vaccine imported was satisfactory. The resolution met the requirements of Article 18(g) of the Constitution, which stated that one of the functions of the Health Assembly was "to instruct the Board and the Director-General to bring to the attention of Members and of international organizations, governmental or non-governmental, any matter with regard to health which the Health Assembly may consider appropriate".

The meeting rose at 12.35 p.m.
Chairman: Professor J. TIGYI (Hungary)

DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1975 (continued)  
Agenda, 2.2.3

Communicable disease prevention and control (programme 5.1) (continued)

Mycobacterial diseases (subprogramme 5.1.6) (continued)

The CHAIRMAN drew attention to the two draft resolutions before the Committee: one on the quality control of BCG vaccines which had already been introduced; the other on the WHO expanded programme on immunization, which had been prepared by a working group set up at the eleventh meeting, read as follows:

The Twenty-seventh World Health Assembly,
Having considered the statement on immunization against the childhood diseases and the allocation of funds for an integrated programme on immunization contained in the proposed programme and budget estimates for 1975;
Recognizing the immense contribution immunization has made to the control of many of the common communicable diseases in the countries where it has been effectively applied;
Noting that in extensive regions of the world immunization is available for only a small proportion of children in the susceptible age groups;
Aware of the potential for disease control when a well planned and well coordinated programme is instituted;
Reaffirming the importance of systematic immunization programmes in all countries; and
Expressing its satisfaction at the readiness of the World Health Organization to further promote measures to assist countries in extending their immunization programmes to cover the greatest possible percentage of the susceptible populations,

1. RECOMMENDS that Member States develop or maintain immunization and surveillance programmes against some or all of the following diseases: diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and smallpox, where applicable, according to the epidemiological situation in their respective countries;
2. REQUESTS the Director-General
   (a) to intensify at all levels of the Organization its activities pertaining to the development of immunization programmes, especially for the developing countries;
   (b) to assist Member countries (i) in developing suitable programmes by providing technical advice on the use of vaccines and (ii) in assuring the availability of good-quality vaccines at reasonable cost;
   (c) to study the possibilities of providing from international sources and agencies an increased supply of vaccines, equipment and transport;
   (d) to continue to support research on the efficacy of vaccines and on as yet unsolved practical problems encountered in immunization procedures;
   (e) to arrange seminars and other educational activities on the design and execution of programmes; and
3. FURTHER REQUESTS the Director-General
   (a) to establish a special account under the Voluntary Fund for Health Promotion to be credited with the values of gifts intended for the expanded programme on immunization and to ensure that vaccines donated to the programme conform to the relevant WHO requirements;
   (b) to report progress annually to the World Health Assembly.

Professor KOSTRZEWSKI (Poland) recalled that at the previous meeting he had said that his delegation fully agreed with the content of the draft resolution on the quality control of BCG vaccines and was one of its co-sponsors. He wished to assure the delegate of Indonesia that it did not intend to withdraw that support. However, he had in mind that a number of other vaccines could be the subjects of similar resolutions, and he

\[1\] For text, see p. 402.
wondered therefore whether it would not be better for the Health Assembly to deal with the matter in the general resolution on immunization, leaving the technical details to the Executive Board and other competent bodies of the Organization. He would welcome the views of the Secretariat on the most suitable course for the Health Assembly to follow. Naturally, he was aware that the WHO Constitution gave the Assembly the right to deal with any matter that might be raised during a session.

Dr GUILLEN (Peru) referred to two health problems facing his country. The first was leprosy, which was endemic in the Amazon area; recently, however, with the increase in population in that area owing to the discovery of petroleum deposits, leprosy was now present among a population that had no natural immunity to it. He therefore asked WHO to collaborate with Peru's epidemiological teams by sending a leprosy specialist to advise on the new situation.

The second problem was tuberculosis. The closing of the specialized hospitals had created difficulties, especially for terminal cases. It was well known that when chemotherapy was badly applied the chronically ill patient became worse and was a permanent source of infection. No hospital would accept such a long-term patient, and he was not protected by the social security system or by the State. The only solution appeared to be the construction of hospitals where long-term patients could be cared for. He would be interested to hear the views of other countries.

Dr TARIMO (United Republic of Tanzania) said that most of the points covered in the draft resolution on the quality control of BCG vaccines seemed to be included in the draft resolution on the WHO expanded programme on immunization. Since in paragraph 1 of the latter draft there was a specific reference to various diseases, including tuberculosis, and in paragraph 2 the Director-General was requested to assist in assuring the availability of good quality vaccines, and since the statement made by the delegate of Indonesia would appear in the summary record of the meeting, he thought that the co-sponsors of the draft resolution on the quality control of BCG vaccines might perhaps consider withdrawing it.

Dr KUPPERSCHMIDT (German Democratic Republic) considered that the first draft resolution - on the quality control of BCG vaccine - was too specific. He suggested that it would be sufficient to amend operative paragraph 2(b) of the second draft resolution by adding the words "including quality control" after the words "... use of vaccines" in the second line.

Dr AMMUNDSEN (Denmark), a co-sponsor of draft resolution on quality control of BCG vaccines, recalled that many resolutions adopted in the past had been much more specific. She considered that the draft resolution should be maintained as it stood.

Professor PENSO (Italy) said that the Biological Standardization unit of WHO had already considered the standardization of BCG vaccine and that the Expert Committee on Biological Standardization had reported on minimum requirements for its preparation and quality control.

He observed that in the mycobacterial diseases control programme atypical mycobacterial diseases seemed to have been overlooked; they were, however, of increasing importance in clinical pathology and in the differential diagnosis of tuberculosis. He suggested that the Director-General should draw up a plan for studying atypical mycobacterial diseases so that Member States could be provided with at least a minimum of data on the differential diagnosis of typical and atypical mycobacterioses. That was important in the case of pulmonary mycobacterial diseases, since, whereas tuberculosis could be treated by certain antibiotics, atypical mycobacterial diseases were insensitive to them.

Dr ALAN (Turkey) considered that any resolution by the Committee should cover the whole of the vaccination programme in general, and that the detailed studies requested could be left to the Executive Board or to a group of experts. He would therefore support the draft resolution on the expanded programme of immunization. Operative paragraph 1 of that resolution, however, while enumerating many diseases, did not mention antipertussis or antityphoid vaccines. He suggested that no diseases should be mentioned at all, and that operative paragraph 1 should read:

RECOMMENDS that Member States develop or maintain immunization and surveillance programmes against communicable diseases for which effective vaccines exist.

Dr VALLADARES (Venezuela) said that the draft resolution on BCG vaccines was administrative rather than technical in approach, being concerned with the facilities WHO could make available to countries. He agreed with the delegate of Poland that it was perhaps excessive to adopt a whole resolution on a single type of vaccine. The
amendment proposed by the German Democratic Republic to the resolution on the expanded immunization programme might be a solution: the resolution on BCG vaccines could then be withdrawn. He suggested that the Chairman should consult the sponsors of the latter to ask whether they wished to maintain it.

The DIRECTOR-GENERAL, in connexion with the role of the Health Assembly, referred to by the delegate of Poland, said that the founders of WHO had given the Health Assembly a large amount of flexibility: its discussion could range from the broadest principles in the social sector of health down to the narrowest details. Article 21(d) of the Constitution stated:

The Health Assembly shall have the authority to adopt regulations concerning . . . standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce.

It was for the Health Assembly itself to arrive at a consensus as to which level of discussion and decision it wished to adopt. It had the authority to go into considerable detail in its technical recommendations if it believed that by so doing it could improve the health of the world. The problem could be solved by a dynamic interpretation of what the Health Assembly intended to do at a given moment in the history of public health.

Dr VELIMIROVIC (Austria) pointed out that the draft resolution on the expanded programme on immunization had been submitted by the working group after it had considered a previous draft resolution on the same subject; all amendments suggested had thus been carefully considered.

He did not think there was any need to combine the two resolutions before the Committee. As for the fact that certain vaccines were not specified in the draft resolution on immunization, he said WHO could always provide technical advice on any vaccine in which a Member State was interested. As a co-sponsor of the draft resolution on BCG vaccines, he would have no objection to its withdrawal if all the other co-sponsors agreed. However, he felt that it had a certain merit, as the delegate of Indonesia had pointed out at an earlier meeting, and that it might be useful to re-emphasize the importance of quality control of BCG vaccines.

Dr ACOSTA (Philippines) said that he had co-sponsored the draft resolution on BCG vaccines, since his country manufactured such vaccines and was therefore very interested in the control of their quality.

Dr SHRIVASTAV (India), co-sponsor of the draft resolution on the expanded programme on immunization, suggested that a phrase should be added to the end of operative paragraph 2(c) reading:

and of developing the competence of the manufacture of these immunizing agents at the national level.

The CHAIRMAN suggested that the two draft resolutions should be considered by a working group consisting of the delegates of Austria, Belgium, German Democratic Republic, Indonesia, Philippines, Poland, Turkey, United Republic of Tanzania and Venezuela.

It was so agreed. ¹

Virus diseases (subprogramme 5.1.7)

Dr HATEM (Lebanon) said that the diagnosis of virus diseases in the developing countries was not very advanced. It was, however, not very difficult for a country to set up a virological laboratory. Lebanon had established one 10 years previously, which, using very simple serological techniques, had succeeded in elucidating some aspects of local pathology – for instance, the role played by the psittacosis virus in thoracic pathology. A large number of cases of pericarditis caused by the virus had been identified. It had also been possible, with other simple techniques, to diagnose cases of encephalitis of virus origin and to carry out serological diagnosis of rubella and hepatitis B.

With the assistance of the Regional Office for the Eastern Mediterranean and the Virus Diseases unit at WHO headquarters, Lebanon had also set up a laboratory for the diagnosis of enteroviruses. That laboratory also carried out potency testing of polio-vaccines; in that connexion it had been found, rather surprisingly, that some of the vaccines imported from European countries were considerably below standard.

Lebanon was participating actively in the influenza programme in collaboration with the Virus Diseases unit at headquarters and its laboratory had been one of those to isolate a new variant – A/Port Chalmers/1/73. Since the Lebanese population was receptive

¹ For texts as redrafted by the working group, see pp. 418 and 447.
to that new variant it was feared that it might soon cause a serious epidemic in the country.

His remarks were intended to emphasize the importance of the laboratory diagnosis of virus diseases, especially for the developing countries. He thanked WHO for the assistance given to his country in that connexion, and pointed out that the same type of help was available to other countries.

He considered that WHO should intensify its virus disease programme, particularly as regards the training of laboratory personnel, and that it should supply countries requiring them with reagents that were difficult to obtain on the open market.

Dr SHAHRIARI (Iran) said that among the virus diseases measles had been one of the most serious public health problems in Iran until a few years previously. Before mass vaccination of children had been introduced, about 500,000 cases had occurred every year, with 10 to 12% mortality. Vaccination had started in 1967 and had been intensified by mass campaigns, the vaccine being prepared in Iran; some 1,500,000 children between the ages of 9 months and 7 years had been vaccinated every year. Priority had been given to the rural and mountainous areas, since mortality was much higher there, owing to malnutrition and other concomitant factors. Measles was no longer a public health problem in Iran, in which only sporadic cases were now occurring.

Dr FRIEDMAN (Swaziland) said that her country was concerned about the transmission of virus diseases through blood transfusion, particularly since certain African countries had recently been solicited by commercial firms to establish plasma units. It would be appreciated if WHO would undertake some work on that aspect of the virus disease problem, especially in African countries where malnutrition and other factors contributed to undermine the health of the population.

Dr ACUÑA (Mexico) said that in the Region of the Americas countries were greatly preoccupied with virus diseases in general.

Reference had been made to external quality control of vaccines. In that connexion, he asked whether WHO would consider the possibility of assisting Mexico by providing the necessary laboratory services for the control of the poliomyelitis and measles vaccines that it was producing, both for its own use and for other countries.

The delegate of India had spoken of the possibility of assistance being given to all countries to enable them to produce their own vaccines; he considered that it would not be an economic proposition to provide such assistance for countries whose requirements in vaccine were only very limited.

Venereal diseases and treponematoses (subprogramme 5.1.8)

Dr TOTTIE (Sweden) stressed the problem of sexually transmitted diseases as a public health problem. Variations in incidence were being studied with great interest in nearly all countries of the world. In Sweden, where the reporting system was reasonably accurate, the highest incidence of gonorrhoea had been reported in 1971: 40,000 cases, representing about five cases per thousand population. Since then there had been a decline, and the number reported in 1973 had been 9000 less - representing four cases per thousand population, with the same population structure. The reasons for the change were unknown, and the situation was being followed with great interest. It had been noted that the male:female ratio was now approaching 1:1, as compared with the earlier 2:1.

He noted with satisfaction that the subject would be the topic of the Technical Discussions at the Twenty-eighth World Health Assembly, and hoped that those Discussions would produce new ideas on how to deal with the social health aspects of sexually transmitted diseases.

Veterinary public health (subprogramme 5.1.9)

Dr ACUÑA (Mexico) drew attention to the problem of the equine encephalitides in the Americas. Mexico was one of the countries that had suffered in recent years from epizootics of those diseases. He hoped that the Organization would be able to strengthen its programme in that direction.

Vector biology and control (subprogramme 5.1.10)

There were no comments.

Noncommunicable disease prevention and control (programme 5.2)

Cancer (subprogramme 5.2.2)

There were no comments.

Cardiovascular diseases (subprogramme 5.2.3)

Dr RAMZI (representative of the Executive Board) said that the Board, in examining the parts of the programme and budget concerning cardiovascular diseases, had raised the
question of the use of tobacco and its effects on health, and had adopted resolution EB53.R31 on the subject.

Professor FAJGELJ (Yugoslavia) said that statistics, including those for Yugoslavia, clearly demonstrated the seriousness of cardiovascular diseases as a health problem.

Document A27/11, on WHO's role in the development and coordination of biomedical research, stated (page 20) that several chronic conditions, including cardiovascular diseases, could be traced to childhood, and that research was therefore concentrated on the onset rather than on the fully developed disease. He fully supported that approach: if cardiovascular diseases were to be prevented, it would be necessary to investigate the possibility of prevention in childhood. He hoped that in future that aspect would be accorded the place it deserved in the Organization's budgetary provision for work on cardiovascular diseases.

Dr GERRITSEN (Netherlands) said that several epidemiological investigations had demonstrated the relationship between coronary heart diseases and so-called risk factors such as hypertension, high cholesterol content in the blood, impaired glucose tolerance, cigarette smoking, and physical inactivity. This had produced a favourable attitude on the part both of the medical world and of the public in general towards screening and intervention related to those risk factors. In the Netherlands, for example, the Association of Industrial Medicine had initiated screening and advice for employees on a voluntary basis in some industrial health services. Certain centres for tuberculosis control were also experimenting in order to reorientate their activities in that direction.

According to epidemiologists, however, the ultimate proof of a cause-effect relationship between those risk factors and coronary heart diseases had not yet been obtained, and could only be achieved through a controlled intervention trial. To that end several unifactorial and multifactorial preventive trials had been started during recent years, using mostly volunteers. If the results of those intervention trials were positive, public opinion would be even more in favour of screening for risk factors and subsequent intervention. However, the effect of such a screening and intervention programme on the general population in terms of reduction of myocardial infarction incidence and side effects such as anxiety and hypochondriasis would not be known. Nor would the trials indicate the best way of incorporating preventive activities into the existing health services, or reveal the effect of stress, social incongruity and other psychological and sociological characteristics on the incidence of myocardial infarction.

Preventive activities should not be undertaken without also providing for a proper evaluation of the results. There was a need for a carefully designed study programme, preferably in more than one country, to obtain a better insight into the many unanswered questions concerning the prevention of ischaemic heart disease. WHO should play a major role in stimulating and coordinating multicentre and multinational trials, for only if trials were carried out on that scale could answers be expected. The intervention study being carried out in Kaunas (USSR) and Rotterdam (Netherlands) was an example of such a trial. Preliminary results of the first phase showed that it was quite feasible to conduct double-blind intervention trials in a free-living population; response and adherence rates were as high as 90%.

Other chronic noncommunicable diseases (subprogramme 5.2.4)

Professor VON MANGER-KOENIG (Federal Republic of Germany) noted that under the heading "noncommunicable diseases", apart from the cardiovascular diseases and cancer - the big killers - there were a number of other diseases that constituted a particular problem for national health policy, and especially for social insurance systems; these were the rheumatic and rheumatoid diseases. Their prevalence was high in many countries, where they were the cause of about two-thirds of all absences from work, and of widespread premature invalidity; the consequences for the individual, his family and society were thus considerable. Despite the serious social and economic effects and the high prevalence rate (higher in fact than that of cancer and diabetes), rheumatic diseases had so far received little attention in health policy. That might be due, on the one hand, to the lack of epidemiological data and the incomplete knowledge about the causative and risk factors and, on the other hand, to the comparatively low death rate.

Effective preventive measures were urgently needed. There was, however, a lack of diagnostic tools for the mass screening of nonspecific minor illnesses, so that the possibilities for early treatment that would influence the further course of the disease were limited. Further intensive research in that field was required.

Some successful national programmes were in operation - for example, in Switzerland. However, the importance of the disease in relation to social medicine made it imperative
that WHO coordinate worldwide experience regarding early diagnosis, treatment and rehabilitation. There was also a need for research on epidemiology and risk factors, and for an international standardization of the pathological classification of rheumatic diseases.

Dental health (subprogramme 5.2.5)

Dr RAMZI (representative of the Executive Board) drew attention to the Board's resolution EB53.R30 on fluoridation and dental health.

Dr JOYCE (Ireland) said that water fluoridation had been mandatory in Ireland since 1963, and at present about one-and-a-half million of the total population of three million was receiving fluoridated water. Surveys had shown the effectiveness of water fluoridation, and studies were being made to find ways of providing fluorides to those sections of the population that had no piped water supply.

Mental health (subprogramme 5.2.6)

Dr HEMACHUDHA (Thailand) said that the influence of psychosocial factors on health had been strongly emphasized during the Technical Discussions, and many delegates had felt that some sort of follow-up action was required. Accordingly, he was presenting a draft resolution, which was co-sponsored by the delegations of Australia, Belgium, Brazil, Bulgaria, Cuba, Czechoslovakia, Dahomey, Egypt, Gambia, Ghana, Greece, Guinea, Kenya, Kuwait, Madagascar, Malawi, Mexico, Netherlands, New Zealand, Norway, Oman, Pakistan, Qatar, Somalia, Sri Lanka, Swaziland, Uganda, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela, Yugoslavia and Zambia.

It was felt that a study was needed to investigate the impact of psychosocial factors in the environment on the mental health of the population, and the functioning of the health services in relation to those psychosocial influences. The study should be carried out in both developed and developing countries since no country remained unaffected, although the psychosocial factors involved might vary in nature and degree according to the stage of socioeconomic development. The text of the draft resolution was as follows:

The Twenty-seventh World Health Assembly,

I

Noting the great interest that the participants in the Technical Discussions on the role of the health services in preserving or restoring the full effectiveness of the human environment in the promotion of health have expressed in the part played by psychosocial factors and their influence on health and on the functioning of health services;

THANKS the Member governments for their assistance in providing material for the preparation of the report on this aspect of the subject;

II

Considering that further knowledge is needed on the influence that psychosocial factors exert on health and the functioning of health services, both in developing and in developed countries;

Recognizing that the Organization has established a system of teamwork in research through collaboration with laboratories and institutions on a worldwide scale; and

Considering that a well designed programme on psychosocial factors and mental health would merit wide support from Member States;

1. BELIEVES that the Organization should initiate programmes concerning the role of psychosocial factors and their influence on health in general, and mental health in particular, and on the part that those factors play in the functioning of health services;

1 The delegation of the Federal Republic of Germany subsequently expressed the wish to see the name of its country added to the list of co-sponsors.
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2. REQUESTS the Director-General to organize multidisciplinary programmes that would explore the role of these factors and to prepare proposals for the strengthening of WHO's activities in this field; and

3. REQUESTS the Director-General to report to the fifty-fifth session of the Executive Board and to the Twenty-eighth World Health Assembly.

Professor VON MANGER-KOENIG (Federal Republic of Germany) said that his delegation wished to be a co-sponsor of the draft resolution.

Dr EHRLICH (United States of America) confirmed that his delegation fully supported the draft resolution. The Director-General, in drawing up the requested report for submission to the Executive Board and the Twenty-eighth World Health Assembly, would no doubt bear in mind WHO's long-term programme of work and the basic objectives established.

Dr SAMBA (Gambia) said that there were a number of reasons why his delegation had co-sponsored the draft resolution. There was a general misconception that psychosocial problems were not very prominent in developing countries. He was convinced that the success of many health programmes largely depended on the psychosocial characteristics of the population concerned. Programmes in developing countries sometimes failed mainly because the official implementing the programmes did not take the psychosocial factors into account. Often those officials were nationals of the developing countries concerned, but they had taken all their training years abroad, with the result that when they returned to their own country they had to be "re-africanized", a process that took considerable time. Moreover, often their training had not included psychosocial medicine. It would therefore be a great help to developing countries if WHO could take up this problem.

The CHAIRMAN asked whether the Committee was prepared to approve the draft resolution introduced by the delegate of Thailand.

Decision: The draft resolution was approved.1

Prevention and control of alcoholism and drug dependence and abuse (subprogramme 5.2.3)

Dr MATTHEIS (Federal Republic of Germany) drew attention to the following statement in the comments from other organizations, the United Nations, the specialized agencies and IAEA on the proposed programme and budget estimates for 1975:

... it appears that the relative allocation of resources by WHO from its regular funds may not reflect the degree of urgency attributed to the global drug abuse problem...

It was well known that drug abuse affected the physical, mental and social well-being of large groups of people in many countries. In the Federal Republic of Germany, for instance, alcoholism endangered the health of between 1 and 2% of the population. During the past decade increased attention had been given to the drug problem at the international level, owing to the large-scale passage of drugs between countries and continents. However, the fight against drug abuse was too often regarded as a control problem for police and customs officials. In fact it was primarily a health problem and, more specifically, a question of health education. Since it would never be possible to eliminate drugs from society, people must be taught how to live with them without running too many risks.

She accordingly strongly supported the suggestion that WHO should give due attention in the coming years to this programme, and that adequate financial provision be made to that end. WHO's activities should be concentrated, first on the coordination of the activities in different countries, especially with regard to research; and secondly, on the comparative evaluation of programmes carried out with regard to prevention and treatment. Special emphasis should be laid on prevention programmes, since the problem would never be solved by control or treatment measures alone.

Dr EHRLICH (United States of America) noted with satisfaction the assignment of funds from the United Nations Fund for Drug Abuse Control (UNFDAC) to WHO for epidemiological studies. He recalled that the Deputy Director-General, replying to a point raised by the delegate of Sweden during discussions in Committee B, had stated that, now that support was forthcoming from the Fund, WHO would consider very carefully the further investment of

1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.53.
funds from WHO’s regular budget. As the delegate of Sweden had pointed out, it was a global problem, well deserving WHO’s leadership and coordination in all health aspects. He looked forward to the further development of the programme by the Organization.

Dr AKHMETELI (Director, Division of Noncommunicable Diseases) thanked delegates for their thought-provoking and stimulating comments.

The delegate of Yugoslavia had quite rightly stressed that in order to prevent cardiovascular diseases in the adult it was necessary to study the child. WHO had held a consultation in February 1974 on the prevention of cardiovascular diseases in childhood - based on the study carried out in children in the Netherlands. This had shown such a study to be feasible; it had been well accepted by the community, and the parents had cooperated. It had also shown that the cholesterol level was already high in some children of school age. It was hoped to continue the study with the participation of other countries.

The importance of screening and intervention in the field of ischaemic heart diseases had been emphasized by the delegate of the Netherlands, who had mentioned the study being carried out in Kaunas (USSR) and Rotterdam (Netherlands). The WHO Division of Strengthening of Health Services was responsible for that study, and WHO was at present considering how to continue its coordinating role. The study was particularly interesting because it was multidisciplinary, with the active participation of statisticians, behavioural scientists and social scientists, as well as medical personnel.

With regard to rheumatic diseases, to which reference had been made by the delegate of the Federal Republic of Germany, a meeting had been held in London in March 1974 to consider all aspects of international cooperation in the field of rheumatology. Epidemiological studies on rheumatoid arthritis and allied diseases were comparatively rare because the criteria for those diseases had not yet been clearly defined. WHO was elaborating criteria that could be applied in international studies, and the centre established in Paris was studying criteria for several connective tissue diseases. The study was expected to be completed very shortly and the results could be assessed in trials in various parts of the world. WHO was also studying the development of immunological and biological markers for use in epidemiological and clinical studies on rheumatoid arthritis. Consideration was being given to the establishment of a coordinating centre to deal with the morphological classification of rheumatoid diseases and allied conditions, along the same lines as the cancer classifications. The possibilities of international cooperation in the field of rheumatoid diseases would certainly improve once international classifications had been established.

Dr CAMERON (Office of Mental Health) replying to the comments made by the delegate of the Federal Republic of Germany regarding drug dependence, said that two groups of experts recently convened by WHO had made comments along the same lines. Thus, the Study Group on Youth and Drugs2 had emphasized that, since it would probably not be possible to eliminate drugs, it would be necessary "to learn to live" with them without too much damage to the society and to the individuals concerned; in many countries beverage alcohol accounted for more human and social pathology than all other drugs combined. In addition the Expert Committee on Drug Dependence at its recent meeting had made recommendations regarding the coordination of research and, in particular, evaluation of the effectiveness and the human and other costs of the various preventive and therapeutic measures.

Prior to the support given by UNFDAC for the programme on the epidemiology of drug dependence, to which the delegate of the United States had referred, WHO had convened two groups in August 1973, using funds from the regular budget, to consider what activities could be carried out if funds were allocated from UNFDAC. The first working group had helped to develop guidelines for use by various institutions and members of WHO expert advisory panels in reporting data on the prevalence and incidence of drug dependence and on associated human and environmental factors. The second group had considered how WHO could improve research and training, especially in those parts of the

world where the drug dependence problem was substantial but where resources were limited. The group had made specific suggestions, and it was hoped that with the availability of the new funds WHO could develop the programme quite rapidly. He expressed appreciation of the suggestions made by delegates and of their support.

Human genetics (subprogramme 5.2.8)

There were no comments.

Immunology (subprogramme 5.2.9)

(For discussion, see under Mycobacterial diseases, pages 402 to 408, and 448.)

Prophylactic and therapeutic substances (programme 5.3)

Dr HOSSAIN (Bangladesh) said that the subject of subprogramme 5.3.2 (Specifications and quality control of pharmaceutical preparations) was very important to his country, which had in the last two years been trying to encourage manufacturers to come forward with good pharmaceutical products. The local preparations had not so far met the necessary standards of quality, nor did the Government have sufficiently well equipped laboratories or well trained staff to check the products before marketing, with the result that inferior preparations were sometimes distributed to the population. The Government would therefore appreciate WHO's assistance with the establishment of adequate laboratory services for that purpose.

Promotion of environmental health (programme 6.1)

Provision of basic sanitary measures (subprogramme 6.1.2)

Pre-investment planning for basic sanitary services (subprogramme 6.1.3)

Control of environmental pollution and hazards (subprogramme 6.1.4)

There were no comments.

Health of working populations (subprogramme 6.1.5)

Dr TOTTIE (Sweden) said that, with the changing pattern of disease and of causes of death resulting from scientific and technical, and also from social and economic development, road accidents were becoming an increasingly important factor: while accidents in industry were tending to decrease, there could be said to be a compensating increase in accidents occurring on the way to and from the place of work. Many international, governmental and voluntary organizations were working on different aspects of accident prevention. Interest had focused in recent years on epidemiological factors, and studies had shown clearly that traffic accidents did not just happen but were caused by a number of interacting factors involving the driver and other people, the car, the road, the weather and so on. It was therefore very important to determine what factors, large or small, could be eliminated.

WHO had an important role to play among the many agencies working in the field of accident prevention, and should collaborate and coordinate activities especially where the human factor was involved. Health services with their different specialists should become involved not only in treating the victims of every accident but in investigating the causes. Health authorities must play their part in accident prevention by carrying out epidemiological studies, the results of which could be used in determining action against those causes that involved man and his environment.

Preventive health aspects must be emphasized in city planning and road design, for example, children and other pedestrians should have footbridges or other safe crossings; and accidents that were the result of bad road design should not be attributed to careless driving. He referred to a joint meeting held recently by WHO and experts of the Economic Commission for Europe on road traffic safety and fitness of motor vehicle drivers, a suitable subject for study by the medical profession.

The examples he had given were among the reasons that had led certain delegations to present the following draft resolution:

The Twenty-seventh World Health Assembly,

Noting with great concern the extensive and serious individual and public health problems resulting from road traffic accidents;

The other co-sponsors were the delegations of Brazil, Denmark, Finland, France, Iran, Italy, Norway, Poland and Thailand. The delegations of Austria, German Democratic Republic, Madagascar, Peru and Turkey subsequently expressed the wish to see the names of their countries added to the list of co-sponsors.
Recognizing that the use of alcohol and other psychoactive drugs contributes significantly to the heavy toll taken by road traffic accidents;
Believing that effective solutions require the coordinated efforts of international organizations and agencies, Member States, regional and local authorities, and the world citizenry;
Declaring that the World Health Organization has a responsibility to provide leadership, guidance and technical assistance to the world community and Member States in the field of improving road traffic safety in so far as human and medical factors are involved; and
Recalling resolution WHA19.36,
1. RECOMMENDS that the World Health Organization should encourage and assist the development of improved programmes in the field of traffic safety;
2. URGES Member States:
   (i) to promote improved driver-licensing standard and traffic safety education programmes; and
   (ii) to encourage the national health authorities to provide leadership in these matters in so far as human and medical factors are involved;
3. REQUESTS the Director-General:
   (i) to study, in consultation with other intergovernmental and nongovernmental organizations, means of developing: (a) appropriate standards relating to the medical aspects of licensing drivers; (b) increasingly effective educational and other programmes designed to encourage responsible use of vehicles and roads; and (c) the promotion and coordination of further research on human and medical factors involved in traffic accidents;
   (ii) to convene as soon as possible a group of experts to study the influence of alcohol and psychotropic drugs and their interaction on driver skills and traffic accidents; and
   (iii) to report to the Executive Board and to the Twenty-ninth World Health Assembly on developments on these matters.

His delegation had been very happy to note that traffic accidents were recognized as a public health problem in countries with fewer cars per head of population than more industrialized countries. That fact would facilitate preventive activities with greater foresight, along the lines indicated in operative paragraph 2 of the draft resolution. He hoped that the Committee would approve the resolution, which challenged Member States and the Organization to develop further the work in what was an important field.

Dr GRAHAM (Australia), describing the effects of legislation requiring the use of seat belts in motor vehicles in Australia, said that, although the practice had been followed on a voluntary basis for some years, it had been observed that only since the introduction of legislation between 1970 and 1972 in the different states had a significant number of people used seat belts. The legislation stipulated a fine for non-use, and the general requirements were that all new vehicles should be fitted before registration and older vehicles similarly fitted by a specified date. Initially this applied to front seat occupants, but rear seatbelts were being introduced progressively.

A study in New South Wales, the results of which had been published by the Department of Motor Transport of that state, showed that, while other factors had remained constant and no new factors had appeared that might have influenced the mortality or morbidity significantly, the number of deaths among travellers by car directly attributable to road accidents had fallen from 860 in 1971 to 701 in 1972 - a decrease of 18.5% - when between 796 and 1082 deaths might have been anticipated for that period. A report by the Road Safety and Traffic Authority had also indicated a reduction in road casualties in Victoria in 1971 compared with earlier years and with other states and territories of Australia. At that time an estimated 64% of drivers in country districts and 75% in metropolitan areas were wearing seat belts - many of them, however, badly adjusted. While the wearing of belts appeared to offer greater safety, improvement in vehicle design, particularly improvement in lateral protection, would have afforded even greater protection to occupants. Allowing for a downward trend apparent at the time, it was considered that a reduction of about 14% in driver casualties could probably be attributed to the wearing of seat belts.

While those figures were not conclusive and further studies were essential for an accurate assessment of the value of seat belts in reducing deaths and injuries, the early studies indicated that a marked reduction could be expected.
The Swedish delegation had informed him that legislation on the compulsory use of seat belts had been passed in the Swedish Parliament, although the date of its entry-into-force and other technical requirements had not yet been fixed.

Dr ZAMFIRESCU (Romania) said that occupational health, which now covered far more than industrial poisoning and occupational diseases, was the subject of increasing interest in all countries; the problems dealt with concerned not only conditions of work but also the living conditions of the working population. The periodical examinations of the working population made occupational health an example of genuine preventive medicine and an indispensable measure for control of the working environment. He unreservedly supported WHO's programme and was ready to collaborate in its development.

He noted with satisfaction the provisions of resolution EB53.R23, which inter alia requested the Director-General to prepare guidelines for the comprehensive monitoring of workers' health and to assist Member States, particularly developing countries, in the preparation of national inventories for use in the planning and implementation of appropriate programmes. Recalling the terms of resolution WHA25.63, he expressed the wish that the Director-General should report on occupational health programmes in 1975 or 1976.

Dr KUPFERSCHMIDT (German Democratic Republic) said that road accidents were a considerable problem in his country. Medical examination of drivers beyond a certain age and frequent regular checks on professional drivers had been made obligatory by law, and drivers were forbidden to drive after consuming alcohol in any quantity. There were education programmes for drivers and for schoolchildren.

His delegation fully supported the draft resolution.

Mr ANDRÉASSON (International Association for Accident and Traffic Medicine), speaking at the invitation of the CHAIRMAN, expressed his Association's gratitude for the close collaboration it had with WHO, and its appreciation of the draft resolution on prevention of road traffic accidents, which expressed the strong support of worldwide medical opinion for traffic safety measures, and would be valuable in developing and carrying out programmes for the prevention of accidents. At a time when certain diseases were being successfully combated, no country had yet achieved the same progress in road safety, neither the industrialized nor the developing. The resulting deaths and injuries partly cancelled out improvements in health and living standards. More than 8 million injuries occurred annually in the world as a result of road traffic accidents, and there were about 250 000 deaths. Resources must be mobilized for a successful battle against such accidents.

The costs of hospitalization—about $250 a day for intensive care and about $100 a day for normal hospital care—not counting the direct and indirect costs of rehabilitation, insurance and loss of productive force—were a strong economic argument in favour of investment in accident prevention.

There was an urgent need for worldwide cooperation on the subject, since transport was a matter of international concern. The Association and other nongovernmental organizations concerned very much appreciated WHO's leadership in the human and medical aspects of road accident prevention. He underlined the importance of the activities of the WHO Regional Office for Europe in that field, and pointed out that, since the Association's regions were the same as those of WHO, there was a good basis for regional collaboration throughout the world. Traffic accidents must be dealt with at the highest international level in the same way as war, famine, disease and environmental pollution.

He hoped that the Health Assembly would adopt the draft resolution unanimously.

Dr ŠČEPIN (Union of Soviet Socialist Republics) shared the concern of the authors of the draft resolution regarding the serious problems resulting from road traffic accidents. However, the meaning of the fourth paragraph of the preamble was not clear to him; possibly the Russian translation was at fault, but he proposed that the paragraph be deleted. He also proposed that operative paragraphs 1 and 3 should be combined, since both concerned the activities of WHO. Finally, he doubted the need to include a request to the Director-General to convene a group of experts to study the influence of alcohol and psychotropic drugs and their interaction on driver skills and traffic accidents; that was a matter that the Director-General could decide upon without a mandate from the Health Assembly.
Professor SENAUT (France) said that road traffic accidents were indeed an important public health problem and it was clearly necessary for States and international organizations to promote a policy of accident prevention based on legislation. The financial arguments were far from negligible; but apart from the cost of medical care, rehabilitation and compensation, which affected national budgets, there was the large number of deaths of people of all age-groups, due directly or indirectly to traffic accidents.

Noting that many governmental and other organizations were concerned with the matter and that there might be some duplication of activities and wastage of resources, he asked the Secretariat to indicate the broad lines of cooperation and coordination which WHO intended to pursue.

Dr HOSSAIN (Bangladesh) said that his country had appreciated the assignment by WHO of a consultant on the health of working populations and the study he had carried out with the ministries of labour and of health and family planning. The Government looked forward to receiving WHO’s support in a programme to implement the recommendations in the consultant’s report.

Dr SHAHRIARI (Iran) said that the sponsors of the draft resolution had wished to focus attention on one of the most serious of present-day health problems. He hoped particularly that the provisions of operative paragraph 1 would be brought to the specific attention of car manufacturers.

Professor HALBACH (International Council on Alcohol and Addictions), speaking at the invitation of the CHAIRMAN, informed the Committee that an international conference on alcohol, drugs and traffic safety would be held in Toronto, Canada, in September 1974 with the sponsorship of the Council and two other organizations. In order to gain a rough idea of the amount of material available for consideration by that conference, and by the WHO group of experts proposed in the draft resolution, he had taken advantage of a demonstration of the MEDLINE system, which provided immediate access to the MEDLARS system surveying 2400 medical and other specialized journals, and had discovered from 1972 to date, 250 papers on subjects related to driving under the influence of alcohol and/or psychoactive drugs had been listed. There were probably as many more that had not.

The meeting rose at 5.25 p.m.
FOURTEENTH MEETING

Tuesday, 21 May 1974, at 8.30 p.m.

Chairman: Professor J. TIGYI (Hungary)

DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1975 (continued) Agenda, 2.2.3

Communicable disease prevention and control (programme 5.1) (continued)

Mycobacterial diseases (subprogramme 5.1.6) (continued from the thirteenth meeting)

The CHAIRMAN invited the Committee to consider the following draft resolution on quality control of BCG vaccine, as amended by the working group:

The Twenty-seventh World Health Assembly,

Emphasizing that the effectiveness of BCG vaccination depends largely on the quality of the vaccine used;

Recognizing that the production and quality control of freeze-dried BCG vaccine not only require extensive facilities and equipment, but also a high degree of specialized technological skill, and that as a result an increasing number of countries are deciding to refrain from national production and to opt for importing BCG vaccine;

Recalling that from the outset the Organization has monitored the quality of BCG vaccine and that the WHO Expert Committee on Tuberculosis has strongly recommended that BCG vaccines used in national programmes should be examined by international reference laboratories and centres;

Noting with satisfaction that for all the freeze-dried BCG vaccine supplied by or through UNICEF this monitoring consists in quality control of the final product both in laboratory experiments and in man,

1. URGES Member countries importing BCG vaccine on a bilateral basis to make use of the international quality control system set up by the Organization; and

2. RECOMMENDS that Member countries producing BCG vaccine avail themselves of the international system of assaying the quality of BCG vaccines until they have established a competent national control service.

Dr VELIMIROVIC (Austria) said that the working group had unanimously agreed on the amendments to the draft resolution and had decided to keep it separate from the draft resolution on immunization.

Dr GERRITSEN (Netherlands) supported the resolution in view of the delegate of Poland's comments at the thirteenth meeting and the Director-General's opinion that all important matters could be brought before the Health Assembly.

Decision: The draft resolution was approved.¹

The CHAIRMAN asked the Committee if it was ready to discuss the draft resolution on the WHO expanded programme on immunization.

Professor HALTER (Belgium) said that the delegates had not had time to read the draft resolution and he proposed that it should be dealt with at a later meeting when it had been distributed in all languages.

It was so agreed.²

Promotion of environmental health (programme 6.1) (continued)

Health of working populations (subprogramme 6.1.5) (continued from the thirteenth meeting)

Dr DE VILLIERS (Canada) said that reexamination of the health priorities in Canada had led to emphasis being put on the problem of motor vehicle accidents. For the age group 5-35 years road accidents were the most important single cause of death. The Canadian Ministers of Health had recently supported a resolution in favour of legislation to make the wearing of seatbelts compulsory in Canada.

¹ Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.54.
² See p. 447.
Mr DENTE (United Nations) said that there had been close collaboration for several years between WHO and the Economic Commission for Europe (ECE) in various activities concerned with road safety. In particular, he acknowledged the assistance of WHO in establishing fitness tests for drivers. ECE was currently working on medical standards for driving permits. It was also concerned with, and had collaborated with WHO on, the ergonomic aspects of vehicle construction in relation to road safety. Work was also going on concerning the requirements for motor vehicles in relation to protection of the environment. A further area of cooperation concerned road traffic statistics. He hoped that collaboration between ECE and WHO would continue and increase.

Dr KAPRIIO (Regional Director for Europe), replying on a point raised at the thirteenth meeting concerning cooperation between WHO and other agencies in the field of road accidents, explained that the work of the Regional Office had started several years ago and at first had been concerned with the medical aspects, such as resuscitation and casualty services. As a result of a seminar, held in Leningrad in 1967, a handbook had been prepared concerning the arrangement of casualty services in relation to road accidents. However, the major problem was in prevention of accidents and in 1967 a symposium in Rome had discussed the question of human factors in road accidents. Contributions to that symposium were made by the OECD and ECE, and a joint questionnaire had been prepared in association with the Council of Europe. In 1968 the first European liaison meeting was held on the prevention and control of road accidents and a second meeting was held in 1971. At the second meeting, 28 nongovernmental and intergovernmental organizations had been identified that were concerned with road accidents. In fact, 22 different organizations did participate and the role of those organizations was discussed. Subsequently a special document was prepared for the Regional Office concerning WHO's role. Meanwhile the Regional Committee for Europe held Technical Discussions on the matter in 1969, and in 1970 it was taken up again by the Regional Committee in Malta as an item on the agenda. At that meeting a resolution was passed asking health authorities to stress at the national level the importance of establishing a proper traffic policy. A regional voluntary contribution was now being made by Austria, which was one of the countries with a very high road accident rate. Cooperation had been very good in Europe but it was felt that there should be a worldwide policy on road accidents.

Dr PAVLOV (Assistant Director-General) said that the prevention of road traffic accidents involved first, the general question of reducing accidents and, second, the more specific question of the influence of alcohol and other psychoactive agents on driving skills. Obviously a multidisciplinary approach was required and coordination not only within the Organization but also with other organizations including nongovernmental organizations.

Replying to the question of the delegate of France at the thirteenth meeting, he said that there was cooperation with the United Nations - particularly ECE and ILO - OECD, the Council of Europe, the Commission of the European Communities, the International Association for Accident and Traffic Medicine, the International Federation of Pedestrians, the International Ergonomics Association, International Prevention of Road Accidents, and others. There had already been working sessions with those organizations and it was planned that future collaboration would be organized by WHO together with ECE through the existing joint working group on road traffic safety. A meeting of investigators had been held in January 1974 on tests for the detection of dependence-producing drugs in body fluids and another consultation was planned for later in the year.

(For continuation, see summary record of the sixteenth meeting, section 3.)

Biomedical and environmental health aspects of ionizing radiation (subprogramme 6.1.6)

Establishment and strengthening of environmental health services and institutions (subprogramme 6.1.7)

There were no comments.

Food standards programme (subprogramme 6.1.8)

Dr HOSSAIN (Bangladesh) welcomed the inclusion of a food standards programme. In his country food shortages were chronic and dishonest traders were known to mix all sorts of things with food materials. Investigations had shown that adulterated food had been the cause of cholera-like epidemics. His Government was trying to set up machinery to deal with food standards and would appreciate help from WHO.
Health information and literature

Health statistics (programme 7.1)

Health statistical methodology (subprogramme 7.1.2)

Dissemination of statistical information (subprogramme 7.1.3)

Development of health statistical services (subprogramme 7.1.4)

There were no comments.

International classification of diseases (subprogramme 7.1.5)

The CHAIRMAN drew the attention of the Committee to the following draft resolution, co-sponsored by the delegations of Canada, Cyprus, France, German Democratic Republic, Luxembourg, Peru, Thailand, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon and the United States of America:

The Twenty-seventh World Health Assembly,
Recognizing the vital contribution of the International Classification of Diseases to international cooperation in the field of health statistics;
Noting that the data currently provided have greatly assisted the development of preventive services;
Recognizing additional needs for appropriate data created by expanding activities of planning and monitoring of health care delivery systems;
Noting also the increasing demand for relevant data for the evaluation of clinical activities; and
Concerned with the danger that these additional needs may be met by the development of a diversity of systems in different countries with a consequent lack of international communication;
REQUESTS the Director-General to ensure that the next Revision of the International Classification of Diseases would include the means of meeting these needs, without prejudice to the continuing use of the Classification for its traditional purposes.

Professor REID (United Kingdom of Great Britain and Northern Ireland), speaking on behalf of the co-sponsors of the draft resolution, drew attention to the work of the Expert Committee on Health Statistics in relation to the revision of the International Classification of Diseases (ICD) and the proposed Revision Conference on the Ninth Revision. WHO's work in relation to the ICD should be acknowledged, as it had led to the creation of an international system of vital statistics that was the basis of the ability to make international comparisons. That work could not stand still; much had been achieved but much more remained to be done. The orientation of the ICD and its forerunners had been towards etiology, diseases being classified according to cause rather than to the particular manifestation causing death or morbidity. As the use of the ICD expanded for the storage and retrieval of clinical records, the drawbacks of a mostly etiology-oriented classification had become evident. To retrieve all the records for given manifestations (e.g., meningitis) it was necessary to search several etiological codes (tuberculous, meningococcal, leptospiiral, pneumococcal, etc.).

It was now possible to contemplate methods of dual axis classification that would considerably enlarge the range and flexibility of the ICD to provide data for primary care, hospital and outpatient services, preventive services, and rehabilitation, as well as to extend the classifications of procedures used (e.g., surgical, radiological, or laboratory). All that could be done while leaving the basis of the ICD intact.

There was now an increasing demand for data from which to create the information necessary for health planning. In the discussions on health planning there had been much comment on the gap between the needs of the health planner and the data provided by the health statistician. It was not surprising that there was such a gap, as the original purpose of vital statistics was registration as distinct from health care planning. It was now necessary to see whether the usefulness of the existing ICD to the planner could be extended by increasing its range and flexibility.

1 The delegation of Colombia subsequently expressed the wish to see the name of its country added to the list of co-sponsors.
Another development of the ICD to which increasing attention should be paid was the increased use made of it by clinical workers to document their activities and evaluate their efforts. In many ways, however, the existing ICD was not sufficiently flexible for their purposes. There was thus a real risk that clinicians might pursue other possibilities of classification, locally devised, with the consequent risk of loss of international comparability.

Work on the ICD must progress or there would be a risk of losing the central international position it had achieved. Progress would require willingness by the Expert Committee on Health Statistics and the proposed Revision Conference to contemplate some change in the Ninth Revision. If the revision were postponed there would be a risk of delaying real revision of the present classification for as much as 20 years. During such a period the deficiencies of the existing ICD would become increasingly apparent. He realized that some delegations would be anxious about the implications of another change in the ICD because of their investment in computer and other programmes based on the existing classification. In that connexion, the creation of a revised classification in no way committed individual countries to its immediate adoption; each country could decide if and when it wished to implement the new arrangement. In the meantime the general review and revision should proceed. The proposed resolution was drafted in general terms because it was the task of the Expert Committee to discuss technical details. It was desirable that the experts should seek greater range and flexibility while preserving the existing ICD methods of classification, thus maintaining vital continuity of recording.

Dr MELLBYE (Norway) said that the Eighth Revision, with amendments adapting it to the needs of the Nordic countries, had been in use in those countries for the last three or four years. It was in extensive use not only for coding the causes of death but also for hospital statistics, hospital indexing, etc. The National Health Insurance system had also adopted the ICD for the registration of disabilities. It was also widely used in health screening studies and in long-term epidemiological studies. Thus thousands of people in the Nordic countries used the ICD daily. A major revision would lead to great problems of re-training and great changes in computer programmes. His delegation therefore thought that only relatively minor changes should be made in the Ninth Revision. Changes at the three-digit level should be limited to correcting obvious faults. Subject to that reservation, his delegation was happy to support the draft resolution.

Dr GUILLÉN (Peru) emphasized the value of an international classification of diseases in the planning process in order to arrive at a diagnosis of the health situation. The Eighth Revision of the ICD contained areas that led to confusion, in relation for example to accidents and violence and ill-defined conditions. He thought that the ICD should be stressed more during medical training so that physicians would learn how to use it accurately.

Dr JOYCE (Ireland) said that some of the categories listed in the ICD were not relevant to modern medicine. Having been concerned with the introduction of exfoliative cytology in Ireland, he had looked at the basic statistics on cancer of the uterus and found that the figures for cancer of the cervix and the corpus uteri were low, whereas the figures for cancer of the uterus unspecified were fairly high. Such information was useless. There were also problems in the field of bronchitis, most cases being given under the heading of bronchitis unspecified.

Professor KOSTRZEWSKI (Poland) agreed with the views of the United Kingdom delegate. At a workshop held in December 1973 in Copenhagen on the use of epidemiology in health planning and evaluation, it had been concluded that additional information was needed for the ICD. The ICD was based mainly on an etiological or system classification. For the evaluation of health services and planning, information based on symptoms was required. His delegation supported the draft resolution but a group of experts should first discuss the problems thoroughly and their proposals could then be considered by the Executive Board and the Health Assembly. The classification should stand as it was for epidemiological purposes but additional information was required in the next Revision.

Professor SENAULT (France) said that the ICD should keep abreast of the changing needs arising from the continual inflow of new knowledge. While he appreciated the points raised by the delegate of Norway, the last paragraph of the resolution met them by requesting the Director-General to provide means of meeting new needs without prejudice to the continuing use of the Classification for its traditional purposes.
Dr TOUA (Papua New Guinea) said that in many developing countries classification systems tended to vary with the type of training received by the medical officers concerned. He hoped that WHO would not establish a classification that conflicted too greatly with those in use in developing countries.

Dr MORA (Colombia) recalled that the Director-General, at the previous meeting of the Executive Board, had promised that, in view of the difficulties involved in the revision of the ICD, the task should be given first to a group of experts whose report would be submitted to the Executive Board and the Health Assembly in 1975.

It was most important that the changing needs in many countries arising from the adoption of new planning methods, which had given rise to new classifications and criteria, should be taken into account in the Ninth Revision in order to increase the effectiveness of the Organization in its coordinating role.

He supported the draft resolution and asked to be included among its sponsors.

Professor HALTER (Belgium) said that he shared the view of the representative of France that revision of the Classification was necessary. That revision was, however, a task for specialists. He suggested that the Committee should approve the draft resolution and defer further discussion until the experts had submitted their recommendations.

Dr KUPKA (International Classification of Diseases) said that the International List of Causes of Death, the forerunner of the ICD, had been orientated towards etiology, because the primary interest of public health at that time was prevention of disease, so diseases were in general classified by their cause rather than by the manifestations causing death.

The Organization, which on its creation had assumed responsibility for the periodic revision of the list, had introduced non-fatal conditions in the Sixth Revision (1948) in order to satisfy a growing need for a classification of diseases, but the traditional orientation towards etiology had been retained; the underlying cause of death was in fact first introduced in that Revision as a basis for international comparisons of mortality data. By the time of the Eighth Revision (1965), as the ICD was being increasingly used for the storage and retrieval of clinical records, the drawbacks of an etiology-oriented classification became evident. Since then, however, statistical needs had arisen, particularly with the provision of data for decision-making in health care, in which the manifestation or complication being treated was more important than the underlying cause.

In the early stages of the Ninth Revision, WHO had proposed a dual-access classification, but the Study Group on Classification of Diseases (1969) had recommended revision with only minor changes; proposals received by WHO, however, had shown a need for the identification of manifestations of diseases. WHO had therefore produced a first draft of the Ninth Revision including alternative classifications for certain conditions that could be classified according to their cause for prevention statistics, and by their manifestation for care statistics.

In his view, the ICD should be structured to provide information for:

1. primary health care services, on signs, symptoms, complaints, and health problems;
2. hospital inpatient and outpatient services, on diagnostic entities in regard to their clinical manifestations;
3. preventive services, on diagnostic entities in regard to their etiology; and
4. rehabilitation services, on handicaps and disabilities.

Classifications along those lines were being prepared and would be submitted to the Expert Committee at its next session in June 1974.

He thanked previous speakers for their comments and guidance. He sympathized with the concern, expressed by the delegates of the Scandinavian countries, to maintain the continuity of the Classification, which the Secretariat was endeavouring to do. He appreciated the problem of the quality of data supplied to the Organization, to which the delegate of Ireland had drawn attention. The Secretariat, however, had no choice but to accept the diagnosis given by physicians and was certainly not in a position to query its value or their competence.

The question put by the delegate of Papua New Guinea raised interesting issues. The Secretariat had for the past five years been considering the problems of countries where the density of medical practitioners was low and the data collected did not correspond to the structure of the ICD. In that context, the term "developing countries" could be misleading; he knew of no country that did not have some excellent hospitals well able to use the ICD. Nevertheless, a special tool was needed for the collection of morbidity and mortality data in certain areas, which might be found in the advanced as
well as in the less advanced countries. An unpublished report by a group that had been examining the problem was available to whoever might wish to see it.

Decision: The draft resolution was approved.1

Health literature services (programme 7.2)

WHO publications (programme 7.3)

Health information of the public (programme 7.4)

There were no comments.

General service and support programmes

Personnel and general services (programme 8.1)

Budget and finance services (programme 8.2)

Internal audit services (programme 8.3)

Legal services (programme 8.4)

There were no comments.

Support to regional programmes

Regional programme planning and general activities (programme 9.1)

Assistance to country programmes (programme 9.2)

Regional general support services (programme 9.3)

Regional common services (programme 9.4)

There were no comments.

Regional activities

The Americas

Dr HORWITZ (Regional Director for the Americas) said that, following his report to the fifty-third session of the Executive Board on the regional programme and its budget, he wished to comment on the work of WHO and PAHO in the Americas and to provide some supplementary background material.

It was hoped that the governments of the countries in the Region, having adhered to the Ten-Year Health Plan for the Americas, 1971-1980, 2 would by 1975 have for the most part drawn up a health policy or modified their existing policies, with a view to attaining the targets set by the plan. Thirteen of them had in fact done so by the end of 1973. The governments had agreed to use the "quadrennial projections" system, which included a simple methodology for programming and evaluation, and it was expected that in 1974 the governing bodies would adopt a system that would make it possible to assess progress in the implementation of the Ten-Year Plan on the basis of an analysis of national targets.

The basic purpose of those regional activities was to increase each country's coverage of minimum services for the prevention and cure of disease for persons currently without access to scientific medicine. Such persons represented 37% of the Region's population or 110 million persons, the majority living in communities of fewer than 500 people. The Ten-Year Plan set out a rural strategy based on the availability of a corps of carefully trained auxiliaries working under the supervision of professionals when geographical, climatic and budgetary conditions permitted. It depended on the contribution both of "empirical" personnel retrained in simple and effective techniques and of the community itself, which when properly prepared has an essential role in caring for its own health. That strategy had been actively followed in a number of countries in 1973, and would be applied with even greater intensity as governments recognized that rural coverage came within their competence and provided investments accordingly. It was gratifying to note that the Inter-American Development Bank had begun to approve loans for the expansion of the health infrastructure. Under an agreement with the President of

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1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.55.

that institution, a health section under the responsibility of a PAHO staff officer had
been created within the Bank's projects analysis division and had come into service on

The governments of the Region were concerned to achieve a balance between the demand
for food and the food the countries were able to produce. They intended to explore new
ways of increasing agricultural production, especially in the tropical areas of the Region.

To that end, PAHO/WHO, together with ECLA, FAO and UNICEF, was promoting a food and
nutrition policy, and it was hoped that by 1975 some of the governments would be partici-
pating in its implementation.

A number of vegetable protein mixtures - based on cottonseed, soya, wheat, beans,
quina, lupine, and others - had been developed, whose nutritional value was equivalent to
that of milk. Some countries had begun to industrialize their production, and others
needed capital in order to do so. Studies by the Institute of Nutrition of Central
America and Panama (INCAP) and other centres had shown that by-products or residues from
the cultivation of corn, coffee, and sugar cane could be used to make animal feeds and
thereby increase the supply of essential protein. The possibility of applying the
results of the research had been considered by the PAHO-sponsored meeting of Ministers of
Agriculture held in Trinidad and Tobago in April 1974.

The prevention of losses of meat and milk was also the aim of the continent-wide
campaign to stop the transmission of foot-and-mouth disease. Coordinated by the Pan
American Foot-and-Mouth Disease Centre, administered by PAHO and located in Brazil, the
campaign included vaccination three times a year of 200 million head of cattle and invest-
ment over the next four years of US $250 million, 80% obtained from national sources and
the rest from IDB loans. A highly effective surveillance system had been organized to
prevent spread of the virus to the non-infected area, which included the Caribbean and
Central and North America. Similar campaigns were being carried out for the control of
brucellosis, bovine tuberculosis, leptospirosis, rabies, hydatidosis, and Venezuelan
equine encephalitis. An agreement had been signed with the Government of Barbados for a
programme to control leptospirosis and brucellosis, to which UNDP was contributing
$417 800 and the Government of Barbados $597 200. WHO was the executing agency for the
programme. The Pan American Zoonoses Centre in Buenos Aires, another institution adminis-
tered by PAHO/WHO, collaborated in the control of those diseases, besides providing
services in the areas of quality control of biologicals, training, research, epidemiologi-
cal surveillance, and the production and distribution of antigens. Loans to some of the
countries for the organization of a network of diagnostic laboratories, for vaccine
production, and for transportation and other related activities had been approved by the
IDB.

In collaboration with the World Food Programme, the Regional Office was giving advice
to various governments on the development of 44 projects whose objectives included nutri-
tional protection for vulnerable groups, extension of the health infrastructure, food
production, organization of community services such as the construction of rural water
supply systems and the training of human resources in vocational centres. The food
distributed under those programmes was valued at $165 million and supplemented the diet
of some 5 million people a year.

With regard to communicable diseases, the Americas had been free from smallpox for
the previous three years. Only two cases of cholera had been identified and in both the
spread of the infection was prevented. The incidence of poliomyelitis had declined;
the Government of Mexico had produced six lots of polio type 1 vaccine meeting WHO's
standards and was preparing types 2 and 3. It was expected that by 1975 there would be
enough trivalent vaccine available to meet the needs of that country and of others in the
Region as well. The cost of measles vaccine was too high to allow, except in a very few
cases, for nation-wide programmes.

The production of biologicals by the Governments of Chile, Cuba, Mexico and
Venezuela with funds from UNDP and the technical assistance of the Regional Office and
by the Governments of Argentina, Brazil, Colombia, Ecuador and Guatemala, with the assis-
tance of PAHO/WHO, was facilitating the provision of sera and some of the reagents
indispensable for disease control and epidemiological surveillance.

Mortality from tuberculosis was only 10% of what it had been 30 years before in
Latin America and the Caribbean area, although it was still 10 times greater than in
North America. In 1973, PAHO had published a bacteriological manual on the
disease containing simple techniques for case-finding and ambulatory treatment control.
Sporadic cases of jungle yellow fever had continued to occur. Dengue remained endemic, its higher incidence going in tandem with the wider presence of Aedes aegypti in some countries. The rise in the cost of insecticides and of their transportation - 65% for the two factors - was going to interfere with eradication of the vector unless governments increased their contributions. A similar situation with regard to malaria might make it necessary as a result of outbreaks to modify the forecast for 1975 made in Official Records No. 212. The Central American Bank for Economic Integration was considering loans to its member governments in that area.

With regard to water supply and sewerage, in 1973 about 17 million people had been provided with those services at a cost of $680 million of which $537 million was contributed by governments and $143 million in loans from other sources including IDB, IBRD, USAID and the Canadian International Development Agency. That achievement was a great step towards reaching the Ten-Year Plan target, namely, to furnish water to 80% of the urban and 50% of the rural population, and sewerage to 70% and 50%.

The Pan American Air Pollution Monitoring Network had set up 93 stations in 26 cities representing 14 countries in order to measure suspended and settleable dust and sulfur dioxide; 48 of them had been installed directly by governments. Another 128 stations, measuring settleable dust only, had been installed by governments with their own resources. The regional project for air, water, and soil pollution surveillance, supported by governments, UNDP and PAHO/WHO technical advisory services through the Pan American Centre for Sanitary Engineering and Environmental Sciences (CEPIS), would, it was expected, be brought into operation by 1975. Also by 1975, the Pan American centre for human ecology and health would be established in Mexico, by invitation of that Government. The centre would develop methods for identifying environmental health problems and establishing criteria for their solution. It would also train professionals and carry out research.

The governments of the region had taken decisions regarding maternal and child health and family planning on the basis of the policy approved by the Health Assembly and of the terms of the Ten-Year Plan. Some had had recourse to UNFPA. It was expected that by 1975 investment by UNFPA, including the Regional Office programmes, would reach $8 million. The Regional Office would collaborate in the training of professionals and auxiliaries, education and information campaigns and studies on the impact of population growth on health planning. Supplementary efforts would be made by the Latin American Centre for Perinatology and Human Development in Montevideo. That Centre had been investigating new methods for timely diagnosis and proper treatment of complications so as to reduce maternal and perinatal mortality.

It was hoped to continue in 1975 the implementation, in close collaboration with ministries of health and of education and with universities, of the recommendations of the Pan American Conference on Health Manpower Planning, held in Ottawa in September 1973 with the collaboration of the Government of Canada. The Regional Office was cooperating with the Governments of Brazil and Mexico in the development, in each of those countries, of a centre for education, technology and health. The first steps had already been taken in medical and nursing education and plans were being prepared to cover dentistry and other health sciences.

The textbook programme included 18 subjects, and a total of 130,800 books had been distributed. The project to provide medical students with diagnostic equipment was being carried out in five countries, and seven others had expressed their interest in it. The Regional Library of Medicine and the Health Sciences in São Paulo (Brazil) had expanded its activities in the training of librarians and the production of special bibliographies and scientific articles, the latter reaching a total of 54,000 in 1973. The United States National Library of Medicine's MEDLINE system was being installed in Brazil, with UNDP funds in the amount of $250,000, with a view to the creation of a Pan American biomedical and social information network.

Programmes for the training of health professionals, technicians and auxiliaries accounted for 30% of the total regional budget. In addition, 1,987 fellowships and a series of seminars and training courses were proposed for 1975. It was hoped to obtain approval from UNDP for a project to train intermediate-level technicians from all the Caribbean countries, for which assistance had been requested in the amount of $4,771,000 from UNDP and of $24,989,000 from governments; WHO would be the executing agency. Also for the Caribbean countries, a programme for the training of animal health assistants, based on Georgetown, would, it was hoped, be launched in 1975.

As he had informed the Executive Board in January, of the total funds for 1975, 21.6% were proposed for the strengthening of health services through 162 projects; 12.9% for family health, with 55 projects; 9.2% for the training of health personnel, with 104
projects; and 23.7% for the prevention of communicable and noncommunicable diseases, with 166 projects. The promotion of environmental sanitation would be carried out through 85 projects, representing 8.1% of the total funds, and health statistics would account for 4.1% with 27 projects.

As shown in Official Records No. 212, page 404, an increase in the regular WHO budget of about 8% over 1974 was proposed. It was expected that the total amount of available funds would be substantially increased once decisions on the projects submitted had been reached by the various funding sources.

Dr ACUNA (Mexico) drew attention to the intercountry programmes in the Region concerned with the various Pan American centres, and especially to the centre to be established in Mexico on human ecology, and the centres for education technology for health in Mexico and Brazil. WHO had found, at least in the Americas, a method of making savings and helping countries through the intermediary of centres in which WHO, PAHO and governments all participated.

Dr GUILLÉN (Peru) wished to stress the success of the four-year projections in the Region, and to point out that almost all the countries in it had adopted a methodology of health planning. In the future, it would also be necessary for countries to define their population policy. That had not yet been achieved. In pursuit of its policy of regionalization, PAHO was collaborating with the countries of the Andean Pact, namely Bolivia, Chile, Colombia, Ecuador, Peru, and Venezuela, and conventions had been signed with regard to both education and health. The latter convention brought together each year the ministers of health of the Andean countries and resulted in valuable coordination and evaluation.

Dr MORA (Colombia) referred to the Ten-Year Health Plan for the Americas, the result of a meeting of ministers of health and supported and coordinated by PAHO. Countries were already beginning to see the benefits of the plan, and it had become a coordination mechanism of great importance.

Dr SIMOES (Brazil) was pleased to see that the budget and programme for the American Region were in harmony with the objectives formulated by the meeting of ministers of health in Santiago in 1972 and with the priorities established by countries for their health programmes. During the present decade, it was intended to provide health services to 40% of the population now lacking such services. That was in accordance with the proposed budget, of which 44% was earmarked for strengthening health services. About 30% was intended for disease control, and 25% for environmental sanitation. The latter was welcomed by the Government of Brazil, which was trying to supply 80% of the urban population and 50% of the rural population with drinking-water. The training of health personnel was a most urgent need, and 6% of the budget was devoted to it.

Dr DESLOUCHES (Haiti) referred specifically to the strengthening of health services, which was urgently necessary in his country. National resources were not sufficient for the purpose, but PAHO had interceded on behalf of Haiti with the IDB, and a group of experts from the Bank was now studying a project costing $2 million, to be financed by it.

Dr HORWITZ (Regional Director for the Americas) expressed his appreciation of the remarks made by the delegates of Mexico, Peru, Colombia, Brazil, and Haiti.

South-East Asia

Dr GUNARATNE (Regional Director for South-East Asia) introducing the estimates for his Region, said that proposals had been put forward to support the realistic health needs and aspirations of 10 countries (now including the Democratic People's Republic of Korea) and one-quarter of the world's population. The 1975 estimate of $11 690 000 represented an increase of 8.2% as compared to 1974. Various programmes had been given priority. Thus there was an increase of 19.3% for health manpower development and of 5.9% for health information and literature, but a slight reduction of 2.2% for disease prevention and control.

Strategy guidelines for planning country health programmes had been formulated for 1975-1980. In the recent country health programming exercise in Bangladesh a national health administration team had worked with WHO experts from headquarters and the Regional Office and the WHO representative in Dacca to select priority health problems and specific operational objectives and translate the latter into action. The exercise had been most opportune, as the national health plan was being formulated and it had thus been possible to apply management methods to programming and to the training of health
A country health programming exercise had also been completed in Nepal, and plans were in hand for similar exercises in Indonesia and Thailand during 1975.

The development of integrated health services, especially in rural and slum areas, had continued to receive high priority. The focus had been the health team working in the health centre. Countries were improving their services by using the results of operational studies to reorganize their health care delivery systems and to define the duties, responsibilities, and relationships of the members of the health team. Greater emphasis was now being placed on training field-level multipurpose workers. It was essential to identify, define, and standardize the components of the health care delivery system for each category of worker.

The Regional Office had been helping to improve the training of health workers by means of an interdisciplinary approach, and training in educational planning and technology had been initiated in three countries. National health manpower studies had been undertaken in some countries, and the lessons learnt from them were being used in developing instructional objectives and medical and nursing curricula.

Assistance had been given to a medical training centre in Sri Lanka and to one in Thailand, and both should be self-sufficient by the end of 1976. The establishment of national centres for medical pedagogy in Burma, India, Indonesia, and Mongolia was being promoted. The Regional Office was also exploring possible locations for a centre for the production of audiovisual materials. With regard to community medicine, the first seminar, held in Surabaya, in 1971 had been followed by further seminars, and another would be held in Sri Lanka later in 1974.

Communicable diseases still constituted the main public health problem of the Region. The malaria control and eradication programmes had been adversely affected by a number of factors, and WHO would have to continue assistance for a number of years. The smallpox eradication programme, however, had been most successful, and large areas of Bangladesh were now free of the disease; it was expected that the remaining areas would be free before the end of 1974. In India, an extensive campaign had been in operation since the autumn of 1973, and 86% of the total smallpox incidence was now accounted for by Bihar and Uttar Pradesh. Indonesia had been officially declared free of smallpox in April 1974.

The case fatality rate from cholera had been considerably reduced by improved rehydration therapy and early case reporting. Tuberculosis and leprosy programmes were being assessed, while measures against dengue haemorrhagic fever and poliomyelitis continued to need support.

Programmes for the prevention and control of cancer and cardiovascular diseases had been initiated, and studies were being conducted on ischaemic heart disease, blindness caused by infections and malnutrition, diabetes, and mental illness.

Heroin addiction was a major problem in one country, and the Regional Office had assisted in assessing the magnitude of the problem and advising on epidemiological investigations and the organization of services. In Thailand, the very large project of the United Nations Fund for Drug Abuse Control, which had been formulated with WHO assistance, was being continued. Plans had also been made for a group educational activity, in which the epidemiology of drug abuse would be discussed.

Water-borne diseases continued to be a major health problem in the Region, and the Regional Office was concentrating on community water supply and sanitation programmes.

The subcommittee on the Asian Health Charter, at its second meeting in 1974, had endorsed the action taken by the Regional Office in completing the basic information needed and assisting governments in strengthening national health information systems. Efforts were being made to ensure that countries took cognizance of the regional priorities and targets of the Health Charter. The Regional Office would also assist in identifying potential donors and help in planning country programmes in a form more acceptable to aid-giving countries. Flexibility had been the keynote of WHO's policy so that it could assist governments in meeting emerging health problems, and adjust the emphasis on priorities in conformity with the felt needs of countries.

Dr HOSSAIN (Bangladesh) referred to the task force from headquarters that had spent six weeks in his country in July and August 1973. Its work had been greatly appreciated as it had helped to provide a rational basis for health policy.

In the formulation of the Asian Health Charter, in which Bangladesh had participated, four factors had been distinguished as affecting family health, namely communicable diseases, overpopulation, undernutrition, and water quality. That provided a good basis for future health action in the Region.

Not only was 25% of the world's population located in the Region, but it was an area subject to drought, floods, and famine, all of which added to the sum total of misery;
it was also an area where population growth threatened to bring about the extinction of human life. The ecological viability of the Region over the next 25 years seemed almost nil, and he wondered what should be done to ensure survival. Apart from Mongolia and the Democratic People's Republic of Korea, most of the countries of the Region had similar problems. For that reason, he appreciated the assistance provided from the more fortunate parts of the world.

Dr SHRIVASTAV (India) was disturbed by the fall in the budget allocation to disease control. Disease had increased, but the proportion allocated to disease control had decreased.

With regard to the Asian Health Charter, two meetings had been held, the basic information needed had been collected, and the regional priorities had been determined, but he wondered what the next step should be. As far as family health, communicable disease, nutrition, and water supply were concerned, heavy financial investments were necessary in all these fields. How could those investments be provided?

There had been a resurgence of malaria in the Region, and WHO could help in dealing with some of the resulting problems, which related to the procurement of very expensive insecticides such as malathion. The world production of insecticides had fallen sharply and supplies from countries were erratic. The Regional Office could therefore provide a valuable service to countries by assisting in the procurement of insecticides and giving financial support.

Dr GUNARATNE (Regional Director for South-East Asia), in reply, said that the reduction of 2% in the allocation to disease control was in accordance with the needs of countries and the requests for assistance received from them. With regard to the Asian Health Charter, a subcommittee had been established to guide the work but had not yet formulated any proposals. When it did so, they would be passed to the Regional Committee, which would instruct the Regional Office on how to proceed. The question of financial investment was very difficult. He hoped that it would be possible to approach other agencies and induce them to help in solving the problems of the Region. The data provided by the Health Charter were now being used by countries in formulating their health plans and policies. More information was also being obtained from the country health programming exercises.

The resurgence of malaria had already been the subject of a very detailed discussion. As far as insecticides were concerned, both their cost and the amounts needed had increased; the latter increase had arisen because many countries with large populations had regressed from the consolidation to the attack phase, so that more spraying was needed. Increased finance for malaria control could only be obtained by curtailing other programmes of lesser importance. That was all he could say on the subject at present.

The meeting rose at 11 p.m.
Regional activities (continued)

Africa

The CHAIRMAN said that, while on the subject of the African Region, the Committee would wish to consider the onchocerciasis programme in the Volta River basin area, described in document A27/9.

Dr QUENUM (Regional Director for Africa) presenting the programme and budget for the African Region for 1975, said that it represented a balance between strengthening of health services, health manpower development, epidemiological surveillance, control of communicable diseases, and promotion of environmental health. The projected expenditures were in close correlation with programme priorities. Health manpower development would alone absorb 29% of the regular budget provision; the strengthening of the health services as a whole would take up 27%; 15% would be devoted to disease prevention and control. The figure of 1.5% set aside for the promotion of environmental health did not exactly reflect the substantial effort being made in that area, since to it must be added work in the integrated framework of the health services. Once again it could be affirmed that the approach to public health problems must be an integrated approach: the interrelated components could not be dissociated.

The main concern for the future was the improvement of health services, where great difficulties were being encountered. Without a permanent and sound health infrastructure no progress in health could be expected. Therefore an intense effort was being made to overcome such obstacles as poorly adapted structures and personnel, the lack of national guidance, poor distribution of resources, and insufficient community participation. In that connexion health education would be a precious asset.

Various aspects of the onchocerciasis control programme in the Volta River basin were described in document A27/9, and some comments on the programme were given in Official Records No. 216, pages 18 and 19. He had the greatest hope for the programme's success, for it would not only relieve the suffering of millions of human beings but would also be an excellent example of the interrelationship of health and economic conditions. The quality of training of national health personnel, rather than their numbers, would be a matter for concern, since rapid progress could be obtained with a nucleus of national personnel specially trained to solve concrete public health problems in their own country. In a difficult time of rapid change and world crises the road to better health in Africa would still be a long one, but there was great hope thanks to a better awareness of social and health problems and the increased confidence of Member States in the irreplaceable work of WHO.

Referring to the onchocerciasis programme Dr RAMZI (representative of the Executive board) said that in reviewing the programme and budget estimates, the Board had noted the reference - in the Director-General's report on coordination with the United Nations system - to the collaboration of seven countries and four international organizations and also the commitment by the International Bank for Reconstruction and Development (IBRD) to raise the necessary funds. The Board considered the programme important, first, because of the increased seriousness of the disease in the Volta River basin and, secondly, because several participants were involved. On one hand there were the countries concerned in the programme: Ivory Coast, Guinea, Ghana, Upper Volta, Mali, Niger, and Togo; on the other, there were the participating agencies: WHO, FAO, UNDP, and IBRD. WHO, as executing agency, assumed in association with FAO the general responsibility for the scientific, technical, and administrative management of the programme. The Board had therefore asked the Director-General to present the special report contained in document A27/9.
Mr WRIGHT (International Bank for Reconstruction and Development) said that the Bank was happy to be associated with WHO, FAO, and UNDP in carrying out the imaginative programme for the control of onchocerciasis in West Africa. The programme would not only make a major contribution to the health of the region but would also yield important benefits in economic development, which was the Bank's principal concern. The Bank had first become familiar with the human and economic effect of onchocerciasis in the mid-1960s. In February 1969 the heads of state of Ivory Coast, Mali, Niger, and Upper Volta, with the President of Niger acting as President of the Conseil de l'Entente, had written to the President of the Bank emphasizing the importance of the fight against onchocerciasis and inquiring about the possibility of the Bank's making a contribution to it. In reply, the President had expressed the Bank's sympathetic interest and asked to be kept informed of various studies then under way.

In April 1972 the heads of the four international agencies by then concerned had decided to set up a Steering Committee to coordinate action on the planning and implementation of the programme, and on the Steering Committee's recommendation the Bank had agreed to take the lead in mobilizing funds internationally to finance the first phase of the programme, due to start in 1974. A first meeting of governments and agencies to consider the programme had been held in Paris in June 1973, and agreement had been reached on the establishment of an advance fund to cover the commitments to be entered into during 1974. The governments contributing to that fund and the amounts of their contributions - which were still subject in one or two cases to final parliamentary approval - were as follows:

- Canada, 500 000 Canadian dollars;
- France, 5 million French francs;
- Germany, 3 million Deutschmarks;
- the Netherlands, US $1 million;
- the United Kingdom, £ 425 000;
- the United States, US $2 million;
- the World Bank Group, US $750 000.

Those contributions, together with US $400 000 provided by UNDP for training and chemotherapeutic research, slightly more than covered the commitments for 1974, estimated at around US $7.5 million; they were cash contributions, paid into a separate account to be administered by the Bank under the Onchocerciasis 1974 Fund Agreement, dated 1 March 1974. The money could be used to finance procurement in any part of the world. Each of the donors mentioned had indicated the intention to support the programme beyond 1974, and later in the year the initial fund would be merged into a larger fund to finance the first six years of the campaign up to the end of 1979.

The cost for the six years had been estimated at between US $41 million and US $42 million at mid-1973 prices. However, with continued world inflation, actual expenditure for the period at current prices was likely to be considerably more than US $50 million. The Bank expected approximately three-quarters of the costs to be covered by contributions from the original donors. Additional cash contributions were needed to cover the remaining 10 to 15 million dollars, and the Bank hoped that a number of other governments and agencies would help. A second meeting of donor and participating governments and international agencies would be held in Paris in June 1974 to review arrangements for the management and financing of the campaign. If the campaign were successful, it would not only remove a source of widespread human suffering but also open up extensive areas of good land to cultivation in a part of the world currently experiencing the devastating effects of drought, and where, even in normal times, agricultural and livestock production were barely sufficient to support even the most meagre standard of living. Considerable emphasis was being given to the preparation of specific investments designed to promote the resettlement of the population in the river valleys that would be liberated from the disease, and the international agencies were ready to give their full support to the governments concerned in implementing the resulting projects. It was too early to give precise figures for the cost of controlling the disease, but the programme would be a major contribution to the development of the area and would demonstrate the value of a concerted international attack on human poverty and disease.

Dr ELOM (United Republic of Cameroon) thanked Dr Quenum for his report and the impressive work undertaken over the past ten years. His country was satisfied with the rate of progress and with the results of its WHO-assisted projects, such as the university centre for health sciences, various schools for training hospital personnel and other health technicians, and the development of basic health services.

With regard to the section of document A27/9 entitled "The Future", on page 7, he was in agreement with the long-term prospects for other countries of the Region harbouring serious foci of onchocerciasis. However, he recommended meanwhile the study of preventive or emergency measures to overcome the disease progressively and limit its effects on the health and socioeconomic development of countries outside the Volta River basin. In his
country the incidence of the disease was so high that a research centre for studying it had been set up with the aid of the British Government. The staff of that centre had noted the seriousness of the disease and its considerable spread in several river basins in the country. Although eye lesions due to onchocerciasis were less frequent in the forest regions, they were very frequent in the northern provinces, where ecological conditions resembled those in the Volta River basin. It was to be hoped that, given such a serious epidemiological situation—which undoubtedly existed in other African countries outside the Volta basin—the training programmes envisaged in onchocerciasis control might include other African nationals: such programmes covered the training of sanitary engineers in the control of Simulidae and their breeding grounds, as well as the training of entomologists, epidemiologists, laboratory technicians, ophthalmologists, etc.

A regular and permanent service of information and documentation should be set up for the African countries concerned with onchocerciasis, based on the research and the results achieved in the Volta basin. Travelling fellowships should be provided to enable national technicians in charge of onchocerciasis control in their own countries to inspect the methods and techniques used in the Volta basin. Assistance, even if it were only minimal, should be given to those countries, either by WHO or by other international organizations and rich countries through bilateral or multilateral agreements, to execute operational plans less ambitious perhaps than those envisaged in the Volta River basin but no less valuable.

Dr ADESUYI (Nigeria) said that in the programme for the African Region the distribution of resources among the various sectors of the health services was particularly satisfying.

A new project for the health education training programme would soon be established in Ibadan University. WHO projects in Nigeria had given great satisfaction, particularly those in strengthening of basic health services, various training programmes, and the provision of teachers, supplies, and equipment. The onchocerciasis project was a bold and noble one, vividly demonstrating WHO's role in coordinating not only the efforts of various governments but those of other international organizations. The Governments of Canada, France, the Federal Republic of Germany, the Netherlands, the United Kingdom, and the United States of America, as well as UNDP and IBRD deserved thanks for their contributions. It was hoped that interest would not flag and that the project would be successfully carried out over the six-year period. As had been pointed out, onchocerciasis was prevalent in many parts of Africa. Nigeria had indicated to WHO its great concern over the situation in the northern part of the country, where there was a high incidence of the disease in many places and where several villages were almost totally affected, but had received a full explanation why such an extension was not possible. It therefore hoped that the training programmes for various groups of health personnel in onchocerciasis control would admit into their courses candidates from other parts of Africa who might wish to acquire advanced training in control of the disease. Evaluation of the project was especially important, so that any knowledge gained could be applied in other parts of Africa.

Dr SENCER (United States of America) reaffirmed his Government's support of the onchocerciasis programme. The economic and social tragedy occurring in the Sahel as a result of the drought made it urgent to open the lands lying fallow because of river blindness, and gave additional justification for the programme, which represented a unique multinational and multiagency commitment. Because of the scientific complexity of the problem, it was essential that long-term research be an integral part of the programme; and, because of the administrative complexity involved, it might be appropriate to include provision for independent evaluation of the progress made. The health services in the seven countries concerned had demonstrated in the smallpox eradication programme their ability to carry out major new health initiatives successfully. It was therefore up to the Organization, the international agencies, and the donors to fulfil their responsibilities.

Dr MICHEL (France) noted with pleasure in the Director-General's report as well as in the Executive Board's report the interest shown in the control of endemic parasitic diseases, to which France had contributed through research and action in the field. The control of onchocerciasis in the Volta River basin was an outstanding example of cooperation in bilateral or international aid, coordinated by WHO and defined at the meetings in Brazzaville and Lagos during 1973. The interest in such a long-range programme (for
the eradication of onchocerciasis would take twenty years) lay also in its preparation through multidisciplinary investigations in which, at the request of the countries of the Organization for Coordination and Cooperation in the Control of Major Endemic Diseases (OCCGE), French researchers and doctors had largely participated since 1955, with the financial assistance of the Fonds d’Aide et de Coopération (FAC) and of the European Development Fund. Studies had been carried out on larvicides and on methods of treatment. It was gratifying that the first year of the attack phase of the programme was already largely financed and the considerable financial aid encouraged the belief that a complementary contribution would not be requested from OCCGE, which was financed by its Member States and by France.

Apart from the direct impact on endemic onchocerciasis in the Volta River basin, an impact that presupposed regular evaluation of activities and results, the benefits to be derived from the programme would include not only the training of personnel but also progress in operational methods and in insecticide formulation. Undoubtedly such information would benefit activities in other countries where foci of onchocerciasis had been reported. The results would also stimulate future multilateral collaboration under WHO’s leadership in activities involving other large endemic foci, such as those of trypanosomiasis and schistosomiasis, which had an important impact on socioeconomic development in areas that were still drought-free.

Dr BADDOO (Ghana) said that communicable diseases, including onchocerciasis, constituted the major public health problem in Ghana. The Ghanaian Commissioner for Health had emphasized that problem during the discussion on the Director-General’s Annual Report. Ghana was one of the seven countries in the Volta River basin affected by onchocerciasis; realizing the health and socioeconomic importance of the disease, Ghana had pledged its support for the control programme. A national committee had been set up to take charge of all its aspects. The provision of facilities was being actively considered, and the appropriate authorities were arranging to facilitate air transport connected with the programme into and out of the country. Ghana would do everything possible for the programme’s successful implementation, and was grateful to WHO, UNDP, IBRD and FAO as well as to the donor governments. As had been pointed out, control programmes in other areas should be undertaken only after the methodology had been well established. It was hoped that the methods of the control programme could be applied effectively in other areas, especially since the disease was widespread in Africa.

Dr JAROCKIJ (Union of Soviet Socialist Republics), referring to the report on the onchocerciasis control programme in the Volta River basin area, said that the programme, like all long-term and costly undertakings, would require careful planning from the start, as well as continuous assessment and revision, if success was to be achieved. Onchocerciasis was a more complicated disease than smallpox, or even than malaria, on account of its clinical and epidemiological characteristics, so that it was essential to take stock of the means available for its control. The results achieved in eradicating the vector in limited areas of East and West Africa did not warrant any optimism as to the possibility of eradicating it in the large area covered by the programme. Moreover, not enough experience had been gained in the large-scale application of the new insecticides and larvicides that it was proposed to use in the programme. New preparations required general testing, including testing of their effects on animals and plant life.

The position regarding drugs for treatment and prophylaxis was far from brilliant. There were only two - diethylcarbamazine and suramin - both toxic and unsuitable for large-scale use. There were no grounds for expecting good results from the trials of metrifonate and levamisole being carried out in the United Republic of Cameroon; neither of the drugs was markedly effective in the treatment of onchocerciasis. As for prophylaxis, no suitable drug existed.

A shortcoming of the programme, as at present planned, was that it was oriented exclusively towards eradication of the vector. Mass campaigns that used only one approach were generally less effective, and needed more time, than campaigns using a whole complex of methods aimed at every stage of the life-cycle of the parasite concerned.

While he was in general agreement that onchocerciasis control should be intensified, he wished to emphasize the need for gearing the programme to the socioeconomic progress of the developing countries. A number of supportive measures would be required; the network of basic health services would have to be extended, particularly in the rural
areas; specialized staff would have to be trained; extensive health education work would be needed; and steps would have to be taken to institute epidemiological surveillance in the project area. In addition, if the programme was to be successful, an accurate inventory of all its components, including national and international staff, drugs, insecticides, health education services and services for making rapid use of any new discoveries, must be made. Forward planning would be needed, as well as planning on a yearly basis. There had to be careful control of all programme operations, of the ability of all the components of the programme to function continuously for twenty years or more, and of the proper working of the complicated arrangements for moving the population to areas freed from onchocerciasis. Continuous research would be needed, including research on new drugs, on new insecticides and larvicides, on biological control methods, and on simple immunological methods of diagnosis suitable for use on a large scale. In that connexion, WHO should make greater use than at present of the research institutions in its Member States, including the USSR.

Dr KONE (Ivory Coast) said that his country stood to benefit from the onchocerciasis control programme and was therefore deeply concerned with its progress. Indeed, for several years past, the Ivory Coast had contributed to the struggle against onchocerciasis within the framework of OCCGE and with assistance from the European Development Fund; the experience thus gained augured well for the WHO control programme. His country was particularly interested since vast areas in the north could thus be recovered for agriculture and resettlement, and opportunities would be provided for training technical personnel in such fields as entomology, parasitology, etc., who could be put to good use in respect also of other projects. His delegation was grateful to all those countries which had given assistance to the project and hoped that such aid could be maintained throughout the duration of the programme. It was to be hoped that other similar projects could be extended to other countries within the Region suffering from the same problems.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) welcomed the initial progress made in the onchocerciasis control programme in the Volta River basin. Its aim was most desirable, both from the health and the economic point of view, especially in view of the pressures caused by the Sahelian disaster. The thorough scientific approach and logistic preparation, combined with the effective collaboration of the affected and donor countries and the aid from international agencies, pointed the way to a methodology for the solution of other health problems in Africa and elsewhere. The research undertaken should also yield valuable results in providing data that could serve for other problems. His Government was happy to be associated with the programme and would follow its progress with very close interest.

Dr HODONOU (Togo) recalled that his delegation had, in the course of the discussion on the Director-General's Annual Report, referred to the obstacle constituted in his country by the parasitic diseases, which were a formidable obstacle to social and economic development. It accordingly welcomed the initiation of the broad programme for onchocerciasis control in the Volta River basin area. The project would not only yield health benefits but would also make a contribution to economic development by allowing for the recovery of agricultural land, the shortage of which was being increasingly felt with the increase in population. Such a project was a credit to the international community as a whole, and the Government and people of Togo were deeply grateful to all those making technical and material cooperation available. His country would do its utmost to assist in the success of the project. The necessary measures had already been taken in respect of health education of the population and high-level selection of staff to service the project.

Dr LEKIE (Zaire) expressed satisfaction with the activities undertaken. The problem of onchocerciasis was common also to other countries in the Region as well as those in the Volta River basin area, and his Government accordingly hoped that its national technical staff might be given the opportunity of participating in some of the training activities initiated in connexion with the onchocerciasis control programme.

Dr SAMBA (Gambia) associated himself with other delegations in expressing warm appreciation to the Regional Director for the excellent work being carried out by WHO in the Region.
Professor Von Manger-Koenig (Federal Republic of Germany) also commended the Regional Director's report and the excellent work initiated in the Volta River basin area. The programme for onchocerciasis control not only represented a new concept of international cooperation but would provide an outstanding opportunity for WHO to fulfil its important role as coordinator in respect of a new multilateral approach of that type. His Government fully endorsed that multilateral approach and expressed its readiness to supply aid to the programme in respect of the coming year.

Dr Abdallah (Egypt) stated that his country had been, and was still, free from onchocerciasis, the vector flies not being found in Egypt. However, the disease was present in neighbouring Sudan, where the northernmost focus still existed. The southern portion of Lake Nasser, i.e. 150 km of its total length of 500 km, was situated in northern Sudan, and there was accordingly a possibility, albeit remote, that the onchocerciasis vectors might spread northwards, particularly in the future when there would be agricultural projects and human settlements in the Lake Nasser region.

The situation was similar as regards the possible introduction into Egypt of Anopheles gambiae. A mutual agreement had existed since 1970 between the Egyptian and Sudanese Governments which allowed for periodical joint surveys of the whole Lake Nasser region to ascertain the presence of both An. gambiae and Simulium. That agreement, which was an example of successful cooperation between two neighbouring countries and in which WHO had participated, had functioned satisfactorily and up to April 1974 neither vector had been found on Egyptian soil or in an area within 200 km to the south of Lake Nasser on Sudanese soil.

Dr Quenum (Regional Director for Africa) thanked members for their comments. The results achieved had only been possible because of the atmosphere of confidence and cooperation existing among the various Member States. The programmes and problems of the Region, of which onchocerciasis was only one, were of course greatly complicated by natural phenomena, such as drought. Immense efforts were consequently still needed, and, in that connexion, it had been particularly encouraging to have comments from delegates coming from other parts of Africa.

Efforts had been made to keep the report on onchocerciasis as brief as possible. He would, therefore, give an assurance to those delegations that had stressed the importance of the problem in their countries also that the Regional Office had that consideration fully in mind. As was shown on page 397 of the proposed programme and budget estimates for 1975 (Official Records No. 212), provision had been included for an intercountry project for consultant services in onchocerciasis, which was intended to serve as a preliminary study establishing the scope of any future programme in that sphere. However, he drew attention to the final paragraph of the report on the onchocerciasis control programme in the Volta River basin area (document A27/9, page 7) which indicated that it would be unrealistic to embark on other large-scale campaigns before the programme implemented in the Volta River basin area had been carried out for at least a few years and the results evaluated. There was no obstacle whatsoever to prevent nationals from countries other than those directly concerned in the onchocerciasis programme from taking advantage of the training facilities that would be afforded in that context.

Europe

Dr Kapiro (Regional Director for Europe) said that he fully realized that the European Region had reached the stage which still remained a far-off goal for many areas of the world, namely, that the development of medical services was such that 99% of newborn children were assured of at least one year of healthy life. Nevertheless, the question of the quality of life of the section of society in the highest age group represented a real problem for the future, and was one of the fields in which activities in the European Region were of fundamental importance.

He drew attention to the regional programme statement (Official Records No. 212, pages 546-548), which gave the objectives of WHO's programme for the European Region as well as some background on the health situation in the Member States. The European proposals had been fully discussed by the Regional Committee and Executive Board. However, as the details of the subprogramme statements for the regional programmes had not been made available to the Health Assembly, he proposed to say a few words about them and about what was expected to happen in 1975 if the programme was approved.
The European programme in the five major appropriation sections contained both country and intercountry programmes. Three large country programmes - for Algeria, Morocco, and Turkey - had been planned for 1975 in close cooperation with the governments concerned, and included several interesting activities. Apart from malaria control, which was proceeding well in North Africa, governments were giving strong preference to environmental protection by building up water and sewerage systems with UNDP assistance and by training environmental personnel at both engineering and technician level. Many UNDP projects had been followed up by loans from IBRD. It was a very important development in view of the increase of commerce and tourism in the Mediterranean area. The strong efforts that the countries were making as regards the environment would definitely increase the area in the Region where the risk of enteric diseases, such as cholera, would be minimal in the future.

He stressed that the Regional Office was paying special attention to the planning and evaluation of health services and to the managerial problems facing the central health agencies. The European Conference on National Health Planning, held in Bucharest in February 1974, would be followed up in 1975, in particular by field studies on the application of planning at the local level; several countries were already cooperating in that programme.

As regards family health, the Regional Office was paying attention to the various aspects of maternal and child health services. As 1974 was Population Year, it was pertinent to mention that maternal and child health work in Europe included advice both to countries that requested help in family planning and to countries that were at the zero level of population growth, or even below it. UNFPA funds were available for Algeria, Morocco, and Turkey, through country or intercountry projects.

In 1975 services would continue to be provided for health laboratory activities, in particular to strengthen epidemiological surveillance in all countries that were interested in further development in that field.

Health manpower development activities in 1975 were part of the long-term programme of the Region in that field. At the request of the Regional Committee, more attention was being paid to the educational aspects of nursing and to the relation between service needs and nursing education; in 1974, a steering committee was to prepare a further programme in that area. As regards medical education, the main emphasis would be on teacher training and continuous education.

As regards communicable diseases prevention and control, he had already mentioned the development of health laboratory services to strengthen epidemiological surveillance of communicable diseases. In addition, specific problems, such as tuberculosis in migrant workers, would be taken up. A working group that would analyse virus hepatitis was a continuation of a series of working groups that had so far analysed communicable diseases, such as rubella and measles.

The noncommunicable diseases programme was one of the most important in the intercountry area, and included two European long-term programmes: one in cardiovascular diseases and the other in the field of mental health. The European cardiovascular diseases programme had entered its second phase after a successful second conference on those diseases, held in Brussels in 1973. Some European countries - e.g., Czechoslovakia, the German Democratic Republic, and Finland - were already applying the experience and recommendations from the programme on a large scale in their medical care programmes. In certain other countries, the experience was being applied in a more fragmented way, and it was hoped that over the next few years governments would consolidate their efforts in order to gain permanent benefit from that joint activity.

The mental health programme would also soon move into its second phase, in which the experience gained during the first five-year period would be applied in the field. As special aspects of the broader, psychiatric-service-oriented programme, attention was being paid to drug dependence, alcoholism, and the development of services for youth. He recalled that, in the early history of WHO, Europe had been a pioneering area in developing child guidance clinics. He foresaw that, from the point of view of both quality and quantity, the as yet uneven psychiatric services would become better organized, humanized, and more community-oriented. A large number of technical reports were available on that subject.

In the field of chronic diseases, increasing attention would be paid to chronic lung diseases, and in 1974 and 1975 the Regional Office, through its health education programme, would again contribute to the study of smoking and health. The 1975 budget had practically
no provision for cancer or rheumatology, but it was obvious, especially after the discussion at the Health Assembly and the one expected at the next regional committee session, that those two problems would be taken up gradually in the regional intercountry programme.

Promotion of environmental health was an appropriation section under which the Regional Office had a very large programme, considering its modest resources. Several countries in the Region had requested projects from UNDP for which WHO was the executing agency. The regional committee at its 1974 session would analyse in detail the future of the regional programme in environmental health, taking into consideration the modifications necessitated by the increased cooperation on that subject in the whole United Nations system, following the establishment of UNEP. This also was an area where several countries had provided voluntary contributions to speed up the programme.

In 1973, the regional committee had begun to concentrate each year on one major topic in relation to the programme and budget discussions. In 1973 it had been mental health; in 1974 it was to be environmental protection. That arrangement gave delegates to the regional committee an opportunity to give much more detailed guidance to him and his staff than had hitherto been the case. All the major programme areas would have been covered in about five years.

Apart from the activities mentioned in the budget document, he said that, thanks to voluntary contributions in 1975 a conference would discuss road traffic accidents - an area in which the Regional Office had been assisting in coordination at the European level: it had already arranged two coordinating meetings between the European agencies concerned. He noted with satisfaction that, during the discussion of the programme and budget estimates, renewed attention had been paid to the problem on a worldwide basis. A worldwide policy for WHO was badly needed: Europe alone was losing 100 000 young people yearly through road traffic accidents.

Another area of activities was worth mentioning: the word "geriatrics" did not appear in the European programme, but the programmes for mental health, chronic lung diseases, and cardiovascular diseases all paid attention to the question of rehabilitation and long-term care, mostly in respect of middle-aged or old people. That was very natural in a region in which, in some countries, 20% or more of the population were in the old age group, if retirement age was taken as an indication. The Technical Discussions at the next regional committee would further clarify what the countries of the Region wished WHO to do to protect the health of the elderly in Europe.

The Region was actively cooperating with headquarters in the joint development of WHO's new information system and was carrying out epidemiological and statistical surveys in Europe.

In summary, he said that the 1975 budget was not typical for the distribution of funds in the Region, because monetary instability had made it necessary to diminish the intercountry part of the programme considerably. The Regional Committee had asked him for 1976 to establish the old balance of 55:45% between country and intercountry programmes respectively. Within the intercountry programme, about 50% was devoted to the already established long-term programmes. Gradually, through analysis of the needs - for instance, in nursing, road traffic accidents, and family health - the whole intercountry programme would become a six-year WHO medium-term programme, based on the General Programme of Work for a Specific Period. Algeria might accept a country programming project for 1975 and Turkey might do so for 1976.

The Regional Office, located in Copenhagen, served both headquarters and other regions for certain administrative questions. Moreover, out of a total of 4935 fellowships awarded by WHO in 1973, the European Region received 2545 fellows, of which about 2000 were from other regions. The Regional Office had further strengthened and developed its fellowships services, also with the help of a recent management survey. Other regional directors had pointed out weaknesses in the past and suggested improvements, and it was hoped that in 1975 it would be possible to serve the fellows from the European Region and elsewhere even better.

There was close cooperation with the Economic Commission for Europe, UNDP, UNICEF, the Council of Europe, the Commission of the European Communities, the Council for Mutual Economic Assistance (CMEA) for Eastern European activities, the Danish International Development Agency (DANIDA), other bilateral assistance, and nongovernmental organizations; that cooperation was expected to continue in 1975.

He concluded by paying a tribute to the Regional Committee.

Dr VIOLAKIS-PARASKEVAS (Greece) thought that European countries should increase their support, especially to long-term programmes. Her delegation was particularly interested in long-term planning and progress in cardiovascular diseases, mental health, training of medical personnel, and the human environment. It appreciated the efforts of the Regional Office to ensure the success of WHO projects, especially the UNDP-financed project for environmental pollution control in the metropolitan area of Athens, which had begun in September
1973. Although the Regional Office had a modest budget, it performed valuable work, especially in its intercountry activities.

Dr ALAN (Turkey) thanked Dr Kaprio and his staff for the attention devoted to the programmes that were in progress in Turkey.

Professor HALTER (Belgium) recalled his earlier statement that the Regional Office was doing all it possibly could with the funds at its disposal; however, it was thought in some countries that, with more funds, much more could be done without necessarily developing the infrastructure of the Regional Office. That Office dealt with many technical problems and arranged numerous meetings of experts. The results of its work benefited the whole world - and there was obviously a potential for work, research, and study that might be exploited by means of other resources. Most European countries, including his own, were participating voluntarily in a number of programmes, but certain activities of value to the whole world might be developed if more funds were available.

Professor SENAULT (France) emphasized that medical education was a particularly important activity. The basis of health in any country was the work of the physicians, nurses, social workers, sanitary engineers, and others, who all needed to be conscious of their role. In medical education, particularly at university level, it should be increasingly realized that - whatever the system of health services - the physician had a special part to play in promoting the health of individuals. In health education much remained to be done if the problems mentioned by the Regional Director were to be solved. He expressed to the Regional Director and his staff the satisfaction of his delegation and pledged the continuing collaboration of his country.

Dr DONA (Romania) said that the discussions at the Health Assembly had revealed the keen interest of the countries of Europe in the general programme of WHO and their desire to place their experience at the disposal of other countries. The many resolutions sponsored and supported by European countries had far-reaching implications for the orientation of WHO's activities, and had been widely supported by the delegates of other regions.

The programme for the establishment and consolidation of national health services was a guarantee that the main health problems of the world would be solved. Health education was an essential element in raising living and working conditions in all countries to a uniformly high level. And the success of national health planning, oriented towards the effective control of communicable infectious and parasitic diseases, was evidenced by the favourable evolution of the world health situation over the past 20 years. He stressed above all the spectacular decline in infant mortality and in mortality from tuberculosis. Special emphasis was now being laid on the study and control of chronic and degenerative diseases, especially cardiovascular diseases, and cancer. Long-term intercountry programmes were receiving constant attention, thus enabling the assistance of WHO to countries to be systematized.

Those achievements, supported by the country and intercountry programmes of the Region, were detailed in Official Records No. 212 and in the working documents of the Health Assembly. The results justified an optimistic outlook for the future of the Organization. He hoped that a thorough and critical analysis of the activities of the Regional Office would be made on that occasion.

Dr SHRIVASTAV (India) said that, although his country did not belong to the European Region, he had been happy to hear about the programme for training a larger number of nurses in Europe. Many Indian nurses went out to European countries, where the pay and working conditions were better than at home, and he had learned from some that had returned of the great shortage of nurses in Europe. He hoped that the training programme in question would be successful, so that India would be able to keep her nurses.

Dr ŠCEPIN (Union of Soviet Socialist Republics) expressed his support for the programmes, especially the long-term programmes, that were being carried out in the European Region. He thought that the experience accumulated by the Regional Office for Europe during the execution of those programmes could with advantage be used in other parts of the world.

Dr BERNARD (Malta) thanked the Regional Director for his comprehensive and concise report, as well as for the help and advice that his country had received in respect of its many health problems.

Dr TOTTIE (Sweden) said that the delegations of the Nordic countries had on many occasions expressed their satisfaction at the development of a well-balanced long-term programme concentrated on a limited number of fields, such as cardiovascular diseases, mental health, and environmental protection. At the Regional Committee, his delegation
had urged increased attention to health manpower development and to the strengthening of health services. He thanked the Regional Director and his staff for the programme that had been worked out in close collaboration with Member governments.

Dr MELLBYE (Norway) said that the delegate of India had put his finger on what was probably the most serious problem faced by the health and social services in several European countries, namely, how to manage those services with a relatively small number of personnel. Thus, in 1974, the national and local health administrations together, in Norway, had asked for more than 20% of the total new manpower becoming available in the country - which was, of course, out of the question. In some countries, manpower needs could be covered to some extent by recruiting trained and even unskilled workers from abroad. Other countries were not able or willing to do so, and those countries - including his own - were faced with the fact that they had to reevaluate their whole health programmes so as to bring them into line with their manpower potentialities. The demands of the health services were totally out of proportion to the manpower available for that sector of society.

Dr AL-WAHBI (Iraq) said that thanks were due to the Regional Office for the facilities afforded to fellows from developing countries. Enlarging on the remark made by the delegate of India, he pointed out that there was an acute shortage of nurses all over the world. Medical and health workers of all levels went to Europe for specialization and training, and many of them stayed there. However, with the WHO fellowships system, few of the fellows remained in Europe or wherever they had been trained. An appeal should be made to Member States to help to improve the situation by not retaining foreign health workers after their training. Nearly one-third of the medical staff of certain developing countries were working in Europe. It was important to study the problem of that "brain drain" with a view to helping governments to recuperate their medical manpower after training abroad.

Dr KAPRIO (Regional Director for Europe) said that the comments that had been made would be brought to the attention of his staff. The "brain drain" and the nursing situation were points of special concern to WHO headquarters; the matter would be followed up and special studies were proceeding on that serious problem. The fact that 80% of women of working age in certain European countries were at work, and the tremendous competition for manpower, created many problems in European society, e.g., the difficulty of recruiting sufficient staff for social, welfare, and health services. Hospitals and other institutions were therefore trying to find solutions based on technology and on mechanical automation. From the economic point of view, however, those might not, as yet, be suitable models for countries that had under-employment and that could, through training, develop more medical manpower. Full employment was gradually spreading throughout the world, but there were different phases in that development. Meanwhile, those delegates who were dealing with the problem in their home countries would follow up the justifiable warnings and wishes coming from outside the European Region.

Eastern Mediterranean

Dr TABA (Regional Director for the Eastern Mediterranean) introduced the programme proposals for that Region (Official Records No. 212, pages 592–656). He drew particular attention to the opening section, the regional programme statement, which stressed the great diversity of social, economic, and demographic situations to be found in the countries of the Eastern Mediterranean. As a result of that diversity, there was great variation in the programmes of WHO assistance from one country to another.

The programme proposals for 1975 were being submitted at a time when the interest of Member governments of the Region in improving health care delivery to their populations was probably at the highest level ever. Not only were Member governments conscious of the constant need to expand existing services and produce more manpower to run them, but also imbued with a new sense of urgency that stemmed from their growing realization, based on the improved health information available to them, of how inadequate the existing health service coverage was for the majority of people in the Region. It had long been known that a very large proportion of the populations concerned were inadequately served, and the actual size of what was commonly called the "implementation gap" was becoming increasingly apparent. As a result, almost every government in the Region had experimented with new forms of health service delivery and was making a radical reappraisal of the role of the various components of the health manpower team.
In its constant search to improve the efficacy of its service to Member governments, WHO would give the greatest attention to assisting them in the design and strengthening of their health services, and in the preparation of the right kinds of personnel—in suitable numbers and with a suitable distribution—to maximize their effectiveness. In order that there should be an increasingly sound foundation upon which to base the development of health services and of health manpower, there would be continuing and intensive assistance for the improvement of the statistical and information systems upon which all planning depended.

Assistance would be offered to the four Member countries that as yet had no organized health planning system. For the countries that already had such systems, assistance would be directed to improving their quality and effectiveness. Health planning must become a dynamic rather than a static activity, and national health plans must be formulated in increasingly close harmony with social and economic development plans, particularly in the many countries of the Region whose economic situation was changing extremely fast and for the better.

Recognizing the extent to which health services were fragmented and delivered without the effective application of modern management and administrative techniques, the Organization would give high priority to providing assistance in the rationalization of health care systems. At a WHO-sponsored seminar in Cairo in 1973, selected senior health executives from many countries of the Region had discussed the place of good management in the development and effective delivery of health services. Special courses also were being planned for senior health officials of the Region.

The effective operation of health services required not only sound data for planning, effective managerial tools, and a well prepared and balanced supply of manpower, but also the basic tools for diagnosing and measuring, on both a population and an individual basis, the existing health patterns in the community. That was the task of the laboratory services. In that connexion, Dr Taba emphasized that there was a trend in the Region towards the creation and promotion of basic national public health oriented laboratory services. Because of the fundamental role of such laboratories, that trend had been and would continue to be encouraged by the Organization by means of technical advice on their development and operation, training of personnel to man them, and assistance in providing the essential supplies and equipment to make them effective.

In the Eastern Mediterranean Region one found some of the countries of the world with the highest rates of population growth and the highest proportion of young people in their populations. Maternal, perinatal, infant, and child mortality rates unfortunately remained disturbingly high. Emphasis would therefore continue to be given to the development of family health services to attack those problems, as well as assistance in those aspects of governmental population policies having a direct bearing on the health of the population.

The Organization would also continue to give the highest priority to assisting Member governments with all aspects of health manpower development. Shortages in all categories were becoming more fully understood as additional descriptive information and better manpower data emerged. It was also increasingly accepted among the Member countries of the Region that shortage of manpower did not call simply for massive efforts to produce more of the same kinds of health personnel as had been used for decades, and even centuries, in the Region and elsewhere: a fundamental re-examination of the role of every member of the health team was under way in almost all of the Region. That very healthy reassessment, which had reached various stages in different countries, manifested itself in many ways.

In medical education, greatly promoted by the Organization during the first twenty-five years of its existence, there was a new spirit of inquiry among leading physicians, medical educators, and government authorities, who were asking themselves what kind of physician was really needed to solve the health problems of their country and how that physician could best be prepared. There would be continuing emphasis in the WHO programme on the training of medical school teachers and the promotion of an approach to the design of medical education programmes that would involve a complete reappraisal of the objectives of such education.

The activities of the Organization in educational planning would continue to be focused on the Regional Teacher Training Centre, Pahlavi University, Shiraz (Iran), and its programme of education, research, and services. Assistance would also be provided by that Regional Centre towards the creation of national training centres in several countries.

The physician of the future in the Eastern Mediterranean Region was unlikely to be an intensely clinically-oriented individual, whether generalist or specialist, preoccupied
solely with the episodic care of individuals during bouts of ill health. He was likely to have a broader foundation in the social and behavioural sciences, a deeper and better understanding of community health phenomena, and a trained capacity to act as the leader of a health team, deploying a wide variety of health personnel and technical resources in a planned and logical manner. The Organization's programme of assistance would consequently emphasize the incorporation of the social and behavioural sciences into medical education as well as the continuing improvement of the traditional basic medical sciences. Because of the need to improve the facilities available as regards regional centres for postgraduate medical education, a programme of assistance at that level would be set up by WHO in several countries. Support would also be provided for the development of continuing education programmes for physicians within the Region. It was hoped thereby to reduce the "brain drain" referred to by earlier speakers, which was a serious problem for the countries of the Eastern Mediterranean Region.

However, the Organization was by no means focusing on medical education to the exclusion of the education and training of other professional and subprofessional health workers, to which it was on the contrary devoting an increasing amount of activity.

Nursing had come to be recognized as having its own professional status and special role to play in many countries of the Region and had now reached the stage where it could, like medicine, effectively examine and evaluate its own input into the health services system. An important aspect of WHO's work in nursing would be its close collaboration with leaders of the nursing profession in the planning of its programmes; such collaboration would be achieved through the work of the recently established regional expert advisory panel of nurses. The same observations applied, by and large, to the professions of dentistry, pharmacy, and public health engineering.

At the subprofessional and auxiliary levels, assistance would be provided to help increase the absolute numbers of a variety of traditional categories of workers by means of large-scale training programmes, as well as to evolve alternative forms of training. Particular attention would be given to the preparation of various kinds of "assistants" - whether to the doctor, the dentist, or the nurse. Through shorter and more economically designed training programmes, such assistants could be taught to extend and multiply, under suitable supervision, the work of the professionals under whose leadership they served. In a number of countries new types of assistance would be provided in the form of training "front-line health workers" or "village health workers" so that the basic resources of communities themselves could be brought into play at the simplest level to tackle the large proportion of health problems and health tasks that responded to simple techniques of primary medical care applied by people with very limited education.

As in previous years, a major tool in the work of the Organization in health manpower development would be its fellowships programme, in which special attention would be given to improving the quality of educational planning and to ensuring that the studies undertaken were relevant to the precise needs of the fellows themselves as well as to the country programmes to which they would return at the end of their studies. Particular emphasis would be given to the preparation of teachers, both in subject matter and in educational planning.

The increasingly rapid changes in the morbidity and mortality patterns in all countries of the Region were continuing, with a greater proportion of the population tending to be affected by noncommunicable diseases such as cardiovascular, malignant, genetic, degenerative, and mental ailments. However, a characteristic of the Region was that, concurrent with that trend, communicable diseases still played a major role. Programmes for their prevention, control, and surveillance must thus continue to have a high priority in the programmes of the Organization.

In conclusion, the Organization's collaboration and coordination with other international agencies in the Region - whether bilateral or affiliated with the United Nations - would continue, and its assistance to Member countries in the preparation of their health programmes would be expanded. WHO would continue to help countries to identify priorities so that their programmes could be brought to bear most effectively and most economically where they could be expected to do the most good.

He had mentioned earlier the diversity of levels of development in the Region, which probably contained countries with the highest per capita income in the world as well as countries with the lowest. In addition to the assistance provided through the regular programme and that provided by other United Nations and bilateral agencies, WHO was trying to encourage voluntary contributions by richer countries. He and the Director-General had already approached quite a number of the more economically fortunate countries
of the Region, and there were some prospects that certain voluntary contributions would be forthcoming to expand WHO programmes in the Region beyond what was possible with the limited regular funds. He hoped to be able to report next year on any additional resources and on what kinds of programme had been made possible by those contributions.

Dr TAJELDIN (Qatar) said that the health services of Qatar depended to a great extent on foreign manpower. Aware of the importance of training nationals in nursing and public health, the Regional Office had sponsored the project of the Health Training Institute. It had also helped the country to improve the quality of service in its Central Public Health Laboratory by means of technical assistance, training of manpower, and provision of essential supplies and equipment. Fellowships had also been granted to nationals for study and training abroad in different fields of public health. He thanked the Regional Director and his able staff for their continuous assistance and their complete understanding of his country's problems.

Dr VASSILOPOULOS (Cyprus) said that credit was due to the Regional Director for his zeal, dynamism, leadership, and experience. Leading a competent team at the Regional Office, with the cooperation of headquarters, Dr Taba relied on his personal understanding of the local situation in each country of the Region, gained through useful on-the-spot visits, to decide what the local needs were for WHO assistance and to see that the assistance granted had been put to good use.

Professor AZIM (Afghanistan) said that it was self-evident that, if the world's efforts in the field of health were to be crowned with success, it was the regional offices that had to play the most important role. Dr Taba, with his extensive knowledge of and experience in health programmes, continued to be a great asset to the Region, and the Afghanistan delegation expressed great appreciation for his continued interest in health projects in their country.

Dr CHOWDHRY (Pakistan) was grateful to the Regional Director for the able way in which he was dealing with the very difficult and diverse problems of the Region that stemmed, as Dr Taba had said, from social, economic, and demographic diversity. His own country was in a very precarious balance: on the one hand it faced a multitude of diverse diseases, compounded by overpopulation and malnutrition; on the other hand it had meagre resources, mostly as regards manpower. Although every effort was being made in Pakistan to increase the numbers of doctors, nurses, and paramedical personnel - new medical colleges had, for example, been opened - the balance remained very delicate. In fact, it was constantly being tipped to the negative side by the "brain drain", which nullified the work of the donor countries.

The root cause of all those problems was the socioeconomic status of the countries of the Region and the lack of health education of the public. While efforts at disease prevention and treatment were being made, the population - except for its educated members - felt that such efforts were being thrust upon them. Even a vaccinator might be looked upon as something alien. Basic health education of the population was at its lowest ebb. It was at that problem that the country's efforts were being directed and it was for that problem also that they were requesting additional help. Moreover, assistance from WHO was needed to train teachers for the new institutions set up for different types of health personnel. He was sure that assistance would be forthcoming, consistent with the resources available.

Dr ABDALLAH (Egypt) said that the Regional Director had always provided excellent guidance in dealing with health problems and promoting health services, and had used the financial resources of the Region to the best possible advantage of the Member countries. The planned promotion of biomedical research on the diseases prevalent in the Region would surely permit the scope of activities of the Regional Office to be enlarged.

Dr KARADSHE (Jordan) emphasized that the health problems of the Eastern Mediterranean Region were more complicated than those of other regions because of the state of war, which, with many deported persons and refugees, had adversely affected the Region's health situation. The governments of the Region were nevertheless doing everything they could to provide health services to the refugees, in cooperation with the Regional Office of WHO. It was for that reason that he wished to thank Dr Taba.
Dr IDRIS (Sudan) said that with rapid social and economic changes in the Region, existing problems were being aggravated and new ones were arising. The Regional Office had always given his country technical advice, guidance, and assistance, and their joint projects with the Regional Office had been progressing successfully owing to mutual understanding and joint planning.

Dr AL-WAHHBI (Iraq) noted that over the years the relations between his country and Dr Taba had been cordial, friendly, and marked by the fullest cooperation. It was gratifying to note that education and training were being given the highest priority. However, in the past few years only one-quarter to one-third of the Region's regular budget had been devoted to manpower training, and he felt that more was needed. Dr Taba's suggestion of extrabudgetary contributions by governments had presumably been made with reference to Article 50 (f) of the WHO Constitution; it was high time for the countries of the Region to cooperate as called for in that Article by supplementing the meagre funds available in the WHO budget.

Dr SHRIVASTAV (India) was deeply impressed by Dr Taba's remarks on the need to train medical and paramedical personnel in accordance with local and national needs. Such training was of significance not only for countries in the Eastern Mediterranean Region but for other developing countries in South-East Asia and elsewhere. The subject had been receiving a great deal of attention in India. The curriculum and philosophy of both teachers and students - particularly the former, to begin with - had to be changed and the community approach to medical education must be introduced. His country had carried out several experiments along those lines. Some medical colleges were deliberately being opened in rural areas in preference to large towns and cities, for example, Sewagram Medical College which had been established in a rural area near Wardha, where Mahatma Gandhi had lived for about 30 years. The college had taken within its orbit all the towns and villages within a radius of about 30 miles; the students lived in simple surroundings, and were constantly in touch with community needs. Not only doctors but nurses and paramedical staff as well were being brought into such community involvement.

He was happy to inform the Committee that, perhaps because of those experiments, there had been an exchange of medical teachers and students at both undergraduate and postgraduate level, between universities in his country and Iran, Iraq and Afghanistan.

Dr TABA (Regional Director for the Eastern Mediterranean) was grateful to the delegates for their expressions of appreciation for the work that had been done in the Region. He in turn wished to thank the staff in the field and the Regional Office for having made possible whatever had been accomplished, and the Member countries for their close and fruitful collaboration with WHO in the Region.

2. FOURTH REPORT OF THE COMMITTEE

At the invitation of the CHAIRMAN, Dr CHRISTENSEN (Secretary) read out the draft fourth report of the Committee.

Decision: The report was adopted (see page 544).

The meeting rose at 12.30 p.m.
Regional activities (continued)

Western Pacific

Dr DY (Regional Director for the Western Pacific) said that the programme and budget estimates for the Region had been prepared in accordance with the criteria laid down in the fourth regional programme of work adopted by the Regional Committee at its twenty-first session, with due regard to the extent of development of the existing health services, the financial and economic resources available at national level, and the ability of the government concerned to absorb the assistance proposed. The priorities set by governments had also been taken into consideration.

The type of assistance proposed varied with the wide differences in development of health services; for the highly developed countries, fellowships in highly specialized fields were sufficient, while for the majority of the developing countries emphasis had to be placed on assistance with the basic health programmes, the control and prevention of diseases, and improvement of environmental sanitation.

In assistance for the strengthening of health services particular attention had been given to the improvement of the efficiency and coverage of services; fellowships had been awarded for attendance at the regional health planning course, consultants provided on management aspects, and operational research studies conducted. Assistance in strengthening health laboratory services, without which communicable disease control programmes could never prosper, had increased substantially.

In the family health programme priority would continue to be given to the reduction of maternal and perinatal, infant and child mortality and morbidity, and to nutritional deficiency diseases, particularly protein-calorie malnutrition and nutritional anaemia.

A considerable proportion of the resources had again been allocated to health manpower development; a greater number of requests for consultant services for the formulation of postgraduate courses had been received, while the demand for assistance in the development of undergraduate departments had fallen. Other significant trends were the increased use of regional training facilities and the establishment of a regional teacher training centre. It was hoped that by 1975 some countries would be establishing their own centres.

The continued high prevalence of the communicable diseases required attention, particularly at the local level, and, as many of those diseases were the result of poor hygiene, the improvement of rural water supplies, sanitary waste disposal, vector control, environmental pollution control and food hygiene and sanitation would continue to receive emphasis. Epidemiological services and surveillance measures would be strengthened.

There would be an increase in noncommunicable disease prevention and control in 1975, resulting mainly from increased measures for the prevention and control of alcoholism and drug abuse, a first step having been taken towards a regional programme. A team of two had reviewed the situation in Malaysia; its report was being studied, and a similar visit to the Philippines was planned. Information on drug dependence and treatment and rehabilitation services was being collected from governments in the Region, and it was hoped to present a medium-term programme to the Regional Committee at its next session.

The rapid growth of environmental pollution resulting from increasing and often unregulated industrialization and population movement to the towns was to receive attention under the environmental health programme; urbanization and industrialization in some areas in the Region called for specialized advice on the promotion of occupational health services.

A large intercountry programme was proposed, permitting the more economical channelling of resources and provision of advisory services. That was particularly suited to the South Pacific area, where country programmes were small and did not always justify individual projects. Intercountry group educational activities provided a forum for the solution of relevant problems of mutual concern.
The proposed programme and budget had been fully discussed at all levels and the proposals screened by the regional Programme Committee. Priority had been given to the less fortunate countries in the distribution of funds.

Dr CUMMING (Australia) said that his Government had been glad to cooperate with WHO in the Regional Teacher Training Centre for the Health Professions at the University of New South Wales in Sydney, established following agreements between WHO, UNDP, the University and the Australian Government as part of WHO's global plan for an increase in efficiently trained health personnel.

The aim of the Centre was to improve teaching techniques, so that training in particular health disciplines was not seen as a primary function, but rather the production of effective teachers. Since its establishment in June 1973 it had conducted or assisted six group educational activities for a total of 131 participants: two for medical deans from the Western Pacific, three for interdisciplinary international activities including nursing and allied health professions, and one interdisciplinary national workshop with 36 participants held in Malaysia with the cooperation and support of that country's Government.

The workshops simulated teaching situations incorporating simple but radical changes in traditional educational practices, with the underlying principle that aims must be specified at the outset and learning techniques and evaluation procedures must be appropriate to the set aims. Participants undertook to implement an innovative practical project on return to their countries.

He understood that two Member States in the Region planned to establish corresponding national centres during 1975, and it was anticipated that other national groups based on educators who had attended the Sydney Centre would hold workshops in a number of countries including New Zealand later in 1974. Countries of the Region had been notified of two further workshops in Sydney in 1974, and workshops on various themes were planned for 1975. WHO would support fellows nominated to attend a newly established twelve-month course for a Master's degree in health personnel education.

Dr PHOUTTHASAK (Laos) said that further efforts and additional assistance from WHO, UNICEF, and UNDP were needed in order to develop the basic health services in his country, particularly in rural areas.

Dr OKAMOTO (Japan) said that the activities of the Regional Teacher Training Centre for the Health Professions in Sydney represented a considerable step forward in both undergraduate and postgraduate education. Japan was grateful for the benefit it had drawn from its activities, and was preparing to establish its own centre in 1974.

Dr SUMPAICO (Philippines) said that the programme for his country had the confirmed support of his delegation, which had the utmost confidence in Dr Dy's ability.

Dr TOUA (Papua New Guinea) was particularly grateful for the malaria advisory services and health manpower training projects proposed for his country. The Regional Director had first-hand knowledge of the fight against malaria in Papua New Guinea, and his understanding was appreciated.

Dr THIEME (Western Samoa) expressed his country's gratitude for the quick response by the Regional Office to its request for assistance in the preparation of the third five-year national health development plan which was to commence at short notice in 1975.

Combined parasitological and entomological investigations had been carried out by consultants for the WHO-assisted filariasis control programme to assess the results of the mass treatment with diethylcarbamazine administered in two stages as a control measure in Western Samoa. The consultants' recommendations were being implemented in the expectation that filariasis could be reduced to a minor health problem.

Dr VAN VAN CUA (Viet-Nam) expressed the gratitude of his Government and people for the work of the team of technical advisers which had assisted with the establishment and work of the National Institute of Public Health. The Institute trained public health technicians, provided postgraduate education, and had recently housed a WHO regional course on gastroenteric diseases. It would shortly organize a seminar on environmental pollution and a course on social paediatry with the assistance of the School of Public Health of Rennes (France) and the International Children's Centre, Paris, respectively. It was also contributing to the efforts of the medical faculties to introduce and develop a social and community medicine course for the training of doctors suited to Viet-Nam's needs.
He thanked all the medical staff from friendly countries who were helping to care for the wounded and sick without political discrimination. He mentioned the contribution of Canada to the development of a field training centre for health personnel for rural communities, which also acted as a community health research laboratory for the National Institute of Public Health and national and private medical faculties. Research programmes were being started to improve the public health services, and it was hoped to report on results to the next Health Assembly.

Mr Lee (Republic of Korea) regretted the proposed closing down of the WHO Vector Ecology and Control Research Unit in Seoul at the end of 1974, when so much was still to be done, in particular in research on the vector of Japanese encephalitis. The national staff were prepared to carry on the work, but would need the continued technical assistance of the Regional Office within the available resources.

Professor Huang Chia-szu (China) noted that the proposed programme for the Region for 1975 included services and assistance to the Khmer Republic. He pointed out that the traitorous Lon Nol clique could not represent the Cambodian people, and that its participation in WHO was illegal. The provision of any assistance to Cambodia must be in consultation with the Royal Government of National Union of Cambodia, which was the sole legitimate Government. He was resolutely opposed to providing any services or assistance to the Lon Nol clique.

With regard to assistance to Viet-Nam, prior consultation must be held with and agreement sought from both the Government of the Democratic People's Republic of Viet-Nam and the two sides concerned in south Viet-Nam. It was not appropriate to provide any assistance unilaterally to the Saigon authorities.

Dr Kadeva Han (Khmer Republic) questioned the point of the Chinese delegate's statement, coming as it did from a doctor who was surely familiar with medical deontology. The medical profession was bound to give treatment to anyone who needed it, even to enemies in times of conflict, irrespective of economic and social position, religious beliefs, and political and ideological opinions. He could not understand how the delegate of China could oppose the granting of medical and humanitarian assistance through WHO to the Khmer people, who were suffering the ravages of war imposed from outside. Perhaps he had forgotten that the WHO Constitution stipulated in its preamble that the highest possible level of health was one of the basic human rights. His intervention constituted an interference in the internal affairs of other countries and was contrary to the Charter of the United Nations and the five principles of peaceful coexistence adopted at the Bandung Conference and championed by the People's Republic of China. Similar statements by China at the Western Pacific Regional Committee's session in Wellington in 1973 had given rise to unfavourable comment among the public and in the New Zealand press.

He thanked the Regional Director for everything being done to help his country.

Dr Shrivastav (India) fully endorsed the comments of the delegate of the Republic of Korea on Japanese encephalitis, which was spreading in the Western Pacific and South-East Asia Regions. Faced with an epidemic in Bihar and Bengal that had lasted four months, his Government had considered using mass vaccination. But with 3 million people exposed, that was not feasible. Vector control was the answer. It would be a pity if, at such a time, the activities of a vector control research laboratory were to be hampered for lack of personnel or funds. He deplored the ending of WHO financial support for the unit in Seoul; vector control research should continue to receive strong support.

Dr Van Van Cua (Viet-Nam), replying to the Chinese delegate, said that the problem was an internal one for the Vietnamese people who were doing all they could to solve it. The people of Viet-Nam aspired more than ever to peace in which to reconstruct their country and heal the wounds of war in their society, in which task the whole Vietnamese people should participate.

In answer to the delegate of the Republic of Korea, Dr Dy, Regional Director for the Western Pacific, said that although WHO headquarters assistance to the vector control research unit in Seoul would soon be at an end, the staff member who had been responsible for the project was now one of the Region's communicable disease advisers. The Regional Office would provide all the assistance it could to the national staff continuing the work.
The CHAIRMAN said that the Committee had now completed its detailed review of the proposed programme and budget estimates for 1975 (Official Records No. 212). He would take it that in its review the Committee had noted the expert committees proposed for that year and tabulated on page 67 of the volume.

2. APPROPRIATION RESOLUTION FOR THE FINANCIAL YEAR 1975

Dr RAMZI (representative of the Executive Board) said that the Board had discussed the proposed new text of the Appropriation Resolution, which reflected the new presentation of the programme and budget estimates and the new programme classification. Its comments were contained in Chapter II, paragraph 58, of Official Records No. 216.

At the CHAIRMAN's request, Dr CHRISTENSEN (Secretary) read out the proposed draft resolution, as follows:

The Twenty-seventh World Health Assembly,

RESOLVES to appropriate for the financial year 1975 an amount of US$ 132 664 620 as follows:

A.

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Policy organs</td>
<td>1 372 300</td>
</tr>
<tr>
<td>2</td>
<td>General management and coordination</td>
<td>4 904 290</td>
</tr>
<tr>
<td>3</td>
<td>Strengthening of health services</td>
<td>21 771 588</td>
</tr>
<tr>
<td>4</td>
<td>Health manpower development</td>
<td>16 398 543</td>
</tr>
<tr>
<td>5</td>
<td>Disease prevention and control</td>
<td>26 786 376</td>
</tr>
<tr>
<td>6</td>
<td>Promotion of environmental health</td>
<td>7 375 098</td>
</tr>
<tr>
<td>7</td>
<td>Health information and literature</td>
<td>10 737 742</td>
</tr>
<tr>
<td>8</td>
<td>General service and support programme</td>
<td>13 898 291</td>
</tr>
<tr>
<td>9</td>
<td>Support to regional programmes</td>
<td>11 995 772</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>115 240 000</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 1975, in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1975 to sections 1-10.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the 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 the following:

(i) reimbursement from the United Nations Development Programme in the estimated amount of US$ 1 800 000
(ii) casual income in the amount of US$ 1 200 000

Total US$ 3 000 000
thus resulting in assessments against Members of US$ 129,664,620. In establishing the amounts of contributions to be paid by individual Members, their gross assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that 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 1975 was approved.

3. DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1975 (resumed)

Communicable disease prevention and control (programme 5.1) (continued from the fourteenth meeting)

Dr VELIMIROVIC (Austria), Chairman of the working group established to draw up a revised resolution on the WHO expanded programme on immunization, introduced the following text:

The Twenty-seventh World Health Assembly,
Having considered the statement on immunization against the childhood diseases and the allocation of funds for an integrated programme on immunization contained in the proposed programme and budget estimates for 1975;
Recognizing the immense contribution immunization has made to the control of many of the common communicable diseases in the countries where it has been effectively applied;
Noting that in extensive regions of the world immunization is available for only a small proportion of children in the susceptible age-groups;
Aware of the potential for disease control when a well-planned and well-coordinated programme is instituted;
Reaffirming the importance of systematic immunization programmes in all countries; and
Expressing its satisfaction at the readiness of the World Health Organization to further promote measures to assist countries in extending their immunization programmes to cover the greatest possible percentage of the susceptible populations,

1. RECOMMENDS that Member States develop or maintain immunization and surveillance programmes against some or all of the following diseases: diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis, smallpox and others, where applicable, according to the epidemiological situation in their respective countries;

2. REQUESTS the Director-General

(a) to intensify at all levels of the Organization its activities pertaining to the development of immunization programmes, especially for the developing countries;
(b) to assist Member States (i) in developing suitable programmes by providing technical advice on the use of vaccines and (ii) in assuring the availability of good-quality vaccines at reasonable cost;
(c) to study the possibilities of providing from international sources and agencies an increased supply of vaccines, equipment and transport and developing local competence to produce vaccines at the national level;
(d) to continue to support research on the efficacy of vaccines and on as yet unsolved practical problems encountered in immunization procedures;
(e) to arrange seminars and other educational activities on the design and execution of programmes; and

3. FURTHER REQUESTS the Director-General

(a) to establish a special account under the Voluntary Fund for Health Promotion to be credited with the values of gifts intended for the expanded programme on immunization and to ensure that vaccines donated to the programme conform with the relevant WHO requirements;
(b) to report progress annually to the World Health Assembly.

1 Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.56.
He hoped that, in implementing the resolution, upon its adoption by the Health Assembly, the Director-General would remember that the principle involved had met with ready approval and support; only the drafting had given rise to difficulty. He recalled recent bitter criticism of WHO and PAHO which, it had been alleged, had done no more than the governments themselves for the control of diseases that could be controlled by mass vaccination. The draft resolution was therefore particularly timely. Criticism and differences of opinion were to be expected on such matters as side effects and complications, combined vaccination, use of multiple antigens, legal aspects, as well as on the very principle of vaccination, so that it was not surprising that certain emotional responses should have shown themselves in the Committee as they did in the daily professional life of the health administrator.

Even countries where communicable diseases were not the major problem that they were elsewhere could nevertheless spend up to 85% of their health budget on the prevention of those diseases. Whatever the uncertainties and however intangible the benefits, health administrators had to take decisions. The benefits of the decision they were now faced with were not intangible and, if they remembered that once disease had struck the time for protection had passed, the decision should be easy.

Decision: The draft resolution was approved.1

Mycobacterial diseases (subprogramme 5.1.6) (continued from the twelfth meeting, section 2)

The CHAIRMAN invited comments on the following draft resolution, which had been proposed by the delegations of Belgium, Bolivia, Brazil, Colombia, Ethiopia, India, Ivory Coast, Luxembourg, Malta, Norway, United Republic of Cameroon, United States of America, Upper Volta and Zaire:

The Twenty-seventh World Health Assembly,

Having studied the proposed programme and budget estimates for 1975 and the Director-General's annual report for 1973;

Recalling that leprosy is still a widespread and serious disease; and

Considering that the new microbiological techniques, particularly animal inoculation, and immunological methods as well as the development of new epidemiological approaches seem likely to speed up leprosy control and make it more effective,

1. THANKS the Director-General for his report and requests him to pursue the efforts for leprosy control undertaken by WHO;

2. RECOMMENDS that Member States examine the possibility of strengthening leprosy control measures by calling upon all available sources of cooperation;

3. INVITES Member States to have recourse to the Organization's advisory and coordinatory services so that optimum use can be made of these extra resources; and

4. INVITES the Director-General to convene a meeting of the Expert Committee on Leprosy to review the practical introduction of modern methods of leprosy control.

Dr Zamfirescu (Romania) recalled that recent progress in genetics, particularly the genetics of mycobacteria, had led to a much more active and effective study of Hansen's bacillus, so that there was now hope of developing a vaccine. Experiments on mice and another species of mammals had permitted a quantitative approach in research on the pathogenesis of leprosy, thus opening the way for experiments of crucial importance to the evaluation of the effect of various chemical and biological agents on the viability and pathogenicity of the bacillus. Similar optimism was warranted concerning the immunology of the disease, which remained a terrible scourge. His delegation considered that the time had come to continue and intensify both fundamental and clinical research, and it supported the draft resolution.

Decision: The draft resolution was approved.3

1 Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.57.
2 See p. 402.
3 Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.58.
Committee A: Sixteenth Meeting

Promotion of Environmental Health (Programme 6.1) (continued)

Health of Working Populations (Subprogramme 6.1.5) (continued from the fourteenth meeting)

The Chairman invited comments on the following draft resolution, which was sponsored by the delegations of Australia, Austria, Brazil, Denmark, Finland, France, German Democratic Republic, Federal Republic of Germany, Iran, Italy, Madagascar, Norway, Peru, Poland, Sweden, Thailand, Turkey, and the Union of Soviet Socialist Republics:

The Twenty-seventh World Health Assembly,
Noting with great concern the extensive and serious individual and public health problems resulting from road traffic accidents;
Recognizing that the use of alcohol and other psychoactive drugs contributes significantly to the heavy toll taken by road traffic accidents;
Believing that effective solutions require the coordinated efforts of international organizations and agencies, the Member States, regional and local authorities, and the world citizenry;
Declaring that the World Health Organization has a responsibility to provide leadership, guidance and technical assistance to Member States in the fields of improving road traffic safety in so far as human and medical factors are involved; and
Recalling resolution WHA19.36,

1. URGES Member States:
   (i) to promote improved driver-licensing standard and traffic safety education programmes;
   (ii) to encourage the national health authorities to provide leadership in these matters so far as human and medical factors are involved; and
   (iii) to require the manufacturers to apply safety principles in the development of new types of vehicles;

2. RECOMMENDS that the World Health Organization should encourage and assist the development of improved programmes in the field of traffic safety;

3. REQUESTS the Director-General:
   (i) to study means, in consultation with other intergovernmental and non-governmental organizations of developing:
      (a) appropriate standards relating to the medical aspect of licensing drivers;
      (b) increasingly effective educational and other programmes designed to encourage the responsible use of vehicles and roads; and
      (c) of promoting and coordinating further research on human and medical factors involved in traffic accidents;
   (ii) to convene as soon as possible a group of experts to study the influence of alcohol and psychotropic drugs and their interaction on driver skills and traffic accidents, and
   (iii) to report to the Executive Board and to the Twenty-ninth World Health Assembly on developments on these matters.

Dr. León (Argentina) supported the draft resolution and asked for his delegation to be listed among the sponsors.
He suggested that the effect of operative paragraph 1(i) would be enhanced if Member States were requested to improve both driver-licensing and traffic regulation standards.

Dr. Tottie (Sweden) apologized to those co-sponsors whom he had been unable to contact before producing the revised draft resolution. He hoped that they would be able to accept the new draft as presented before the proposal by the delegate of Argentina.

At the Chairman's request, Dr. León (Argentina) explained that the amended paragraph would read:

"(i) to promote improved driver-licensing and traffic regulations standards, and traffic safety education programmes;".

It was not enough merely to raise licensing requirements. Accidents arose from a series of factors connected with the handling of vehicles, which was anarchical in some countries. Traffic regulations needed improvement; each country had its own and they were sometimes incomplete.

1 The delegation of Argentina subsequently expressed the wish to see the name of its country added to the list of co-sponsors.
Dr VALLADARES (Venezuela) said that the correct Spanish term for "traffic regulations" was "reglamentos de tránsito" not "de tráfico", which was a commercial term.

Dr TOTTIE (Sweden) recalled that the sponsors had particularly wished to confine the draft resolution to matters of medicine and human health. He thought that it would be inadvisable to go beyond. Operative paragraph 1(ii) would enable health authorities to approach the other authorities concerned whenever they felt that was necessary, as might be the case with traffic regulations.

Dr LEÓN (Argentina) said that in 90% of cases the human factor was the cause of accidents and, among them, were lack of skill and failure to observe the regulations. However, he would not press the point.

Dr WELLS (Barbados) said that he assumed that the improved traffic safety education programmes related to observance of the traffic regulations.

He assumed that the preceding phrase should be "driver-licensing standards".

Dr TOTTIE (Sweden) accepted that amendment on behalf of the sponsors.

Decision: The draft resolution was approved, as amended by the delegate of Barbados.¹

4. FIFTH REPORT ON THE WORLD HEALTH SITUATION (continued from the fifth meeting, section 2)

Dr ŠČEPIN (Union of Soviet Socialist Republics), Chairman of the working group that had been set up to prepare a draft resolution on the subject, introduced the following text:

-The Twenty-seventh World Health Assembly,
-Noting the fifth report on the world health situation prepared by the Director-General in pursuance of resolution WHA23.24;
-Noting that the report contains summarized data on the health status of the population and trends in the development of public health throughout the world;
-Recalling resolution WHA23.59, in which among the Organization's important functions special attention was drawn to the analysis and evaluation of information on the state of health of the world population and on environmental health with a view to identifying general trends in the world health situation and to evolving a strategy in regard to the most promising ways of developing health services and medical science;
-Emphasizing the importance of carrying out periodic evaluations of the world health situation with a view to promoting its improvement;
-Noting the considerable amount of time and effort required within Member States and Associate Member States and within WHO Secretariat to collect and study the information and prepare the reports;
-Considering it necessary, therefore, to rationalize the collection and presentation of information on the health situation in the world as a whole and individual countries,

(1) THANKS the Member States and Associate Members for their assistance in providing material for the fifth report and requests them to submit, before 15 July 1974, any further information or amendments they wish to include in the text of the fifth report,

(2) REQUESTS the Executive Board at its fifty-fifth session to consider the question of rationalizing the collection and summarizing of information on the health situation in the various countries, including the intervals at which the information should be published, provision for its continuous revision in the light of the data obtained and its relation to other statistical information published by WHO,

(3) REQUESTS the Director-General to continue, pending the recommendations of the Executive Board, his preliminary work on preparation of a sixth report on the world health situation and to present a progress report to one of the forthcoming World Health Assemblies, and

¹ Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.59.
(4) URGES Member States to take an active part in the preparation of a next report by providing WHO with the required information to the extent possible.

Professor SENAULT (France) suggested an editorial amendment to the French text of the fifth paragraph of the preamble, so that it would read "... ainsi que du Secrétariat de l'OMS." He understood that at a previous session of the Executive Board the Director-General had already described the evaluation activities that were underway, and he wondered, therefore, whether the request to the Executive Board contained in one of the operative paragraphs was necessary.

The DIRECTOR-GENERAL considered that a specific request to the Executive Board was necessary in the case under consideration.

Decision: The draft resolution was approved.1

5. WHO'S ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH

Agenda, 2.4

(continued from the fourth meeting, section 1)

The CHAIRMAN drew attention to the following draft resolution, proposed by the delegations of Afghanistan, Albania, Algeria, Bahrain, Bangladesh, Canada, Colombia, Cuba, Gambia, Federal Republic of Germany, Ghana, Greece, India, Indonesia, Japan, Lesotho, Liberia, Libyan Arab Republic, Malawi, Malaysia, Mauritius, Nepal, Nigeria, Norway, Swaziland, Uganda, Union of Soviet Socialist Republics, United Republic of Cameroon, United States of America, Venezuela, Zambia and Papua New Guinea:

The Twenty-seventh World Health Assembly,
Recalling resolutions WHA25.60, WHA26.42, and EB53.R36;
Taking into account the discussions at the fifty-third session of the Executive Board on the Director-General's report on WHO's Role in the Development and Coordination of Biomedical Research; and
Reaffirming the importance of biomedical research and the gains from such research for WHO's activities aimed at the solution of practical health problems for the economically developed and developing countries alike,

1. NOTES the Director-General's report as well as the comments made thereon by the Executive Board;
2. ENDORSES the proposals submitted for WHO activities in biomedical research with particular attention to:
   (1) increased international cooperation and coordination of biomedical research activities and exchange of research information by WHO through medical research councils and similar national bodies and other institutions, and
   (2) promotion and initiation of research in developing countries and the strengthening of research and training centres in these countries, particularly with respect to disease problems of importance to the area such as parasitic infections and other endemic diseases;
3. WELCOMES the proposal for greater involvement of regional offices in research activities with the technical guidance of headquarters;
4. REQUESTS the Director-General to provide the Executive Board and the World Health Assembly with an annual progress report on the WHO research programme, including relevant views and recommendations of the Advisory Committee on Medical Research; and to arrange for the Chairman or other designated members of the Executive Board to attend the sessions of the Advisory Committee on Medical Research (ACMR), and the Chairman or other members of the ACMR to attend stipulated sessions of the Executive Board and World Health Assembly; and
5. CALLS UPON all Member States and voluntary agencies to give financial support to the Voluntary Fund for Health Promotion for research activities and to assist the Organization in other ways to promote its research programme.

1 Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.60.
Dr LEÓN (Argentina) said that governments were very often not aware of the research that was being carried out, and his delegation therefore proposed that the following phrase be inserted in operative paragraph 2(1), after the word "institutions":

with simultaneous information to the public health authorities on the development of the programmes.

Dr ŠČEPIN (Union of Soviet Socialist Republics) said that, while he could not speak for the other co-sponsors of the draft resolution, the Soviet delegation had no objection to the proposed amendment.

Professor HALTER (Belgium) said that if, as he understood it, the amendment proposed by the delegate of Argentina referred to a "feedback" of the information obtained, the Belgian delegation had no objection.

With reference to operative paragraph 4 of the draft resolution, experience had shown that scientific bodies should meet in an atmosphere of independence, without the presence of people who did not have the necessary scientific qualifications to enable them to participate in the discussions. He therefore proposed the deletion from that paragraph of the words: "and to arrange for the Chairman or other designated members of the Executive Board to attend the sessions of the Advisory Committee on Medical Research (ACMR)". On the other hand, the last part of that paragraph, making provision for the Chairman or other members of the Advisory Committee on Medical Research to attend stipulated sessions of the Executive Board and the World Health Assembly, should be maintained; their presence could certainly be of assistance in the understanding of reports.

Dr SAMBA (Gambia) said he had been able to consult some but not all of the co-sponsors of the draft resolution about the deletion proposed by the delegate of Belgium. Most regarded that deletion either as acceptable or as an improvement, but the delegation of Venezuela felt that the phrase should be retained, the matter being left to the discretion of the Executive Board.

The DIRECTOR-GENERAL said that the amendment proposed by the delegate of Argentina would pose a problem for the Secretariat, which would be inundated with work if information were to be sent simultaneously to public health authorities. He suggested that the word "simultaneous" might be replaced by "periodic".

Professor SENAULT (France) fully supported the amendment proposed by the delegate of Belgium. Each body had its own particular prerogatives, and those should be respected. The Advisory Committee on Medical Research was essentially an independent and advisory body, and the French delegation did not consider it appropriate that the Chairman or other members designated by the Executive Board should attend the Committee's meetings. On the other hand, the attendance of the Chairman or other members of the Advisory Committee on Medical Research at certain sessions of the Executive Board or World Health Assembly was fully in accordance with the advisory nature of the Committee.

Dr LEÓN (Argentina), with reference to what the Director-General had said, proposed the following revised amendment:

with simultaneous information to the public health authorities on the development of the programmes at their inception and periodically during their implementation.

The DIRECTOR-GENERAL said a question of principle was involved, and it was for the Committee to decide whether it wished to make it a condition that there should be prior consultation with a country's public health authorities before research institutes were approached.

Professor HALTER (Belgium) said that in Belgium such a measure would arouse strong opposition from the scientific world.

Dr LEÓN (Argentina) said that he was not proposing prior consultation, and that was why the word "simultaneous" had been used. His delegation merely felt that a country's health authority had the right to be kept informed.

Dr AMMUNDESEN (Denmark) agreed with the delegate of Belgium that there would be strong opposition to the idea of prior consultation. In order to avoid a large amount of supplementary paperwork both for the Secretariat and for the public health authorities, she proposed the use of the word "periodic", as suggested by the Director-General.

Dr SHRIVASTAV (India) said that the situation varied from country to country. No doubt in some countries, where science and technology were highly developed, direct
consultation with the institutes was perfectly acceptable. In India, however, the Government certainly liked to be kept informed of the research activities that were being carried out, and the situation was no doubt similar in other developing countries.

Professor HALTER (Belgium) suggested that the matter be left to the discretion of the Director-General. The records of the present meeting would reflect the remarks of the delegates of countries in which scientific research was under the auspices of the ministry, and the Director-General could be relied upon to take the necessary steps in accordance with those countries' wishes. On the other hand, to include such a provision in the text of the draft resolution seemed to him both difficult and dangerous, for it was most important to safeguard the independence of research, allowing it to develop freely.

Dr VALLADARES (Venezuela) protested at the implication that in some countries scientific research was completely dependent on the ministries. It had surely not been the intention of the Argentine delegation to suggest interference with scientific research of either private or public institutes. It was merely felt that, in view of the limited resources and the need to avoid duplication, ministries should know what research activities were being undertaken.

Professor HALTER (Belgium) said that there seemed to be some confusion. Operative paragraph 2(1) was not referring to WHO's promoting research; it was a question of WHO's trying to ascertain what research activities were being carried out in various countries. Nor was there any question of encouraging clandestine research, but rather of a reciprocal exchange of information. It was, of course, natural that, if WHO managed to assemble the information, Member States would be interested in receiving it.

Dr LEÓN (Argentina) fully supported the remarks made by the delegate of Venezuela. The Argentine delegation had never intended to suggest that governments should censor scientific activities. There was certainly no question of clandestine research, nor was it suggested that governments ask that WHO request permission to have a certain type of research carried out. All that was being asked was that ministries should be kept informed, when research projects started, of the type of research and where it was being carried out.

The CHAIRMAN asked the delegate of Argentina whether he was prepared to accept the word "periodic" instead of "simultaneous".

Dr LEÓN (Argentina) said that he found that unacceptable, in that he considered it essential that ministries be informed when a certain programme of research was actually started.

Dr VALLADARES (Venezuela) fully agreed with the delegate of Belgium that what was required was a reciprocal exchange of information.

Dr IDRIS (Sudan) asked what the situation would be if, when the Director-General informed Member States that certain research activities would be undertaken in a certain country, a number of Member States objected. He urged the delegate of Argentina to accept the suggestion of using the word "periodic".

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) suggested that the amendment proposed by the delegation of Argentina be reworded to read:

keeping public health authorities informed appropriately on the development of the programmes.

Dr LEÓN (Argentina) accepted that amendment.

Decision: The draft resolution, as amended by the delegations of Argentina, Belgium and the United Kingdom, was approved.1

Dr HEMACHUDHA (Thailand) said that he had wholeheartedly supported the resolution that had just been passed and was glad that it had been unanimously approved by the Committee. He expressed his sincere appreciation of the excellent work of the Director-General in the development and coordination of biomedical research and hoped that WHO's role would expand still further, since there were many more subjects that needed attention. One of them was the negative attitude sometimes encountered to public health work.

1 Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.51.
6. STANDARDIZATION OF DIAGNOSTIC MATERIALS (continued from the fifth meeting, section 1)

The CHAIRMAN drew attention to the following draft resolution that had been proposed by the working group established at the fifth meeting of the Committee:

The Twenty-seventh World Health Assembly,
Recalling resolution WHA25.47;
Conscious of the rapidly increasing need for international standardization of diagnostic reagents and related reference methods;
Recognizing the vigorous efforts pursued by several Member countries and scientific societies in this area of standardization;
Noting the lack of coordination of these efforts on an international basis;
Aware of the important role of WHO in the promotion of studies for improvement of health services including the development of laboratory standards; and
Having considered the report of the Director-General on the standardization of diagnostic materials;

1. RECOMMENDS that Member States continue and expand their national activities in the development of standardization of health laboratory methods and reagents;
2. REQUESTS the Director-General to intensify the work of WHO in the coordination of the development of standards for chemical and biological diagnostic materials and their use with special emphasis on quality control, along the lines proposed in his report, to collaborate with national institutions as well as with nongovernmental scientific organizations in the coordination of standardization efforts including research, and to seek additional resources to undertake the programme as outlined in the report as soon as possible, not waiting for its possible inclusion in the regular budget;
3. URGES Member States to take steps as rapidly as possible to control the quality of commercially distributed diagnostic materials in accordance with accepted standards, either national or international; and
4. FURTHER REQUESTS the Director-General to present a progress report to a future World Health Assembly.

Decision: The draft resolution was approved.

7. LONG-TERM PLANNING OF INTERNATIONAL COOPERATION IN CANCER RESEARCH (continued from the sixth meeting, section 3)

The CHAIRMAN drew attention to the draft resolution proposed at the fifth meeting.

Professor HALTER (Belgium) moved the closure of the discussion on the grounds that the Committee had already had a wide exchange of views on the subject, which would in any case be raised again at the fifty-fifth session of the Executive Board and at the Twenty-eighth World Health Assembly.

The CHAIRMAN said that two speakers might speak against the motion.

Dr GERRITSEN (Netherlands) agreed that the discussion had gone on long enough but asked whether it would be possible for delegates' further communications to be put in the record.

The DIRECTOR-GENERAL explained that verbatim records were never made of committee proceedings; the request of the Netherlands delegation would therefore not be in conformity with normal practice. While communications on the subject could not be inserted in the summary record, however, they could be sent to the Director-General, who would be very willing to take note of them.

Decision: The motion for closure was carried without dissent.

The CHAIRMAN then invited the Committee to consider the draft resolution before it.

Decision: The draft resolution was approved.

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1 Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.62.
2 See pp. 322-323.
3 Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.63.
8. FIFTH REPORT OF THE COMMITTEE

At the request of the Chairman, Dr CHRISTENSEN (Secretary) read out the draft fifth report.

Decision: The fifth report was adopted (see page 544).

9. CLOSURE

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

The meeting rose at 5.40 p.m.
Committee B
First Meeting
Monday, 13 May 1974, at 9.35 a.m.
Chairman: Dr M. A. Chowdhry (Pakistan)

1. Opening Remarks by the Chairman

The Chairman welcomed delegates of Member States, Associate Members, and particularly the delegation of the Bahamas that was participating in the work of the Committee for the first time.

He also welcomed the representatives of the United Nations, the specialized agencies, other intergovernmental and nongovernmental organizations, as well as the representative of the Executive Board.

He expressed his gratitude for the honour done to himself, and to his country and the Eastern Mediterranean Region, through his election to the chairmanship.

He recalled the Executive Board's appeal, in resolution EB43.R45 endorsed by the Health Assembly in resolution WHA25.33, that speakers limit the length of their interventions in the main committees.

2. Election of Vice-Chairman and Rapporteur

Agenda, 3.1

The Chairman drew attention to the third report of the Committee on Nominations, in which Professor J. Leowski (Poland) was nominated for the office of Vice-Chairman and Mr A. H. Selormey (Ghana) for the office of Rapporteur. He announced that Mr Selormey had, however, informed him of his regret that he would be unable to accept the office since he had learnt that, contrary to expectations, he would have to leave the Health Assembly early. Mr Selormey had suggested that the Committee might wish to elect the deputy chief delegate of Ghana, Dr M. A. Baddoo, as Rapporteur in his stead.

Decision: Professor Leowski and Dr Baddoo were elected Vice-Chairman and Rapporteur respectively by acclamation.

3. Organization of Work

The Chairman drew attention to the Committee's terms of reference as contained in resolution WHA26.1, and to the items on its agenda that it was called upon to complete before Committee A could consider item 2.2 (Review and approval of the programme and budget estimates for 1975). Those were items 1.13 (Contract of the Director-General); 3.2 (Supplementary budget estimates for 1974); 3.3 (Review of the financial position of the Organization) and its four subitems; 3.4 (Scale of assessment) and its four subitems; and 3.9 (Salaries and allowances, ungraded posts). He proposed that they be taken in the following order: 3.3; 3.2; 3.9; 1.13; and 3.4.

It was so agreed.

4. Review of the Financial Position of the Organization

Agenda, 3.3

Mr Furth (Assistant Director-General), introducing item 3.3 as a whole, recalled that monetary instability had continued and even increased during the year under review but that, as a result of the resolutions and decisions of the Executive Board and the World Health Assembly, the Organization had operated on a sound financial basis which had been strengthened by the reasonably prompt and full payment of assessed contributions by the majority of Members: by 31 December 1973, 96.55% of all assessed contributions for the year had been received.

During 1973 there had been approximately 500 revisions of the operational rates of exchange of the 70 or so currencies utilized by the Organization. Of these, the Swiss franc, in which approximately 35% of WHO's disbursements had been made, had undergone nine changes of operational rate ranging from Sw. fr. 3.80 to US$ 1 in January 1973 to Sw. fr. 2.80 in August, the year-end rate being Sw. fr. 3.20. Somewhat similar changes and variations of operational rates had occurred in several other currencies such as CFA francs, Danish kroner, French francs, German marks, and Japanese yen, which, with the Swiss franc, accounted for approximately 50% of the Organization's disbursements.

Those examples related to the operational rates utilized by the United Nations and the specialized agencies for budgetary and accounting purposes, but in practice the Organization
had to secure most of its non-dollar currencies from the commercial banking system, where the rate changes had been even more numerous and the variations wider.

For the reasons already mentioned, and thanks to the understanding of the Organization's budgetary difficulties shown by Member governments, and the cooperation and support of the whole staff, the Organization had been able to carry out its operations substantially as planned. The approval by the Twenty-sixth World Health Assembly of the Director-General's proposed supplementary budget estimates had partly mitigated the effect on the budget of the monetary situation, and the concerted efforts to make all possible economies in headquarters operations - including reductions in expenditure for common services and meetings, the imposition of restrictions on the filling of vacant posts, on duty travel and on consultancy assignments at headquarters - had made it possible to avoid a budgetary deficit for the year even though the dollar continued to decline substantially on the currency exchange markets for several months after the supplementary estimates had been approved in May 1973. Although there were obvious limits to the extent to which economies could be made without seriously affecting programme activities, the above-mentioned economies had been planned and carried out in such a manner as to cause minimum disruption to headquarters operations and without affecting operational activities in the regions.

Referring to the salient points in the Financial Report for the year 1973 (Official Records No. 214), he suggested that although a very satisfactory percentage of contributions - higher than in recent years - had been collected by 31 December, many Members tended to pay their contributions, or parts thereof, rather late in the year, although contributions were due on 1 January under the Financial Regulations. As at 31 December 1973, 37 Members were wholly or partly in arrears for 1973, the amount totalling US$ 3,119,422, and 13 Members were wholly or partly in arrears for years prior to 1973 in an amount totalling $1,178,922.

In the year under review, approximately $95.5 million, or 98.83% of the effective working budget, had been obligated. As only 96.55% of the contributions for the year had been collected by 31 December 1973, there had been a year-end cash deficit of almost $2 million, which had had to be financed by an advance from the Working Capital Fund. Between 1 January 1974 and 30 April 1974, arrears of contributions in the amount of $1,210,049 had been collected for the year 1973, thus reducing the amount owing to the Working Capital Fund to $773,823. As shown on page 53 of the Financial Report, total disbursements and obligations incurred in 1973 under all sources of funds amounted to $136,073,352, of which some 70% represented obligations from the regular budget. Other major sources of funds included $9,306,383 from the Voluntary Fund for Health Promotion, about $6.6 million from the United Nations Fund for Population Activities, and more than $14.1 million from UNDP, the latter figure not including the UNDP payment of programme support costs in the amount of approximately $1.8 million.

The Committee would be glad to note from Schedule 8, on page 25 of the Financial Report, that the Organization had had available on 31 December 1973 an amount of $4,376,352 in casual income, which was the highest balance of casual income that had ever been available to the Organization at the end of a financial year. That large balance was due not only to the extremely high interest rates prevailing during the latter half of the year, but also to the special efforts of the Organization's financial services to invest all funds exceeding immediate requirements even for very short periods and at the highest possible rates. That happy combination of high interest rates and maximum investment opportunities was particularly welcome at a time when the Organization's requirements for casual income were especially great.

Indeed, the implementation of the Director-General's proposals - which had been endorsed by the Executive Board at its fifty-third session - to finance the supplementary budget estimates for 1974, to assist the financing of the 1975 programme and budget, and to adjust the assessment of four Member States, would require the appropriation of over $4.2 million of casual income.

In conclusion, he pointed out that the Reports of the External Auditor, contained in Official Records No. 214, were the last to be presented by Mr Lars Breie, Auditor-General of Norway, who had relinquished his assignment as External Auditor of WHO and was to be succeeded, by decision of the Twenty-sixth World Health Assembly, by Mr Lars Lindmark, former Auditor-General of Sweden. He expressed the Director-General's and his own appreciation of the excellent work done by Mr Breie over the previous seven years.
The CHAIRMAN recalled that, under Article 18(f) of the Constitution, it was one of the functions of the Health Assembly to supervise the financial policies of the Organization and to review and approve the budget. Articles XI and XII of the Financial Regulations were also relevant to the item under discussion.

Dr HENRY (representative of the Executive Board), introducing the report of the Ad Hoc Committee of the Executive Board, informed the Committee that the Ad Hoc Committee had reviewed the Financial Report for 1973 and the Reports of the External Auditor on 6 and 7 May last; the report before the Committee dealt with that subject and related matters.

The Ad Hoc Committee had noted that total appropriations for the effective working budget for 1973 amounted to $96,682,900, an increase of 12.4% over the previous year, for which the corresponding increase had been 14.4%. That and further information was contained in the table in paragraph 5 of the report.

He called the Committee's attention to the information in paragraph 6 regarding the collection of contributions and on obligations incurred.

The Ad Hoc Committee had noted (paragraph 7) the Auditor's opinion that greater standardization of procedures for project reporting and evaluation in all regions would be advantageous and had been assured that the Director-General had the matter under active consideration. It had also noted the annex to the Auditor's Reports, to be found on pages XXVI and XXVII of the Financial Report, concerning the financial implementation of regular budget projects during the year.

The Ad Hoc Committee had reviewed and noted the additional transfers between sections of the appropriation resolution for 1973 that the Director-General had found it necessary to make when the accounts for 1973 were finalized.

Finally, he drew attention to the following draft resolution, which the Ad Hoc Committee recommended to the Health Assembly for adoption:

The Twenty-seventh World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1973 and the reports of the External Auditor for the same financial period, as contained in Official Records No. 214; and

Having considered the report of the Ad Hoc Committee of the Executive Board on its examination of these reports,

ACCEPTE the Director-General's financial report and the reports of the External Auditor for the financial year 1973.

Dr GALAHOV (Union of Soviet Socialist Republics) noted from page XXII, section 7(c) of the Auditor's Reports that over $15 million of the effective working budget remained unliquidated at the end of the year. He wondered whether that was because the Organization had been unable to spend the money.

Mr TOPA (Poland) recalled that the Health Assembly had decided not to go forward with the construction of a new WHO building. That being so, he wondered why an amount of $310,166 had been disbursed in 1973 for the purchase of equipment for the new building according to the statement on page 38 of the Financial Report.

He had compared the Financial Report for 1973 with the proposed programme and budget estimates for that year (Official Records No. 196). He wondered what was the reason for the sometimes considerable differences in the figures for regular budget expenditures as shown in those two volumes and whether the changes were discussed with Member States.

Dr BÉDAYA-NGARO (Central African Republic) said that, according to the table on the financial implementation of regular budget projects for 1973 (Official Records No. 214, page XXVI), of the total number of projects planned for the African Region in 1973, 211 had been implemented, 20 postponed and 3 cancelled. He asked for information concerning those postponed and cancelled.

Dr DE CAIRES (United States of America) expressed particular appreciation of the information on implementation of regular budget projects and suggested that such information should become a permanent feature of the Report.

The success of project streamlining and consolidation was shown by the cancellation of 98 projects and the postponement of 96 projects. He noted that 27 had been transferred to regular budget funds while only 8 had been transferred to "other sources" of financing. He would be interested to know what had been the criteria governing those decisions.

He supported the External Auditor's views concerning the adoption of standardized project reporting and evaluation procedures for all regions (section 10.1). He also noted the External Auditor's reference to the fact that headquarters was formulating a Programme Management Information System (PMIS). Perhaps the two matters were related. He would like to have a progress report on the system.

Referring to section 10.2, he asked what mechanisms would be used in introducing standard costs in computing staff costs for 1976-1977.

It was remarkable that the balance in the Terminal Payments Account remained essentially the same at the end as it had been at the beginning of the financial year although a substantial part of the provision for that Account had been used to reduce the need for supplementary assessments on Member States and although the outflow from the Account had been greater in 1973 than in the previous year.

Finally, he expressed satisfaction with the significant increase in casual income reached by the end of 1973.

Mr FURTH (Assistant Director-General) explained that the unliquidated obligations did not represent money that WHO had been unable to spend. Such obligations related largely to commitments for fellowships; some of these might not yet have been taken up, others might be of several years' duration, and still others might be postponed. In all such cases, unliquidated obligations would be involved. The obligations had been recorded, but the cash outlay had not yet been made.

Dr GALAHOV (Union of Soviet Socialist Republics) pointed out that the rate of increase in the budget for 1972 over that for the previous year had been 14.4%, and the corresponding increase for 1973 was 12.4%. That was more than twice the average growth in the national incomes of Member States.

As he understood the matter, unliquidated obligations did not concern fellowships only, but applied to other activities as well. One-sixth of the contributions were chronically unused; that sum amounted to about $ 15 million for 1973. This seemed to indicate that something had not been fully thought out.

The delegation of the Soviet Union supported the recommendation of the External Auditor that methods of evaluation should be improved. A single standardized report form for projects, both those carried out from headquarters and those conducted by the regional offices, would be useful and would help to keep budgetary increases under control. It was not the first time that the question had been raised by his delegation, which had always been concerned with WHO's financial activities, with the aim of achieving greater rationalization. It was urgently necessary to develop the appropriate control functions still further. Critical analysis of the financial position would not only strengthen such control but would also help to increase the effectiveness of projects and programmes.

Mr FURTH (Assistant Director-General) explained that the sum referred to by the delegate of Poland related to the building of the International Agency for Research on Cancer in Lyons, and not to the WHO headquarters building.

The same delegate of Poland and the delegate of the Central African Republic had raised questions of differences between the figures given in the Financial Report and those in the adopted budget estimates and of changes in project implementation. It was almost impossible to give detailed reasons for all the differences and changes, which could be the result, for example, of changes in government priorities and requests for assistance, changes in the extent of the use of consultants, and delays in filling posts.

Good examples could be taken from pages 55-57 of the Financial Report, where the implementation of the 1973 regular budget was tabulated by appropriation section. For Appropriation Section 4, headquarters obligations were less than the revised estimates by about $ 154 000; this was due to delays in filling posts. By contrast, in the same appropriation section obligations were greater than estimates for the South-East Asia and Eastern Mediterranean Regions by about $ 160 000 and $ 157 000 respectively owing to
increases in the costs of smallpox eradication in India and Bangladesh and in Afghanistan
and Ethiopia. Again, in Appropriation Section 8 obligations exceeded estimates by some
$ 467 000 for health manpower development activities in the African Region owing to
increased costs for the training centres in Lagos and Lomé and for fellowships in the
United Republic of Tanzania and Togo, partly offset by savings as a result of the fact
that posts at the medical school of the National University of Zaire could not be filled
at the appointed time. In the same appropriation section an increase of some $ 55 000
for the Eastern Mediterranean Region was due to an increase in fellowship costs, while
that of $ 145 000 for the Western Pacific Region was due to 1974 fellowships being brought
forward to 1973. In Appropriation Section 9, obligations were less than estimates by
some $ 706 000, of which some $ 635 000 corresponded to the funds earmarked for technical
assistance to China, where, however, no projects had been requested.

With regard to the question raised by the delegate of the United States of America
as to the criteria for shifting projects to the regular budget from extrabudgetary funds,
these could be of two types. Firstly, any project not included in the programme and
budget estimates for any given year could be financed from the regular budget only if
this was requested by the government concerned and was thus given a sufficiently high
priority by the government. This could usually be done only at the expense of some
other project included in the regular budget. Secondly, for a new project, not mentioned
in the proposed programme and budget, to be implemented under the regular budget, it
would have to be approved by the Director-General, who would do so only if it fitted in
with the priorities in WHO's General Programme of Work and with the priorities laid down
in the resolutions adopted by the Health Assembly and Executive Board.

The delegates of both the United States of America and the Soviet Union had referred
to the statements made by the External Auditor with regard to project reporting and
implementation, the need for more uniform project evaluation procedures, and the new
programme management information system, all of which were closely related. WHO had
made considerable efforts in the fields of information systems development, and programme
and project reporting.

An information systems development working group, consisting of 25 members among
whom were WHO Representatives and regional office and headquarters staff, had been set
up and had held its first meeting in 1973 with a view to converting a strategy for the
development of a management information system into a detailed plan of action. One of
the main issues reviewed by this group was information support for project management.
Studies would be carried out to determine the kind of information needed for good project
management, the selectivity necessary to ensure the relevance of the information at each
echelon of WHO, information flow, and the frequency of transmission from one echelon to
another. A start had already been made with: (1) studies aimed at testing, in selected
country projects, the systematic managerial methods developed by the working group;
(2) studies of the managerial problems in WHO Representatives' offices; and (3) a com-
parative study of existing regional project monitoring systems with a view to achieving
a more standardized common approach. In addition, studies would be carried out on
project reporting, both from projects to WHO Representatives, to regional offices, and
to headquarters, and in the opposite direction.

The project management process being tested consisted of three steps - namely,
planning, implementation, and evaluation, the last of these being possible only if the
initial plans of work included objectives, targets, and schedules of activities for the
implementation of the project. For evaluation purposes, the reporting system therefore
involved: (1) progress reports, which monitored the degree of implementation by relating
achievements to predefined targets; and (2) impact assessment reports, which attempted
to assess the impact of a project on attaining the objectives of the programme of which
it was a part.

Some twenty complex studies, covering project management, reporting and evaluation,
would be carried out in selected countries in all regions, regional offices, and head-
quarters, a period of about two years being required for their completion. At the end
of this period, the working group would summarize its proposals for a project management
information system. A start would be made in 1975 to train national and WHO staff in
project management, and in this way the new system would progressively become operational.

In reply to the delegate of the Soviet Union, he said that he was fully aware of
the considerable difficulties involved in evaluation, project monitoring, project imple-
mentation, and programme planning, but never had so much work been going on within WHO,
in collaboration with national authorities, on these subjects as at the present time. He hoped that it would be possible to report good progress in two or three years' time.

The question of the use of standard costs had been raised by the delegate of the United States of America. Such costs had been developed and would be used in future programmes and budgets. In particular, they had been developed for four categories of professional staff and three categories of general services staff, for the cost of a consultant per month, for meetings of experts, or of scientific groups, and for other meetings at headquarters. The use of these costs was already facilitating the preparation of the budget estimates for 1976.

In conclusion, he emphasized that unliquidated obligations represented money that had in effect been spent, in that it was owed by the Organization for some activity, although the actual payment had not yet been made. Unobligated balances of appropriations, on the other hand, represented surpluses that were returned to Member States as casual income.

Dr DE CAIRES (United States of America) expressed his delegation's appreciation of WHO's efforts to improve programme management. That subject was related to interagency coordination, on which his delegation might submit a draft resolution when the Committee considered item 3.15.1

Dr GALAHOV (Union of Soviet Socialist Republics) explained that he had not thought that unliquidated obligations were not used later, but had wanted to know if they were used in the current financial year.

The CHAIRMAN then invited the Committee to consider the draft resolution submitted by the Ad Hoc Committee of the Executive Board.

Decision: The draft resolution was approved.2

Status of collection of annual contributions and of advances to the Working Capital Fund

Mr FURTH (Assistant Director-General), introducing document A27/16 Rev.1, drew attention to the fact that contributions to the effective working budget for 1974 had been received up to 30 April 1974 in the amount of $24,052,346, or 22.94% of Members' assessments, which was significantly less than the comparable percentages of 29.94 and 26.70 for 1973 and 1972 respectively. However, the following additional payments, totalling $6,703,623, had been received by 13 May, raising the percentage of contributions collected to 29.33%: China, $2 million; Congo, $16,652; German Democratic Republic, $536,000; Federal Republic of Germany, $2,558,050; Guyana, $42,870; Iran, $214,310; Iraq, $64,280; Madagascar, $39,161; Norway, $417,910; Switzerland, $814,390.

All the active Members of the Organization had paid their advances to the Working Capital Fund.

On 30 April 1974, total arrears of contributions to the effective working budget for the years prior to 1974 had amounted to $2,642,041, comprising normal contribution arrears of $2,377,099 and arrears in the amount of $264,342 for which the World Health Assembly had authorized special payment arrangements. Between 30 April and 13 May 1974, additional payments totalling $137,305 had been received from six Members, reducing the total arrears of contributions for years prior to 1974 to $2,504,736. Bolivia had paid $11,805 towards its arrears; Congo, $31,648; El Salvador, $15,140; Haiti, $47,922; Nicaragua, $36,960; and Paraguay, $36,960.

On 13 May 1974, 12 Members (Algeria, Costa Rica, Cuba, Dahomey, Ecuador, Gambia, Khmer Republic, Mauritania, Pakistan, Peru, Togo and Yemen) were partly in arrears in respect of their 1973 contributions, and 11 Members (Bolivia, Brazil, Chad, Chile, Dominican Republic, El Salvador, Haiti, Mali, Paraguay, Uruguay and Venezuela) were wholly in arrears in respect of their contributions for that year. Nine Members (Bolivia, Chad, Chile, Dominican Republic, El Salvador, Haiti, Mali, Paraguay and Uruguay) were wholly or partly in arrears in respect of contributions for years prior to 1973.

Dr KADÉVA HAN (Khmer Republic) said that although his country, in its 1973 budget, had assigned the funds required for the payment of its 1973 contribution to the Organization,

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1 See page 489.

2 Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA27.2.
owing to exchange-rate fluctuations at the time the funds had been transferred, the amount assigned in the budget had no longer been sufficient to cover the full amount of the contribution. The Government of the Khmer Republic would do its best to pay the balance due as soon as possible after the adoption of its 1974 budget.

Mr CÁCERES (Venezuela) said that his Government had requested Parliament for credits to cover its contribution to the Organization for the years 1973 and 1974 and would perhaps be able to pay those contributions before July 1974.

Dr GALAHOV (Union of Soviet Socialist Republics) said that although the current situation was an improvement on that in previous years, on 31 December 1973 37 countries had been partly or wholly in arrears with their contributions to the Organization. The problem of Members' arrears, which occurred every year, was due not only to currency fluctuations, but also to a variety of causes, including the rapid rate of expansion of the Organization's budget. He was convinced that if the Administration gave careful study to every aspect of the problem it would be able to solve it.

At the invitation of the Chairman Dr HADDOO (Ghana), Rapporteur, read out the following draft resolution:

The Twenty-seventh World Health Assembly
1. NOTES the status, as at 30 April 1974, of the collection of annual contributions and of advances to the Working Capital Fund, as reported by the Director-General;
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 1974; 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

Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution

Agenda, 3.3.3

Dr HENRY (representative of the Executive Board) said that the Ad Hoc Committee of the Executive Board, meeting on 6 and 7 May 1974, had noted that five Members were in arrears to an extent that might render them liable to the application of the provisions of Article 7 of the Constitution. Four of those - Bolivia, El Salvador, Haiti and Paraguay - had made payments in 1972, 1973 and 1974, and the Committee had decided to recommend that no action be taken to deprive those Members of their voting privileges at the Twenty-seventh World Health Assembly and had requested the Director-General to cable the four Governments inviting them to pay their arrears by 13 May 1974 or communicate to him their reasons for their inability to do so.

No payment had been received from the Dominican Republic since 1966, despite the acceptance by the Twenty-fifth World Health Assembly of the Dominican Government's proposal for the settlement of its arrears. In January 1974 the Dominican Government had offered to make a partial payment in national currency of its contribution, but the Director-General had been unable to accept that offer under the Financial Regulations of the Organization and the relevant Executive Board resolutions. No further communication had been received by the Director-General. The Committee had decided to recommend to the Twenty-seventh World Health Assembly that, failing a satisfactory settlement by 13 May 1974, the voting privileges of the Dominican Republic be suspended in accordance with Article 7, and had asked the Director-General to inform the Dominican Government by cable of its recommendation.

Mr FURTH (Assistant Director-General) informed the Committee that since the meeting of the Ad Hoc Committee of the Executive Board on 7 May 1974, two payments had been received from Bolivia, comprising $ 2382, the balance of the Bolivian Government's arrears

1 Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA27.3.
payable in 1970 and $ 9423, part of its 1971 contribution; on 10 May 1974, El Salvador had paid $ 15 140 as part of its 1971 contribution, and Haiti $ 4792 as part of its 1972 contribution; and on 8 May 1974 Paraguay had paid $ 25 140, the balance of its 1969 contribution and $ 11 820 as part of its 1970 contribution. Those countries, however, were still on the list of Members liable to the application of Article 7; for them to be removed from the list, Bolivia would have to pay a further $ 31 488; El Salvador $ 15 141; Haiti $ 5693; and Paraguay $ 46 431.

No payment or communication had been received from the Dominican Government since the Director-General had sent his cable on 6 May.

The CHAIRMAN invited the Committee to take note of the recommendations made by the Ad Hoc Committee in paragraphs 4 and 5 of its second report and requested the Rapporteur to prepare an appropriate draft resolution.

(For continuation, see summary record of the second meeting, section 6.)

Report on casual income and status of the Assembly Suspense Account

Mr FURTH (Assistant Director-General) said that the information contained in documents A27/17 and Add.l was submitted in order to assist the Committee in considering the Director-General's proposals concerning the amount of casual income to be used to help finance the proposed programme and budget estimates for 1975. In accordance with resolution WHA26.1 concerning the method of work of the Health Assembly, Committee B had to consider the amount of the available casual income that should be used for that purpose before Committee A could consider the budget estimates and recommend the amount of the effective working budget for 1975.

He drew the Committee's attention to the fact that the available casual income had been increased since 31 December 1973 by $ 385 695 to a total of $ 4 762 047. That increase had been due to payments of arrears received from seven Member Governments, which had been credited to the cash portion of the Assembly Suspense Account. The Director-General's recommendations for the utilization of casual income had been based on the amount available at 31 December 1973, which was the highest for any year's end to date. Those recommendations had been favourably considered by the Executive Board at its fifty-third session: by resolutions EB53,R11 and EB53,R13, the Board had recommended to the Twenty-seventh World Health Assembly that, as proposed by the Director-General, $ 2 471 000 be appropriated to finance supplementary budget estimates for 1974 and that $ 541 543 be appropriated for adjusting the contributions of certain Member Governments (Bangladesh, Democratic People's Republic of Korea, German Democratic Republic and Pakistan). The endorsement by the Standing Committee on Administration and Finance of the Director-General's proposal that $ 1 200 000 be utilized to help in financing the 1975 budget had been taken into account in resolution EB53,R22.

If the Committee and the Assembly were to accept the Director-General's three recommendations a balance of casual income of $ 549 504 would remain at the disposal of the Health Assembly.

The meeting rose at 11.55 a.m.

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SECOND MEETING

Monday, 13 May 1974, at 2.45 p.m.

Chairman: Dr M. A. CHOWDHRY (Pakistan)

1. REVIEW OF THE FINANCIAL POSITION OF THE ORGANIZATION (continued) Agenda, 3.3

Report on casual income and status of the Assembly Suspense Account (continued) Agenda, 3.3.4

Mr PARROTT (United Kingdom of Great Britain and Northern Ireland) called attention to the increasing importance of casual income in the financing of the Organization's activities. Casual income had now reached the high level of $ 4 762 047 and if it were regarded as the contribution of a Member State it would rank seventh. It did not, however, receive the keen scrutiny given to other sources of income, and it should be more closely watched.

The CHAIRMAN reminded the Committee that its conclusions on the item would be the subject of a report from Committee B to Committee A. A draft report would be circulated for consideration. (See section 8, below.)

2. SUPPLEMENTARY BUDGET ESTIMATES FOR 1974 Agenda, 3.2

Dr HENRY (representative of the Executive Board) informed the Committee that at its fifty-third session the Executive Board had discussed a report of the Director-General proposing supplementary budget estimates for 1974 amounting to $ 2 471 000 (Official Records No. 215, Annex 4). That figure had been reached after the incorporation of five classes of post adjustment into base salary scales from 1 January 1974, in accordance with the decision of the United Nations General Assembly. In its resolution EB53.R11, the Executive Board had recommended a resolution for adoption by the Twenty-seventh World Health Assembly approving the supplementary estimates proposed by the Director-General and specifying a method of financing those estimates from available casual income that would preclude the need for additional assessments on Member States.

Dr GALAHOV (Union of Soviet Socialist Republics) said that, as a number of delegations had remarked during previous Health Assemblies, supplementary budget estimates had become a habit and were in conflict with the recommendations of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies. His delegation had frequently stressed the need to meet supplementary estimates by making economies in expenditure from the regular budget, and its position in that respect had not changed. Part, if not all, of the supplementary estimates had to be financed from that source.

In connexion with sources of financing the supplementary estimates for 1974, the question of minus post adjustments was relevant. At a time when the rising cost of living in certain areas was involving additional expenditure on staff salaries, there was no reason why minus post adjustments should not be applied in other areas in order to meet at least a part of the additional costs. The Director-General had surely had that in mind when he had stated that the non-application of minus post adjustments in some areas meant that some staff would receive what might be considered an unjustified increase in pay. The introduction of minus post adjustments in such areas would comply with the recommendations of the United Nations General Assembly and restore the common system of salaries and allowances.

The CHAIRMAN put to the vote the draft resolution proposed by the Executive Board in its resolution EB53.R11, 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 proposed by the Executive Board in resolution EB53.R11 was approved by 81 votes to 3, with 5 abstentions.¹

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA27.4.
3. SALARIES AND ALLOWANCES, UNGRADED POSTS

Dr Henry (representative of the Executive Board) said that the Board, in resolution EB53.R5, had confirmed amendments to the Staff Rules permitting the incorporation into base salary scales of five classes of post adjustment for grades P.1 to D.2, but it was the responsibility of the Health Assembly to consider the ungraded posts. In its resolution EB53.R6 the Board had recommended that the Health Assembly should take a similar decision with regard to ungraded posts and had proposed a resolution to that effect. The decision would involve no increase in expenditure for staff with dependents, since the incorporation of post adjustments would be effected by a simple transfer of funds. For staff without dependents, however, the incorporation of post adjustments would involve an increase in expenditure, because such staff received post adjustments at two-thirds of the full rate.

Decision: The draft resolution proposed by the Executive Board in resolution EB53.R6 was approved.1

4. CONTRACT OF THE DIRECTOR-GENERAL

Dr Henry (representative of the Executive Board) said that during the Board's discussion on the incorporation of post adjustments at its fifty-third session a member had asked whether the same consideration should not apply to the Director-General as to other professional and ungraded staff. The Board had accordingly proposed, in resolution EB53.R7, that the Health Assembly should authorize its President to sign an amendment to the contract of the Director-General increasing his salary by an amount equivalent to the consolidation of five classes of post adjustment, effective from 1 January 1974.

Decision: The draft resolution proposed by the Executive Board in resolution EB53.R7 was approved.2

5. SCALE OF ASSESSMENT

Mr Furth (Assistant Director-General), introducing the item, said that the Bahamas, a Member of the United Nations, had become a Member of the World Health Organization on 1 April 1974. It was thus necessary for the Health Assembly to establish its assessment for 1974. In the United Nations, it had been assessed at the minimum level in the United Nations scale, only one-third of the contribution being payable for the year 1973, its first year of membership of the United Nations. In considering the assessment of the Bahamas for 1974, the Health Assembly would no doubt wish to take into consideration resolution WHA22.6, which provided that new Members should be assessed in accordance with the practice followed by the United Nations. If that were done, the assessment of the Bahamas in the World Health Organization would be set at 0.04%, the current minimum assessment in WHO, the assessment being reduced to one-third for 1974, the year of admission of the Bahamas. If the Committee agreed with that proposal, it might wish to recommend the adoption of the following draft resolution:

The Twenty-seventh World Health Assembly,
Noting that the Bahamas, 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 1 April 1974;
Recalling that the Twenty-sixth World Health Assembly in resolution WHA26.21 affirmed its belief that the scale of assessment in WHO should follow as closely as possible that of the United Nations;
Noting that the General Assembly of the United Nations, in resolution 3062 (XXVIII), established the assessment of the Bahamas for 1974, 1975 and 1976 at 0.02%;

1 Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA27.5.
2 Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA27.6.
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 Bahamas shall be assessed for 1974 at the rate of 0.04%;
(2) that the assessment for 1974 shall be reduced to one-third of 0.04%.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) and Dr DE CONINCK (Belgium) welcomed the delegation of the Bahamas to the World Health Assembly.

Decision: The draft resolution was approved.1

(For further discussion on this agenda item, see summary record of the seventh meeting, section 2.)

Contributions payable by certain Members in respect of 1974 and prior years

Dr HENRY (representative of the Executive Board) said that at its fifty-third session the Executive Board had considered a report by the Director-General on the definitive assessments of Bangladesh, the Democratic People's Republic of Korea, and the German Democratic Republic. As definitive rates had been established for those countries by the United Nations, it had become possible to establish definitive rates in WHO and to make the necessary adjustments for the years during which provisional assessments had been in effect. Accordingly, the Executive Board had recommended that Bangladesh be assessed at 0.13% with adjustments for 1972, 1973 and 1974, the Democratic People's Republic of Korea at 0.06% with adjustments for 1973 and 1974, and the German Democratic Republic at 1.10% with adjustments for 1973 and 1974. The overall result of those adjustments was a reduction of $ 402 243 in the total contributions of the three countries. That did not mean that the assessment of each had been reduced, however, since that of Bangladesh had risen considerably from the provisional figure. The financial adjustments to the Members' contributions would be made only in 1975. The Board had also considered a request from the Government of Pakistan for a reduction of its 1974 contribution by $ 139 300 - an amount equivalent to that payable by Bangladesh for that year under the proposed definitive assessment rate. The Board had recommended that the adjustment requested in Pakistan's contribution be made only in 1975. The Board had further recommended that the total amount of $ 541 543 required to cover all the adjustments be financed from available casual income. If sufficient casual income was available, the Health Assembly might wish to appropriate the amount in 1974. The text of a resolution recommended for the Health Assembly's adoption was contained in the Board's resolution EB53.R13.

Mr FURTH (Assistant Director-General) suggested that, since sufficient casual income was now known to be available, subparagraph (4) of the operative paragraph of the draft resolution proposed in resolution EB53.R13 might be amended to read: "(4) to appropriate from available casual income the total sum of US$ 541 543 required for all these adjustments".

Mr KHAN (Pakistan) pointed out that the reductions granted in his country's assessment for 1972 and 1973 had been based on the provisional assessment of 0.04% for Bangladesh, which was considerably lower than the definitive assessment of 0.13% that had now been proposed. His Government therefore wished to request a further reduction in its contributions for 1972 and 1973, equal to the difference between the provisional and definitive assessments of Bangladesh. Since the amount of casual income accruing to the Organization was high, he requested that the reduction be made in 1974.

Mr FURTH (Assistant Director-General) understood that the Government of Pakistan was presenting to the Committee, for the first time, an additional request for an adjustment to its contributions, since the request contained in document A27/19 related only to Pakistan's contribution for 1974. Should the Committee accede to the new request, the additional casual income required to cover those adjustments would be US$ 108 337. Sufficient casual income was in fact available for the purpose.

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1 Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA27.7.
Dr SACKS (Secretary) pointed out that the Executive Board had not taken Pakistan's additional request into account when it had recommended the draft resolution contained in its resolution EB53.R13. If the Committee wished to reduce Pakistan's contributions for 1972 and 1973 as requested, the text of the draft resolution would need adjustment.

Dr CAYLA (France) did not clearly see the reasons for Pakistan's request and asked for clearer explanations justifying the proposed reduction in Pakistan's contribution. Such a reduction seemed to be contrary to the principles laid down in resolution WHA24.12, which provided that the latest scale of assessment of the United Nations should be used as the basis for determining the scale of assessment of WHO. To grant the request would be a derogation of that principle needing special justification. And if the Committee did agree, where would the money be found to meet the request?

Mr KHAN (Pakistan) said that since Bangladesh's admission to WHO the criteria for calculating the rate of assessment of a Member State had undergone drastic changes. With those changes in view, his Government had requested an appropriate revision of its assessment. At the time of its admission Bangladesh had been assessed at the minimum rate of 0.04%. As Bangladesh had formerly been a province of Pakistan, Pakistan was granted a reduction in its contribution equal to the amount payable by Bangladesh, it being clearly understood that Bangladesh's assessment remained provisional. Bangladesh had now been definitively assessed from the time of its admission into WHO, and therefore a need arose for Pakistan's request, which he regarded as procedural. For administrative reasons, it had not been possible to submit the request earlier in written form. Since the Secretariat had indicated that the sum involved was available from casual income, an appropriate modification might be made to the draft resolution to incorporate his request.

Mr LAWRENCE (United States of America) asked why additional funds were required if the assessment for Bangladesh was to be increased from 0.04% to 0.13% and there was a corresponding reduction for Pakistan.

Mr FURTH (Assistant Director-General) explained that as the budgets for 1972 and 1973 had already been adopted, it was too late to make the adjustments in the assessment rates directly in the scales of assessment for those years. For that reason casual income would have to be used to make the adjustments requested. In fact, however, the amount of casual income now required to adjust the contribution of Pakistan was equivalent to the amount that Bangladesh would be paying in 1975 in excess of its contribution for that year. Consequently, if Pakistan's request were granted, there would ultimately be no loss of casual income to the Organization.

Dr ANOUTI (Lebanon) considered that any decision made on the basis of the present discussion would be too hasty. It would be preferable to ask the Director-General to study the question together with the other international organizations concerned and to submit a report to the Twenty-eighth World Health Assembly.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) drew attention to Rule 96 of the Rules of Procedure of the World Health Assembly, which stated that "No proposal for a review of the apportionment of the contribution among Members and Associate Members for the time being in force shall be placed on the agenda unless it has been communicated to Members and Associate Members at least ninety days before the opening of the session, or unless the Board has recommended such review". Without wishing in any way to prejudge the merits of the proposal, he thought that it might be submitted to the Executive Board for consideration at its next session.

Dr SCHUMM (Federal Republic of Germany) said that Pakistan's request posed a difficult problem of principle that could not be settled at the present session; his own delegation, for instance, had no instructions concerning the question, which had just been brought up for the first time. He feared the impact of the request on other organizations of the United Nations family, and accordingly supported the suggestion made by the delegate of Lebanon, since he did not think it possible to make a decision without a thorough examination of the problem.

Mr KHAN (Pakistan) said that it was not a valid argument to say that his request was new, since it was based on the principles on which earlier reductions had been granted.

Dr ANOUTI (Lebanon) explained that he was not against Pakistan's request; rather, he was in favour of it, wanted it to be accepted, and therefore wished it to be transmitted to the Director-General for study. It could then be examined by the next Health Assembly in the light of the Director-General's study.
Mr KHAN (Pakistan) said that since the Committee wished his Government's request to go through the steps by which the recommendations now before the Committee had reached the stage of adoption, he had no objection to following those steps by forwarding a request to the Director-General for submission to the Executive Board and then, in the form of a recommendation of the Board, to the next Health Assembly for final adoption. On that understanding, a decision might be reached on the lines of the suggestion made by the delegate of Lebanon.

Dr SACKS (Secretary) assured the Committee that the Director-General would take action in the spirit of the discussion. He then drew the Committee's attention to the draft resolution contained in resolution EB53.R13, and to the suggested amendment to subparagraph (4) of the operative paragraph.

The CHAIRMAN asked the Committee if it was prepared to approve the draft resolution.

Decision: The draft resolution proposed by the Executive Board in resolution EB53.R13, as amended, was approved.¹

Assessment of Associate Members

Dr HENRY (representative of the Executive Board) said that at its fifty-third session the Executive Board had considered operative paragraph 4 of resolution WHA26.21 inviting the Twenty-seventh World Health Assembly, when it examined the scale of assessment for 1975, to review the assessment of Associate Members, which at present was established at 0.02% in accordance with resolution WHA13.16. Reference had also been made to resolution WHA1.80, whereby the First World Health Assembly had resolved that Associate Members should be subject to the same obligations as Members, with the exception that the difference in their status should be taken into account when determining the amount of their contribution to the budget of the Organization. In setting the rate of assessment of Associate Members at 0.02% the Health Assembly appeared to have reflected the difference in status of Associate Members by assessing them at one-half the minimum assessment rate for Members, which had been established at 0.04%. In 1975, however, as a consequence of action by the United Nations General Assembly at its 1973 session, the minimum rate of assessment in WHO was to become 0.02%, the rate currently applicable to Associate Members. In its resolution EB53.R12, the Executive Board had recommended that the Health Assembly establish the assessment of Associate Members for 1975 and future years at 0.01%.

The CHAIRMAN invited the Committee to consider the draft resolution contained in resolution EB53.R12.

Decision: The draft resolution proposed by the Executive Board in resolution EB53.R12 was approved.²

6. REVIEW OF THE FINANCIAL POSITION OF THE ORGANIZATION (resumed)  

Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution (continued from the first meeting, section 4)

Dr BADDOO (Ghana), Rapporteur, proposed the following draft resolution for the Committee's consideration:

The Twenty-seventh World Health Assembly,

Having considered the report of the Ad Hoc Committee of the Executive Board³ 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 that Bolivia, the Dominican Republic, El Salvador, Haiti 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, Haiti and Paraguay have made payments in 1974;
Recognizing the efforts made by those four countries to liquidate their arrears; and

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 1973,

1. DECIDES not to suspend the voting privileges of Bolivia, El Salvador, Haiti and Paraguay at the Twenty-seventh World Health Assembly;

2. URGES Bolivia, El Salvador, Haiti and Paraguay to regularize their position so that the Executive Board at its fifty-fifth session and the Twenty-eighth World Health Assembly will not have to examine this question again;

3. DECIDES to suspend the voting privileges of the Dominican Republic at the Twenty-seventh World Health Assembly;

4. URGES the Dominican Republic to regularize its position at an early date and to implement the arrangements for settlement of its arrears accepted by the Twenty-fifth World Health Assembly, thus enabling the Dominican Republic to resume its full participation in the work of the World Health Assembly; and

5. REQUESTS the Director-General to communicate this resolution to the Members concerned.

The CHAIRMAN invited comment on the draft resolution, and in particular on its operative paragraph 3.

Dr UZEDA (Bolivia) said that the problem of arrears had posed difficulties for his country for several years. Although Bolivia had been making payments to WHO over the past two years with a view to regularizing its situation, it still had not completely fulfilled its obligations in respect of two or three years' contributions. His country was firmly committed to paying all its debts up to 1973 in contributions of 10% of the total and to paying its full contribution for 1974, in respect of which it had already made a payment of $20,000. Some way should be found to arrive at a feasible method of payment for those countries in debt to WHO, with which they would then comply. He felt strongly that the present situation should not recur.

Mr YEH Cheng-pa (China) stated that his delegation considered the payment of contributions to be an obligation for all Member States. Should developing countries, which had special difficulties, find themselves unable temporarily to pay, a solution should be found taking into account the particular circumstances. His delegation did not agree with the suspension of voting privileges and would therefore abstain from voting on the draft resolution proposed by the Rapporteur.

Mr KHAATIR (Libyan Arab Republic) believed that, since there was no representative of the Dominican Republic present at the meeting to explain why his country had been unable to pay its contribution, Article 7 of the Constitution should be applied.

The CHAIRMAN then put to the vote the draft resolution proposed by the Rapporteur.

Decision: The draft resolution was approved by 25 votes to one, with 65 abstentions.1

7. SCALE OF ASSESSMENT (resumed)  

Scale of assessment for 1975

Mr FURTH (Assistant Director-General), introducing the item, said that the Director-General's report (documents A27/20 and A27/20 Add.1) provided information on the current criteria for establishing the WHO scale of assessment in accordance with resolution WHA26.21. That resolution had made certain modifications to the principles for the establishment of the scale of assessment in WHO as previously laid down in resolutions WHA8.5 and WHA24.12. Basically, the earlier criteria remained valid except that, as a matter of principle, the maximum contribution of any one Member State in the WHO scale of assessment should not exceed 25% of the total, and specific procedures and restrictions

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1 Transmitted to the Health Assembly in the Committee's first report and adopted, after amendment by the ninth plenary meeting, as resolution WHA27.10.
had been established in order that that objective should be reached as soon as practicable. In addition, the resolution provided that the minimum assessment in the WHO scale should conform to that established in future scales of assessment in the United Nations, and the Twenty-seventh World Health Assembly had accordingly been invited to review the rate of assessment of Associate Members, which was at present established at 0.02%.

The development of the 1975 WHO scale of assessment in accordance with existing criteria approved by the Health Assembly was a complex exercise. A detailed explanation had been provided to the fifty-third session of the Executive Board (Official Records No. 216, chapter II, paragraphs 14-22). He would, of course, be pleased to answer any general questions or to provide additional information. He would suggest that any delegation wishing to have explanations on the assessment rate of its own Government's contribution should take the matter up directly with the Secretariat.

The criteria and principles utilized in establishing the 1975 scale were as follows:

- difference in membership between the United Nations and WHO;
- no country should be required to pay more per capita than the per capita contribution of the highest contributor;
- establishment of minima and maxima; the largest assessment to be reduced to a maximum level, i.e., a target of 25%, by (a) the percentage contributions of any new Members in the scales of assessment adopted by the Twenty-sixth and future World Health Assemblies, and (b) the normal triennial increase in the percentage contributions of Members resulting from increases in their national incomes, as reflected in the future triennial scales of assessment of the United Nations;
- the percentage contributions of Members should not be increased as a consequence of the provisions relating to the reduction of the maximum; the minimum assessment in the WHO scale should conform to that established in future scales of the United Nations;
- a review by the Twenty-seventh World Health Assembly of the rate of assessment of Associate Members when it considered the 1975 scale of assessment;
- and the desirability for the WHO scale of assessment to follow the United Nations scale as closely as possible.

The scale of assessment for 1975, as contained in Annex 1 to document A27/20, and as amended by Addendum 1 to the document, was based on the above principles and criteria, including the assessment of Associate Members at 0.01% on the assumption that the Twenty-seventh World Health Assembly would agree with the recommendation of the Board and the Committee on that point.

Following consideration of the proposed scale, the Committee might wish to vote on the draft resolution as contained in paragraph 4 of document A27/20.

Dr GALAHOV (Union of Soviet Socialist Republics) said that, while reduction of the size of minimum contributions would ease the position of the developing countries, that step could only have a short-term effect in view of the high rate of increase of WHO's budget. The only real way to improve the situation would be to achieve some budgetary stability. The reduction of the maximum contribution represented a very strict interpretation of the terms of resolution WHA26.21. However, the resolution had been aimed at a gradual decrease in the maximum contribution and had specifically mentioned that it should be effected through the percentage contributions of any new Members and through the normal triennial increase in the percentage contributions of Members resulting from increases in their national incomes. He stressed the need, therefore, for ensuring a gradual rather than a sudden reduction.

Mr WATANABE (Japan) said that his delegation would vote in favour of the draft resolution contained in paragraph 4 of document A27/20. However, while it agreed with the principle that WHO should follow the United Nations scale of assessment, its delegation was not entirely satisfied with the United Nations scale of assessment itself since it did not provide for reasonable safeguards against an abrupt increase. The rate of assessment for Japan had been increasing by nearly 50% every three years and had doubled over a six-year period. Naturally, in keeping with such a sharp increase in its financial commitments to WHO, Japan's interest in the administrative and financial management of the Organization was correspondingly greater.

Mr FURTH (Assistant Director-General), replying to the delegate of the USSR, recalled that resolution WHA26.21 had specifically stated that the objective of reducing the contribution of the largest contributor should be reached as soon as practicable, utilizing the percentage contributions of any new Member States and the normal triennial increase in percentage contributions of Member States in the United Nations scale. That was indeed exactly what the Secretariat had endeavoured to achieve, as stated in Official Records No. 216, chapter II, paragraphs 17 and 18.

Mr DE GEER (Netherlands) said that his delegation had some problems with the subject before the Committee. Its understanding of resolution WHA26.21 was that only two factors, namely the percentage contributions of new Member States and normal triennial increases,
should be taken into account in reducing the maximum contribution. On the other hand, it appeared that the criteria being utilized included such aspects as the reduction of the minimum assessment. If that were so, his delegation felt that the largest contributor should be reassessed accordingly.

Mr FURTH (Assistant Director-General) said that the matter was essentially one of interpretation. If the objective were to be reached as soon as practicable, surely the minimum and maximum contributions had to be considered fixed parameters; that had surely been the intention of the Health Assembly.

Mr DE GEER (Netherlands) agreed that the question was one of interpretation. He suggested that a decision on the item be postponed until the following day so as to allow time for consultation with other delegations and with the Secretariat.

Dr GALAHOV (Union of Soviet Socialist Republics) supported that proposal.

It was so agreed.

(For continuation, see summary record of the third meeting, section 3.)

8. REPORT OF COMMITTEE B TO COMMITTEE A

Dr BADDOO (Ghana), Rapporteur, read out the draft report of Committee B to Committee A.

Dr GALAHOV (Union of Soviet Socialist Republics) said that he was not entirely clear as to the amount of casual income in fact available.

Mr FURTH (Assistant Director-General) said that the amount of casual income available as at 7 May 1974 stood at $4,762,047, as shown in document A27/17 Add.1. It had been recommended that the supplementary budget estimates should be financed from casual income in the amount of $2,471,000 and that $541,543 of casual income should be used to adjust the contributions of four Member States in accordance with resolution EB53.R13. The Executive Board had also endorsed a recommendation by the Director-General that an amount of $1,200,000 should be used to help finance the 1975 budget. That left a balance of $549,504 of casual income at the disposal of the Health Assembly if it approved all the recommendations he had mentioned. The Board had invited the Health Assembly to consider whether any balance of casual income remaining should be transferred to the Real Estate Fund, and that proposal would be considered by the Committee under agenda item 3.8.

Decision: The report was adopted (see page 547).

The meeting rose at 5.30 p.m.
THIRD MEETING

Tuesday, 14 May 1974, at 9.40 a.m.

Chairman: Dr M. A. CHOWDHRY (Pakistan)

1. FIRST REPORT OF THE COMMITTEE

At the Chairman's request, Dr BADDOO (Ghana), Rapporteur, read the draft first report of the Committee.

Decision: The report was adopted (see page 545).

2. EIGHTEENTH 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 eighteenth report of the Committee on International Surveillance of Communicable Diseases. All interested delegations could be members of the group, which should elect its own officers and report to the Committee.

It was so agreed.

Dr HENRY (representative of the Executive Board) recalled that the Executive Board, in paragraph 2 of its resolution on the quality of food on international flights (resolution EB53.R27), had noted that the Committee on International Surveillance of Communicable Diseases would make recommendations on that subject to the Twenty-seventh World Health Assembly. He trusted that the working group would cover that point in its report.

(For continuation, see summary record of the ninth meeting, section 2.)

3. SCALE OF ASSESSMENT (continued)

Mr DE GEER (Netherlands) said that his delegation still had some hesitation in accepting the Director-General's proposed scale of assessment for 1975. Despite the provision in subparagraph (3) of operative paragraph 2 of resolution WHA26.21 that the percentage contributions of Member States should in no case be increased as a consequence of the decision to reduce the contribution of the largest contributor to 25%, he feared that in practice the implementation of that decision could hardly fail to result in increases in the contributions of other Members. The proposal that the minimal assessment in the WHO scale should be reduced to bring it into line with that of the United Nations scale made such increases even more likely. Furthermore, the application of the per capita principle would probably be reflected in increases in the percentage contributions of other Members in order to bring the contribution of the largest contributor down to the 25% maximum as quickly as possible. In the opinion of his delegation, application of the Director-General's proposals along those lines would be contrary to the terms of the resolution.

The question was one of interpretation. He would appreciate clarification from the Secretariat regarding the possible effects of the application of the new scale of assessment if his interpretation of the proposals were followed.

Mr FURTH (Assistant Director-General) agreed that there might be two interpretations of how resolution WHA26.21 should be applied; he therefore wished to explain the Director-General's interpretation.

The reduction in the assessment of the largest contributor from 29.28% in the 1974 WHO scale to 25.67% in the proposed 1975 WHO scale had been obtained solely by use of the percentage points that had become available as a result of the accession of new States to membership of WHO and as a result of the normal triennial increases in the percentage contributions of certain Members of the United Nations. Subparagraph (3) of paragraph 2 had been respected since, notwithstanding the reduction in the contribution of the largest

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contributor, no other Member's contribution had been increased. In the Director-General's view, once the contribution of the largest contributor had thus been determined, it became a fixed parameter; it was a maximum that could be neither increased nor decreased by any adjustments that might be made to other Members' contributions in the scale of assessments.

As he understood the position of the Netherlands delegate, it was that he agreed on the one hand with the application of the resolution regarding the reduction of the contribution of the largest contributor on the basis just outlined, but considered on the other hand that, the assessment of the largest contributor having thus been reduced to 25.67% and therefore brought much closer to the goal of 25%, the next step should be to increase the assessment of the same largest contributor so that the latter would bear its proportionate share of the increase in assessments necessitated by the reduction of the minimum assessments, the reduction of the assessment of Associate Members, the adjustment of the assessment of Pakistan, and other adjustments.

The Director-General's view differed from that for a number of reasons.

First, both the maximum and the minimum assessments were considered to be ceilings which should not be increased, whatever adjustments were made in the contributions of other Members. Had it already been the case that the largest contributor was assessed at the rate of 25%, and had the minimum assessments then been reduced and other adjustments made in the assessments of certain Members, surely no one would have contended that the largest contributor's assessment should be increased above the 25% maximum. If the largest assessment could not be increased above 25% because that figure was considered to be a ceiling, by what logic could it be increased when it was already above 25%?

Secondly, the resolution stated that the objective of 25% should be reached as soon as practicable and laid down a specific method for reaching that target. It seemed illogical to take a step away from that objective by increasing the assessment of the largest contributor above 25%. In fact, even if the resolution in question had never been adopted and for any reason the Assembly had decided to reduce the assessment of the minimum contributors, that of the largest contributor would not have been increased. It had always been considered that as long as the largest contributor was assessed at a rate higher than the theoretical maximum its assessment should not be increased. Both maximum and minimum assessments had always been considered to be fixed parameters.

Finally, the resolution stated that the WHO scale should follow as closely as possible the United Nations scale. In the United Nations scale the largest contributor was already assessed at 25%. In the scale as proposed by the Director-General the largest contributor would be assessed at 25.67% - higher than in the United Nations. No other contributor would be assessed at a rate higher than at its United Nations rate, and 23 Members would still be assessed at rates lower than in the United Nations. The application of the proposal of the Netherlands delegate would produce a scale which would be more different from the United Nations scale than the scale proposed by the Director-General.

Dr EHRlich (United States of America) reminded the Committee that the Executive Board had carefully considered the Director-General's proposals. The Director-General's assessment scale was in full conformity with the resolution adopted by the Twenty-sixth World Health Assembly, and he proposed that the Committee should approve it.

The CHAIRMAN then drew the Committee's attention to the draft resolution contained in document A27/20 as amended by document A27/20 Add.1.

Decision: The draft resolution was approved.1

4. STUDY OF THE POSSIBILITY OF FINANCING WHO ACTIVITIES IN CURRENCIES OTHER THAN US DOLLARS AND SWISS FRANCS

Dr HENRY (representative of the Executive Board) said that, after considering the report of the Director-General contained in Annex 6 of Official Records No. 215, the Board had adopted resolution EB53.R42, in which it recommended a draft resolution for adoption by the World Health Assembly.

Mr FURTH (Assistant Director-General) said that since the fifty-third session of the Executive Board, in January 1974, a Working Group of Thirteen established by the United

1 Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA27.11.
Nations General Assembly had held several meetings in New York. WHO and other organizations of the United Nations system had supplied the group with additional information on the effects of currency instability and inflation, updating the material contained in the report of the Administrative Committee on Coordination (ACC) referred to in Part II of Annex 6 of Official Records No. 215. The United Nations Working Group had not yet completed its task, and no information was available regarding possible alternative solutions which it might propose to the General Assembly.

The suggestion had been made to the Advisory Committee on Administrative and Budgetary Questions that the ACC should explore the possibility of assessing contributions to international organizations in a mixture of currencies. The ACC had considered it advisable to await the publication of at least the initial findings of the United Nations Working Group before proceeding further with the study of that possibility.

Mr CHOWDHURY (Bangladesh) said that the problem called for careful study. He approved the recommendation of the Executive Board that further action be deferred pending a decision by the United Nations and supported the resolution recommended by the Executive Board in its resolution EB53.R42.

Mr TOPA (Poland) said that the possibility of paying contributions in other currencies than the United States dollar and the Swiss franc had been debated inconclusively for a long time past. He considered that the Director-General should be authorized to decide how much of Members’ contributions could be paid in their national currency, as was current practice in UNESCO and UNDP. The system should be tried out by the Organization on an experimental basis and the results reviewed after a period of three or five years.

Dr LEBENTRAU (German Democratic Republic) said that he hoped that the current Health Assembly would reach a decision on whether national currencies could be used by Members for the payment of their contributions. One way would be to allow the financing of WHO activities in Member countries in national currencies. The Organization should seek its own ways of solving the problem regardless of the findings of the United Nations Working Group, because there was a pressing need for an early solution. During the general discussion on the Director-General’s Annual Report, a number of delegates from developing countries had stated that the currency crisis was affecting WHO programmes in their countries. In conclusion, he wished to reiterate the statement made by his delegation in the plenary meeting that there was no reason why the work of the Organization should be financed exclusively in United States dollars or Swiss francs.

Dr GALAHOV (Union of Soviet Socialist Republics) said that the United Nations General Assembly had approved the solution of the currency problem by each of the various specialized agencies and other bodies in the manner best calculated to suit their particular needs. General Assembly resolution 3062 (XXVIII) paragraph (c) read:

"Notwithstanding the terms of regulation 5.5 of the Financial Regulations of the United Nations, the Secretary-General shall be empowered to accept, at his discretion and after consultation with the Chairman of the Committee on Contributions, a portion of the contributions of Member States for the financial years 1974, 1975 and 1976 in currencies other than United States dollars;"

Without making any formal proposal, he suggested that the Director-General should be authorized to accept, on the advice of his financial staff, part of Member countries’ contributions for the period 1974-76 in currencies other than the United States dollar or the Swiss franc. After the United Nations Working Group had completed its review of the question, the results of its work could be further considered and utilized as appropriate by the Organization.

Decision: The draft resolution proposed by the Executive Board in resolution EB53.R42 was approved.

5. HEADQUARTERS ACCOMMODATION: FUTURE REQUIREMENTS

Dr HENRY (representative of the Executive Board) said that in accordance with resolution WHA26.46 the Director-General had supplied the Board at its fifty-third session with a detailed report on developments since the Twenty-sixth World Health Assembly, 3.7

1 Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA27.13.

Assembly, in which he had analysed the issues facing the Organization with regard to the estimated future requirements for headquarters accommodation. The Director-General had had no reason to alter the staffing estimates for headquarters submitted to the Twenty-fifth World Health Assembly. The Board had also been informed that there had been no improvement in the financial possibilities and that the Swiss authorities, owing to federal anti-inflation limitations on certain types of building, were unable to provide a low-interest loan for the permanent extension of the WHO building. The Director-General had outlined the possibility of obtaining additional office space by rental and by the erection of temporary buildings. It was thought that it would be possible to rent accommodation in the new ILO building sufficient for some five years. Some members of the Board had expressed the hope that the growth of headquarters staff would be less rapid than was foreseen. The Board had recommended, in resolution EB53.R43, that any decision on the continuation of the study and the erection of the permanent extension to the headquarters building be deferred for another year.

Mr CHOWDHURY (Bangladesh) supported the Board's recommendation.

At the request of the Chairman, Dr BADDOO (Ghana), Rapporteur, read out the following draft resolution:

The Twenty-seventh World Health Assembly,
Having considered resolution EB53.R43 and the Director-General's report on future requirements for headquarters accommodation,
1. NOTES the Director-General’s report; and
2. DECIDES that any decision on the continuation of the study and the erection of the permanent extension to the headquarters building be deferred for another year.

Decision: The draft resolution was approved.

6. REAL ESTATE FUND

Dr HENRY (representative of the Executive Board) said that the Director-General had reported to the fifty-third session of the Board on the status of projects being financed from the Real Estate Fund and on the prospective needs for financing from the Fund during the ensuing 12-month period, 1 June 1974 to 31 May 1975. The report, although provisional, had indicated that current projects were proceeding within the estimates and that the immediate requirements for the forthcoming period could be covered by the interest earnings of the Fund. The Board had requested the Director-General to report further to the Twenty-seventh World Health Assembly.

Mr FURTH (Assistant Director-General), introducing the Director-General's report to the Health Assembly, confirmed that all current projects were proceeding within the estimates. He called attention to the additional amounts of $15 000, $16 500 and $32 000 obligated for the purposes described in paragraph 5 of the report. Those appropriations had been reported to the Board at its fifty-third session in accordance with resolution WHA23.14, operative paragraph 3(ii).

The Committee would note, in paragraph 6 of the report, a proposed expenditure of $80 000 for fire detection and control equipment at the Regional Office for the Western Pacific and, in paragraph 7, the suggestion that a sum, estimated at $35 000, be set aside for the repair and reconditioning of additional accommodation for the Regional Office for Europe if the property that the Government of Denmark was considering buying for rental to the Organization became available.

If those expenditures were approved, the immediate requirements of the Fund could be covered from accrued and anticipated interest earnings of the Real Estate Fund.

He informed the Committee of the situation at the Regional Office for Africa, as described in paragraph 8 of the Director-General's report. Although it was not proposed to undertake the extension of the Regional Office premises during the period 1 June 1974 to 31 May 1975, it would be essential to do so during the ensuing period.

As recommended in resolution EB53.R41, the Health Assembly should consider whether the balance of casual income in the Assembly Suspense Account ($549 504) should be transferred to the Real Estate Fund.

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA27.14.
Mr KOCH (Denmark) explained that the owner of the property next to the Regional Office for Europe had offered to sell it to the Danish Government, which, however, had not yet taken a final decision on its purchase. That decision called for a careful study of many factors including the needs of the Regional Office, the price and other conditions of sale, and local zoning laws and building codes. The study was in progress and might be completed in the near future; meanwhile his Government could make no firm commitment.

However, speaking as a delegate to the Health Assembly, he could only support the proposed appropriation, which would be only prudent in view of a possibly favourable outcome of the current study.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) said that the Organization's real estate operations being dependent on the building up of casual surpluses in the Real Estate Fund had led to a slightly unsatisfactory situation. Under resolution WHA23.14 available balances of casual income were being transferred to the Real Estate Fund as an automatic process. He was concerned that such transfers should be closely related to approved purposes. In view of the present situation he wondered whether balances of available casual income should not remain in the Assembly Suspense Account. Without wishing to make a formal proposal, he felt that the automatic transfer of casual income to the Real Estate Fund should be viewed critically. He would support any suggestion that the Director-General be requested to study the financing of the Organization's real estate operations and report to the Board at its fifty-fifth session.

In reply to a question by Dr GALAHOV (Union of Soviet Socialist Republics), Mr FURTH (Assistant Director-General) explained that the amount of the balance in the Real Estate Fund had not been mentioned in the Director-General's report because it varied with time. On 30 April 1974 the balance was estimated at $1 191 867, of which $879 835 had been set aside by the Twenty-fifth World Health Assembly to finance preliminary studies for the permanent extension of the WHO building. The net balance was therefore $312 032, which would suffice to cover the Director-General's proposals.

Dr GALAHOV (Union of Soviet Socialist Republics) expressed his general support of the view voiced by the United Kingdom delegate. The Soviet delegation did not consider that the proposed transfer of available casual income to the Real Estate Fund was necessary. It felt that the balance of available casual income could be more usefully devoted to financing activities under the regular budget.

Dr EHRLICH (United States of America) noted that the Director-General's proposals could be financed from the Real Estate Fund without the transfer to the Fund of the 1973 balance of available casual income. The automatic transfer of casual income balances to the Fund deprived the World Health Assembly of funds it could usefully apply to the Organization's programme activities and might have the subconscious effect of reducing the intensity of the critical review to which all real estate operations should be subject before approval. He therefore shared the views of the United Kingdom and Soviet delegates that the transfer should not be made.

Dr SCHUMM (Federal Republic of Germany) agreed with previous speakers. Balances of available casual income should not automatically be appropriated to the Real Estate Fund, especially at a time when the whole question of the permanent extension of the WHO building was still open. He therefore proposed that the $549 504 remain in the Assembly Suspense Account, where it might be very useful in times of financial instability and inflation.

Mr WATANABE (Japan), Mr KHATIB (Libyan Arab Republic), Dr CAYLA (France) and Mr KAMER (Switzerland) supported that proposal.

Dr BADDOO (Ghana), Rapporteur, read out the following draft resolution relating to additional accommodation for the Regional Office for Europe:

The Twenty-seventh World Health Assembly,
Having considered the report by the Director-General on the estimated requirements of the Real Estate Fund for the period 1 June 1974 - 31 May 1975;
Noting that additional premises may become available to the Regional Office for Europe for rent on a long-term basis, in which case these premises would have to be repaired and reconditioned at an estimated cost of US$35 000,
AUTHORIZES the Director-General to have any necessary repairs carried out, and to finance them from the Real Estate Fund.

Decision: The draft resolution was approved.

Dr BADDOO (Ghana), Rapporteur, then read out the following draft resolution concerning equipment in the building of the Regional Office for the Western Pacific:

The Twenty-seventh World Health Assembly,
Noting the report by the Director-General on the estimated requirements of the Real Estate Fund for the period 1 June 1974 - 31 May 1975,

AUTHORIZES the Director-General to finance from the Real Estate Fund the installation of fire detection and control equipment in the building of the Regional Office for the Western Pacific, at an estimated cost of US$ 80,000.

Decision: The draft resolution was approved.

Dr SACKS (Secretary) said that, since there was a consensus in favour of the proposal by the delegate of the Federal Republic of Germany, there was no need to submit a draft resolution to the Committee on that point: the balance of available casual income would then remain where it was.

It was so agreed.

7. AMENDMENTS TO THE RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY

Dr HENRY (representative of the Executive Board) introduced the item at the Chairman's invitation and explained why the Executive Board, in its resolution EB53.R28, was recommending a resolution for adoption by the Health Assembly amending a number of the Assembly's Rules of Procedure. The proposed amendments to Rules 23 and 24 confirmed the existing practice of the Health Assembly whereby meetings of the Committee on Credentials and the Committee on Nominations were held in private, although any delegate or representative of a Member, Associate Member or the United Nations had the right to attend the meetings of these Committees. The amendments to Rule 51 were aimed at bringing it into line with the practice of the General Assembly of the United Nations. The amendments to Rules 84 - 87 and 89 incorporated the arrangements in the World Health Assembly for the use of the Chinese, Russian and Spanish languages. The Executive Board had adopted corresponding amendments to its own Rules of Procedure.

Mr KHATIB (Libyan Arab Republic) referred to the increasing use of Arabic both at the United Nations General Assembly and at the World Health Assembly. On behalf of his own delegation and the co-sponsoring delegations of Algeria, Bahrain, Democratic Yemen, Egypt, Iraq, Jordan, Kuwait, Mauritania, Morocco, Oman, Qatar, United Arab Emirates and Yemen, he proposed the following subamendments to those proposed by the Executive Board:

Rule 85

"Speeches made in the languages referred to in Rule 84 shall be interpreted into the working languages and into Arabic and Chinese".

Rule 86

"Any delegate or any representative of an Associate Member or any representative of the Board may speak in a language other than the official languages. In this case, he shall himself provide for interpretation into one of the working languages. Interpretation into the other working languages and into Arabic and Chinese by interpreters of the Secretariat may be based on the interpretation given in the first working language".

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA27.15.

2 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA27.16.
Mr YEH Cheng-pa (China) said that the General Assembly of the United Nations had already passed a resolution adopting Chinese as a working language. Chinese should also enjoy equal status with other working languages in WHO. Because of the difficulties faced by WHO, however, his delegation would accept, as a temporary measure, the present proposed amendment to the Rules of Procedure of the Health Assembly. He hoped steps would be taken as soon as possible to adopt Chinese as a working language of WHO. His delegation reserved the right to return to this question in the future.

Mr FURTH (Assistant Director-General) said that, as far as Arabic was concerned, the present provision in the budget for interpretation from Arabic amounted to $19,200 in 1975. Interpretation from other languages into Arabic would cost only a further $3,200. With regard to Chinese, the Secretariat was prepared to study the question of adopting Chinese as a working language of the Health Assembly and to report on the financial and technical implications of the proposal to the Executive Board and the Health Assembly.

Mr GUTTERIDGE (Director, Legal Division) suggested that, if the essence of the Libyan proposal was found generally acceptable, the wording of the subamendments could be simplified, as in the revised Rules of Procedure of the Economic and Social Council. Rule 85 could then read "Speeches made in an official language shall be interpreted into the other official languages", and Rule 86 could be amended accordingly.

Dr NABILSI (Jordan) said that his delegation would like to see Rules 85 and 86 amended so that provision was made for interpretation both from and into Arabic.

Dr AL-REFAI (Kuwait) stressed the fact that Arabic was the language of 20 Member States of WHO, and said that his delegation supported the proposed subamendments.

Mr PARROTT (United Kingdom of Great Britain and Northern Ireland) said that, while not wishing to intervene on the merits of the subamendments, he would like some guidance as to the procedural aspects. The proposed amendments to the Rules of Procedure of the Health Assembly submitted by the Executive Board had been fully discussed by the Board in conjunction with the amendments to the Rules of Procedure of the Board itself. The work of the Executive Board would seem to be circumvented if the Health Assembly now adopted the subamendments. The right way to approach the question might be to ask the Executive Board to have a further look at the extended use of Arabic.

Dr TARCICI (Yemen) said that he was fully aware of the possible financial or administrative objections to the proposed subamendment. His delegation was not calling for its immediate implementation, but was prepared to leave it to the Director-General to decide when it would be financially and technically possible. He thought that there were no difficulties as to the approval of the basic principle that Arabic should be given the same status as Chinese.

Mr LAWRENCE (United States of America) expressed his delegation's support for the amendments proposed by the Board. With regard to the subamendments, he agreed with the United Kingdom delegate that it would be wise to adhere to established procedures and refer the matter to the Executive Board.

Professor SULIANTI SAROSO (Indonesia) commented that there had been a rather lengthy discussion on this question in the Executive Board, and especially on the difference between working and official languages. She thought that an even greater simplification could be achieved by deleting Rule 85 altogether. The official languages were already listed in Rule 84, and included Chinese and Arabic. In the last sentence of Rule 86, the words "into the other working languages" could then be replaced by "into the official languages", and no reference to Chinese or Arabic would be necessary. In the same sentence, it would also be necessary to replace "given in the first working language" by "given in one of the working languages".

Dr TARCICI (Yemen) thought that the suggestion made by the delegates of the United Kingdom and United States of America would tend to create difficulties in what was really a very simple subject, and to prolong the discussion.

Dr SON Kyong Ho (Democratic People's Republic of Korea) expressed the support of his delegation for the views of the delegate of China.

Dr ANOUTI (Lebanon) supported the proposed subamendments. The objective of providing interpretation from and into Arabic was to achieve a better understanding of the problems faced by WHO.
Mr CHOWDHURY (Bangladesh) considered the subamendments to be very reasonable; his delegation would support them.

The CHAIRMAN suggested that the Rapporteur should draft a resolution based on the discussion that had taken place, the draft resolution of the Executive Board, and the proposed subamendments.

Dr TARCICI (Yemen) thought that there was a fairly clear consensus in favour of the subamendments, though some delegates had expressed certain reservations. Could not the Committee adopt a resolution straight away?

The CHAIRMAN agreed that there appeared to be a consensus, but thought it best that a draft resolution should be prepared in which the wording was simplified.

Dr DE CONINCK (Belgium) said that he understood the reservations of the delegates of the United Kingdom and the United States of America. Out of deference to the Executive Board, the question could be left to the Board. This in no way meant that he was contesting the claims of the Arabic-speaking countries. He wondered whether the suggestion made by Mr Gutteridge would be taken into consideration.

Mr GUTTERIDGE (Director, Legal Division) explained that his proposal did not modify the intent of the subamendments, but merely their wording. He would suggest the use of the same wording as in the amended Rule of Procedure of the Economic and Social Council. If the subamendments were accepted, the revised wording should be adopted.

Dr TARCICI (Yemen) said that he would be glad to assist in reaching an appropriate legal formula whereby provision could be made for interpretation both from and into Arabic. Although some delegates had expressed reservations, the principle had been accepted.

Mr CHOWDHURY (Bangladesh) thought that the suggestion made by Mr Gutteridge would serve the purpose of the subamendments.

The CHAIRMAN asked those who wished to do so to get in touch with the Rapporteur and the Director of the Legal Division with a view to preparing a revised draft resolution.

(For continuation, see summary record of the fourth meeting, section 2.)

The meeting rose at 12.30 p.m.
FOURTH MEETING
Tuesday, 14 May 1974, at 2.30 p.m.

Chairman: Dr M. A. CHOWDHRY (Pakistan)

1. SECOND REPORT OF THE COMMITTEE
Dr BADDOO (Ghana), Rapporteur, read the draft second report of the Committee.
Decision: The report was adopted (see page 545).

2. AMENDMENTS TO THE RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY
(continued from the third meeting, section 7) Agenda, 3.10

The CHAIRMAN drew attention to a revised text of the draft resolution on item 3.10, proposed by the Rapporteur. The text, which took into account the different views expressed at the Committee's previous meeting, read as follows:

The Twenty-seventh World Health Assembly
ADOPTS the following amendments to its Rules of Procedure:

Rule 23
Add a second paragraph, reading:
Meetings of the Committee on Credentials shall be held in private.

Rule 24
Add a third paragraph, reading:
Meetings of the Committee on Nominations shall be held in private.

Rule 51
Delete the existing Rule and replace by the following:
Proposals and amendments 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 proposals and amendments, or of motions as to procedure, even though they have not been circulated or have only been circulated the same day.

Delete Rules 84 to 87 inclusive and Rule 89 dealing with the languages of the Health Assembly and replace them by the following:

Rule 84
Arabic, Chinese, English, French, Russian and Spanish shall be the official languages, and English, French, Russian and Spanish the working languages of the Health Assembly.

Rule 85
Speeches made in an official language shall be interpreted into the other official languages.

Rule 86 (former Rule 87)
Any delegate or any representative of an Associate Member or any representative of the Board may speak in a language other than the official languages. In this case he shall himself provide for interpretation into

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1 The Twentieth World Health Assembly, in resolution WHA20.21, decided to adopt Russian and Spanish as working languages of the Health Assembly and the Executive Board - the implementation of the plan presented by the Director-General (Off. Rec. Wld Hlth Org., 1967, No. 150, Annex 7, section 9) to be carried out in stages, beginning with the Twenty-first World Health Assembly in 1968.
one of the official languages. Interpretation into the other official languages by interpreters of the Secretariat may be based on the interpretation given in the first such language.

Rule 88 (former Rule 89)

All resolutions, recommendations and other formal decisions of the Health Assembly shall be made available in the working languages.

Dr TARCICI (Yemen) thanked the Director of the Legal Division for his help in arriving at a practical and brief formulation meeting the required objectives. He fully supported the revised draft resolution; it would be left to the Director-General to decide on the appropriate time for implementing it. He thanked all those who had supported the Arab position on the proposal, and apologized if he had misunderstood any delegate at the previous meeting.

The CHAIRMAN asked the Committee if it was prepared to approve the draft resolution proposed by the Rapporteur.

Decision: The draft resolution was approved.1

3. ORGANIZATIONAL STUDY BY THE EXECUTIVE BOARD

Organizational study on the interrelationship between the central technical services of WHO and programmes of direct assistance to Member States

Dr HENRY (representative of the Executive Board) drew attention to the establishment by the Executive Board at its fifty-third session of a working group composed of five members (Dr Chen Hai-feng, Dr Ehrlich, Dr Lekie, Professor Sulianti Saroso, and Professor Tigyi) to study the interrelationship between the central technical services of WHO and programmes of direct assistance to Member States in accordance with resolution WHA26.36 of the Twenty-sixth World Health Assembly. The working group had considered that the Board's study was extremely important to the work of the Organization and that any recommendations resulting from it would have a potential impact on the functions of the Organization at all levels. Due to the complexity of the subject the working group had not been able to complete its work at the Board's fifty-third session, and it had recommended that the study be continued for another year so that the Board could submit a final report to the Twenty-eighth World Health Assembly. The Executive Board had agreed on the importance and complexity of the subject, and had decided in its resolution EB53.R44 to recommend the continuation of the study to the Health Assembly. The Board had also agreed that for the sake of continuity the membership of the working group would remain the same.

The CHAIRMAN invited the Committee to consider the draft resolution recommended by the Executive Board.

Decision: The draft resolution proposed by the Executive Board in resolution EB53.R44 was approved.2

Future organizational study

Dr HENRY (representative of the Executive Board) recalled that the Ninth World Health Assembly had decided that it would be advisable for the subject of the Board's organizational studies to be selected at least one year in advance. At its fifty-third session, the attention of the Board had been drawn to the possibility of postponing the choice of a new subject until its fifty-fifth session, in view of its decision to extend the current organizational study for another year. However, the Director-General had proposed as a subject for the next organizational study the impact of extra-budgetary resources on WHO's programmes. The Board had considered the matter to be of great consequence to the future work of the Organization; it had therefore recommended that the subject of the next study should be the planning for and impact of extra-budgetary resources on WHO's programmes and policy, and that it should report on the study to the Twenty-eighth World Health Assembly.

The CHAIRMAN drew attention to the draft resolution recommended by the Executive Board.

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA27.17.

2 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA27.18.
Decision: The draft resolution proposed by the Executive Board in resolution EB53.R45 was approved.¹

4. METHODS OF WORK OF THE EXECUTIVE BOARD

Dr HENRY (representative of the Executive Board) recalled that during its review of the programme and budget estimates for 1975 at its fifty-third session the Executive Board had also considered the functions and terms of reference of its Standing Committee on Administration and Finance in the light of the new form of presentation of the programme and budget. The Standing Committee had originally been established in order to examine certain administrative and financial aspects of the budget independently of the technical programme. With the recent introduction of a programme-oriented presentation, the problem arose as to whether the Standing Committee had outlived its usefulness. The Board's recommendations appeared in resolution EB53.R35.

Mr KAMER (Switzerland) supported the draft resolution proposed by the Executive Board in resolution EB53.R35, in which it recommended that the functions of the Standing Committee should be assumed by the Board as a whole. Nevertheless, the abolition of the Standing Committee would not by itself resolve the problems posed by the ever-increasing diversity of the Board's work. An increase in the number of members of the Executive Board would lead to longer and more detailed discussions, and therefore probably longer sessions. Furthermore, the abolition of the Standing Committee would probably give rise to a need to create working groups or committees dealing with special questions. For technical reasons such committees would not hold their meetings at the same time as those of the Board, but perhaps after them, and always during the sessions of the Board. That would also increase the length of the sessions. The new methods of work should help to eliminate the duplication of work inevitable under the present system. However, what was gained in avoiding duplication might be offset by the increased length of sessions and the greater number of meetings of the Board and its committees. His delegation, however, wished to increase the Board's efficiency and supported the draft resolution.

Dr BÉDAYA-NGARO (Central African Republic) agreed with the Board's proposals regarding the abolition of the Standing Committee, which would help to eliminate duplication of effort and to improve methods of work. In addition, time would be gained, since the Standing Committee usually took up seven days, and with its abolition there would be a gain of three or four days. There would also be saving in money because subsistence payments to members of the Committee would no longer be necessary.

The Swiss delegate had seemed to imply that the number of members of the Executive Board should not be increased, so as not to prolong its discussions. However, when the number of members had been fixed at 24 there had been far fewer members of WHO than at present. Since the WHO membership had considerably increased, the Board's membership should also grow in order to reflect the views of all continents in a balanced way. That was an extremely important question, calling for special consideration; the Committee should now confine its attention to the subject of the draft resolution as proposed by the Board.

Mr KAMER (Switzerland) explained that he had not opposed an increase in the number of members of the Executive Board, but had simply pointed out that such an increase would lead to longer and more detailed discussions and probably longer sessions of the Board. It was a simple question of mathematics, irrespective of the advantages or disadvantages of enlarging the membership.

Professor VANNUGLI (Italy), speaking from personal experience of the Executive Board, said that he had felt a sense of frustration at the repetition of the same work by the same people. None of the questions before the Board were purely financial because the technical aspect could not be overlooked. The cost of each activity had to be measured against its results or compared with expectations, and that could not be done from a purely administrative point of view. The apprehensions voiced by the Swiss delegate might prove to have been premature. The effect of the draft resolution was simply to state that the kind of work that the Standing Committee had been doing was no longer justified; however, the Board would have the right to set up other committees, in accordance with Rule 16 of its Rules of Procedure.

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA27.19.
Professor SULIANTI SAROSO (Indonesia) supported the draft resolution, which would transfer the Standing Committee's present functions and terms of reference to the Executive Board as a whole. Operative paragraph 2, which stipulated that the Executive Board would consider its methods and procedures further at its fifty-fourth session, seemed to be the important part of the draft resolution, which would result in a different way of analysing the programme and budget. The draft resolution did not mention the abolition of the Standing Committee, which would continue, except that its functions and terms of reference would be changed.

Dr TAYLOR (New Zealand) expressed general agreement with the comments of the Swiss and Indonesian delegates. His two years' experience of the Executive Board had been enough for him to feel frustration at the amount of work done by the Standing Committee and then repeated by the Board. The draft resolution recommended by the Board was an appropriate one. He agreed that the Standing Committee would still exist as operative paragraph 2 of the draft resolution indicated, and could be used for solving specific problems to save the Board's time. However, the main part of the work would be done by the Board itself, because it was difficult to separate the Organization's work from its financial aspects. Adequate time should be allowed so that the Board could complete its work properly. Regarding the increase in membership of the Board, he invited delegations to check whether their governments had deposited the instrument of acceptance of the amendments to Articles 24 and 25 of the WHO Constitution necessary to bring about the increase. Everything should be done to obtain the required number of acceptances; many delegates, as doctors, might be surprised to find, if they checked with the Secretariat, that their country had not yet taken action.

Mr BUICK (Canada), following up that suggestion, thought that it would be useful and simpler for most delegates if the Secretariat could provide a list of those countries that had deposited their instrument of ratification of the amendments to the Constitution.

The CHAIRMAN said that such a list was being prepared and would be circulated shortly.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) associated himself with the delegate of New Zealand. He supported the draft resolution, which was a move towards improving the arrangement of the work not only of the Board but of WHO as a whole, and welcomed the Director-General's desire to open the Secretariat and the Organization even more to the influence of the Executive Board. He thought it right that the Board itself should be commissioned to reorganize its work in the changed situation and he entirely supported the move to stimulate sufficient ratifications of the constitutional amendments to permit an increase in the size of the Executive Board, to reflect more fully the membership of the Organization.

Dr DE CONINCK (Belgium) considered, from his small experience of the Executive Board, that the work of the Standing Committee consisted of almost complete duplication, since the report that it submitted to the Board was examined again, and furthermore the members of the Board who were not members of the Standing Committee had the option of attending its discussions. He was therefore entirely in agreement with the draft resolution. While awaiting the list to be provided by the Secretariat, he reminded the Committee that the head of the Belgian delegation to the Twenty-sixth World Health Assembly, in May 1973, had cited all the countries that had ratified the decision to increase the number of members of the Executive Board from 24 to 30. At that time 69 countries had ratified the resolution and up to the present there had been only seven more ratifications, bringing the total number to 76. A two-thirds majority of 93 countries was required and thus there was far to go until the necessary total was reached.

Decision: The draft resolution proposed by the Executive Board in resolution EB53.R35 was approved.1

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1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA27.20.
5. **AGREEMENT FOR COOPERATION BETWEEN THE AFRICAN DEVELOPMENT BANK AND THE WORLD HEALTH ORGANIZATION**

  Supplementary agenda item 1

Mr GUTTERIDGE (Director, Legal Division), introducing the item, said that practical cooperation had already existed for several years between the African Development Bank (ADB) and WHO, particularly in the field of community water supply. That cooperation had been undertaken until recently on an ad hoc basis but it had been felt, in the course of discussions held the previous year between the President of ADB and the Director-General, that it would be preferable for such cooperation to be given a more formal basis through an agreement, particularly since ADB was increasingly aware of the interest shown by African countries and the World Bank in health activities and of the importance of the health sector in development and, consequently, of the desirability of giving urgent attention to fruitful areas of health development, such as the provision of health services and the training of health manpower. In that connexion, he drew attention to the fields of assistance outlined in Article 1 of the proposed agreement, which related to the scope of cooperation between ADB and WHO.

The text of the draft agreement was based on similar cooperative agreements already in existence. According to Article 70 of the WHO Constitution, such agreements required the approval of the World Health Assembly by a two-thirds majority vote. The draft agreement was thus being submitted for consideration and approval by the present World Health Assembly. The text had been approved by the Board of Directors of ADB and ratification by its Board of Governors was being sought by postal vote, the results of which had not yet been received. Once the text had been approved by both bodies, the draft agreement would be signed by the President of ADB and by the Director-General of WHO.

Dr ADESUYI (Nigeria) wholeheartedly welcomed the proposal for an agreement between ADB and WHO, the purpose of which would be to formalize and define the scope of the cooperation already existing between them. ADB was naturally interested in providing health services for the African continent, and there could be no better way of achieving that than through the cooperation of WHO. He hoped and anticipated that the World Health Assembly would approve the draft agreement.

Dr GALAHOV (Union of Soviet Socialist Republics) inquired whether WHO had already entered into some financial commitment for cooperation with ADB and what were the financial implications of the draft agreement. He was not entirely happy with the term "designated" in Article 2 (e). From the point of view of the Russian text, some such wording as "requested to act" would seem preferable.

Dr SACKS (Secretary) explained that Article 2 (e) was an enabling paragraph for ADB to be able to request WHO to act on its behalf. As for any financial implications, the Executive Board and the Health Assembly would in all cases be fully informed of any action proposed and its implications. It was hoped that work would be undertaken in the course of the current year since ADB was anxious to initiate activities.

Dr GALAHOV (Union of Soviet Socialist Republics) expressed satisfaction with that explanation. Nevertheless, he thought that an alternative to the word "designated" in Article 2 (e) should be considered further, in the Russian text at least.

Professor SULIANTI SAROSO (Indonesia) regretted that the Committee had not been supplied with some background material on the item since it was difficult to comment merely on the text of a draft agreement.

It would appear that the scope of assistance outlined therein ran parallel to the Organization's programme. Accordingly, any resulting financial implications for WHO would be minimal compared with the amounts that would be forthcoming from extrabudgetary resources. She recalled that the subject chosen for the next organizational study to be undertaken by the Executive Board had been "The planning for and impact of extrabudgetary resources on WHO's programmes and policy".

She was aware of activities being undertaken in other continents also by WHO in cooperation with regional development banks and that was a satisfactory illustration of the importance of WHO's coordinating role. She would welcome information from the Director-General as to whether any activities of the type described in Article 1 of the draft agreement with ADB were being undertaken in cooperation with the Asian Development Bank.

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The DIRECTOR-GENERAL emphasized that the draft agreement with ADB constituted an important step forward in respect of WHO's role of coordination with a view to ensuring that the health aspect of overall development was not neglected in any multilateral action. WHO was endeavouring to become more aggressive in mobilizing resources for that purpose. It was gratifying that there was recognition now in the African continent that progress in health was an integral part of development. WHO could play a significant and valuable role, although that was naturally governed by the extent to which it had the backing of governments. He agreed with the delegate of Indonesia that WHO should endeavour to become increasingly involved in the activities of other regional development banks.

Dr BADDOO (Ghana), Rapporteur, read out the following draft resolution for the consideration of the Committee:

The Twenty-seventh World Health Assembly, 
Considering Articles 50 (d) and 70 of the Constitution of the World Health Organization,
APPROVES the proposed agreement to be concluded between the World Health Organization and the African Development Bank.

Dr CAYLA (France) supported the USSR delegate's suggestion that the word "designated" in Article 2 (e) should be replaced by the words "requested to act". With that reservation, he was prepared to approve the draft resolution.

Dr SACKS (Secretary) pointed out that the wording of the draft agreement had already been approved by the Board of Directors of ADB. To reopen negotiations on the text at the present juncture might prove a somewhat delicate matter. However, in future discussions with ADB efforts would be made to ensure that the wording in the various languages took account, if possible, of the point just made. It should be borne in mind that certain terminology in each particular language had come to acquire an accepted meaning in a given context.

Dr SON Kyong-Ho (Democratic People's Republic of Korea) expressed his full support for the text of the draft agreement and was gratified to see WHO further extend its cooperation with other international bodies. It would, however, have been desirable for some background information on ADB to have been circulated to the Committee so that it could have been more fully acquainted with the Bank's character and activities and thus be better placed to take a position.

Dr SACKS (Secretary) said that he fully appreciated the point just made. In future cases of that type steps would be taken to ensure that adequate background material was provided to the Committee. In the present instance, the Committee would be aware that ADB had its headquarters in Abidjan and that it was of particular importance in Africa, both from the point of view of its institutional arrangements and as a potential source of low-interest loans.

The CHAIRMAN, noting that, in accordance with Article 70 of the Constitution, a two-thirds majority was required both in the Health Assembly and in the Committee for its approval, put to the vote the draft resolution on the draft agreement for cooperation between ADB and WHO.

Decision: The draft resolution was approved by 86 votes to none, with 2 abstentions.1

The meeting rose at 4 p.m.

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA27.21.
1. THIRD REPORT OF THE COMMITTEE

At the request of the Chairman, Dr Baddock (Ghana), Rapporteur, read out the draft third report of the Committee.

Decision: The report was adopted (see page 545).

2. COORDINATION WITH THE UNITED NATIONS SYSTEM

The CHAIRMAN invited the Committee to examine first the question of coordination with the United Nations system (documents A27/24 and A27/WP/11), following which it might consider the draft resolution contained in resolution EB53.R47 and another draft resolution, jointly sponsored by six delegations. The report on the least developed among developing countries might be taken up subsequently, together with the draft resolution recommended in resolution EB53.R49.

Dr Henry (representative of the Executive Board) said that at the fifty-third session of the Executive Board the Director-General had reported in detail on action taken by the United Nations and organizations of the United Nations system that had direct implications for the work of WHO.

He then referred to the most salient questions brought to the Board's attention. In connexion with apartheid, the Director-General had been requested by the Board to report at the earliest possible date on the health implications of apartheid for the people of South Africa and on specific measures that might be initiated by WHO in that regard. The Board had been informed of progress in the rationalization of the work of the Economic and Social Council, WHO's cooperation in the preparations for the forthcoming World Food Conference, and recent decisions of the United Nations Economic and Social Council and General Assembly on the United Nations Environment Programme that were of direct interest to WHO. The Board had given particular consideration to the problem of drug abuse, as well as to WHO's collaboration in the preparations for the World Population Conference and World Population Year in 1974. He drew the Committee's attention to resolution EB53.R48, which the Executive Board had adopted following its review of the action taken by the Director-General regarding UNDP.

In considering the information before it on developments in the coordination of administrative, budgetary and financial matters in the United Nations system, and on decisions taken by the United Nations General Assembly on administrative issues of interest to the Organization, the Board had discussed at length the developments that had occurred concerning the cost measurement system and had noted with appreciation the progress made on an inter-agency basis regarding the reimbursement of overhead costs to agencies for the execution of UNDP-financed projects. The Board had noted that overhead costs were considerably in excess of the 13% now reimbursed by UNDP and usually ranged between 20% and 25%. The UNDP Governing Council would consider that question at its session in June 1974. The Board had also been informed of the recent policy decision taken by the Director-General on reimbursement of programme support costs in relation to extrabudgetary programmes other than UNDP-financed activities, whereby all voluntary contributions and other trust funds accepted by the Organization would, in principle, be subject to a 13% charge for programme support costs. That measure was intended to relieve the regular budget from meeting in full the cost of support services required for extrabudgetary programmes, particularly since they had substantially increased over the past few years. Consequently, the Board had adopted resolution EB53.R47, which incorporated a draft resolution recommended for the consideration of the Health Assembly.

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The Board had also adopted resolution EB53.R51 on the International Civil Service Commission, in which it had noted the United Nations General Assembly's decision to defer the establishment of the Commission by one year and in which it requested the Director-General to report to it further on the matter at its fifty-fifth session.

The DEPUTY DIRECTOR-GENERAL said that developments that had taken place since the Executive Board's fifty-third session were reflected in document A27/24. He would refer briefly to other developments that had occurred since the document had been circulated.

Part I, section 1, of the appendix to document A27/24 dealt with various decisions of the United Nations General Assembly on the implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples and the elimination of apartheid. It would be noted from paragraph 1.6 that, in General Assembly resolution 3163 (XXVIII), the United Nations had called upon all States, the specialized agencies and other organizations in the United Nations system to provide moral and material assistance to all peoples struggling for their freedom and independence in the colonial territories in Africa and to those living under alien domination, and in particular to the national liberation movements of the territories in Africa, in consultation with the Organization of African Unity (OAU). In the resolution, the General Assembly had requested the specialized agencies, in consultation with OAU, to ensure the representation of the colonial territories in Africa by the national liberation movements concerned in an appropriate capacity when dealing with matters pertaining to those territories. The Committee would wish to keep those references, as well as the terms of General Assembly resolution 3118 (XXVIII), reproduced in full as annex I of the appendix to document A27/24, in mind during its discussion of agenda item 3.15.2.

In part I, section 2, of the appendix to document A27/24 the Director-General had outlined his response to the request of the Economic and Social Council contained in its resolution 1768 (LIV), which appeared as annex II. The Director-General had since transmitted his views to the Secretary-General of the United Nations for circulation to the Council.

The Administrative Committee on Coordination (ACC), at its meeting in April 1974, had given further consideration to the proposals for the mid-term review and appraisal in 1975 of progress under the Second United Nations Development Decade and in the implementation of the International Development Strategy. Paragraphs 3.2 and 3.3 referred to the Organization's contribution to the first biennial review and appraisal that had taken place in 1973, and paragraph 3.12 stated that the Director-General intended to bring to the attention of each of the Regional Committees at its session in 1974 the responsibilities that would devolve upon WHO for participation in the 1975 mid-term review. Suggestions and proposals would be submitted to the Executive Board at its fifty-fifth session prior to finalization of the Organization's contribution.

Since the fifty-third session of the Executive Board, the intergovernmental Committee on Science and Technology for Development established by the Economic and Social Council (part I, section 6) had held its second meeting, at which WHO had been represented.

Section 8 of part I referred to activities in connexion with the human environment, on which a detailed report (document A27/14) had been submitted under agenda item 2.7. With regard to the United Nations Conference/Exposition on Human Settlements to be held in Vancouver in 1976, mentioned in paragraph 8.5, the Director-General had participated in preparatory consultations in ACC. A programme of work was being developed in cooperation with the United Nations system and the Secretary-General of the Conference to ensure that due attention was paid to all health implications of the subject.

Section 9 referred to the Organization's extensive collaboration with the Office of the United Nations Disaster Relief Coordinator (UNDRO) the United Nations and FAO in relation to natural disasters, and more particularly the drought in Africa. WHO was playing an increasingly active part in attempting to meet requests from the countries affected. He thanked States that had responded to the joint appeal of the Secretary-General of the United Nations and the Director-General of FAO, as well as to the more recent circular letter from the Director-General of WHO supporting their appeal for funds to meet health problems arising from the drought in Africa, sent as a consequence of the Executive Board decision in that regard. Additional resources were sorely needed and only a generous response from Member States would enable the Organization to assist in meeting the most urgent health needs. The Director-General was studying a resolution adopted on 10 May 1974 by the Economic and Social Council calling for further action to provide assistance to Ethiopia, which was also affected by drought.
Regarding section 10, the United Nations Fund for Drug Abuse Control had now approved the project on the epidemiology of drug dependence mentioned in paragraph 10.11, and recruitment of staff had begun.

With reference to section 11, the United Nations General Assembly had held its sixth special session, on raw materials and development, from 9 April to 2 May 1974 at which it had adopted a declaration on the establishment of a new international economic order and a programme of action related thereto, with particular emphasis on immediate economic problems and their political and social consequences. While the action programme was addressed to all organizations of the United Nations system and while the Secretary-General had indicated, on behalf of ACC, the intention of each of the organizations to cooperate within its respective area of competence, the primary appeal was directed to the financing and funding agencies and programmes. The Director-General had just received the texts of the resolutions and would report thereon to the Executive Board at its fifty-fifth session.

Section 13 reviewed the preliminary work undertaken by the Organization as part of the preparations for the World Population Conference to be held in Bucharest in August 1974. Most of the work was either completed or in its final stages, and ACC would consult further on the matter in June. WHO had provided all necessary documentation so as to ensure that the Conference had the appropriate information on health aspects of population questions. It was hoped that ministries of health would be well represented in governmental delegations to that important Conference so that health views would find adequate expression.

Part II of the appendix to document A27/24 had been revised so as to take into account developments in the UNDP Governing Council, which had met at the time of the fifty-third session of the Executive Board. He drew particular attention to the reference in paragraph 28.9 to the steps taken by WHO to review its relationship with UNDP at the country level, and to the statement in paragraph 28.10 to the effect that operational responsibility for all country programming and project activities, regardless of the source of financing, had been delegated to the regional offices in an effort to ensure integrated utilization of all sources of support. Paragraph 28.13 referred to the new responsibilities of the Governing Council of UNDP, which also functioned as the governing body of the United Nations Fund for Population Activities. It would be noted that the funds allocated to WHO in 1973 by UNFPA covered the estimated total cost of the 1973 portion of 149 projects being executed by the Organization with UNFPA financing.

He drew particular attention to the reference in section 29 to collaboration with UNICEF, which continued to be close and fruitful. Consultations were being undertaken with the Executive Director of UNICEF with a view to reviewing collaborative efforts and to devising methods for strengthening cooperative activities at the country level.

Mr. LAWRENCE (United States of America) drew attention to the following draft resolution, co-sponsored by the delegations of the Federal Republic of Germany, Indonesia, Nigeria, Thailand, the United States of America, and Venezuela:

The Twenty-seventh World Health Assembly, Recognizing the interdisciplinary nature of many of the programmes of the United Nations system and the need for comparable information on activities of the system in the sectors and subsectors of WHO's field of competence; Recognizing the importance of developing a sound information support system for the improvement of the Organization's programme and project formulation, implementation and evaluation, as a prerequisite for and contribution to the strengthening of a coordinated interagency information system in the United Nations family; Recalling the interest of the Economic and Social Council in the development of common concepts for the information systems supporting the management of programmes and projects within the United Nations system, as contained in the decision at its fifty-fifth session;¹

Recognizing the efforts made by the Director-General to provide Member States with improved information for the decision-making process with respect to WHO's programme activities in 1975;

Anticipating the Director-General's continuing effort to improve the work programme including the presentation of headquarters and regional programmes in a consistent form and structure;

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY, PART II

Considering that the continued improvement of WHO's management system is an important step forward in strengthening the Organization's services to Member States, REQUESTS the Director-General:

(1) to continue his intensive efforts to develop, for all levels of the Organization, a fully coordinated information system for improving the formulation, implementation and evaluation of programmes and projects in WHO, and the provision of relevant information to Member States so as to facilitate decision-making in the World Health Assembly and the Executive Board;

(2) to support and to continue to promote the activities of ACC on the development of common concepts for information systems; and

(3) to report to the Twenty-eighth World Health Assembly on the steps taken to improve collaboration among United Nations organizations for the development of coordinated interagency information systems.

The draft resolution, which was largely self-explanatory, was designed to support and strengthen the authority of the Director-General in improving the programme management information system of WHO and to contribute to the improvement and coordination of the information system throughout the United Nations family of organizations. In the course of the discussion on the need for standardized reporting during the consideration of agenda item 3.3.1, his delegation had announced its intention of submitting a draft resolution in support of the points brought out in the discussion by the Committee and incorporating the Secretariat's suggestions. The proposal, which had the approval of the Secretariat and was entirely non-controversial, was in the interest of the management of the Organization as well as in the interest of all its Members. The activities mentioned were already covered by the budget proposals and would have no additional financial implications. He commended the draft resolution to the Committee for its approval.

Dr SCHUMM (Federal Republic of Germany) fully supported the United States delegate's presentation of the draft resolution, of which his delegation was a co-sponsor. His Government welcomed the Director-General's efforts to improve the planning and management of WHO's programme; such efforts would contribute towards strengthening both WHO's role and the services it provided to Member States, particularly the developing countries. The presentation of the proposed programme and budget estimates for 1975 provided in an improved form the information needed for decision-making by the Executive Board and the World Health Assembly, and further attempts at improved presentation should be encouraged, since the information was also of considerable value for national health services.

He welcomed the action taken by the Secretary-General of the United Nations, in his capacity as Chairman of ACC, to further the development of common concepts for information systems to be applicable throughout the United Nations system of organizations. His Government fully recognized WHO's important role in economic and social development and anticipated that coordinated action by the United Nations agencies in the information sphere would both avoid duplication and ensure that their programmes were increasingly coherent and complementary.

Dr ADESUYI (Nigeria) supported the statements made by the delegates of the United States and the Federal Republic of Germany. The development of a fully coordinated information system would facilitate decision-making at all levels. The Director-General himself had formulated similar plans, and the draft resolution introduced by the United States delegate, and of which Nigeria was a co-sponsor, would support him in his endeavours.

Mr KAMER (Switzerland) expressed full agreement with the Committee's decision as to the subject of the Executive Board's next organizational study - the planning for and impact of extrabudgetary resources on WHO's programmes and policy - which was in keeping with the spirit of United Nations General Assembly resolution 2975 (XXVII). However, as the results of the organizational study would not be available for some time, he wondered whether the Health Assembly should not be provided with regular and thorough documentation regarding UNDP-financed projects executed by WHO, particularly as they represented a large proportion of total WHO activities. He asked what percentage of the total WHO programme was represented by UNDP-financed activities. The volume of those activities appeared to justify their consideration under a separate agenda item, so that both general and specific problems could be examined; that might also be useful for other programmes financed from extrabudgetary funds from other sources. The proposed programme and budget
estimates for 1975 had necessarily been prepared long in advance and consequently the data relating to UNDP projects were incomplete.

Professor REXED (Sweden) recalled that at past Health Assemblies his delegation had stressed the importance of cooperation between WHO and UNDP in view of the fact that the specialized agencies, including WHO, acted as executing agencies of UNDP-financed projects and as partners in the country programming process. Resolutions relating to coordination with the United Nations system had been adopted as a result of which, inter alia, the Director-General was requested to submit periodically to the Executive Board a review of UNDP activities and of WHO participation in the planning and implementation of country programmes. It was apparent from the informative and valuable report submitted by the Director-General (document A27/24) that WHO had actively participated in country programming and that new guidelines for cooperation between WHO Representatives and UNDP Resident Representatives had been agreed. The fact that the administration of health projects financed by UNDP and WHO was being carried out in the field to an increasing extent would no doubt make for greater efficiency and speed. Those measures were in line with United Nations General Assembly resolution 2975 (XXVII). As he attached the utmost importance to the execution of UNDP-financed projects, he would be grateful for additional information on the rate of implementation of those projects and on the agreement reached on institutional arrangements for cooperation between WHO Representatives and UNDP Resident Representatives.

Since WHO acted as executing agency for a considerable number of projects financed by UNDP - some 14% of total UNDP expenditure for 1973 - it was extremely important that that activity should function satisfactorily. Efficient planning and execution of operational programmes were crucial in obtaining the maximum benefit for developing countries. It was accordingly essential that the Organization, and primarily the Executive Board, should deal thoroughly with questions concerning assistance financed from extrabudgetary resources. Reports of the type presented to the Board were a valuable source of continuing information regarding UNDP-funded activities carried out by WHO. He therefore suggested that any draft resolution on the present agenda item should welcome the Director-General’s report (document A27/24) and request him to continue to provide the Board at regular intervals with problem-orientated reports on cooperation with UNDP in the execution of project activities.

With regard to drug dependence, he thought that more should be done by WHO. In particular, the Organization could act as a warning agency that could pinpoint future problems by means of a comprehensive system of data collection and a review of new drugs from the point of view of their dependence-producing properties. It was not a healthy situation in which reliance was placed on outside sources of funds such as the United Nations Fund for Drug Abuse Control (UNFDAC) rather than on WHO’s own regular budget. Drug dependence aroused anxiety all over the world, and it was unfortunate that only two countries - Canada and Sweden - had reported drug dependence as a problem. The silence of other countries might have influenced WHO in its allocation of funds. Yet there was little doubt that WHO should organize more coherent and effective work on drug dependence in the future.

Mr KAHILUOTO (Finland), referring to the Director-General’s report (A27/24), called the Committee’s attention to certain aspects of development assistance. While there was general unanimity with regard to the aims of country programming, certain problems remained to be solved. One serious concern of his Government was the need to secure a truly universal and more equitable participation, through subcontracts and procurement, in the execution of UNDP projects. The document on subcontracts awarded and major equipment ordered for projects by the specialized agencies during 1973 - one of the documents that would be considered at the eighteenth session of the UNDP Governing Council in June 1974 - revealed that only one subcontract had been awarded to a Finnish contractor, while major equipment had been ordered from Finland. That situation might be due to rigid and outdated subcontracting and procurement procedures in the United Nations system, and it would be a matter for regret if such procedures resulted in his Government losing political backing for its policy of support for UNDP. The concern of the Finnish Government was shared by several other countries, including some developing countries. For many years there had been a disproportionate concentration on procurements in a few countries, which might be explained by the use of already established channels. Such a method of procurement might be easy but it did not take all the available possibilities into account. Much more should be done to establish a comprehensive system of procurement on the basis of worldwide competitive bidding in each of the executing agencies.
Mr Lawrence (United States of America), referring to the rationalization of the work of the Economic and Social Council, supported the approach described in the Director-General's report (A27/24, paragraph 2.8). With regard to the problem of drug dependence his Government welcomed WHO's participation in the Inter-Agency Advisory Committee on Drug Abuse Control. It was essential to coordinate activities related to the prevention and control of drug abuse in order to ensure that resources were expended efficiently. WHO's participation as an executing agency for UNFDAC was welcomed. His delegation was satisfied to note the launching of a study on the epidemiology of drug dependence, which would provide information essential to an understanding of drug abuse. It was to be hoped that WHO's efforts in the field of drug dependence would be redoubled.

With regard to collaboration with UNICEF, he sought clarification of the statistics given in the Director-General's report (paragraph 28.2), which differed from those given in the UNICEF general progress report (document E/ICEF/632). According to the latter document $69.5 million was spent on aid programmes, $28.8 million on child health, and $3.8 million on child nutrition. The Director-General's report, on the other hand, stated that $57.08 million was allocated to direct aid programmes, $23.4 million to health, and $6.2 million to nutrition. The United States delegation supported WHO's collaboration with the World Food Programme and with the Office of the United Nations Disaster Relief Coordinator (UNDRO).

Mr Wickland (Office of the United Nations Disaster Relief Coordinator) expressed appreciation for WHO's prompt and efficient response to disaster emergencies. UNDRO had been established two years previously with a mandate to mobilize, direct and coordinate the relief activities of the various organizations of the United Nations system in response to a request for disaster assistance from a stricken State. Collaboration between UNDRO and WHO took the following form. On receiving a request from a country, UNDRO immediately informed WHO and requested an assessment of the health implications and emergency health needs. Only WHO was competent to assess the information received from the field and to reduce lengthy requests for medical supplies to a more compact statement of medical needs appropriate for the emergency phase, as distinct from longer-term needs. UNDRO then transmitted the statement to a large number of governments, voluntary agencies, and other potential donors. On receipt of funds from those sources, UNDRO relied on WHO's supply services for prompt purchasing of the requisite items. The efficiency of the supply services resulted not only in the rapid availability of supplies but also in maximum value for the money expended. WHO had never made a charge for its assistance. Since the first instance of collaboration - the Philippines flood disaster of 1972 - UNDRO had channelled over $350,000 through WHO for the procurement of priority health items. Free airfreight obtained by UNDRO had saved nearly $400,000. In some disaster situations, such as cholera epidemics, UNDRO was not called upon to play a coordinating role, but it helped wherever possible. In the period July 1973 to May 1974 it had been able to obtain savings of $225,000 in the airfreighting of vaccines, rehydration fluids, and other supplies. Those savings, which might otherwise have had to be met from WHO's regular budget, brought the monetary value of joint WHO/UNDRO collaboration to nearly $1,000,000 in less than two years. Those figures showed that collaboration had been of a two-way nature, with distinct advantages to both organizations and to the populations in stricken areas.

The Deputy Director-General thanked delegates for providing such a wealth of information on the matter. WHO had been concerned for a long time with the problem of finding the most effective approaches to strengthen WHO's coordination with the United Nations system in undertaking common tasks effectively. The Secretariat would do its best to supply more details to the Executive Board and Health Assembly in connexion with UNDP and other extrabudgetary resources. On the question of drug dependence, as the Swedish delegate had already stated, WHO had never been able to assess the true magnitude of the problem. The failure of many countries to report on the extent of drug dependence had hampered WHO in allocating resources, and he hoped that the Swedish delegation's appeal would encourage Member States to communicate as much information as possible. Much useful work had, however, been carried out in cooperation with a number of other organizations, both national and international. Money for research had been forthcoming from the Voluntary Fund for Health Promotion and from outside sources. The assistance provided by UNFDAC was much appreciated, as were contributions from Member States. Once the true extent of drug dependence was known, it was to be hoped that the allocation from the regular budget could be increased.
He attached great importance to the statement by the Swedish delegate on the execution of programmes. If there were deficiencies in implementation, the Organization was in a position to bring it up to standard. He assured the Committee that the Secretariat was pursuing the problem with great energy. Much consideration was also being given to the question of subcontracting and procurement, in order to ensure the greatest possible fairness.

Dr BELLERIVE (Director, Division of Coordination), in reply to the delegate of Switzerland, said that the percentage of funds allocated by UNDP to the WHO programme compared with WHO's regular programme was to be found in Appendix 1 to the Financial Report for 1973 (Official Records No. 214). UNDP funds formed 10.38% of the total budget of the Organization.

In reply to the point raised by the Swedish delegate concerning the rate of implementation, cooperation, and coordination, he said that WHO's cooperation with UNDP had greatly improved and the coordination was very satisfactory. Joint memoranda were now being issued to field staff in order to avoid any misinterpretation. The rate of implementation was not up to the standard desired owing to the complicated procedures and the recent changes in procedure in UNDP. He sympathized with the Finnish delegate's statement on the subject of subcontracting and procurement. The matter had been discussed several times with representatives of the Government of Finland. A committee had long been established in WHO to review all bids from all companies offering services and to select the one that offered the highest quality at the most reasonable price.

The discrepancy noted by the United States delegate could be explained only by the difference between the amounts that were expected to be spent and the amounts that had actually been spent by UNICEF. When the Director-General's report had been written, only the first-mentioned figures had been available. The Committee's comments on systems analysis would be communicated to the Director-General.

The CHAIRMAN asked the Committee if it was prepared to approve the draft resolution recommended by the Executive Board in its resolution EBS3.R47, regarding coordination with the United Nations system with respect to administrative, budgetary and financial matters.

Decision: The draft resolution proposed by the Executive Board in resolution EBS3.R47 was approved.1

The CHAIRMAN said that since some delegates had referred during the discussion to points of particular interest to them he would ask the Rapporteur to prepare a draft resolution taking into account all the views expressed.2

He invited the Committee to consider the draft resolution on information systems introduced by the United States delegate.

Dr PUSTOVJ (Union of Soviet Socialist Republics) understood that the adoption by WHO of a new information system was very important, but no important matter could be carried out free of cost. He noted that the co-sponsors had said that funds were available in the Organization's budget and he would like to know which funds were referred to and what the amount was. He also wished to know more about the aims of the draft resolution. Did they involve the preparation of a research programme, with the use of machinery that already existed in WHO, such as the facilities of the International

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1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.33.

2 See summary record of seventh meeting, section 4.
Computer Centre, or was the purchase of new machinery being considered? He would like more information on the technical possibilities of implementing the draft resolution and on its impact from the financial, administrative, and legal points of view.

Mr LAWRENCE (United States of America) said that since the question of information systems was complex the Secretariat should comment on the costs before any comment was made by the sponsors of the draft resolution.

Mr FURTH (Assistant Director-General) said that the draft resolution, if adopted, would have no financial implication because in the programme and budget proposals for 1975 (Official Records No. 212, page 75) an interregional project entitled "Information systems development" had been included in an amount of US$ 146 000. A brief outline of the action envisaged under that heading was contained in the Director-General's introduction to that document (page 12).

Dr COHEN (Headquarters Programme Committee), replying to the USSR delegate, explained that information was not synonymous with data. The Organization had too many data already. Information meant data made useful for some purpose. The purpose of the information system being developed was not to buy new machinery. An information system implied an organization of human beings, methods, and machines all interacting to collect data and to transform those data into information by suitable recording, classification, and other means of processing. The system included information storage and retrieval, and also the interpretation of the information. A management information system in WHO referred to the organization of such data into a system that would support programme and project formulation, implementation and evaluation. The Headquarters Programme Committee had developed general principles for that system, based on having information available where it could best be used. As opposed to collecting everything centrally the Programme Committee had proposed information bases at country levels supporting the development of such systems by national health authorities themselves; secondly in WHO Representatives' offices; then in Regional Offices; and finally at headquarters. The information would have to be selected that was most relevant for the purpose it was intended to serve at each location. WHO's reporting system would consequently have to be restructured. When those principles had been developed the Director-General had set up an information systems development working group composed of about 25 members, including WHO Representatives, regional office staff, and headquarters staff; and they had proposed a plan of action that was now being implemented. Regarding collaboration between WHO and the rest of the United Nations system, WHO had been one of the active partners in the Interorganization Board for Information Systems and Related Activities, referred to as the IOB. WHO was also represented on the review panel of that Board and had been working closely with the IOB in developing common concepts for information systems. WHO had placed its project files at the disposal of the IOB in order to help the latter to develop an interagency information system, and intended to develop relations further during the next few months, because the Organization's plans for development of an information system coincided very closely with the concepts developed jointly with the IOB.

Dr PUSTOVOJ (Union of Soviet Socialist Republics) said that he was fully satisfied with the answers received.

Decision: The draft resolution was approved.1

The CHAIRMAN drew attention to a report by the Director-General on "The least developed among developing countries",2 and to the draft resolution contained in the Executive Board's resolution EB53.R49.

Dr HENRY (representative of the Executive Board), in introducing the draft resolution, recalled that the Executive Board at its fifty-third session had considered a report by the Director-General on "The least developed among developing countries", now before the Committee. The report outlined the studies conducted by UNCTAD and the Economic and Social Council's Committee for Development Planning to elaborate basic indicators for the identification of a list of the 25 "hard core" least developed countries. The Director-General had also described recent resolutions of the United Nations Economic and Social Council and General Assembly, the last of which, General

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1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.32.
Assembly resolution 3174 (XXVIII) was attached as an annex to his report. The Board had been informed of the special measures so far adopted by the United Nations system in favour of the least developed countries. The report recalled WHO's past action and studies leading to technical and material measures to assist the health sector of the developing countries. The Board had concurred that while the 25 "hard core" countries were most deficient with regard to health, other countries might have similar problems and therefore any health measures to help the least developed countries should also be made available to those other countries upon their request. The Board had agreed that the types of assistance developed by WHO for the developing countries were basically sound. However, there was a need for extension and innovative adaptation to the specific conditions of the least developed countries, with greater precision and insight into their real needs, and more flexibility in the conditions of delivery of assistance. Also, effective coordination in multidisciplinary and multilateral approaches to the problem was required, including the strengthening of the supporting services in the countries. The Board had recommended that the special measures for such countries should be primarily financed from extrabudgetary funds. Thus, in addition to making use of existing external resources, such as those of the UNDP and the United Nations Capital Development Fund, it had recommended that the Health Assembly approve the transformation of the Special Account for Accelerated Assistance to Newly Independent and Emerging States of the Voluntary Fund for Health Promotion into a "Special Account for Assistance to the Least Developed among Developing Countries" so as to enable it to receive voluntary contributions for that specific purpose.

Mr SINGHATEH (Gambia) asked the Secretariat to explain the criteria for determining the least developed countries, noting that his country was not on the list.

Dr SACKS (Secretary) said that the list of least developed countries had first been drawn up by the United Nations Committee for Development Planning on the basis of a set of agreed criteria and had subsequently been the subject of long and detailed discussions in the United Nations Economic and Social Council and General Assembly before eventual approval by the latter. While the list identified the least developed countries from an overall socioeconomic point of view, it was understood that with regard to the health sector other countries might be also considered as the least developed.

Mr SINGHATEH (Gambia) failed to see any reason for the exclusion of his country from the list of countries and would prefer its inclusion.

Dr SACKS (Secretary) reiterated that the list had not been established by the Secretariat of WHO but by the General Assembly. The Director-General on his side was seriously concerned that the kind of assistance proposed in his report should be extended to all those countries that needed and requested it. It should be added that the Committee for Development Planning had the list of the "hard core" least developed among developing countries under continuous review.

Decision: The draft resolution proposed by the Executive Board in resolution EB53.R49 was approved.1

Activities of WHO with regard to assistance to liberation movements in southern Africa pursuant to United Nations General Assembly resolution 2918 (XXVII) and Economic and Social Council resolution 1804 (LV)

Agenda, 3.15.2

Dr HENRY (representative of the Executive Board) said that this item had been considered by the Executive Board at its fifty-third session and placed on the agenda of the Twenty-seventh World Health Assembly at the request of the Swedish Government. The Executive Board had had before it a report by the Director-General on action taken since the adoption of resolution EB49.R45 with respect to assistance to liberation movements in southern Africa recognized by the Organization of African Unity (OAU). The Director-General's report, which appeared as Annex 10 to Official Records No. 215, consisted of two parts. Part I described the steps that had been taken to provide health assistance to the populations helped by national liberation movements in southern Africa recognized by OAU. The Board had been informed that official requests for assistance had been received from the Governments of the Congo, the United Republic of Tanzania, and Zambia,

1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.34.
and that further requests were anticipated. The Board had noted that the main categories of health assistance requested had been: training; the provision of books, equipment, and supplies; mobile service units; rehabilitation; hospitals and health centres; and financial support for the recruitment of high-level specialized personnel for the training programme. The Director-General had also informed the Board that UNDP and UNICEF had been associated with and fully informed of all developments, and that official requests for assistance had been transmitted to those organizations. He was also in contact with possible sources of bilateral and voluntary assistance. Part II of the Director-General's report concerned the participation of representatives of national liberation movements in meetings, and dealt with legal aspects of the Organization's response to resolutions of the General Assembly and the Economic and Social Council. The Board had agreed that the participation of national liberation movements in WHO meetings was a constitutional matter on which only the World Health Assembly could decide.

He drew the Committee's attention to operative paragraphs 2, 3 and 4 of resolution EB53.R58.

Dr SACKS (Secretary) called attention to document A27/25, which briefly indicated the action taken by the Director-General since his report to the Board (Official Records No. 215, Annex 10). He emphasized that while consultations had been undertaken at the headquarters level between the organizations mentioned by the representative of the Executive Board, detailed consultations had also been held in the host countries concerned between all the organizations and also with certain bilateral donors which showed active interest in populations helped in the health field by national liberation movements. Both UNICEF and UNDP had been actively involved. Detailed requests for assistance had now been received from the United Republic of Tanzania and from Zambia, and WHO was providing technical advice through its Regional Offices, country Representatives, Regional Advisers, and headquarters. He underlined the importance in both the United Republic of Tanzania and Zambia of the technical coordination committees, on which the national Ministry of Health, OAU, WHO, UNDP, UNICEF, and the liberation movements concerned were represented. He paid tribute to the OAU representatives who had helped to work out requests from the national liberation movements recognized by them. Consultations were being pursued with governments that had indicated interest in providing financial assistance to the Voluntary Fund for Health Promotion. UNDP was also considering a proposal for setting up a special fund for overall assistance to the areas concerned.

Mr BASSIOUNY (Organization of African Unity) expressed his appreciation to the Government of Sweden, which had requested the inclusion of the item in the agenda of the Health Assembly and had thereby followed its long tradition of supporting humanitarian efforts in Africa, especially on behalf of peoples struggling for their liberation. WHO had been consistently occupied with the problem of decolonization and had long striven to further the liberation of Africa, the only continent with territories still under colonial domination. In respect of those territories nothing had changed. Whatever change took place in Portugal was of no concern to OAU as long as the new regime did not declare its acceptance of the independence of Guinea Bissau and of the principle of self-determination and independence for Angola and Mozambique. He commended the attitude of the WHO Secretariat. However, he must be frank and say whether the action taken so far was satisfactory or not; OAU bore certain responsibility that had been clearly defined by the General Assembly. It was quite clear from the General Assembly's resolutions and the resolutions of other organizations that any action regarding assistance to the national liberation movements should be undertaken in close cooperation with OAU and through it. In its resolution 3118 (XXVIII) the United Nations General Assembly had requested all the specialized agencies to take action to ensure the representation of the national liberation movements recognized by OAU, while in its resolution 3163 (XXVIII) it had requested in even clearer terms "all Governments and the specialized agencies and other organizations within the United Nations system, in consultation with the Organization of African Unity, to ensure the representation of the colonial Territories in Africa by the national liberation movements concerned, in an appropriate capacity, when dealing with matters pertaining to those Territories". OAU believed that the territories represented by the national liberation movements should have been accepted as Associate Members of WHO, but unfortunately the Organization's Constitution did not allow OAU to present such a request. Article 8 of the Constitution required the legal authority of a territory not yet independent to request, on behalf of the territory, its admission as an Associate Member. During the Nineteenth World Health Assembly Portugal had been denied the right to represent certain African territories and therefore there was no authority to request associate membership for them. The Health Assembly should
follow the example of the United Nations General Assembly, and make a clear decision as to the capacity of the national liberation movements to participate in the work of WHO, at both international and regional levels, because the territories they represented were on the way to independence.

The real problem, however, was that of assistance to national liberation movements and to liberated areas under their control. While OAU participated in the technical coordination committees on questions of assistance, and while some host governments did receive aid, all the programmes outlined by the Director-General were confined to populations within the host countries. The populations of the liberated areas had apparently no right to such aid, and that situation should be rectified. Large populations were now living in areas under the control of the national liberation movements but these movements, through no fault of their own, could not provide the necessary medical assistance. The responsibility for that situation lay with the world community at large.

WHO's responsibility should be clearly defined, and the example of the World Food Programme, which had sent food to the liberated areas to combat malnutrition, should be followed. It was not logical for WHO to supply aid only to refugees in the host countries, unless it wanted the populations of the liberated areas to flee to those countries in order to receive aid.

He respected the efforts of the WHO Secretariat. Missions had been sent and advice given, and WHO had participated in the work of the technical coordination committees. Nevertheless, the actual contribution of WHO had been minimal compared with those of UNICEF and UNDP. WHO should provide mobile units, medical supplies, and training for the personnel needed to serve the large populations concerned, rather than merely expert advice. He would be betraying his mission and betraying Africa if he were to accept the kind of programmes described in document A27/25.

He referred again to General Assembly resolution 3118 (XXVIII), which defined clearly what should be done, how, and for whom. He did not need to outline the medical aspects of the situation, as the WHO Secretariat was well informed about them. The OAU Secretariat had the machinery to expedite and channel assistance to the liberated areas, whereas WHO might find it difficult to operate in them.

The meeting rose at 5.50 p.m.
SIXTH MEETING

Thursday, 16 May 1974, at 5 p.m.

Chairman: Dr M. A. CHOWDHRY (Pakistan)

COORDINATION WITH THE UNITED NATIONS SYSTEM (continued)  

Activities of WHO with regard to assistance to liberation movements in southern Africa pursuant to United Nations General Assembly resolution 2918 (XXVII) and Economic and Social Council resolution 1804 (LV)(continued)

The CHAIRMAN drew the Committee's attention to two draft resolutions, which he proposed should be discussed in turn.

Dr CHUKE (Zambia) read out the following draft resolution, cosponsored by the delegations of Algeria, Bahrain, Burundi, Central African Republic, Chad, China, Congo, Dahomey, Democratic Yemen, Egypt, Ethiopia, Gabon, Gambia, German Democratic Republic, Ghana, Guinea, Iraq, Ivory Coast, Jordan, Kenya, Kuwait, Lebanon, Lesotho, Liberia, Libyan Arab Republic, Madagascar, Mali, Mauritania, Mauritius, Mongolia, Morocco, Nigeria, Oman, Poland, Qatar, Romania, Rwanda, Senegal, Sierra Leone, Somalia, Sudan, Syrian Arab Republic, Togo, Tunisia, Uganda, United Republic of Cameroon, United Republic of Tanzania, Upper Volta, Yemen, Yugoslavia, Zaire and Zambia:

The Twenty-seventh World Health Assembly,
Recalling United Nations General Assembly resolution 3118 (XXVIII) urging all specialized agencies to render, as a matter of urgency, all possible moral and material assistance to the colonial peoples in Africa struggling for their liberation from colonial rule and requesting that the specialized agencies work out and implement, with the active cooperation of the Organization of African Unity and, through it, of the national liberation movements, concrete programmes of assistance to the peoples of Angola, Mozambique, Southern Rhodesia and Namibia, including in particular the peoples in the liberated areas of those territories and their national liberation movements;
Recalling further paragraph 8 of the same resolution recommending that all governments should intensify their efforts in the specialized agencies to ensure the full and effective implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples and should accord priority to the question of providing assistance on an emergency basis to peoples in the colonial territories and to their national liberation movements and paragraph 9 urging all executive heads of specialized agencies to formulate and submit to their respective governing bodies, as a matter of priority and in active cooperation with the OAU, concrete proposals for the full implementation of the relevant United Nations decisions;
Taking into account the provisions of operative paragraphs 1, 2 and 3 of resolution EB53.R58 of the fifty-third session of the Executive Board and the report of the Director-General to the Executive Board contained in Annex 10 of Official Records No. 215,

1. REQUESTS the Director-General of WHO, in conformity with United Nations General Assembly resolution 3118 (XXVIII) and in particular with operative paragraphs 4, 8 and 9 thereof, to take such action immediately, through the Organization of African Unity and the national liberation movements concerned, as will provide health assistance to peoples in the liberated areas in the colonial territories of Africa;
2. REQUESTS the Director-General of WHO, in close consultation with OAU, and through the national liberation movements, to widen the scope of the programmes of assistance outlined in Annex 10 of Official Records No. 215;
3. REQUESTS the Director-General of WHO to present a report on the implementation of this resolution to the fifty-fifth session of the Executive Board and the Twenty-eighth World Health Assembly of WHO.

Mr HEINRICI (Sweden) was gratified to note that when a working group of the United Nations Special Committee on the Situation with regard to the Implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples had visited the specialized agencies it had found that WHO was one of the more active agencies in providing humanitarian assistance to liberation movements and to the people in liberated
areas. The Director-General's report showed that the legislative bodies of WHO had cleared the way for the implementation of programmes. The activities of the Organization had until now been concerned with establishing contacts with the Organization of African Unity (OAU), the liberation movements, and the host countries. It was to be hoped that positive steps would soon be taken, such as the establishment of health centres and the provision of facilities for the training of health workers, which would have a profound influence on the health status of refugees and of people in the liberated areas.

Financial assistance from UNICEF, UNDP and WHO should not be charged to the assistance set aside for the host countries, which were in great need of assistance themselves and should not be expected to forego their own health progress in order to finance activities among the refugees. The Governments of Finland, the Netherlands, Norway and Sweden had indicated their readiness to contribute special funds to UNDP for the provision of humanitarian assistance to the liberation movements. It was natural that WHO should look to UNDP assistance in carrying out certain projects. UNDP was about to sign an agreement with OAU that would provide formal guidelines for UNDP activities, and similar guidelines would no doubt apply to the specialized agencies. The Administrator of UNDP envisaged more project missions to the host countries and to the representatives of the liberation movements.

In United Nations General Assembly resolution 3118 (XXVIII) the specialized agencies were urged to initiate and broaden contacts in cooperation with the peoples in colonial countries and to work out and implement concrete programmes of assistance to the peoples of Angola, Mozambique, Southern Rhodesia, and Namibia. Recent events showed the irresistible nature of the process of decolonization. The organs of the United Nations system must work on the assumption that the territories concerned would soon be independent. The assistance rendered to the liberation movements would be a starting point in the building up of a health infrastructure when the countries concerned became independent. The present project proposals constituted a good beginning to what he expected would be a continuous effort on WHO's part. His Government hoped to see those first steps extended to a long-term health programme, which would have to be based on direct and close links with the liberation movements themselves. The aim should be to cover the needs in the liberated areas. That did not, however, mean that specialized agencies should establish an organization in those areas; the aid would rather be administered by the liberation movements themselves through their offices in the host countries. The draft resolution presented by the Zambian delegate had the full support of the Swedish delegation.

Dr JAKOVLJEVIĆ (Yugoslavia) emphasized the importance of the agenda item, since the action taken thereon would indicate the manner in which decisions of the United Nations General Assembly and the Economic and Social Council were implemented in the specialized agencies. He commended the informative report prepared by the Director-General.

His delegation, in co-sponsoring the revised draft resolution, had been guided by its concept of the future activities which WHO should undertake in that connexion, as well as by the belief that WHO was under an obligation, by virtue of the request made to it by the United Nations, to grant health assistance to the national liberation movements. He stressed the present need for hospitals and for all types of medical equipment. Assistance could be more effectively utilized if the representatives of the liberation movements were invited to attend meetings of WHO in an appropriate capacity.

He expressed particular appreciation of the initiative taken by the Swedish Government in proposing the agenda item for discussion by the Health Assembly.

Dr LEBENTRAU (German Democratic Republic) recalled his Government's consistent support for the national liberation movements in southern Africa. His delegation shared the view that the representatives of those movements were the only legitimate representatives of their territories, and supported the proposal that they should be invited to participate as observers in WHO meetings.

Mr MWINYI (United Republic of Tanzania) recalled that his country was deeply involved in the struggle for the liberation of oppressed peoples by virtue of its membership of OAU and of the Third World. His delegation had therefore, in that spirit, sponsored the draft resolutions before the Committee relating to assistance to national liberation movements and to their representation at meetings of the Organization. He expressed particular appreciation to Finland, the Netherlands, Norway and Sweden for the stand they had taken in favour of the victims of racist regimes.

He commended the steps taken hitherto by the Director-General. Nevertheless, there was still scope for improvement in methods of channelling aid so that it reached the people who needed it most and who were endeavouring to make a new life for themselves or
merely to subsist. It would be desirable for WHO to widen the range of assistance provided and to utilize the offices of OAU instead of those of the host country of refugees from colonial rule as that would undoubtedly result in speedier and more effective use of the supplies. That procedure had already been adopted by FAO and WHO itself had already cooperated with OAU in respect of the supply of cholera vaccine to Mozambique.

The only true way to help the peoples under Portuguese colonial rule would be through the achievement of their freedom; however, measures for extending assistance to them would uplift and inspire them. The friends of the new Portuguese Government should do their utmost to assist it in finding some sensible solution to the existing situation.

Mr YEH Cheng-pa (China) said that for a long time the African people, defying brute force and advancing wave upon wave, had been waging a heroic struggle to overthrow the reactionary rule and racial oppression of the imperialists and colonialists, and had been winning new victories one after another. One of the brilliant achievements of that struggle was the birth in glory of the Republic of Guinea-Bissau. The armed struggle and the mass movements of the peoples of Mozambique, Angola, Zimbabwe, Namibia and Azania against Portuguese colonial rule and white racialism in South Africa and Southern Rhodesia were developing in depth and growing stronger with each passing day and, together with the struggle of the peoples of Asia, Africa, Latin America and other regions against imperialism, colonialism and hegemonism, had merged into an irresistible surging torrent. The downfall of the Portuguese reactionary regime of Caetano had recently demonstrated the fiasco of the policy pursued by the Portuguese colonialists. That was also a great victory of the African people in their long and persistent armed struggle.

All colonialists, old and new, were never reconciled to their defeat. They were desperately struggling in a vain attempt to maintain their reactionary rule by resorting to various cunning and brutal means. The people in the vast areas of southern Africa were still leading an inhuman life of utter misery, deprived of their basic rights for mere existence.

The Chinese Government and people had always shown deep sympathy for and given resolute support to the African people in their just fight against imperialism, colonialism and neocolonialism, racism and racial segregation, and regarded that fight as their own. They strongly condemned colonial rule and the policy of racial discrimination and apartheid carried out by the white racialist authorities in South Africa and Southern Rhodesia against the peoples of southern Africa.

All countries and people who upheld justice should give active support to the southern African people's just struggle for national liberation - morally, politically and materially. As one of the specialized agencies of the United Nations, the World Health Organization should earnestly implement the series of correct resolutions adopted by the General Assembly and the Economic and Social Council opposing colonialism, racial discrimination and apartheid, and take every possible measure to give moral and material support to the national liberation movements of the people in southern Africa. The World Health Organization should provide them with health assistance and invite the representatives of the national liberation movements to attend meetings during the discussions on relevant matters. They were the genuine representatives of the people there, and the Health Assembly should listen to their voice and give serious consideration to their demands.

The Chinese delegation, as one of the co-sponsors of the draft resolution now before the Committee, hoped that it would be adopted by the Assembly.

Mr KAHLUOTO (Finland) warmly supported the draft resolution, which was in keeping with the principles relating to the dignity of man as affirmed in the United Nations Charter. Racialist practices were not only an affront to humanity, but their very existence was detrimental to world peace. Consequently, on the basis of its unreserved support for the right to self-determination, his Government was in favour of extending both moral support and material assistance to the national liberation movements, and had already contributed to funds for that purpose. The recent adoption of specific resolutions by the United Nations General Assembly and by the Economic and Social Council had cleared the way for WHO and other specialized agencies to go forward with the planning of concrete help.

His delegation fully concurred with the views expressed by the delegation of Sweden, whose initiative was to be commended. He expressed appreciation for the documentation provided by the Secretariat and for the readiness it had shown to prepare for the implementation of the United Nations resolution.

Mr DE GEER (Netherlands) welcomed the initiative taken by Sweden in placing the matter on the agenda of the World Health Assembly and expressed support for the statement just made by the Swedish delegate, particularly as regards the role to be played by WHO.
His Government had already expressed support for the granting of humanitarian assistance to the peoples of southern Africa through their national liberation movements, and had indeed appropriated an amount of $4.5 million in its budget for 1974 for that purpose. It also favoured multilateral action by UNDP through the specialized agencies, particularly in the fields of health and education, and had put forward that view at sessions of the UNDP Governing Council. His Government appreciated the active interest shown by the Director-General in that sphere, which was appropriate to WHO's humanitarian aims. He therefore warmly supported the draft resolution before the Committee.

Dr EHRlich (United States of America) said that he had read the original and revised versions of the draft resolution with interest. He had also carefully noted the Director-General's report and resolution EB53.R58 of the Executive Board on the subject, particularly operative paragraph 2, which expressed satisfaction with the method of providing assistance to liberation groups, and found that it was consistent with resolutions passed by the United Nations General Assembly. His Government had always supported such humanitarian projects. However, the draft resolution before the Committee seemed to represent a most significant departure for an intergovernmental international organization in the methods to be utilized in providing assistance. He wondered if the Director-General might explain how he would choose to implement the requests contained in its operative paragraphs.

Dr Son Kyong Ho (Democratic People's Republic of Korea) said that the discussion on assistance to liberation movements was a new step forward in realizing the aims of WHO's Constitution, which stated: "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 or social condition". The discussion also marked progress in achieving universality and realizing the humanistic principles of WHO. There was an irresistible trend for all countries and nations of the world, whether large or small, to follow the road of independence. Hundreds of millions of people in Asia, Africa, and Latin America had already taken the road of independent progress after throwing off the yoke of colonialism, and the struggles for national liberation were being further strengthened. Today the southern African peoples under colonialist and racist domination were subjected to racial discrimination and contempt; many were dying of disease, in poverty and starvation, without receiving elementary medical treatment. The Korean people, which stood beside the oppressed peoples out of a sense of common aims and experience, had supported through every means the righteous cause of the peoples of Africa who were courageously fighting against colonialism and racism and for national liberation and the restoration of national sovereignty. The Korean people had also long struggled against imperialist oppression and at present was making every effort to achieve the withdrawal of United States troops from South Korea and the independent and peaceful reunification of the country. His delegation was confident that imperialism and colonialism would finally be completely eradicated by the united efforts of the peoples and that all the African peoples would achieve liberation, independence, and prosperity.

The most effective way of rendering assistance to the liberation movements in southern Africa was to take practical measures for the withdrawal of foreign troops and colonialists from occupied southern African territories and to give them independence. WHO should further arouse public opinion to put an end to colonialism and racism of all kinds in southern Africa and to bring genuine freedom and liberation to its peoples. In keeping with justice and humanistic principles the Organization should take all possible measures to give more effective health assistance to the peoples in the territories liberated by the national liberation movements. His delegation fully supported the participation of southern African liberation movements in the meetings of WHO.

Dr Pusttowo (Union of Soviet Socialist Republics) said that the question under discussion had considerable significance for the Committee and the Organization, for it involved the health of those peoples still suffering from the consequences of colonialism and apartheid, who were struggling to attain their national independence. A clear picture of the health needs in the countries concerned had emerged from the statements of the OAU representative and others. It was evident that the existence of colonial and racist regimes in the present era was an anachronism. A comprehensive solution to the problem had been outlined in the United Nations Declaration on the Granting of Independence to Colonial Countries and Peoples. The health of the people could not wait; the Organization, as a specialized agency of the United Nations, was called upon by the General Assembly to promote the development of medical services and the training of personnel in the liberated areas of Angola, Guinea-Bissau, Mozambique, Namibia, and other
countries. WHO had never stood aside from trying to solve these problems, and he drew attention to the Fourteenth World Health Assembly's resolution WHA14.58 on the Organization's tasks in connexion with the granting of independence to colonial countries and peoples. Further steps should now be taken to give medical assistance to the peoples struggling for their national independence. His country had always actively supported the national liberation movements and had afforded assistance to them on both a bilateral and a multilateral basis. It therefore supported the draft resolution before the Committee, and hoped that it would be implemented in the work of WHO.

Dr CHUKE (Zambia) said that his country stood for an open and multiracial society. Any discrimination, especially with regard to colour, sex, religion, creed, or origin, was contrary to its ideology, in which man was the central figure. Zambia opposed apartheid and minority regimes, and therefore had denounced and continued to denounce racist regimes in southern Africa. It fully supported the draft resolution on assistance to liberation movements, which was pertinent to WHO's objective, as stated in Article 1 of the Constitution, of "the attainment by all peoples of the highest possible level of health". The preamble to the Constitution stated that the enjoyment of the highest attainable standard of health was one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. WHO was therefore an organization concerned with the reduction of misery, pain, and disease among mankind, as well as with the promotion of international cooperation and unity in combating the same scourges. Therefore it was right and proper for it to adopt the draft resolution. Territories under colonial rule today would inevitably be free tomorrow. The truth of that statement was already becoming evident in Portugal with the recent downfall of the fascist Caetano regime. It was necessary and important that training facilities should be made available to the people in those territories to prepare them for their future role in combating disease.

The health needs of those peoples demanded much more immediate action. In a state of war, not for the sake of aggression, but rather to attain peace by replacing dictatorial regimes with majority rule, many of them were at present without medical care. The seriousness and urgency of the situation had been highlighted by the current outbreak of cholera. His country, which shared borders with Angola, Mozambique, and Rhodesia, had been invaded by numerous refugees not only fleeing from oppression and war, but seeking basic facilities, the most important being medical care. Zambia had not hesitated to make its limited resources available to the refugees and, in conjunction with the United Republic of Tanzania, had submitted requests for international assistance in the health field for populations helped by the liberation movements recognized by OAU. It was gratifying that WHO had responded positively and speedily to requests for vaccine during the current outbreaks of cholera within areas under the control of liberation movements in Zimbabwe and Mozambique. The contribution of the Netherlands Government, which paid the air freight costs for the vaccine, was highly appreciated. On the basis of that experience, and because of the dire needs of the liberation movements and the people in the areas which they controlled, he urged the Committee to approve the draft resolution, which would make medical assistance available to liberated areas in Mozambique, Angola, and Zimbabwe. The assistance should be channelled through the Liberation Committee of OAU. He asked countries not only to support the resolution but also to follow the example of the Governments of Finland, Netherlands, Norway, and Sweden, and indicate their readiness to consider providing contributions to meet requests for humanitarian assistance to the liberated areas.

The meeting rose at 6 p.m.
1. COORDINATION WITH THE UNITED NATIONS SYSTEM (continued) Agenda, 3.15
Activities of WHO with regard to assistance to liberation movements in southern Africa pursuant to United Nations General Assembly resolution 2918 (XXVII) and Economic and Social Council resolution 1804 (LV) (continued) Agenda, 3.15.2

The CHAIRMAN invited the Committee to continue its consideration of the draft resolution introduced at the previous meeting.

Dr TERRY MOLINERT (Cuba) said that the draft resolution represented an act of justice towards the peoples of southern Africa who were seeking complete liberation from colonialist domination or racial segregation policies. Those peoples were still deprived of their elementary rights to political liberty and physical health, and WHO should attend forthwith to their needs in respect of the latter. His delegation therefore supported the draft resolution.

Dr BRAGA (Brazil) said that his delegation, which approved of all WHO projects to give full health assistance to refugees and peoples fighting for national self-determination, supported the draft resolution.

Mr KAYA (Japan) said that, in supporting the draft resolution, his delegation wished to stress that its attitude was prompted primarily by the humanitarian considerations embodied in the letter and spirit of the resolution.

The DIRECTOR-GENERAL, replying to the question raised at the previous meeting by the United States delegate, regarding the implementation of the operative paragraphs of the draft resolution, said that, in his view, the health provisions of the resolution reaffirmed action already taken under previous Health Assembly and Executive Board resolutions and endorsed by the Board in its resolution EB53.R58.

He would review the question of the implementation of operative paragraph 1 with the Technical Coordinating Committees, whose members included representatives of the OAU Liberation Committee and the liberation movements concerned, in order to prepare plans covering the needs of the peoples in the liberated areas for aid consistent with the humanitarian aims of WHO. Detailed plans would be elaborated in close cooperation with OAU under the terms of the existing agreement between that organization and WHO. The assistance to the population living in the liberated areas could in due course be taken over by the OAU and ultimately by the liberation movements themselves.

With reference to paragraph 2, he considered that the time had come to review current plans and widen the scope of the activities being carried out under them. Close cooperation should be maintained not only with OAU and the liberation movements but also with UNDP and UNICEF and other organizations prepared to undertake action in the health sector.

The budget of the Organization was severely restricted, but he hoped that a number of Member countries would place voluntary funds at the disposal of the Organization and thereby enable it to expand its activities.

The CHAIRMAN invited the Committee to approve the draft resolution introduced by the delegate of Zambia at the previous meeting.

Decision: The draft resolution was approved.1

The CHAIRMAN then drew attention to the following draft resolution, co-sponsored by the delegations of Algeria, Bahrain, Burundi, Central African Republic, Chad, China, Congo, Dahomey, Democratic Yemen, Egypt, Ethiopia, Gabon, Gambia, German Democratic Republic, Ghana, Guinea, Ivory Coast, Jordan, Kuwait, Lebanon, Lesotho, Liberia, Libyan Arab Republic, Madagascar, Mali, Mauritania, Mauritius, Mongolia, Morocco, Nigeria, Oman, Poland, Qatar, Romania, Rwanda, Senegal, Sierra Leone, Somalia, Sudan, Syrian Arab Republic, Togo, Tunisia, Uganda, United Republic of Cameroon, United Republic of Tanzania, Yemen, Yugoslavia, Zaire and Zambia:

1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.36.
The Twenty-seventh World Health Assembly,

Recalling United Nations General Assembly resolution 3118 (XXVIII) requesting the specialized agencies to take the necessary steps to ensure the representation of the national liberation movements in meetings of the specialized agencies;

Recalling, further, resolution 13/73 of the FAO Conference, requesting the Director-General of FAO to make the necessary arrangements, through the Organization of African Unity, to facilitate the immediate participation of representatives of the national liberation movements in its meetings;

Convinced that the participation of the national liberation movements in meetings and other activities undertaken by WHO would ensure to the people in the liberated areas an improvement in their health and nutritional standards;

Mindful that this participation would ultimately contribute to the economic and social development of the liberated territories under the control of these liberation movements;

Noting paragraph 4 of resolution EB53.858 of the fifty-third session of the Executive Board,

REQUESTS the Director-General of WHO to take the necessary steps to invite the representatives of the national liberation movements recognized by their regional intergovernmental organizations to attend the meetings of WHO in an observer capacity.

Dr YOKO (Zaire), introducing the draft resolution, said that he wished to thank all those whose cooperation would enable the peoples seeking liberation from colonialist oppression and racial discrimination to receive the benefits of the health activities of the Organization, of which they were currently deprived.

No one believed any longer in Portugal's civilizing mission in Africa. The presence of Portugal in Africa during the previous four centuries had degenerated into a general and systematic war of colonial occupation. The war was general because it covered such widely separated territories as Guinea-Bissau, Cape Verde, Angola and Mozambique; and it was systematic because it aimed at the maintenance of an outdated and discredited tradition and obliged Portugal to waste its modest resources on destroying all forms of life in Africa, including the bush, to which Africans attached special importance, and above all the environment, and because every type of weapon was being used to destroy African civilization. The Portuguese authorities were now showing more comprehension and goodwill, but Africa had suffered too much in the past to put much faith in good intentions. Africa would be happy to proclaim the independence of Angola and Mozambique as that of Guinea-Bissau had been proclaimed, but Portugal was not ready for that, and many Africans still suffered under Portuguese occupation. In the meantime, in the areas covered by the war, health services were being provided by the liberation movements.

In resolution 3118 (XXVIII) of the United Nations General Assembly all specialized agencies and institutions associated with the United Nations and all States were urged to render, as a matter of urgency, all possible moral and material assistance to the colonial peoples in Africa struggling for their liberation from colonial rule and, in particular, it was recommended that they work out and implement with the active cooperation of the Organization of African Unity (OAU) and, through it, of the national liberation movements, concrete programmes for such assistance to the peoples of Angola, Mozambique, Southern Rhodesia and Namibia; that they withhold any financial, economic, technical or other assistance from the Governments of Portugal and South Africa, and the illegal régime in Southern Rhodesia, until these renounced their policies of racial discrimination and colonial oppression; and that they ensure that the peoples of the colonial territories in Africa were represented by their national liberation movements, in an appropriate capacity, when dealing with matters pertaining to those territories. As one of the chief specialized agencies, WHO was in duty bound to implement the provisions of that resolution.

The preamble to the WHO Constitution listed a number of principles as basic to the happiness, harmonious relations and security of all peoples. Those principles included the extension to all peoples of the benefits of medical, psychological and related knowledge, as essential to the fullest attainment of health. For the implementation of that preamble and of the United Nations resolution, it was essential that the Organization should admit liberation movements to its meetings. Although, juridically speaking, the admission of the liberation movements as Associate Members would have been fully justified, the sponsors of the draft resolution had decided to request only observer status for them; that was, indeed, the minimum measure of cooperation the Organization should extend to them. He trusted that the admission of the liberation movements as observers would be approved by acclamation.
Dr ROUHANI (Iran) said that, while his delegation could give its support to the draft resolution, he would appreciate an explanation of the difference in the description given of the national liberation movements in that draft resolution and in the Executive Board resolution to which it referred. The Board's resolution spoke of African national liberation movements recognized by the OAU, whereas the draft resolution referred to national liberation movements recognized by their regional intergovernmental organizations.

Dr PRIDAN (Israel) said that while he sympathized with the aim of the draft resolution, he must oppose any resolution that included the Palestine Liberation Organization among the national liberation movements. As a body of terrorists, that organization could hardly be in any way concerned in WHO's activities or be granted special status with the Organization.

Dr K. CAMARA (Guinea) said that it was of the utmost importance that liberation movements should be authorized to participate in meetings of the Organization. Those movements not only expressed an ideal that would be realized in the future, but were also at present responsible for the health and nutrition of the population in their area. They should be represented in the Organization as free peoples on an equal footing with the other nations that took part in its deliberations. With regard to the comment made by the delegate of Israel, it should be noted that the Palestine population was fully entitled to participate in WHO together with other liberation movements, for it had been expelled from Palestine without justification.

To meet the point raised by the delegate of Iran, he suggested that confusion would be avoided if the liberation movements were described as being those recognized by OAU and the League of Arab States.

Mr ABOUL-NASR (Egypt), replying to the delegate of Israel, said that the Palestine liberation movement was not a terrorist organization; terrorism was, however, the declared policy of Israel. Israeli planes were at that moment bombing and killing women and children in refugee camps in Lebanon. As history had repeatedly shown, violence bred violence, and a representative of Israel was the last person who should speak about terrorism.

He supported the amendment proposed by the delegate of Guinea.

Dr AL-WAHBI (Iraq) also supported the amendment proposed by the delegate of Guinea.

Mr BUICK (Canada) welcomed the clarification introduced by the delegate of Guinea and asked whether the co-sponsors intended to use the wording adopted by the Economic and Social Council of the United Nations in authorizing the Secretaries-General of the World Food Conference and of the World Population Conference to extend invitations to representatives of national liberation movements. If so, the operative paragraph would then read: "REQUESTS the Director-General of WHO to take the necessary steps to invite the representatives of the national liberation movements now recognized by the Organization of African Unity or by the League of Arab States to attend the meetings of WHO in an observer capacity".

Dr AL-REFAI (Kuwait) said that, as one of the co-sponsors of the draft resolution, his delegation could accept the Guinea amendment.

He reminded members of the Committee that the Palestinian people were also struggling against Israel, which had despoiled their territory - and that there were many examples in history of the suffering such situations caused to the people caught up in them.

Dr WONE (Senegal) said that the wording of the draft resolution as submitted by the co-sponsors reflected resolution EB53.R58 and concerned a certain geographical area. The words "Organization of African Unity" specifically mentioned in the second preambular paragraph had been replaced in the operative paragraph by a reference to "their regional intergovernmental organizations" in order to conform with the wording of resolutions of the United Nations General Assembly and of the FAO Conference, and not - he thought - with any intention of widening the scope of the draft resolution. Although he was not fundamentally opposed to the scope being widened, he would prefer the draft resolution to be restricted to its original purpose, which was the invitation to WHO meetings of national liberation movements from southern Africa - a definite area which itself determined the national liberation movements to be invited.

Mr CORKERY (Australia) said that, while he sympathized with the purpose of the draft resolution, he shared the views expressed by the delegates of Iran and Senegal.
The reference in the operative paragraph to "their regional intergovernmental organizations" introduced a vagueness and obscurity into the draft resolution which should be eliminated in order to provide the Director-General with clear authority. The difficulty might be resolved by substituting the phrase "recognized by the regional intergovernmental organizations concerned". That would be in line with the wording used by the Diplomatic Conference on International Humanitarian Law and by the United Nations General Assembly in resolution 3118 (XXVIII).

Dr ANOUTI (Lebanon) supported the draft resolution with the amendment proposed by the delegate of Guinea.

He wished to make it clear that the terrorism generally attributed to the Palestinian organizations was a response to Israel's past aggression. Israeli aircraft had attacked civilian objectives throughout the territory of Lebanon causing many casualties, and in minutes had destroyed years of work by UNRWA. Even while he was speaking, Israeli aircraft had just bombarded civilian objectives in the suburbs of Beirut. Was that not terrorism merely because it was perpetrated by a constituted State? He wondered whether a Member State of WHO that tried to use the Organization for lawless activities was still qualified to remain a Member.

Dr PRIDAN (Israel) pointed out that the subject under discussion was the invitation to WHO meetings of honourable national liberation movements in southern Africa that were fighting against armies for their freedom. The proposed inclusion in the draft resolution of movements recognized by the League of Arab States might extend the invitation to mere groups of assassins operating in another part of the world. That was of course a political matter, though he had not introduced it. A year previously, the delegate of Lebanon had arrived, with difficulty, in Geneva saying that there were armed camps of occupation numbering more than 300,000 men in his country and that the Lebanese air force was bombing those camps. Israel was not bombing them; it was merely protecting its own territory from infiltration by the assassins sheltered by the "host" Government of Lebanon.

Dr BÉDAYA-NGARO (Central African Republic) observed that the draft resolution under discussion followed logically upon the one just approved. It was natural that the national liberation movements receiving WHO assistance should be present at WHO meetings. They would there be able to consult with the Organization and learn of the practical problems arising in health matters. WHO and its Member States, for their part, would learn of situations often geographically very remote, in a manner that would make them more aware of health problems in those parts of the world, for the benefit of the Organization's work.

The problem for the Committee might relate to the situation in Portugal. If, as a result of current events, matters improved for the national liberation movements, so much the better. But it was, and would remain, the constitutional role of WHO to improve the health situation wherever it could. At a time when other organizations, such as FAO, with a role of a less immediately humanitarian nature and less directly concerned with health, had already recognized the national liberation movements as a channel for the necessary aid, WHO with its primary responsibility for health should not be the last to come forward. If it were, the universality of the Organization might suffer or even become contestable.

Dr ANOUTI (Lebanon), replying to the delegate of Israel, pointed out that the events of the previous year to which he had referred were a domestic political matter in which others had no right to interfere.

It was not true that the Lebanese Government acted as host to assassins. It merely gave protection to persons taking refuge in the Lebanon. If Israel and all Member States had implemented the resolutions of the United Nations and WHO, the violence that caused so much suffering to all would not be necessary today.

Mr ABOUL-NAVR (Egypt) said that his delegation could accept the wording proposed by the delegate of Canada, which he understood to embody the phrase "... invite the representatives of national liberation movements recognized by the Organization of African Unity or by the League of Arab States ...".

Mr BUICK (Canada) pointed out that his proposed phrase read: "... invite the representatives of national liberation movements now recognized by the Organization of African Unity or by the League of Arab States ...". That accorded with the wording of the relevant Economic and Social Council resolution.
Dr YOKO (Zaire) was surprised that a draft resolution expressed in clear terms and designed to deal with the health problems of the peoples of African territories still occupied by the Portuguese colonialists should have given rise to so much difficulty. However, the co-sponsors had agreed to accept the minor amendment to the operative paragraph as read out by the delegate of Egypt.

Dr PRIDAN (Israel) asked for a vote to be taken on the draft resolution, as amended.

Dr CAYLA (France) explained that his delegation would have abstained had there been a vote on the draft resolution approved by the Committee earlier in the meeting.

Decision: The draft resolution, as amended, was approved by 77 votes to 1, with 16 abstentions.¹

Dr EHRLICH (United States of America) explained that his delegation’s abstention in no way implied a change in the United States policy towards the organizations that might be invited to attend meetings in pursuance of the resolution that had just been approved. His delegation also wished to make it clear that the Government and people of the United States were shocked and appalled at the mindless massacre of Israeli children in Maalot and at all such acts of terrorism and violence. Any organization that engaged in, or condoned, such acts deserved the strongest condemnation. The world community should not, and could not, take any action that in any way implied endorsement or sanction of such reprehensible acts of terror.

Had there been a vote by show of hands on the previous draft resolution, his delegation would have recorded its reservations on that proposal as well.

Dr CAYLA (France) said that his delegation could not recognize, as representative, movements claiming to be the spokesmen of French territories and, for that reason, it had abstained from the vote.

Dr HERBST (Federal Republic of Germany) explained that his delegation had abstained because the draft resolution seemed to confer on national liberation movements more rights than they could claim under international law or were accorded in United Nations practice. The continued presence of his delegation could not be construed as conferring such rights on national liberation movements. His delegation understood that the draft resolution just approved was, like its predecessor, exclusively directed to humanitarian purposes and would not prejudge decisions to be taken on other occasions.

Mr DELVAUX (Belgium) said that his delegation had abstained because the draft resolution was not clear and conferred more rights on the national liberation movements than was the practice in the United Nations. He would like to make it clear that the result of the vote did not imply any recognition by his Government of those movements as such. His delegation would also have abstained had there been a vote on the previous draft resolution.

Dr YOKO (Zaire) stressed the importance of the decision that had just been taken. Recalling that the Director-General, in his introduction to the Annual Report for 1973, had drawn attention to difficulties in obtaining information on communicable diseases, he said that national liberation movements could provide such information in respect of the liberated areas. He also expressed his satisfaction that the draft resolution had been approved, so that WHO would join FAO and ITU in admitting national liberation movements to their meetings and conferences. He hoped that, in the future, Angola and Mozambique would also be represented as independent states and not merely as observers.

Mr KAMER (Switzerland) explained that, although Switzerland supported, on humanitarian grounds, the draft resolution approved by the Committee earlier in the meeting, that did not imply the adoption by Switzerland of any position on the political problems relating to national liberation movements.

¹ Transmitted to the Health Assembly in the Committee’s fourth report and adopted as resolution WHA27.37.
Mr VOZZI (Italy) explained that his delegation had abstained from voting on the draft resolution just approved because its provisions seemed to confer on national liberation movements a status greater than that normally accorded in United Nations practice.

2. SCALE OF ASSESSMENT (continued)  
Agenda, 3.4

Assessment of new Members and Associate Members (continued from the second meeting, section 5)  
Agenda, 3.4.1

The CHAIRMAN said that, following the admission on 16 May of Guinea-Bissau as a Member of WHO and of Namibia as an Associate Member, a decision was required on their assessment.

Mr FURTH (Assistant Director-General) explained that, pending a recommendation concerning the rate of assessment for Guinea-Bissau 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 Guinea-Bissau be assessed at a provisional rate of 0.04% for 1974 and at 0.02% for 1975 and future years, to be adjusted to the definitive assessment rate when that was established by the World Health Assembly. In accordance with the usual United Nations practice, the 1974 contribution would be reduced to one-third of 0.04%.

The CHAIRMAN drew the attention of the Committee to the following draft resolution:

The Twenty-seventh World Health Assembly,
Noting the admission of Guinea-Bissau to membership in the Organization on 16 May 1974;
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 Guinea-Bissau shall be assessed for 1974 and future years at a rate to be fixed by the World Health Assembly, as and when an assessment rate for this country has been established by the United Nations Committee on Contributions;
(2) that Guinea-Bissau shall be assessed at the provisional rates of 0.04% for 1974 and 0.02% for 1975 and future years, to be adjusted to the definitive assessment rate when established by the World Health Assembly, and further,
(3) that the assessment for 1974 shall be reduced to one-third of 0.04%.

Decision: The draft resolution was approved. 1

Mr FURTH (Assistant Director-General) said that, with regard to Namibia, the rate of assessment for an Associate Member in 1974 was still 0.02% but, as decided by the Health Assembly in resolution WHA27.9, would be reduced to 0.01% with effect from 1975. It was therefore proposed that Namibia should be assessed at a rate of one-third of 0.02% in 1974, and at 0.01% in 1975 and the following years.

The CHAIRMAN drew the Committee’s attention to the following draft resolution:

The Twenty-seventh World Health Assembly,
Noting the admission of Namibia to associate membership in the Organization on 16 May 1974, and that notice has been given of acceptance of associate membership on behalf of Namibia in accordance with Rules 115 and 116 2 of the Rules of Procedure of the Health Assembly;
Recalling that the Thirteenth World Health Assembly, in resolution WHA13.16, confirmed that the assessment of Associate Members shall be 0.02%;
Recalling, further, 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 that the assessment of Namibia for 1974 shall be reduced to one-third of 0.02%.

Decision: The draft resolution was approved. 3

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1 Transmitted to the Health Assembly in the Committee’s fourth report and adopted as resolution WHA27.38.
2 Basic Documents, 24th ed., p. 124. These became Rules 114 and 115 following the amendments adopted by the Assembly in resolution WHA27.17.
3 Transmitted to the Health Assembly in the Committee’s fourth report and adopted as resolution WHA27.39.
3. UNITED NATIONS JOINT STAFF PENSION FUND


Mr. Furth (Assistant Director-General) said that the report of the United Nations Joint Staff Pension Board for 1972 had already been submitted to governments and to the United Nations General Assembly and covered the period to 30 September 1972. Copies were available on request. With regard to 1973, pensioners had been in an unfortunate position because of fluctuations in the value of the dollar and global inflation. The Joint Staff Pension Board had met in July 1973 and had recommended to the General Assembly of the United Nations that certain adjustments should be made to compensate pensioners for the deterioration in their situation. The General Assembly had accepted this recommendation, with certain modifications, and the adjustments had been made on 1 January 1974.

The CHAIRMAN called attention to the following draft resolution:

The Twenty-seventh World Health Assembly
NOTES the status of the operation of the Joint Staff Pension Fund as indicated by the annual report for the year 1972 and as reported by the Director-General.

Decision: The draft resolution was approved.1

Appointment of representatives to the WHO Staff Pension Committee

The CHAIRMAN recalled that, in view of special circumstances, the Twenty-sixth World Health Assembly in 1973 had adopted exceptional measures regarding the appointment of representatives to the WHO Staff Pension Committee. However, it would be noted from document A27/27 that the Director-General was suggesting that, since the particular issues had now been dealt with, the Twenty-seventh World Health Assembly might wish to revert to its usual pattern for appointing members and alternate members to the Staff Pension Committee. It would then need to name four persons – one new member for a two-year term, replacing the member of the Executive Board designated by the Government of France; one alternate member for a two-year term, replacing the member of the Executive Board designated by the Government of Ethiopia; one new member for a term of three years, replacing the member of the Executive Board designated by the Government of Trinidad and Tobago; and one alternate member for a term of three years, replacing the member of the Executive Board designated by the Government of Thailand. In this way, a return would be made to the pattern of electing one member and one alternate each year for a period of three years.

Dr. Cayla (France) proposed that the member of the Executive Board designated by the Government of Switzerland replace the member designated by the Government of France.

Dr. El-Yafi (Syrian Arab Republic) proposed that Democratic Yemen should replace Ethiopia.

Mr. Gray (Trinidad and Tobago) proposed that Venezuela should replace his country.

Dr. Taylor (New Zealand) proposed that Sri Lanka should replace Thailand.

Dr. Badoo (Ghana), Rapporteur, then read out the following draft resolution:

The Twenty-seventh World Health Assembly
RESOLVES that

(1) the appointments of the member and alternate member of the WHO Staff Pension Committee made by the Twenty-fourth World Health Assembly expire in 1974, as originally resolved by the Twenty-fourth World Health Assembly;

(2) the appointments of the member and alternate member of the WHO Staff Pension Committee made by the Twenty-fifth World Health Assembly will expire in 1975, as originally resolved by the Twenty-fifth World Health Assembly;

(3) the member of the Executive Board designated by the Government of Switzerland be appointed as member of the WHO Staff Pension Committee, and that the member of the Board designated by the Government of Democratic Yemen be appointed as alternate member, the appointments being for a period of two years; and further

(4) the member of the Executive Board designated by the Government of Venezuela be appointed as member of the WHO Staff Pension Committee, and that the member of the Board designated by the Government of Sri Lanka be appointed as alternate member, the appointments being for a period of three years.

1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.40.
Decision: The draft resolution was approved.1

4. COORDINATION WITH THE UNITED NATIONS SYSTEM (resumed) Agenda, 3.15

General matters (continued from the fifth meeting, section 2) Agenda, 3.15.1

At the Chairman's request, Dr BADDOO (Ghana), Rapporteur, read the following draft resolution, which had been prepared to reflect the views expressed at the fifth meeting of the Committee:

The Twenty-seventh World Health Assembly,
Having considered the report of the Director-General on coordination with other organizations of the United Nations system on general matters;
Having also reviewed the action taken by the Executive Board at its fifty-third session following its examination of the Director-General's report on this subject, and having been informed of recent developments;
Stressing the role and responsibilities which WHO together with the other specialized agencies has in country programming exercises undertaken by governments under the aegis of the United Nations Development Programme (UNDP);
Aware of the difficulties encountered in ensuring a proper level of delivery of WHO-assisted health programmes funded by UNDP,
1. THANKS the Director-General for the information provided;
2. ENDORSES the decision taken by the Executive Board in its resolution EB53.R48;
3. WELCOMES the steps taken to ensure close cooperation with UNDP at country level and the efforts under way to arrive at jointly acceptable simplified procedures for the planning and approval of activities for which WHO is to be the executing agency;
4. REQUESTS the Director-General to continue his efforts to improve implementation of such activities;
5. FURTHER REQUESTS the Director-General to study the ways by which the Board and the Health Assembly can be more usefully informed about UNDP-supported activities and those financed from other extrabudgetary sources;
6. DRAWS THE ATTENTION of Member States to the practical support which their administrations must provide in order to ensure proper planning and timely delivery of activities supported by the Organization;
7. NOTES with satisfaction the action taken by the Director-General in relation to the Sahelian drought and to emergency situations that have arisen in other areas and the excellent cooperation established with the Office of the United Nations Disaster Relief Coordinator;
8. EXPRESSES its gratitude to UNICEF and to the World Food Programme for their continued support to health-related programmes.

Mr HEINRICI (Sweden) found no reference in the draft resolution to the regular reports on collaboration between WHO and UNDP that the Director-General had been asked in 1973 to provide. Would the Director-General continue to provide such reports?

Dr SACKS (Secretary) replied that, in his understanding, the question was covered by operative paragraph 5 of the draft resolution.

Dr FETISOV (Union of Soviet Socialist Republics) proposed an amendment to the Russian text of the third paragraph of the preamble. Possibly the text in the other languages was satisfactory, but the Russian required amendment to make it clear that the country programming referred to was that undertaken by governments.
He wondered what were the "difficulties" referred to in the fourth preambular paragraph.

Finally, his delegation proposed the addition, possibly after operative paragraph 4 or 5, of a paragraph calling on Member States to give more attention to health problems in the programmes carried out in their countries under the aegis of UNDP.

Dr SACKS (Secretary) explained that a certain number of specific difficulties had been mentioned, for example, by the delegate of Sweden.

The meeting rose at 12.25 p.m.

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1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.41.
EIGHTH MEETING

Friday, 17 May 1974, at 2.40 p.m.

Chairman: Dr M. A. CHOWDHRY (Pakistan)

1. COORDINATION WITH THE UNITED NATIONS SYSTEM (continued) Agenda, 3.15
   General matters (continued) Agenda, 3.15.1

The CHAIRMAN drew the Committee's attention to the revised draft resolution proposed by the Rapporteur. In accordance with the USSR delegate's suggestion, the text as introduced by the Rapporteur at the previous meeting had been amended by the addition of a new operative paragraph 6, the original paragraphs 6-8 being renumbered accordingly. The new paragraph read: "Urges Member States to give more consideration to the health sector within the economic and social programmes being financed by UNDP".

Decision: The draft resolution was approved.1

The CHAIRMAN announced that, at the request of the sponsors, the draft resolution on the drought in Africa would be referred to Committee A for discussion under agenda item 2.7.

2. HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST

Agenda, 3.13

Dr HENRY (representative of the Executive Board) recalled that at its fifty-second session, in May 1973, the Executive Board had decided to refer to an ad hoc committee the selection of three Member States to appoint members to serve on the Special Committee of Experts in accordance with operative paragraph 1 of Part B of resolution WHA26.56. In its resolution EB52.R21 the Board had asked the ad hoc committee to begin to contact Members mentioned in the Board's discussion and to complete the membership of the Special Committee of Experts as soon as possible. The ad hoc committee had been requested to report to the Board at its fifty-third session, in January 1974. It had done so, informing the Board that Romania and Senegal had agreed to accept the mandate laid down in resolution WHA26.56. In its resolution EB53.R34, the Board had requested the ad hoc committee to continue to contact the Member States mentioned during the discussion at its preceding session and to report to the Board's representatives at the Twenty-seventh World Health Assembly, as well as to the Board at its fifty-fourth session. The ad hoc committee had since reported to the Board's representatives as follows:

The ad hoc committee of the Executive Board established by resolution EB52.R21 had as its function the selection of the three Member States to appoint members to serve on the Special Committee of Experts to study the health conditions of the inhabitants of the occupied territories in the Middle East, in accordance with operative paragraph 1 of Part B of resolution WHA26.56.

The ad hoc committee had as its members Dr Esther Ammundsen, Dr A. Sauter and Professor J. Tigyi. Dr A. Sauter was appointed as Chairman and convener.

The committee held six meetings between 29 May 1973 and 23 January 1974. As a result of its consultations with the Governments of a number of Member States, Indonesia, Romania and Senegal agreed to appoint members to serve on the Special Committee of Experts.

The Director-General thereafter informed the ad hoc committee that these Member States had respectively appointed the following experts to serve on the Special Committee: Dr Moeljono Trastotenojo, Dr Traian Ionescu and Dr Ibrahima Wone, and that he was taking the necessary steps to convene a meeting of the Special Committee.

The ad hoc committee accordingly concluded that its task had been accomplished and that it would so inform the Executive Board as well as the representatives of the Executive Board to the Twenty-seventh World Health Assembly.

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1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.35.
Dr WONE (Senegal), Chairman of the Special Committee of Experts, presenting the report of the Special Committee (document A27/22), said that it had not been able to hold its first meeting until April 22 in Geneva. The Special Committee, which had been free to choose its means of action, had decided that the essential part of its mandate was to visit the occupied territories in the Middle East to observe at first hand the state of health of the inhabitants, and that it should also visit all the countries partially occupied or harbouring displaced populations from the occupied territories, to gather information at second hand concerning the state of health of refugees, displaced persons, and of inhabitants of those territories. Accordingly, immediately following its first meeting on the morning of April 22 the Special Committee had sent cables with an identical text (document A27/22, page 2) to Egypt, Israel, Jordan, Lebanon, and the Syrian Arab Republic. While awaiting the replies, the Committee had held five working meetings from 22 to 24 April to establish the best itinerary and to prepare indices for assessing the health conditions of the populations concerned. Two days later the Committee had received replies from four of the five Governments. In those replies, reproduced on page 3 of the report, the Governments of Egypt, Jordan, and the Syrian Arab Republic expressed their readiness to receive the Committee immediately, while the Government of Israel regretted that it was unable to deal with the request at such short notice but added that it would "take the matter under consideration and advise". The Special Committee had decided, in the light of those replies, to visit immediately the countries that had agreed to receive it and to remain open to a possible positive reply from Israel. The Committee had been ready to change its itinerary in order to visit the occupied territories immediately if a reply had arrived by May 1, and it had asked the Director-General to communicate any such reply to the Regional Director for the Eastern Mediterranean at Alexandria, where the Committee would be working on May 1, and also to the Director of Health of UNRWA in Beirut, where it was scheduled to return on the night of May 1.

Meanwhile the Special Committee had travelled to Lebanon and afterwards to Egypt. Having received no reply either at Alexandria on May 1 or the following morning at Beirut, it had decided to continue to the only countries that had agreed to receive it, though prepared to modify its programme in extremis should a reply still reach it. Between April 25 and May 8 the Special Committee had not received a positive reply from Israel, nor had it yet received one as far as he was aware. Its preliminary report was therefore far from complete. The Special Committee had described on pages 3 and 4 of its report the progress of its work, mentioning the health centres and camps it had been able to see in the four countries it had visited, as well as the health and governmental authorities and national and international institutions which it had been invited to visit and which had provided it with information. Pages 5 and 6 of the report contained general remarks on the health status of the populations visited. The Special Committee realized that those remarks were relevant only insofar as they concerned events immediately following the occupation and that they gave only an approximate account of the situation in the occupied territories. However, having applied its criteria to the populations visited, the Committee was better equipped to make comparisons with the occupied territories if it was asked by the Health Assembly to continue its investigation and if the occupying power authorized it to enter those territories and move freely there. The remarks on the health status of the populations visited should be read in the light of two main considerations. On the one hand the Committee's trip had indeed lasted 13 days, but it had covered four countries. Although the Committee had obtained considerable information from the countries and UNRWA, and had visited several camps and dispensaries, and although it had questioned patients and had had access to all recent and earlier archives, its knowledge was not exhaustive. Secondly, the Committee had realized that the populations it had visited were only secondarily involved, and therefore it had not spent time on the thorough study of them that would be required for a report of the type requested by the Health Assembly with regard to the occupied territories.

The Governments of the four countries visited had placed at the Special Committee's disposition all available facilities and information, as had the Director of Health of UNRWA, and the Regional Director for the Eastern Mediterranean. The Director-General of WHO had also done his best to facilitate the Committee's work. If the report was incomplete, as he felt it was, the reason was not that help had been stilted.

Dr SHARIF (United Nations Relief and Works Agency for Palestine Refugees in the Near East), referring to document A27/WP/2, to which was annexed a summary of the annual report of the Director of Health of UNRWA for 1973, said that the number of the Palestine refugee community registered with UNRWA had reached close to 1 545 000 as of 31 December 1973. The Agency deeply appreciated its partnership with WHO in the planning, development, and supervision of its health programme, the objective of which was to offer the refugees
opportunities no less than those available to the local populations for the protection of health in accordance with the humanitarian policies pursued by the United Nations and WHO, to the extent that UNRWA's restricted financial resources permitted. The programme now constituted a comprehensive and integrated community health service comprising preventive, curative and rehabilitative medical care, limited dental care, and environmental sanitation services for some 625,000 refugees who lived in the 63 refugee camps, and a supplementary feeding service for the nutritional protection of vulnerable groups.

During 1973, despite financial and other difficulties, the Agency had managed to maintain and even to make a few essential improvements to the health programme, which was outlined in the report. However, there remained some basic gaps to be filled and some important improvements to be made. The Agency's financial incapacity was the main reason for the deficiencies. A Three-year Development Plan had been drawn up for the period 1974-1976, provided, of course, that necessary funds could be found. The plan included such basic items as replacement of the remaining unsatisfactory premises accommodating health units, extension of outpatient specialist services in order to provide greater patient coverage and minimize hospital costs, additional clinical laboratories, improvement of equipment, extension of pre-school supervisory health care to make it more comprehensive, a programme of preventive mental health care for elementary and pre-school children, and further improvements in the environmental sanitation programme, including provision for assistance to refugee self-help schemes. He emphasized that UNRWA was wholly dependent on voluntary contributions and received support in cash and kind from governments, intergovernmental organizations, voluntary agencies, business firms, and individuals. UNRWA aid of all kinds amounted to about 15.5 (US) cents per refugee per day, of which 6.7 cents went to relief, 7 cents to education, and only 1.8 cents to health services. Thus out of the Agency's total expenditure in 1973 of approximately US$ 62.5 million, some $29.7 million had been spent on education, $23.6 million on the relief programmes - including $2.8 million for the supplementary feeding service - and $7.8 million on health services. Regrettably, UNRWA continued to suffer a growing financial disadvantage. Since 1963, with the single fortuitous exception of 1968, it had had to face increasing shortfalls in income against expenditure. Consequently, each succeeding year demanded economies in expenditure, and the implementation of certain much-needed programmes had to be withheld, while threats of programme curtailments loomed large. Supplementary voluntary contributions secured through special appeals had helped but not to the extent necessary. During 1973 the financial situation of UNRWA has worsened as a result of the devaluation of the United States dollar, which was the accounting currency of the Agency, and because of inflation affecting costs of commodities, construction works, and services. The year had ended with a deficit of US$ 3.9 million, reducing working capital to a critical level of less than one month's expenditure. At the start of 1974 the best estimates of income that could be made against the estimated expenditure of US$ 78 million needed to maintain the Agency's programmes showed a deficit of over US$ 12 million. The latest position, as of 30 April 1974, was that the expenditure estimates had risen to US$ 82 million, and an income gap of US$ 10.2 million still remained. Serious consequences would follow if UNRWA services broke down for lack of sufficient funds or if radical cuts in the Agency's services had to be made. No Agency programmes, and certainly not the health programme, could bear even a small cut. Vigorous efforts were therefore being exerted and special appeals were being made, including one by the Secretary-General of the United Nations, in the hope of overcoming the deficit. The Health Assembly had always shown keen interest in the health and welfare of the Palestine refugees and in the UNRWA health programme. The appeal made in resolution WHA24.32 had to date brought contributions from eight Member States totalling US$ 11,477 in cash and US$ 5,000 in medical supplies. UNRWA appreciated those special contributions from WHO but the gap to be bridged remained large.

Dr HASSAN (Somalia), introducing the draft resolution before the Committee, recalled that for some years the Committee had been discussing health assistance to refugees and displaced persons in the Middle East. Health was indivisible, and the attainment by all peoples of the highest possible level of health was the aim of WHO. People who were forced to live under foreign rule faced extra health problems in addition to the problems faced by others. The draft resolution recalled the health needs of the Palestinian refugees and displaced persons and requested additional WHO assistance in view of UNRWA's diminishing resources. It also called on the Special Committee of Experts, which had not been able to visit all areas concerned, to do its utmost to fulfill its mandate. The draft resolution was purely humanitarian, and he hoped that the Committee would both
support it and assist the refugees and displaced persons. The text of the draft resolution read as follows:

The Twenty-seventh World Health Assembly,
Recalling its resolution WHA26.56 on the health conditions of the refugees and displaced persons in the Middle East as well as the population of the occupied territories;

A

Having considered the Director-General's report on health assistance to refugees and displaced persons in the Middle East;
Alarmed by the deterioration of the health conditions of the Palestinian refugees and displaced persons in the Middle East;
Deeply concerned by the fact that Israel continues to refuse the return of the Palestinian refugees and displaced persons to their homes, which is gravely affecting their physical and mental health,

1. DEPLORES the failure of Israel to abide by the relevant United Nations and World Health Assembly resolutions calling for the immediate return of the Palestinian refugees and displaced persons to their homes as well as the numerous calls for refraining from such practices as the destruction of refugee shelters;
2. REQUESTS the Director-General to intensify and increase the Organization's programmes and health assistance to the refugees and displaced persons in the Middle East and to submit a report to the Twenty-eighth World Health Assembly on steps taken in this regard;

B

Noting with appreciation the establishment of the Special Committee of Experts to study the health conditions of the inhabitants of the occupied territories in the Middle East;
Having received the report of the Special Committee and noting from its content that the Committee was not able to visit the Arab territories under Israeli occupation to fulfil the objective of resolution WHA26.56,

1. REQUESTS the Special Committee to complete as early as possible the fulfilment of its mandate and submit to the Twenty-eighth World Health Assembly a comprehensive report, covering all health aspects, based on a field investigation;
2. URGES the Government of Israel to cooperate fully with the Special Committee and particularly to facilitate its free movement in the occupied territories;
3. REQUESTS the Director-General to continue to provide the Special Committee with all facilities necessary for the performance of its mission.

Mr ABOUL-NASR (Egypt) recalled that the Twenty-sixth World Health Assembly, in its resolution WHA26.56, had expressed its concern about the deterioration of health conditions of the refugees and displaced persons and of the inhabitants of the occupied territories, as well as its conviction that the protection of the life and physical and mental health of those people necessitated their immediate return to their homes in accordance with the relevant United Nations resolutions. The Health Assembly had called on Israel to refrain from such practices as the destruction of refugee camps and shelters. It had also established a Special Committee of Experts to obtain information on the serious health conditions in the occupied territories. What were the conditions one year after the adoption of that resolution? The documents and reports before the Committee proved once again beyond any doubt the deterioration of the health conditions of the refugees and displaced persons. Document A27/WP/2 contained a summary of the report of the Director of Health of UNRWA for 1973 which alluded to the deficit faced by UNRWA and to the WHO contribution to UNRWA; he hoped that modest contribution would be increased in 1974, not only from WHO's extrabudgetary resources but also from its regular budget. It was obvious from the report that Israel had not heeded the numerous resolutions and appeals of the United Nations General Assembly and the World Health Assembly, and that health conditions were extremely alarming. As a result of bad sanitary, health, and mental

1 Co-sponsored by the delegations of Algeria, Bahrain, Bangladesh, Central African Republic, Chad, Democratic People's Republic of Korea, Egypt, Gambia, Ghana, Guinea, India, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Republic, Madagascar, Mali, Mauritania, Morocco, Nigeria, Oman, Pakistan, Qatar, Saudi Arabia, Sierra Leone, Somalia, Sudan, Syrian Arab Republic, Tunisia, Uganda, United Arab Emirates, United Republic of Tanzania, Yemen, Yugoslavia, Zaire and Zambia.
conditions the communities suffered from ringworm infections of the scalp and ascariasis among pre-school children, and there was a continuous increase in the demand for services for mental illness, an increase which the report attributed to pressures to which the refugees were subjected in their daily lives. Even elementary school and pre-school children were suffering in increasing and alarming numbers from poor mental health, thanks to Israel's policies. Israel had decided to add to the refugees' suffering by issuing an ordinance on 28 January 1973 imposing fees for health services previously free of charge. UNRWA's representations to the Israeli authorities to review that decision had been, as expected, unsuccessful. As if that were not enough, and in spite of the Health Assembly's appeal last year to Israel to refrain from such practices as the destruction of homes and shelters, the report of the Commissioner-General of UNRWA for the period July 1972 - June 1973 (United Nations General Assembly document A/9013) stated: "The Israeli authorities demolished a number of shelters in the Rafah and Khan Yunis camps. . . . So far some 216 families in Rafah and some 167 families in Khan Yunis have been affected by these demolitions. In Rafah shelters comprising 260 Agency-built rooms and 36 rooms built with Agency assistance (for all of which no compensation was paid) and 221 privately built rooms . . . were destroyed. In Khan Yunis shelters comprising 248 Agency-built rooms and 123 private rooms were demolished".

The Egyptian government would put before the Special Committee of Experts all the information it had on the serious health situation in the occupied territories and the obstacles imposed by the occupier to any attempts at the promotion of health services in those territories, in the hope that the Committee would be able to investigate the situation in the field as soon as possible. He welcomed the establishment of the Committee, to which Egypt would extend its full cooperation. He also welcomed its preliminary report and looked forward to a comprehensive report. He expressed indignation at the negative response of the Israeli authorities to the Special Committee's request for cooperation and hoped that the Health Assembly would get a clear-cut answer from Israel before the end of the present session as to whether or not it would allow the Committee to move freely in the occupied territories as requested in resolution WHA25.56. In that resolution the Health Assembly had reaffirmed the right of the refugees and displaced persons to return to their homes, in accordance with the relevant resolutions of the United Nations. What had been Israel's response? As the Secretary-General of the United Nations had pointed out in his report to the Security Council of 18 May 1973 (document S/10929), those who had become refugees for the second time in their lifetime - those expelled from the Gaza Strip, the West Bank, and the occupied Golan Heights - had still not been able to return. Israel had not only refused the return of the refugees of 1948-1949 and 1967, but it had also expelled more inhabitants from territories occupied as a result of the war of October 1973, refusing to let them return to their homes. That defiance to the world deserved the Committee's condemnation. He hoped that the Committee and the Health Assembly would once again speak in favour of the humanitarian cause before them by adopting the draft resolution introduced by the delegate of Somalia.

Dr NABILSI (Jordan) expressed appreciation to the Director of Health of UNRWA for his report, in which he described the grave budgetary situation facing the Agency, the deficit for 1974 amounting to some $ 12 million. That situation would naturally affect the health services UNRWA was in a position to provide. The present position arose from the fact that, for several years past, countries committed to granting aid to the refugees had not been honouring those commitments; he was unable to see the reasons for such a policy.

It should be borne in mind that, if that financial situation deteriorated further, the host countries themselves would not be able to provide the necessary health services to the refugees. Since April 1970 Jordan, as well as UNRWA, had been providing health services and had been supplying free treatment in hospitals for which UNRWA had undertaken support that had subsequently been withdrawn because of lack of funds. If the situation in the refugee camps were allowed to continue, there would be serious repercussions on the public health situation in Jordan itself and throughout the whole area.

He thanked the Chairman of the Special Committee of Experts for his work; the report submitted gave a realistic description of the situation. He requested clarification from the delegate of Israel as to the precise reasons why his Government had refused the Special Committee access to enable it to fulfil its mission. His delegation was one of the sponsors of the draft resolution on the item, which he earnestly hoped would gain the Committee's approval.

Mr ILISÁSTIGUI (Cuba) expressed his delegation's support for the draft resolution. In view of the critical situation described in the report transmitted by the Minister of Health of Egypt (document A27/WP/14), he believed that WHO action was
essential so that the urgently needed medical services could be provided. He therefore urged the Committee to approve the draft resolution.

Dr EL-YAFI (Syrian Arab Republic) thanked the Director-General for the efforts he had made in setting up the Special Committee of Experts. The Special Committee itself was to be commended for the work it had achieved in those countries where it had been permitted to review conditions. He expressed concern in respect of the delays that had occurred and Israel’s refusal to authorize the Special Committee access to the occupied territories.

In connexion with the information contained in document A27/WP/10, he noted that the section on page 8 on the situation in the Golan Heights referred to a total population of 10 880. It should be borne in mind that that figure was due to the fact that the other inhabitants had been forcibly expelled from the area. There was also evidence that Israel had integrated new regions from which 15 000 Syrians had been expelled. The Special Committee had described the disastrous situation of those persons who had experienced the exodus and who had nowhere to live other than schools and mosques.

The decision to set up the Special Committee of Experts had been taken a year earlier and Israel had been aware of that decision. Nevertheless the Israeli Government, twelve months later, had replied to a communication from the Chairman of the Special Committee saying that it could not accede to his request in view of the short notice given. The Member States of WHO could not allow the state of health of the population to deteriorate further. He accordingly joined the delegates of Jordan and Egypt in asking the Israeli delegation to give an answer, before the end of the present Health Assembly, as to why access had been denied.

Dr YAROM (Israel) recalled that his delegation had voted against the resolution establishing the Special Committee of Experts as it had considered that resolution a transparent effort to yoke WHO to the chariot of belligerency against Israel. The Arab delegations had used similar tactics in other international organizations, with an equal lack of success in terms of substance. Such a resolution represented an endeavour to introduce political considerations into a purely technical organization.

He recalled further that his Government had readily agreed to an earlier request by the Health Assembly to extend facilities for a visit by an expert chosen by the Director-General. That special representative, Dr Bellerive, had presented the Director-General with a detailed report on 2 May 1973 after a two-week visit to Israeli-administered territories. That report, together with the annual report of the Director of Health of UNRWA, should be regarded as the basic documents on the matter under review. However, a number of delegations had raised objections to the report of the special representative of the Director-General in the course of the Twenty-sixth World Health Assembly and it had then been decided, in spite of the objections raised by the Israeli delegation, to establish a Special Committee of Experts appointed by Member States.

It was most surprising that the Israeli Government had received only on 23 April 1974 a cable signed by the Chairman of a Committee not known to it at that time. That fact, in addition to the surprising request for arrival within 48 hours to conduct an official study, had motivated its answer to the cable. His delegation had, at the beginning of the present session of the Health Assembly, informed the Director-General of its willingness to meet members of the Special Committee in order to provide all pertinent information relevant to the state of health and the health services of the populations of the Israeli-administered territories. Again surprisingly, that offer had not been accepted by the Special Committee.

Israel and its administered territories were open to all visitors. Indeed, approximately 150 000 visitors from all over the Arab world alone visited Israel and its administered territories yearly. All physicians wishing to visit the country and study any aspect of the health and health services of the population were welcome to do so. In that context, it would be noted that the annual report of the Director of Health of UNRWA for the year 1973 placed on record the satisfactory progress made during the year and emphasized the full cooperation received from the Israeli authorities.

The Israeli delegation had submitted to the present session, in document A27/WP/10, a summary report on health assistance to refugees and displaced persons in various Israeli-administered territories. A full report was available on request to all delegates. The summary report showed the steady progress being made yearly in the state of health of the populations concerned. He emphasized that a large number of physicians had returned to the territories. There were now 211 physicians in Judaea and Samaria, as compared with 103 in June 1967.

As to the draft resolution at present before the Committee, he wished to clarify certain blatant inaccuracies in the preambular paragraphs. First, the health situation
of the population had improved steadily from year to year, as was borne out by all the
documents before the Committee, and had not deteriorated as stated. Secondly, the
question of the return of the Palestinian refugees was totally irrelevant in a technical
organization such as WHO; the refugee problem in its various aspects was being kept under
Thirdly, there was no evidence whatsoever in the documents before the Committee to bear
out the allegations made in the first operative paragraph regarding the destruction of
refugee shelters; on the contrary, hundreds of housing units had been completed the
previous year with the assistance of the Israeli authorities and were occupied by the
refugee populations.

He was convinced that the draft resolution before the Committee, based as it was on
incorrect data and raising issues irrelevant to the Organization, did not serve the
objectives of WHO. Neither did it contribute to the global effort undertaken to find
an adequate and peaceful solution to the conflict in the Middle East. For those reasons,
his delegation would vote against the draft resolution.

Dr OHRI (Albania) said that the health situation of refugees and displaced persons
in the Middle East, as well as of the Arab populations in the occupied territories, had
deteriorated because of inadequate medical services and a shortage of staff. The
extremely grave economic situation of the population of the area, combined with the fact
that it had been deprived of all its national, political and social rights, had increased
disease and infant mortality.

Israeli Zionists were following a policy of mass extermination against the Arab
population by systematically depriving them of adequate living conditions and housing.
They had displaced the Arab population from their homes and had committed atrocities
against them. The health situation of the Arab population of the occupied territories
was not likely to improve so long as the Israeli occupation persisted.

His Government had consistently stated the view that justice should be done to the
Arab peoples and that the legitimate rights of the Palestinian people should be recognized.
He expressed continuing support for the heroic struggle of the Palestinian population to
regain its native land. His delegation would give its support to all measures that were
in the true interests of the Arab and Palestinian peoples and that would improve the
deplorable health situation in the occupied territories.

Mr ABOUL -NASR (Egypt) interpreted the statement just made by the delegate of Israel
as an outright negative reply to the freedom of movement of the Special Committee of
Experts in the occupied territories. If health conditions in those territories were
indeed as bright as the Israeli delegate had depicted them, it was hard to see why the
visit of the Special Committee had been refused.

Regarding the destruction of refugee shelters mentioned in the draft resolution and
to which the delegate of Israel had referred, the information had been taken entirely
from United Nations documentation, namely the report of the Commissioner-General of UNRWA
to the General Assembly for 1972 -73 (A/9013). As to whether there were sufficient
doctors, he referred to an article in the 2 February 1974 issue of the Israeli Jerusalem
Post in which the chief physician in the Gaza Strip had stated that twice as many doctors
were needed as well as many more nurses. His own statement had contained no propaganda
and had merely drawn on the United Nations documentation available in order to illustrate
the gravity of the situation.

Dr EL -YAFI (Syrian Arab Republic) said that the deteriorating state of health of the
refugees was clear to all and there was little need to dwell on it further. Replying to
the point made by the delegate of Israel that some 150 000 Arab visitors from all over
the Arab world visited Israel and its administered territories yearly, he made it clear
that they consisted largely of members of the families of Arab workers visiting them. It
was asserted that the gates of Israel were wide open to visitors, but they were in fact
closed to the Special Committee of Experts. He would not enter into a discussion regarding
the destruction of Arab homes since the press reported daily on large-scale destruction of
Arab towns in the Golan Heights area.

Dr FETISOV (Union of Soviet Socialist Republics) said that his delegation had noted
with satisfaction the valuable work accomplished by the Special Committee of Experts in
studying the health situation of refugees and displaced persons, and regretted that it had
not been allowed freely to fulfil its mandate.

The problem of refugees and displaced persons in the Middle East was primarily a
political one, arising as it did out of the aggression by Israel against the Arab countries,
with its consequent damaging effects on the health of the population. The main prerequi-
site for any real improvement in the situation was for Israel to comply with the repeated
resolutions adopted by the United Nations calling on it to withdraw from the occupied
Mr YEH Cheng-pa (China) recalled that aggressive wars by the imperialist Israel, with the support of Israeli Zionists and the super-Powers, had resulted in untold misery for the Arab populations driven from their homes. Since October 1973, however, the Arab peoples had achieved a breakthrough by means of their heroic struggles. Nevertheless, the Israeli aggressors were still oppressing the masses of Palestinians, with the result that the mental and physical health of those populations was gravely in jeopardy. His Government was convinced that the Arab cause would achieve final victory and that the territories would be retrieved.

The Israeli Government had no right to refuse entry to the Special Committee of Experts; it was essential that WHO stood firmly on the side of justice and sought to augment the assistance provided to refugees and displaced persons. His delegation would support the draft resolution.

Mr KAYA (Japan) criticized the preambular paragraphs of the draft resolution, which he considered inappropriate and prejudicial. Nevertheless, the resolution as a whole was of a humanitarian character, and his delegation would vote for it.

Dr LEBENTRAU (German Democratic Republic) noted that, according to its report (A27/22), the Special Committee of Experts had been given every facility by the Arab States but had been denied entry by Israel. It was indispensable that Israel fulfil its obligations by cooperating fully with the Special Committee, as it was urged to do in Part B of the draft resolution. The implementation of resolution WHA26.56 was a prerequisite for a just and lasting peace in the Middle East. It was essential that Israel should withdraw its forces from all the occupied Arab territories. His Government reaffirmed its solidarity with the Arab people and his delegation would support the draft resolution.

Dr SON Kyong Ho (Democratic People's Republic of Korea) said that the draft resolution was aimed at securing and protecting the livelihood of the Palestinian people, millions of whom had been expelled by the Israeli expansionists and were now suffering starvation and poverty. That situation had been brought about by the imperialists, who wished to subordinate the Arabs, using the Zionists as shock troops. His Government expressed its solidarity and deep sympathy with the righteous cause of the Arabs, and gave full support to the restoration of the rights of the Palestinian people. His delegation supported WHO's efforts to render assistance to the populations concerned in the field of health and believed that they should be intensified.

Dr BÉDAYA-NGARO (Central African Republic) moved the closure of the debate on the ground that the matter had now been very thoroughly discussed.

Dr SACKS (Secretary) read out Rule 61 of the Rules of Procedure, which required that a vote should be taken on any motion for closure after not more than two delegates had been allowed to speak in opposition to the motion.

Dr CAYLA (France) opposed the motion, as he had wished to make a proposal.

**Decision:** The motion to close the debate on the item was approved by 64 votes to 1, with 15 abstentions.

Dr CAYLA (France) proposed that the meeting should be suspended for 15 minutes.

Dr SACKS (Secretary) read out Rule 59 of the Rules of Procedure, which required any motion for suspension or adjournment to be put to the vote immediately.

**Decision:** The proposal to suspend the meeting was rejected by 61 votes to 12, with 10 abstentions.

The CHAIRMAN said that a vote would be taken immediately on the draft resolution before the Committee.

**Decision:** The draft resolution was approved by 66 votes to 2, with 15 abstentions.1

Mr COTTMAN (United States of America) said that his delegation considered the wording of the draft resolution on which the Committee had just voted to be unacceptable. The draft resolution contained statements for which inadequate evidence was available to the Committee, and it referred to political questions that should properly be discussed in the United Nations General Assembly.

Mr GONZÁLEZ (Spain) said that his delegation had voted for the draft resolution because it was humanitarian in character and was aimed at increasing health assistance to

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1 Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA27.42.
the refugees and displaced persons in the Middle East. He hoped that its approval would improve their health situation.

Mr HEINRICI (Sweden) thought that the Health Assembly was not the right forum for a discussion of the political issues involved, but his delegation had nevertheless voted for the resolution because it favoured the basic aim of helping the displaced persons in the Middle East.

Dr MORK (Norway) associated his delegation with the remarks made by the delegate of Sweden.

The meeting rose at 5.15 p.m.
NINTH MEETING
Monday, 20 May 1974, at 2.40 p.m.
Chairman: Dr M. A. CHOWDHRY (Pakistan)

1. FOURTH REPORT OF THE COMMITTEE
   At the request of the Chairman, Dr BADDOO (Ghana), Rapporteur, read out the draft fourth report of the Committee.
   Decision: The report was adopted (see page 546).

2. EIGHTEENTH REPORT OF THE COMMITTEE ON INTERNATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES (continued from the third meeting, section 2) Agenda, 3.14
   At the Chairman's invitation, Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) introduced the report\(^1\) of the Working Group that had been established at the third meeting of Committee B to study and submit recommendations on the eighteenth report of the Committee on International Surveillance of Communicable Diseases.\(^2\) He did not propose to rehearse in detail all the Working Group's recommendations but would only highlight some of the most important points in the report.

   With regard to smallpox, the Group had felt that it would be premature to revise Article 78, as recommended in the eighteenth report of the Committee on International Surveillance of Communicable Diseases. The Working Group recommended that the text of Article 78 should remain unchanged, but that Member States should give greater emphasis to the present epidemiological situation of smallpox in interpreting that Article.

   The Working Group had considered the reservations to the Additional Regulations amending the International Health Regulations (1969), and considered that they detracted substantially from the character and purpose of the International Health Regulations. It was the feeling of the Working Group that cholera vaccination did afford a distinct measure of individual protection, and its use should be encouraged, although it would be wrong to suggest that such vaccination could protect a community against the importation of cholera. The reservations to the Additional Regulations that sought to do away with mention of cholera vaccination and vaccination certificates were based firstly on epidemiological, and secondly on psychosocial and political grounds. It was not appropriate for WHO to consider the latter. As to the former, all but two members of the Working Group agreed that the reservations could not be accepted. The Working Group therefore agreed with the conclusions of the eighteenth report, and recommended that on epidemiological grounds the Health Assembly should reject the reservations. It should be understood, however, that any Member State making reservations to the Additional Regulations would remain bound by the original International Health Regulations of 1969.

   With regard to vector control, the Working Group agreed with the views of the Committee on the dichlorvos vapour system for aircraft disinsection, and interpreted the Committee's recommendations as meaning that disinsection by that system should be accepted as valid under the International Health Regulations.

   If it was agreed not to amend Article 78, the remaining amendments to the International Health Regulations, which were minor in character, should be kept in abeyance until a major revision was required. In that way, unnecessary changes could be avoided.

   One member of the Working Group had suggested that a broad review of the basic concepts of the International Health Regulations would be timely, and the Group proposed that the question should be considered at the next meeting of the Committee.

   Finally, he drew attention to the last pages of the Working Group's report, which contained three draft resolutions for consideration by the Health Assembly.

   Professor VANNUGLI (Italy) stressed that Member States that made reservations to the Additional Regulations nevertheless remained bound by the earlier International Health Regulations (1969).

   With regard to the dichlorvos vapour system for aircraft disinsection, it had been shown that the biological effects of dichlorvos on man were negligible, but it was not known how corrosive it might be to the structural materials used in aircraft. That question was outside WHO's competence and should be referred to the appropriate authorities.

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Professor LEOWSKI (Poland) said that even the present International Health Regulations were based on nineteenth-century epidemiological concepts to the effect that quarantine measures could protect countries against diseases such as plague, yellow fever and smallpox. However, louse-borne typhus and relapsing fever had recently been deleted from the Regulations, and in the next two to three years substantial changes could be expected with regard to smallpox, as a result of the WHO eradication programme. Only cholera, plague and yellow fever would then be left, and it was difficult to see the justification for special regulations for those diseases. According to WHO reports, plague was now present in only about 10 countries and its annual world incidence had fallen over the past five years from some 5000 cases to about 800 and the number of deaths from 330 to 47. The number of cases of yellow fever had fallen from 370 to 60 per year, and deaths from 155 to 46, over the period 1969-1972; and the disease had been present in 10 countries in 1969 and in only eight in 1972. So far as cholera was concerned, the International Health Regulations had had only a limited effect on the control of the last pandemic; it was the measures taken in individual countries that had brought the disease under control.

It was clear, then, that the present International Health Regulations were of limited epidemiological significance, and he supported the suggestion that their basic concepts should be reviewed at the next meeting of the Committee on International Surveillance of Communicable Diseases.

Dr CAYLA (France) stressed that the Working Group was merely recommending that the dichlorvos vapour system be accepted as a valid system for aircraft disinsection, but not as the only such system. In addition, in the eighteenth report of the Committee on International Surveillance of Communicable Diseases, it was recommended that the necessary operational experience should be obtained with dichlorvos as soon as possible.

Dr HASSAN (Egypt), referring to the fact that the Working Group had agreed with the recommendations in the eighteenth report that the reservations to the Additional Regulations should not be accepted, recalled that it had been said that cholera vaccine gave only 50% protection and could not prevent the disease from entering a country. Cholera vaccination was, however, a useful tool, and was not harmful. A more effective vaccine might be developed in the near future. Moreover, if vaccination was discontinued, what could replace it? At present, there was only one substitute - namely, the examination of the stools of every person coming from an infected area - but that could not be applied in practice. Surveillance provided no guarantee that carriers and persons having only mild atypical symptoms would be discovered. The social and environmental conditions in many countries were such as to favour transmission. While a very small number of countries had been able to do away with requirements for vaccination certificates because their environmental conditions and level of health were such that the disease could easily be controlled if it entered the country, not many states were in a position to do likewise.

Dr BERNARD (Malta) expressed his support for the statement of the delegate of Italy. He stressed that the International Health Regulations contained preventive measures that were only put into effect when required. If a disease became rare, the measures were not put into effect, but it did no harm for the provisions to remain in force.

Dr SENCER (United States of America) supported the remarks made by the delegate of Poland. It had been said that, if the International Health Regulations were abolished, Member States would take measures that were not rational. In fact, the existence of the Regulations had not prevented this from happening. In the many years of the Regulations, only one formal complaint, filed in accordance with Article 100, had been made, yet there was daily abuse of the Regulations, especially with regard to cholera. The argument was therefore not valid.

In contrast, there had been a vast improvement in the voluntary reporting of diseases, largely thanks to the efforts of the former Director-General. Member States should continue to devote more of their efforts to surveillance and rather less to inspection.

He agreed with the delegate of Egypt that epidemiological conditions varied from country to country, and that disease could be controlled more rationally on an epidemiological basis. He hoped, therefore, that a broad review of the International Health Regulations would soon be made.

Dr SACKS (Secretary) said that all the comments made would be taken into account when a broad review of the basic concepts of the International Health Regulations was made.

The CHAIRMAN drew the attention of the Committee to the three draft resolutions recommended by the Working Group. The first read as follows:
The Twenty-seventh World Health Assembly,  
Having considered the eighteenth report of the Committee on International Surveillance of Communicable Diseases,  
1. THANKS the members of the Committee for their work; and  
2. APPROVES the recommendations in the eighteenth report of the Committee on International Surveillance of Communicable Diseases subject to the comments and modifications contained in the report of the Working Group of Committee B.  
Decision: The draft resolution was approved.¹  
The CHAIRMAN then turned to the second draft resolution, relating to the safety of food and water and the handling of wastes in international traffic:  
The Twenty-seventh World Health Assembly,  
Having considered resolution EB53.R27 adopted by the Executive Board at its fifty-third session and the recommendation made by the Committee on International Surveillance of Communicable Diseases at its eighteenth session;  
Recalling paragraph 4 of resolution WHA26.54;  
Believing that, in view of the growth of international traffic, continuous attention should be given to the safety of food and water and the handling of wastes in such traffic,  
1. STRESSES the need for each Member State to clarify the ultimate responsibility for the safety of food and water and the proper handling of wastes in international traffic;  
2. RECOMMENDS that Member States coordinate and ensure the close and active participation in such a responsibility of health authorities, port and airport management, aircraft operators, shipping companies, tourist associations, and any other service or agency concerned with international traffic;  
3. REQUESTS the Director-General to maintain close contact with representatives of international organizations concerned with international traffic with a view to promoting the implementation and coordination of activities aimed at improving the safety of food and water and the handling of wastes; and  
4. REQUESTS the Director-General to prepare appropriate guidance materials for the use of health and other agencies in this field and keep them up to date.  
Decision: The draft resolution was approved.²  
The CHAIRMAN then drew attention to the third draft resolution, regarding reservations to the Additional Regulations:  
The Twenty-seventh World Health Assembly,  
Having considered a report on the reservations to the Additional Regulations of 23 May 1973 amending the International Health Regulations (1969), adopted by the Twenty-sixth World Health Assembly in resolution WHA26.55, and comments thereon contained in the eighteenth report of the Committee on International Surveillance of Communicable Diseases,  
1. ADOPTS the report;  
2. REQUESTS the Director-General to transmit the report to all governments and to members of the Committee on International Surveillance of Communicable Diseases; and  
3. INVITES those governments not yet bound by the International Health Regulations (1969) to take appropriate action as a matter of urgency so as to facilitate international travel, the surveillance of communicable diseases and the interchange of health information.  
Decision: The draft resolution was approved.³  
The CHAIRMAN, in conclusion, proposed the adoption of the report of the Working Group as a whole.  
Decision: The report of the Working Group was adopted.  
¹ Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.45.  
² Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.46.  
³ Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA27.47.
3. WHO'S HUMAN HEALTH AND ENVIRONMENT PROGRAMME

The CHAIRMAN recalled that item 2.7 had been transferred from Committee A to Committee B by decision of the Health Assembly, and invited the Deputy Director-General to introduce the item.

The DEPUTY DIRECTOR-GENERAL said that the Director-General's report (document A27/14) highlighted some of the most important developments in WHO's environmental health programme during 1973. It also presented a framework within which that programme was evolving, together with some projections on which the Director-General was seeking guidance from the Health Assembly.

The outstanding problem in the developing countries continued to be biological pollution associated especially with the lack of a safe water supply and inadequate disposal of human and animal wastes. WHO's long-term programme therefore gave the highest priority to that field, and would need to do so for many years, the aim being to make environmental sanitation an inseparable part of socioeconomic development, especially in rural areas.

Environmental pollution from industrial and urban sources also required action, not only in the industrialized countries, but also in the developing countries. For this reason, programmes had been initiated for the development and promotion of international agreement on environmental health criteria and for environmental health monitoring.

Scientific and economic advances must be carefully assessed from the point of view of their future effect on health. Evidence was accumulating of sensory understimulation and perceptual and social deprivation. Such disorders must have a bearing on personality and human disturbances, especially in relation to human congestion, defects in biological substrates, and the chronic effects of drugs.

A new approach must be developed for the planning and implementation of programmes for the improvement of the environment which must aim at preventing adverse conditions in the total environment, i.e., air, water, food, land, habitat, and the place of work. Methodology and practices were needed for the assessment of the total environmental health impact of the requirements of science, technology, and economic development, on the basis of a balanced approach to the resulting risks and benefits.

Four major areas of work had been identified, namely the assessment of the health effects of environmental conditions, the monitoring of such conditions and of the resulting health impacts, the planning and organization of national programmes and projects for the prevention of environmental health risks, and the creation of the necessary institutions and services.

There was a need for better coordination, for instance, for the establishment of criteria for priority setting by different agencies. Health agencies must play a key role in environmental matters because any programme for the improvement of the environment ultimately aimed at the improvement of human health. This was not yet fully understood, and health agencies were therefore deprived in many countries of the opportunity to make effective contributions to the improvement of environmental health as part of their public health programmes. Health agencies and health programmes were often not related to other agencies and programmes, and especially to programmes for rural development, housing, agriculture, and water and waste disposal systems.

In view of the need for new arrangements to increase the supply of scientific information, particularly on the effects on health of environmental pollution, on environmental health monitoring and on inexpensive but safe technology for basic sanitation, the Director-General had during 1973 initiated collaborative programmes in these fields. He thanked those governments which had joined the programmes and hoped that more would do so.

Coordination with UNEP and other environmental programmes was becoming increasingly necessary owing to the rapid expansion of such environmental activities. In accordance with the relevant Health Assembly resolutions, the Organization had continued to stress its responsibility for the health aspect of environmental problems, in cooperation, of course, with the other organizations acting in that sphere. Coordination with UNEP was effected through the Environment Coordination Board which functioned under the aegis of the ACC.

He drew attention to the fact that the projects marked in Annex V.A as "approved" had also been funded since the document had been prepared. Projects 13, 14 and 15 of the Annex V.A had been elaborated with IAEA for joint execution and projects 2 and 3 with FAO as part of WHO collaboration with those agencies.
In conclusion, he stressed the importance of the last paragraph of document A27/14, where it was said that WHO would give more attention, in the future, to the effects of combined environmental stress on the health of man: the early identification of new hazards, originating from new technological developments; the consequences of changing patterns in energy utilization and transportation; together with the development of adequate environmental health institutions and services and of manpower versed not only in the practical aspects of environmental health but also the broad scientific aspects of human ecology. All that work was essential, but it should be recognized that any future programme in environmental health, particularly in developing countries, would be meaningful only if basic sanitation could simultaneously be improved.

Professor HALTER (Belgium) introduced two draft resolutions on behalf of their sponsoring delegations. The first, dealing with WHO's human health and environment programme as a whole, read as follows: 1

The Twenty-seventh World Health Assembly,

Having considered the report of the Director-General on WHO's human health and environment programme;

Aware that biological pollution of the environment caused by the lack of basic sanitary measures, particularly of adequate water supplies and waste disposal facilities, is the most prevalent environmental problem in the developing countries, while physical and chemical pollution is of concern not only in industrialized countries but increasingly also in many developing countries;

Emphasizing that any environmental deterioration ultimately affects human health and that any programme for the improvement of the environment ultimately contributes to the improvement of human health and wellbeing;

Believing that lack of coordination at the national level often prevents environmental health activities from becoming part of balanced public health programmes;

Recognizing the need for a methodology for the formulation of the environmental health requirements of technological, scientific and economic development and for their application in the planning of appropriate programmes,

1. RECOMMENDS that Member States:

(1) make the immediate and long-term protection and promotion of human health and wellbeing the basis for their formulation of environmental policy and environmental programmes and projects;
(2) make health-oriented environmental action an essential part of all relevant major national programmes;
(3) strengthen environmental health functions, manpower and services in health and other agencies;
(4) collaborate with WHO in the establishment of environmental health criteria and monitoring, and in the exchange of information on the prevention of health risks resulting from the environment, particularly in relation to pollution control and the adaptation of methods for basic sanitary measures to suit local resources;

2. REQUESTS the Director-General:

(1) to continue to implement resolutions WHA24.47 and WHA26.58 on the basis of the principles set forth in his report;
(2) to continue to provide assistance to Member States, to prepare guides, codes of practice and technical manuals, to develop and adapt methodology, to promote and coordinate research, and to collect, assess and disseminate scientific and other relevant information;
(3) to emphasize a comprehensive approach to environmental health problems by integrating programme activities aiming at improving basic sanitation and the

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1 Co-sponsored by the delegations of Austria, Belgium, Brazil, Canada, Egypt, France, German Democratic Republic, Federal Republic of Germany, Ghana, India, Indonesia, Italy, Japan, Luxembourg, Mexico, Mongolia, Netherlands, New Zealand, Peru, Spain, Switzerland, Syrian Arab Republic, Thailand, Union of Soviet Socialist Republics, United States of America, and Zaire.
quality of air, water, food, and conditions of work, giving priority to those conditions that are known to have an adverse effect on community health and the health of groups at special risk;

(4) to continue to study environmental health needs of Member States and to review and update, as appropriate, the WHO long-term programme in environmental health at all levels of the Organization to meet these needs;

(5) to formulate programmes of collaboration between Member States and the Organization for systematically collecting, assessing, disseminating and using scientific and other relevant information, and to invite Member States to participate with WHO in such programmes, particularly those related to environmental health criteria, environment and health monitoring, and the adaptation of suitable methods for basic sanitation and pollution control;

(6) to emphasize the training of multidisciplinary manpower for environmental health programmes;

(7) to submit to the fifty-seventh session of the Executive Board and to the Twenty-ninth World Health Assembly, for their review, a report containing a summary of progress achieved in the implementation of the Organization's human health and environment programme, and proposals for the future development of this programme.

The second draft resolution dealt more particularly with the coordination of programmes and action in the field of the environment, and read as follows:\(^1\)

The Twenty-seventh World Health Assembly,
Considering the increasing importance of problems of the environment and of the many relevant programmes and activities at national and international levels;
Concerned that sufficient and appropriate attention be given in these programmes to human health and wellbeing, and that health agencies and the World Health Organization actively participate therein;
Emphasizing that, in accordance with its constitutional mandate, the World Health Organization has gathered considerable knowledge and expertise in matters of environmental health and that it is the only specialized international agency devoting primary attention to the health implications of the environment;
Convinced that the full utilization of the capacity of the World Health Organization in the planning and implementation of environment programmes within the United Nations system would enhance the effectiveness of these programmes,

1. **RECOMMENDS** to Member States:

   (1) that health agencies fully participate in the planning and implementation of national environmental programmes and of any other national programmes that may have effects on health, and

   (2) that health agencies be authorized and equipped, both technically and financially, to the greatest extent possible to carry out this role;

2. **REQUESTS** the Director-General:

   (1) to collaborate with and provide assistance to the various national and international programmes, agencies and ministries, as appropriate, concerned with the improvement of the human environment;

   (2) to strengthen collaboration with UNEP, particularly within the Environment Coordination Board, and also with UNDP, UNICEF, and the specialized agencies, particularly the IBRD, FAO, and the IAEA, as well as other intergovernmental and nongovernmental agencies concerned and to maintain WHO's leading role in respect to environmental activities that promote human health;

   (3) to keep the governing bodies and executive heads of other international organizations informed of relevant decisions of the World Health Assembly and of the programmes of the Organization and to report to the Twenty-eighth World Health Assembly on the progress achieved in this respect.

\(^1\) Co-sponsored by the delegations of Austria, Belgium, Brazil, Canada, Egypt, France, German Democratic Republic, Federal Republic of Germany, Ghana, India, Indonesia, Italy, Japan, Luxembourg, Mexico, Netherlands, Peru, Spain, Switzerland, Syrian Arab Republic, Thailand, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, Venezuela, and Zaire.
The two draft resolutions were complementary, the first bearing mainly on the WHO programme in environmental health and the second on the relations of the Organization with other national and international organizations undertaking action in connexion with environmental health. The reason for the submission of two draft resolutions was that in some countries environmental questions were dealt with by departments or ministries other than those directly responsible for matters of health; the delegates of those countries at the Health Assembly were not all in a position to sponsor a resolution on the WHO health and environment programme, although as representatives of their governments they could support it. On the other hand, all delegations were agreed that in the matter of cooperation in environmental activities the position of WHO should be strengthened.

In the first draft resolution the Director-General was requested to submit a progress report to the Twenty-ninth World Health Assembly, and only a short interim note to the Twenty-eighth World Health Assembly, in order to allow ample time for exhaustive study of the complex problems involved, and also so that discussion of his report would coincide with the conclusion of the first five-year period of the Organization's intensive environmental health programme. The second draft resolution was intended to stress the importance of the health aspects of all environmental matters and the central role therein of health agencies and of WHO in particular. It therefore called upon health agencies to participate fully in national environmental programmes and on the Director-General to collaborate with all appropriate national and international organs. He hoped that both draft resolutions would be approved unanimously.

Mr KANE (Senegal) said that, in the interests of strengthening international cooperation in bringing assistance to the drought-stricken areas of Africa, he had the honour to introduce the following draft resolution on behalf of the sponsors:

The Twenty-seventh World Health Assembly,
Recalling resolutions WHA26.60 and EB53.R46;
Noting with deep concern that the health situation in the African countries stricken by drought has not only deteriorated but that the problem has spread to other regions;
Aware of the urgent needs created by the drought in the Sudano-Sahelian zone of Africa and by other natural calamities that have occurred elsewhere,
1. NOTES with satisfaction the information provided by the Director-General and the Regional Director for Africa on the health assistance already rendered to the affected countries, in close cooperation with the governments concerned, the Secretary-General of the United Nations, the Director-General of FAO and the other United Nations bodies and agencies;
2. EXPRESSES its gratitude to all the Member States which have responded generously to the appeal of the United Nations Secretary-General and the Director-General of FAO to combat the persistent effects of the drought and further the medium-term and long-term development of the infrastructures;
3. THANKS the Director-General of FAO for his activities in coordinating assistance and for his continuing cooperation with WHO in meeting the urgent health needs of the African countries;
4. REQUESTS the Director-General:
   (1) to draw the attention of Member States to the deterioration of the health situation in the African countries stricken by the drought and to the need for still more vigorous action for combating the health consequences which persist and will persist long after the drought has ended;
   (2) to step up WHO assistance to the affected countries, over and above the health programmes in process of implementation in those countries;
   (3) to take such steps as will enable WHO to meet more readily the urgent needs of countries stricken by disasters or natural catastrophes; and
   (4) to report to the fifty-fifth session of the Executive Board and the Twenty-eighth World Health Assembly on the progress achieved in this area.

1 Co-sponsored by the delegations of Algeria, Central African Republic, Chad, Congo, Egypt, Ethiopia, Gambia, Ghana, Guinea, Ivory Coast, Liberia, Libyan Arab Republic, Madagascar, Mali, Mauritania, Morocco, Nigeria, Senegal, Somalia, United Republic of Cameroon, United Republic of Tanzania, and Zaire.
Dr CAYLA (France), stressing the importance of the coordination of activities relating to the environment, said that before each session of the Governing Council of UNEP the UNEP secretariat should be given all pertinent information, including the financial allocations for relevant WHO activities, to enable UNEP to fill its coordinating role.

He asked how the projects submitted to UNEP, which were listed in Annex V.A of the Director-General's report (document A27/14) would fit within WHO's proposed programme and budget estimates. The list of those projects, unaccompanied by dates or explanation, did not provide enough information for adequate appraisal of the WHO programme for which UNEP support was requested. It would be useful to know, inter alia, the share of the costs WHO proposed to bear and the share to be financed by UNEP. According to the Annex, USS 544 200, or over one-third of the total of $ 1 598 194 for projects submitted to UNEP, was assigned to studies on the development of environmental surveillance programmes at local, national, and global levels related to the release of radioactive and other contaminants in nuclear programmes. He wondered whether that work would not duplicate the studies which had been carried out elsewhere and collated by the United Nations Scientific Committee on the Effects of Atomic Radiation during the previous 20 years.

WHO's long-term programme in environmental health rightly took into account the need for a comprehensive approach to the study of human ecology. He welcomed the statements in the report that increases in the cost of raw materials or energy should not entail any relaxation in the fight against pollution, or any slackening of research into its possible effects on future generations.

Dr PARNELL (United States of America) welcomed the increased emphasis on the protection of human health in WHO studies of environmental questions that was reflected in the Director-General's report. The report clearly described present environmental health needs and the Organization's response to those needs. His Government agreed on the close relationship between the environment and development, the need for cooperative efforts with other sectors in national planning and budgeting, and the need for more emphasis on rural sanitation. It had recently, in cooperation with WHO, initiated a research project to work out a low-cost water supply and sanitation system for developing areas, which was an example of the type of collaboration that should be encouraged. The transfer of technology from advanced countries was often ineffective and costly, because that technology was not directly applicable in medium-sized or small communities which needed techniques and methods that made the most of local conditions, including available manpower, materials and training facilities.

Many disease control programmes executed by WHO and Member States entailed improving, and possibly also contaminating, the environment. Malaria control was a case in point, in which environmental modifications were returning to favour as a method of vector control together with chemical methods. Projects for the control of schistosomiasis, onchocerciasis and acute diarrhoeal diseases all had a major environmental component. However, the topic was not mentioned in the report, and he would welcome further information.

His delegation, although it was not a co-sponsor of the second draft resolution introduced by the Belgian delegate, would support its substance. He suggested that in operative paragraph 2 (1) the words "provide assistance" should be replaced by the words "offer assistance". The Organization should not wait until the need for health assistance was manifest, but should anticipate that need. Water development projects, for example, frequently had damaging effects on health conditions; those effects should be foreseen, and the health authorities should adopt an active rather than a passive attitude towards them.

Mr DE GEER (Netherlands) expressed his support for the draft resolution introduced by the delegate of Senegal. WHO's human health and environment programme was extremely important, not only for worldwide cooperation, but also as a basis for national policies and for international cooperation at the regional level. He endorsed the proposed acceleration of the programme for establishing environmental health criteria. The scientific institutions in his country would continue to give all possible assistance and would be prepared to intensify present activities wherever that seemed useful. His Government was prepared to join WHO in its efforts to develop a reliable environmental monitoring system. In common with the United States delegate, he too would like information from the secretariat on the effects of disease control programmes on the environment.
He considered that the WHO programme was a cornerstone of the United Nations system's environment effort as brought together under UNEP. In putting human health in the highest priority programme area at the first session of the UNEP Governing Council, governments had accepted that view. However, in establishing the still incomplete environment programme at its second session in March 1974, the Governing Council had not, in general, been fully aware of the importance of the part of the programme concerning human health, perhaps owing to some lack of internal coordination within Member States. The importance of the issue should not be underestimated, as the United Nations General Assembly had entrusted to the Governing Council the task of providing general policy guidance for the direction and coordination of environmental programmes within the United Nations system. For similar reasons, WHO should play a major role in the work of the Environment Coordination Board set up by the General Assembly in 1972 to coordinate all environmental activities within the United Nations system.

As a co-sponsor of the two draft resolutions introduced by the delegate of Belgium, his delegation hoped that they would strengthen WHO's work in the environmental field, internal coordination within Member States, and coordination within UNEP.

Mr THACHER (United Nations Environment Programme), confirming the continuing cooperation between the UNEP and WHO secretariats, said that a number of the projects listed in Annex V to the Director-General's report had been submitted to UNEP by WHO together with other organizations of the United Nations system. He assured the Committee that, despite distance, coordination in UNEP's field was improving and there would be no duplication with the work of other bodies such as UNSCEAR.

With regard to the priority areas of work outlined in section II, paragraph 3.2 of the report, the high priority given both at the Stockholm Conference and at the first two sessions of the UNEP Governing Council to the problems of human health, particularly in the context of urban and rural settlements, emphasized the need for WHO's technical advisory services as described in paragraph 3.2 (i). UNEP took a close interest in the problems raised by the worldwide movement of rural populations into dense concentrations, overwhelming the services available. The loss of population in many parts of the world where food productivity would have to be increased also constituted a danger. UNEP would work closely with WHO and other bodies on those matters.

The establishment of environmental health criteria and environmental health monitoring (paragraph 3.2 (ii) and (iii)) had received attention at the second session of the Governing Council. With regard to criteria, the UNEP secretariat assisted the other agencies of the United Nations system in following the methods established by WHO in quantifying the relationship between exposure and effects; it was working closely along those lines with UNESCO in the Man and the Biosphere programme. UNEP would welcome any opportunity of working with WHO to strengthen, accelerate and broaden the work of defining criteria. As regards monitoring, the Committee would see from the list of priority pollutants drawn up by the Intergovernmental Working Group on Monitoring that had met at Nairobi in February 1974 (document A27/14 Corr.1) how many of the pollutants had clearly been selected because of concern about their long-term effect on human health.

It would scarcely be possible to work effectively in planning and management without great improvement in the quality of the data available in criteria and monitoring documents. Merely to improve man's awareness and knowledge of cause and effect relationships, either in public health or in matters of environmental quality, was not enough. Such knowledge must be made available to decision-makers, particularly at the national level, so that their decisions would have the least detrimental effect possible on the environment of present and future generations. UNEP therefore warmly commended the important work outlined in paragraph 3.2 (iv).

Professor Renger (German Democratic Republic) said that his delegation was a co-sponsor of the draft resolutions introduced by the delegate of Belgium. Since health in urban construction, including its many interrelationships with housing, work and recreation, was gaining increasing significance, minimum health requirements and differentiated optimal standards for town planning, including room climate, should be established to enable health experts to assess building projects according to uniform criteria. He therefore suggested that WHO set up an expert advisory panel on urban planning, as was also suggested in the final report on the Technical Discussions (document A27/Technical Discussions/6, page 11). An addition to that effect might be made in operative paragraph 2 (3) of the first draft resolution introduced by the delegate of Belgium.
Dr ADESUYI (Nigeria) expressed his approval of the Director-General's report and his support for all three draft resolutions before the Committee.

As regards the drought affecting the Sahelian countries, it was important to keep the health implications in the forefront of international concern. He thanked the international agencies and Member States that had already provided assistance and commended operative paragraph 4 (1) and (2) of the draft resolution introduced by the delegate of Senegal to the Committee's particular attention.

As the Deputy Director-General had indicated, environmental problems were often dealt with, nationally, by a number of different agencies. In all of them there would be provision for health participation, but in none would the health component be the strongest either politically or financially, so that health advice, even if given, might be ignored. He therefore considered the draft resolution on coordination of programmes and action particularly timely, especially operative paragraphs 1 (1) and 2 (2).

Dr HATIAR (Czechoslovakia) said that the scientific and technological revolution had brought about drastic changes in the human environment. The problems of the environment, now a feature of the economically developed countries, would in the very near future become those of the developing countries, unless there was a change for the better. His country was paying particular attention to conservation of the environment, nutrition, the healthy development of children and adolescents, and health in the working environment, all of which were included in its programme of economic and cultural development.

The WHO programme submitted by the Director-General involved a broad spectrum of activities consonant with his country's own experience. He therefore approved the programme with its emphasis on the establishment of criteria for assessing environmental health, the expansion of information on air and water pollution and on chemical substances contained in food, support and coordination of other international and national research programmes, and manpower development.

As air purity in industrial areas was a worldwide problem, the establishment of acceptable concentrations of pollutants and the development of monitoring systems should be given priority in that field, with particular attention to the monitoring of pollution from energy production systems. A periodic assessment of health indicators, or at least of morbidity by territorial unit, should be made. His Government valued highly the work being done in his country, with UNDP support, on automatic air-pollution monitoring, which was expected to produce important results by 1975.

He welcomed WHO's work in establishing and revising international standards for permissible levels of contaminants, particularly pesticides and other chemicals, in drinking-water. He also approved the emphasis on the working environment. In his country, the traditional risks of occupational injuries and diseases had been much reduced but problems of allergies, noise and vibration were increasing considerably. New discoveries in the physiology of labour and occupational health would, it was hoped, make it possible to obtain an optimum working environment to improve workers' health and productivity. He supported the WHO programme in those areas.

Any solution to the problems of environmental health, however partial, would be a success for mankind and a contribution to its wellbeing. He approved WHO's positive approach and his country would continue to take an active part in the implementation of its programmes.

Professor AUJALEU (France), recalling resolution WHA26.59 on the development of environmental manpower, said that two years previously a seminar had been held to work out the main lines of a syllabus in human ecology. A plan had been submitted to the WHO Regional Director for Europe and, with assistance from WHO headquarters, a course leading to a specialist qualification in human ecology had been started on an experimental basis in 1973 at universities in Geneva and Paris, and in 1974 at Toulouse. It was given in the medical faculties by teachers of the various disciplines concerned, with medicine predominant. The course lasted two years and was the same in all three universities for the first year but concentrated on different aspects, according to the special interests of each university, in the second year. It was given in the form of a weekly seminar - so that participants could continue to exercise their professions - to groups of about 30 qualified architects, physicians, biologists, physicists, civil servants, teachers and economists. Its purpose was not to train human ecologists but to give members of other professions a knowledge of human ecology. Possibilities were being explored, with continued WHO assistance, of organizing similar courses in Belgium, Federal Republic of Germany, Italy, Netherlands, Spain and the United Kingdom. In that way, WHO's sensitizing role had led to a small but practical achievement in the European
Mr ÁLVAREZ-CALDERÓN (Peru) expressed his delegation's approval of the Director-General's report on WHO's long-term programme in environmental health and its coordination with the United Nations, UNEP, specialized agencies and Member States.

The interest of the Latin American countries in the promotion of environmental health was reflected in the activities of the Pan American Centre for Sanitary Engineering and Environmental Sciences. The II Meeting of Ministers of Health of the Andean Region, convened at Quito in June 1973, had decided to carry out a subregional study with a view to the adoption of a multinational policy to combat environmental pollution. It was hoped that the study, to be submitted to the III Meeting of Ministers of Health of the Andean Region to be held in Caracas in December 1974, would receive every assistance from PASB and WHO.

He expressed his country's great concern at the recurrence of testing of nuclear weapons in the atmosphere despite the urging of the Twenty-sixth World Health Assembly in resolution WHA26.57. Delegates were aware of the importance of putting an end to the progressive increase in the radioactive contamination of the environment due to nuclear tests in the atmosphere; any unnecessary increase in ionizing radiation must be avoided by every means. Stressing the appeals of the Health Assembly and the United Nations General Assembly, he expressed the hope that the necessary steps would be taken.

Dr BAHRAWI (Indonesia) said that his delegation was a co-sponsor of the two draft resolutions introduced by the Belgian delegate. He pointed out that the low educational level of the people was one of the major obstacles to the improvement of environmental health in the developing countries. Their great need was for health education. Efforts so far had failed, however, because they had been too limited to provide practical solutions, and a much broader approach was required. In the context of massive population growth, a great increase in available knowledge, and widening economic and social gaps, the problems could be solved only by a holistic approach based on a clear understanding of the dynamics of human systems. For instance, a programme to improve basic sanitation in developing countries would not be effective unless it was comprehensive and carried out in parallel with measures in other fields, such as socioeconomic measures. The need was for total social change, but a conflict between traditional and modern social concepts would then arise. To overcome the immobilism of traditional societies, a massive educational input would be required.

He emphasized the importance of environmental health manpower development. Training should be carried out in the countries where the personnel would be working, and so expert advice and other assistance was much needed. WHO, with its access to outside resources, could provide guidance and assistance in the establishment of national programmes to accelerate the training of the manpower needed in the relatively near future in developing countries such as his own.

(For continuation, see summary record of the tenth meeting, section 2.)
TENTH MEETING
Tuesday, 21 May 1974, at 10.10 a.m.

Chairman: Dr M. A. CHOWDHRY (Pakistan)

1. FIFTH REPORT OF THE COMMITTEE

At the request of the Chairman, Dr BADDOO (Ghana), Rapporteur, read out the draft fifth report of the Committee.

Decision: The report was adopted (see page 546).

2. WHO'S HUMAN HEALTH AND ENVIRONMENT PROGRAMME (continued from the ninth meeting, section 3)

Professor LEOWSKI (Poland) commended the Director-General's report on the item (document A27/14). Because of the rapid industrial, agricultural and urban development taking place throughout the world, there was a need to give increasing attention to the protection of the environment and to the prevention of the effects of hazardous agents on health.

In his country, environmental protection was viewed as an extremely complex problem and fell within the competence of the Ministry of Land Resources and Environmental Protection, which was responsible for coordination. The Ministry of Health was responsible for the health aspects of environmental protection and had the task of determining the highest permissible standards of environmental pollution and food contamination. The sanitary and epidemiological services exercised constant control over the quality of air, water and food, while health research institutions carried out investigations on the biological and toxicological properties of pollutants and contaminants as well as epidemiological studies on the effects of environmental pollution on health; both types of research were regarded as complementary and required constant development. In that connexion, he expressed appreciation for WHO's assistance in studies on industrial toxicology.

He emphasized the importance of research, especially from the long-term viewpoint, and stressed the need for investigations on the effects of various environmental agents by means of population-orientated surveys. Broad international collaboration in that sphere would be very valuable, and it was clearly the role of WHO to initiate and coordinate such collaboration.

For several years, Poland had been participating in an international study on the long-term effects of environmental pollution on chronic respiratory diseases in children, and had carried out related epidemiological surveys. Poland actively participated in work on the Codex Alimentarius, particularly in respect of contaminants and food additives. The State Institute of Hygiene had conducted studies on the determination of the lead content in concentrated fruit juices from which it had concluded that there was no reason for FAO/WHO recommendations to be unduly tolerant. Furthermore, research had shown the addition of nitrates to milk used for cheese production to be mistaken, in view of the carcinogenic properties of nitrosamines; WHO might well give that problem its attention. It was anticipated that work on the codex of deontology in the international food trade, recommended by the United Nations, would be completed soon. At the end of 1973, Poland had undertaken to collaborate with WHO in respect of studies on the levels of mycotoxins, nitrates and nitrites in food and on the level of lead in the human environment.

He emphasized the value of studies aimed at evolving a system of immediate detection of hazardous agents in the changing environment, since present analytical methods for the detection and measurement of chemical and biological pollutants and of various forms of radiation in the human environment were inadequate. Integrated indices of the quality of the environment and of the health status and development of the human organism should be identified. It seemed reasonable to extend the surveillance and control system that had existed for many years as a means of preventing epidemics of communicable diseases to noncommunicable diseases in order to detect sufficiently early the pathogenic environmental agents affecting human health.

The complex programme of environmental protection started in Poland in 1973 was evidence of Poland's full awareness of the need for an overall approach. That programme had been prepared with the active participation of health experts. Any initiatives taken by WHO and other international agencies to promote exchanges of experience in that field would be most valuable.

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His delegation supported the two draft resolutions introduced by the delegate of Belgium, as well as the draft resolution on drought, introduced by the delegate of Senegal.

Dr AVRAMIDIS (Greece) expressed satisfaction with the work being done by WHO in the promotion of environmental health. WHO had especially concerned itself with factors in the environment affecting human health, and with the pollution of air, water and soil. Attention should also be drawn to the effects of noise and vibrations as part of the complex of environmental factors affecting health, the evaluation of the effects of which represented a considerable problem for medical science.

He referred in detail to the UNDP-financed project for environmental pollution control in the metropolitan area of Athens, for which WHO acted as executing agency in collaboration with the Greek Ministry of Social Services. The main objectives of the project had been the development of sectoral programmes for control of air, water and noise pollution and for solid wastes disposal, the creation and training of professional and sub-professional manpower for environmental control, and the development of environmental policy, legislation, and administrative machinery for pollution control.

Considering the various constraints and difficulties to be anticipated in the initial stages of such a broad and ambitious project, a great deal had been accomplished since it had become fully operational in September 1973. In air pollution control, a network of seven air quality monitoring stations had been set up, and a series of immediate measures aimed at the reduction of significant pollution from readily identifiable sources was at present under study by the Government. Following the establishment of a microbiological laboratory under the auspices of Athens University, the first reliable data on the composition of the city's sewage had been obtained, using equipment provided under the project. A joint programme of investigations was also being drawn up with the Oceanographic and Fishery Institute. An international consulting firm would be entrusted with a study on the question of liquid wastes disposal. The first measurements of community noise levels and sources had taken place in January 1974, a noise working group had been set up and a common system of measurement agreed upon so as to ensure comparability of the results of monitoring activities. A preliminary report on solid wastes had been prepared for the development of a programme of improved solid wastes collection and disposal, including the recovery and reuse of materials. The establishment of a central governmental agency for pollution control was being considered by his Government in consultation with WHO. The efficient and timely provision of the planned inputs had enabled project operations to develop rapidly. As well as helping the Greek Government to solve some of its important environmental problems, the Athens project might well serve as a model for other countries and regions with similar problems and circumstances.

Dr FETISOV (Union of Soviet Socialist Republics) said that the Director-General's valuable report reflected the considerable work already achieved by WHO in connexion with the environment, and more particularly its advisory services, the preparation of criteria and standards, and the coordination of research. As indicated in the report, any solution to the main problems of the human environment would have to be the fruit of efforts by the national sanitation services themselves. He endorsed the general trends of the WHO programme in that field, and agreed with the stress laid on the need for speedy recognition of new hazards. It would be desirable for WHO to complement its work on standards and criteria by a study of the possibility of research being undertaken to provide firm recommendations for measures to prevent excessive environmental pollution.

WHO's work in the environment programme, in which many international governmental and nongovernmental organizations were participating, should be concentrated on the health and biomedical aspects of that programme, which should be given a prominent place in the Organization's activities. Unfortunately, that was not brought out in the report, which indicated that WHO intended to give particular attention to the technical aspects - an orientation which, in his delegation's opinion, would not facilitate the accomplishment of the tasks properly within its purview.

As one of the co-sponsors, his delegation commended to the Committee the two draft resolutions introduced by the delegate of Belgium. It would also vote in favour of the draft resolution on drought.

Professor HUANG Chia-szu (China) emphasized the increasing importance of the protection and improvement of the human environment throughout the world in the interest of the health of the broad masses, agricultural and industrial development, and the wellbeing of future generations. His Government accordingly attached great importance to the preservation and transformation of the environment to improve the life and health of the people, in respect of which it was guided by certain basic principles. The first of
those principles was the need for overall planning and rational deployment with a balanced relationship between industry and agriculture, urban and rural areas, production and living conditions, and economic development and environmental protection. A policy of decentralization of industry was being followed with a view to building up small towns, development along those lines being favourable to the industrialization process and facilitating the problem of industrial and human wastes disposal, as well as resulting in benefits of an economic and cultural order. The older industrial cities were also being transformed. The city of Shanghai was a striking example; the chaotic industrial deployment and serious pollution that had existed before the liberation had been remedied, dirty canals being filled in and shanty towns being replaced by workers' residential villages.

Another guiding principle was integrated utilization, recovering and putting to good use materials contained in harmful industrial substances, as well as solving pollution problems. That principle greatly affected the interests of the population. The treatment of polluted water by particular industries or areas, while it might not be strictly economic if overall and long-term interests were not borne in mind, did in fact help agriculture, protect marine life, and eliminate health hazards to the people.

Another principle followed by his Government was to mobilize and rely on the support of the masses. Action to protect the environment and eliminate pollution hazards should be adequately and clearly explained to the masses and they must deal with the problems, with the help of strengthened leadership.

By harnessing the collective wisdom of the masses to combat pollution, and by combining indigenous and foreign methods, many economical methods of solving difficult problems could be found.

The final principle guiding national policy was that of the need to protect the environment for the benefit of the people. As Chairman Mao had stressed, man himself was the most precious thing in the world. China's socialist economy was aimed at serving the people, and it was building its industry with the people's health in mind. China had suffered from long years of oppression and plunder by the imperialists, when the people had been impoverished and lived in poor conditions. Since liberation, much had been done to protect and improve the environment but many problems still remained that called for further action. However, it should certainly be possible, with the benefit of social, scientific and technical advances, to improve the utilization of natural resources, the protection of the environment, and the wellbeing of the workers.

Dr GARRIDO (Spain) commended the report, which illustrated the immense scope of the problems existing in the field of environmental health. Although each country might have different needs, the general problem was common to all. He welcomed the stress laid on the need for criteria and standards for contaminants and for comparable analytical methods. Adequate standards and monitoring were the two major basic aspects to which WHO should give maximum attention.

He expressed appreciation of the aid extended by WHO as executing agency for two UNDP-financed projects in his country - one on river pollution in northern Spain, the other on air pollution in Bilbao province - which should produce useful data on the effects of pollution on human health. In addition, a study had recently been undertaken on the effects of inorganic mercury on the population of the Almadén area, where the world's richest mercury mines were situated. That multidisciplinary study on the environment and human health was being carried out with the cooperation of the United States Environmental Protection Agency and the University of Rochester, New York, USA, and should yield new information.

Since the struggle against pollution was necessarily a costly exercise, and hence might slow down the development of some sectors, it was important to explain the reasons why action must be taken. The experience of countries reflected in WHO's technical publications should help to persuade those who controlled national finances to allocate the requisite funds. He agreed that health services should play an active part in pollution control and that programmes in that field differed from other health programmes because of the other institutions involved. However, the results of epidemiological studies were an essential tool for decision-making.

WHO should participate actively in the world environmental monitoring system, concentrating for the present on completing existing networks before proceeding to deal with other forms of pollution. His delegation supported the draft resolutions before the Committee, aimed at strengthening WHO's activities.

Mr GOERKE (Federal Republic of Germany) said that his delegation supported the draft resolution on drought, as well as being a co-sponsor of the two draft resolutions on WHO's environmental health programme.
He commended the Director-General's excellent and well-balanced report. His Government would give all possible assistance for the continuation of the work outlined therein. He welcomed the new approach to the problem and fully agreed with the increased emphasis placed on the effects of combined environmental stress on human health. The progress made in basic sanitation activities, as well as in the preparation of environmental health criteria and monitoring activities, was satisfactory. His own country had experienced difficulties, which had eventually been overcome, in drawing up health criteria to be communicated to WHO. He therefore considered WHO's work in that sphere to be particularly worthy of encouragement. Further attention could also be given to the prevention of such nuisances as odours and noise.

In his own country, new regulations regarding air pollution control had just been prepared that took full account of the proposals contained in the report of the WHO Expert Committee on Air Quality Criteria and Guides for Urban Air Pollutants (WHO Technical Report Series No. 506).

Dr TAYLOR (New Zealand) referred to operative paragraph 1(4) of the draft resolution on WHO's human health and environment programme, in which Member States were asked to collaborate with WHO in various ways. Such collaboration was essential if WHO was to provide the health leadership and perform the coordinating role Member States asked of it. His country was participating in the WHO long-term programme in environmental health for the formulation of environmental health criteria by collecting and collating data and contributing reviews on national research related to the health effects of environmental pollution. The first substances reviewed had been nitrates, nitrites and nitrosamines, mycotoxins, manganese, and polychlorinated biphenyl constituents. He realized that such work was relatively sophisticated; basic environmental sanitation was still the most important environmental problem in the developing countries and WHO had a valuable role to play in helping to solve it.

Dr ZAMFIRESCU (Romania) suggested that a reference to ILO, with which WHO collaborated in the field of occupational health hazards, should be added in operative paragraph 2(2) of the draft resolution on coordination on programmes and action in the field of the environment. He wholeheartedly supported the draft resolution on drought. He was convinced that, sooner or later, the deterioration of the health situation in the Sudano-Saharan zone of Africa would call for direct and urgent intervention by WHO, and he emphasized the need for the Organization to be as fully prepared as possible.

Dr BADDOO (Ghana) associated himself with the observations of previous speakers. WHO's concern in the face of the deterioration in environmental conditions resulting from rapid industrial development was timely. Indeed, environmental health could be considered one of the main problems facing the Organization at the present time. In his own country, a Council for the Protection of the Environment had been established, and it looked forward to assistance from WHO. His delegation was a co-sponsor of the two draft resolutions introduced by the delegate of Belgium.

Recalling that his delegation was also a co-sponsor of the draft resolution on drought, he expressed appreciation for the measures already taken by WHO in that connexion and hoped that efforts to render aid would be intensified.

Dr HASSAN (Egypt) said that his delegation was a co-sponsor of the three draft resolutions before the Committee, and he associated himself with the emphasis placed by previous speakers on the interrelationship of human health and the environment. While it was true to say that man was part of his environment, the concept of that environment should be broadened to include the socioeconomic background as a whole since that undoubtedly had an effect on health, particularly where the developing countries were concerned. It was accordingly necessary for health development to be an integral part of social and economic development as a whole; any other approach made it more difficult for health and environmental measures to accomplish their objectives. That point had been stressed by the head of his delegation in his statement at the sixth plenary meeting of the current Health Assembly under agenda items 1.9 and 1.10. He would welcome a reference to that concept being included in the preamble of the first draft resolution introduced by the delegate of Belgium, the operative part of which should be amplified to urge Member States to ensure that their health development plan was a basic component of
their socioeconomic plan, coordinated in a positive and synergistic way, and to recommend that WHO, at headquarters and at the regional offices, should consider that concept in assisting national programmes and in coordinating its activities with UNDP and other international agencies.

Mr MAHDI (Food and Agriculture Organization of the United Nations) expressed appreciation of the Director-General's report. It was helpful not only in showing WHO's concern with environmental health but also in bringing out WHO's interrelationship with the programmes and activities of other organizations. He was gratified to see that in the draft resolution on drought FAO was thanked for its help in the Sudano-Sahelian relief operations. Periodic reports issued by FAO were providing steady information on the progress of the operations. Everything accomplished so far had been the result of the combined efforts of the recipient countries, donor countries, nongovernmental groups, and the United Nations system as a whole. Among the organs of the United Nations system, the United Nations, WFP, UNDP, the Office of the United Nations Disaster Relief Coordinator, UNICEF, and WMO had all made their contribution, and there had been excellent cooperation with WHO. The present draft resolution would strengthen efforts in that direction.

With regard to the other two draft resolutions before the Committee, WHO and FAO had a long history of fruitful collaboration in such fields as nutrition, animal health, pesticide residues, and food standards. As indicated in the Director-General's report, that cooperation also extended into the area of the environment. FAO also had a wide ranging programme in that field, and its mandate had recently been amplified and defined by the seventeenth FAO Conference. In FAO's view the major environmental problems facing agriculture, fishing, and forestry were not only to avoid environmental pollution but also to maintain the productive capacity of the basic natural resources for food and agriculture through rational management and cultivation. However, FAO did not underestimate the importance of measures against pollution. Its own ecological management programme covered such activities as biological control of pests, recycling of agricultural industries, waste disposal, and control of food contamination. In the latter activity FAO was collaborating fully with WHO. Mention was made in the report of the UNDP-supported food contamination monitoring programme, which was currently under way and in which WHO and FAO were working together. That programme was a good example of the joint, though different, interests of WHO and FAO in a particular aspect of the environment programme. WHO's objectives in the use of the programme data, for instance, were the early recognition, evaluation and prevention of risk to human health from contamination of food. FAO could put that data to use for the development of various plant strains resistant to contaminants, the establishment of appropriate food policies, or the control and management of water resources to reduce or prevent water contamination. Those examples gave an idea of the complementary nature of the interests, responsibilities, and activities of WHO and FAO.

In operative paragraph 2(3) of the first draft resolution introduced by the delegate of Belgium, the Director-General was requested to develop a comprehensive approach in environmental health. Collaboration with the organizations concerned, in particular with FAO in matters relating to food, would be useful in developing the desired approach. FAO warmly welcomed operative paragraph 2(2) of the second draft resolution introduced by the delegate of Belgium, emphasizing the strengthening of coordination with organizations and programmes working in the multisectoral field of the environment.

Mr SIFAF (Ethiopia) congratulated the Director-General on his comprehensive report on WHO's human health and environment programme. He supported the three draft resolutions before the Committee and thanked all the national and international organizations and governments which had promptly and generously responded to Ethiopia's appeal for relief assistance. Although that assistance had greatly helped to alleviate the problem, more assistance was required to combat the health consequences persisting in the affected areas.

It was regrettable that, as reported by the Director-General, the progress so far achieved in environmental health, especially in the developing countries, had not been satisfactory. Developing countries, including Ethiopia, were still far from satisfying the basic needs of appreciable numbers of their populations for the provision of safe water and waste disposal facilities. An increased effort was needed by national health authorities, with the technical guidance of WHO, in developing and promoting practical, economic, and acceptable methods for providing rural water supplies and waste disposal.
Dr DIETERICH (Director, Division of Environmental Health) noted with pleasure that many delegates, particularly those from the United States of America, Nigeria, Czechoslovakia, the USSR, China, and Egypt, had emphasized the need to consider man as the ultimate determinant in all efforts to improve the environment. That was, indeed, the view that the Director-General was adopting in developing his programme. Therefore, emphasis had been placed in the Director-General's report (document A27/14) on a multidisciplinary, cross-sectional approach to environmental problems, rather than on dealing separately with the various environmental elements, such as air, food, or water. The programme concentrated on the four major areas of work described on pages 7-9 of this document, with due attention to the priorities and needs of particular countries. The need for better sanitation in the developing countries was one of the greatest environmental health problems in the world, yet the problem of pollution would also require more attention there; the programmes on environmental health criteria and environmental health monitoring were designed to meet those needs.

In connexion with the development of preventive technology applicable in developing countries - a matter raised by the delegates of Ethiopia, the United States of America and China among others - the document indicated on page 16 the measures being undertaken in cooperation with a number of other international agencies. Since the document had been drafted, WHO had begun the preparation - together with UNDP, UNEP, UNICEF, IBRD, OECD, and the International Development Research Center of Canada - of a new joint project to develop and transfer the technological information badly needed in developing countries for further improving water supplies and sanitation, particularly in the rural areas. It was hoped that a fully worked out programme could be submitted within the next 12 months to Member States for their collaboration.

It had been encouraging to hear many delegations voice their support of the environmental health criteria and environmental health monitoring programmes, to which he had already referred. Both programmes were designed to deal not only with the customary biological problems of environmental pollution but also with chemical and physical problems and later, perhaps, with psychosocial problems. In the implementation of the environmental health criteria programme, WHO had been able so far to make specific arrangements with 15 Member States; detailed agreements were under negotiation with three others, and participation in the programme had been accepted in principle by a further nine countries. Six countries had expressed interest but were not yet in a position to participate actively. The programme would provide Member States with the essential scientific information necessary to legislate against pollution in the various environmental media. It was gratifying to hear that the Federal Republic of Germany had already made use of one of the criteria documents of WHO, published in the Technical Report Series No. 506. UNEP was supporting the programme, in which would be initiated, first, 11 criteria documents together with five preliminary reviews of groups of substances, and later 13 further environmental health criteria documents and preliminary reviews of six substances. WHO would not be able to implement those plans without the active collaboration of scientific institutions in the Member States. The same applied to WHO's environmental health monitoring programme. The Director-General was convening a meeting of experts in July 1974 to advise him on the implementation of that programme and particularly on arrangements for international cooperation. The success of WHO's international monitoring programme hinged upon collaboration with corresponding national programmes, and the provision of technical assistance to Member States to strengthen or establish their own national systems would be emphasized, along with the development of the appropriate methodology and indices, long-term studies on health effects, and the international dissemination of information with a view to making the programme the health component of the Global Environment Monitoring System being developed by UNEP.

He agreed that much had still to be done to strengthen the capabilities both of national health agencies and of WHO to deal with the total environmental problem. How successful such efforts would be depended on whether internal coordination could be improved so that health agencies participated more fully and effectively in the planning of national programmes for the environment. Health concerns had to be made part of any environmental programme and environmental health concerns had to be made part of any other programme aiming at social and economic development.

With respect to the development of environmental health manpower, WHO would continue to emphasize the establishment of graduate and undergraduate educational programmes, as well as a multidisciplinary approach to bring into being environmental health teams at the country level where they were needed.
The delegate of France had referred at the previous meeting to the WHO-assisted inter-university course in human ecology. The Director-General was grateful to the universities concerned for their collaboration and would continue to support the course and to make available WHO staff members.

Regarding coordination, the Environment Coordination Board constituted an important means for coordination within the UNEP framework. WHO, of course, also continue to consult and coordinate with UNEP proper on projects carried out by the two organizations; it would also continue its coordination with other agencies such as UNDP in implementing preinvestment projects for water supply and waste disposal as well as projects for environmental pollution control such as that mentioned by the delegate of Greece, which could serve as a model for similar projects in other countries. WHO would also continue to collaborate with IBRD on the Cooperative Programme started in 1971 and with FAO on the Codex Alimentarius programme and other joint undertakings.

Replying to a question put by the delegate of France at the previous meeting, he explained that the projects listed in Annex V.A of document A27/14 represented the activities that would, during 1974 and 1975, usher in practical cooperation between WHO and UNEP. They were all relatively short-term projects, subject to extension into second or third stages. The projects were carried out by WHO as the participating agency with funds from UNEP; WHO provided its own staff, as allocated in the regular budget, and its own programme components which had been approved in the regular programme and budget of the Organization. Further details would be reported to the Executive Board and - if the Health Assembly adopted the draft resolution on the coordination of programmes and action in the field of the environment - to the next World Health Assembly. WHO had collaborated with IAEA in formulating projects 13, 14, and 15 in Annex V.A and there was no intention of duplicating the work of the International Commission on Radiological Protection (ICRP) that was supported by WHO, as indicated in Official Records No. 212 (page 280; project RAD 04). In principle the work of ICRP focused on the assessment of scientific information and on the establishment of criteria, whereas WHO, in collaboration with IAEA, concentrated on collaboration with governments in dealing with actual conditions and in applying the principles and criteria established by ICRP. WHO would continue to develop a balanced, multidisciplinary approach. The health aspect of the programme was the overriding one, and WHO was attempting to achieve its objectives by the establishment of criteria, the development of monitoring, the planning and application of technology for the prevention of health risks, and the establishment of effective appropriate institutions and services at the country level.

Dr Kaplan (Director, Office of Science and Technology), replying to a point made by the United States delegate at the previous meeting, said that WHO was acutely aware of the potential ecological problems raised by the use of certain substances in WHO's disease control programmes; the matter was being investigated by ecologists. Regarding the environmental health monitoring network, it was necessary to have national collaboration. As the delegate of Poland had pointed out, the subject was complex. The determination of changes in health status and the development of health indices for a warning system needed much more research - not only by observations on man but also fundamental research; there were important gaps in knowledge of the effects of many chemicals common in the environment today, and of long-term effects. The International Agency for Research on Cancer was investigating carcinogens, including mutagens and teratogens. WHO, together with UNEP, had formulated project requests to further research to provide the information badly needed by health ministries and authorities to make their judgments. Another project in which WHO was participating with UNEP was the development of an international registry of potentially toxic chemicals; that was being taken up actively following the second Governing Council meeting of UNEP in Nairobi early in 1974. There was a necessity for very close collaboration in research with national institutions and national authorities in order to build criteria over the years on a much sounder scientific basis than was possible at present.

Professor Halter (Belgium) was pleased at the favourable reaction in the Committee to the two draft resolutions he had introduced at the previous meeting.

The proposal that the delegate of the German Democratic Republic had made concerning the draft resolution on WHO's human health and environment programme was acceptable to the co-sponsors, who therefore proposed that the words "housing and urbanization" be added after the phrase "conditions of work" in operative paragraph 2(3).
He stated that, following consultations, the delegate of the United States had withdrawn his suggestion to substitute "offer assistance" for "provide assistance" in operative paragraph 2(1) of the draft resolution on the coordination of programmes and action in the field of the environment. The Romanian delegate's proposal to add ILO to the list of organizations in paragraph 2(2) of the same draft resolution was welcomed by the co-sponsors.

The delegate of Egypt had raised an important point in speaking of the interdependence of the socioeconomic environment and the health of individuals. However, the two draft resolutions were essentially based on a rather material conception of environmental health, in which the rather abstract notion of the socioeconomic environment was difficult to accommodate. He had discussed the matter with the Egyptian delegate and thought his point would be partly met by substituting "socioeconomic" for "economic" in the last preambular paragraph of the draft resolution on WHO's human health and environment programme, and adding "for social and economic development" after "major national programmes" in operative paragraph 1(2) of the same text.

The DEPUTY DIRECTOR-GENERAL assured the Committee that social and economic factors affecting the dimension of man and his environment were currently receiving WHO's attention. The Technical Discussions at the current Health Assembly had embraced practically all the social, economic, philosophical, and ideological aspects of man and his behaviour. A systems approach to the dynamic relationship between man and his environment was engaging WHO's attention, and the Director-General intended to examine the concept of the environment in its totality. He was grateful to the Egyptian delegate for raising that important point. In environmental matters the full collaboration and participation were needed of the Member States, of the various relevant disciplines, of the wealth of facilities and expertise at the disposal of some nations, and of all the specialized agencies and other international bodies.

The CHAIRMAN drew the Committee's attention to the draft resolution on drought, introduced by the delegate of Senegal.

Decision: The draft resolution was approved.¹

Dr SACKS (Secretary) read out the amendments that had been accepted by the co-sponsors of the draft resolution on WHO's human health and environment programme. The fifth preambular paragraph read:

"Recognizing the need for a methodology for the formulation of the environmental health requirements of technological, scientific and socioeconomic development and for their application in the planning of appropriate programmes."

Operative paragraph 1(2) read:

"make health-oriented environmental action an essential part of all relevant major national programmes for social and economic development."

Finally, operative paragraph 2(3) read:

"to emphasize a comprehensive approach to environmental health problems by integrating programme activities aiming at improving basic sanitation, the quality of air, water and food, conditions of work, housing, and urbanization, giving priority to those conditions that are known to have an adverse effect on community health and the health of groups at special risk."

Mr JADAMBA (Mongolia) said that his delegation supported the principle reflected in the draft resolution in which the basic and principal measures that should be taken by all Member States had been included. He believed that both WHO and the Member States should focus their efforts on improvement of formulation of the environmental policy, programme, and projects, and on the close cooperation of the various appropriate governmental, nongovernmental and international organizations.

¹ Transmitted to the Health Assembly in the Committee's sixth report and adopted as resolution WHA27.48.
Decision: The draft resolution, as amended, was approved.¹

Dr SACKS (Secretary) recalled that the only amendment to the draft resolution on the coordination of programmes and action in the field of the environment was the addition of "ILO" after "... IBRD, FAO," in operative paragraph 2(2).

Professor HUANG Chia-szu (China) said that his delegation agreed with the draft resolution now before the Committee, but expressed reservations to operative paragraph 2(2) in so far as collaboration with IBRD was concerned, because that agency had not implemented the United Nations resolution on the expulsion of the Chiang Kai-Shek clique. The same subparagraph also referred to some other agencies in a similar situation. He expressed his reservations with reference to those and similar cases occurring in other resolutions of the Twenty-seventh World Health Assembly.

Decision: The draft resolution, as amended, was approved.²

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¹ Transmitted to the Health Assembly in the Committee's sixth report and adopted as resolution WHA27.49.

² Transmitted to the Health Assembly in the Committee's sixth report and adopted as resolution WHA27.50.
1. SIXTH REPORT OF THE COMMITTEE

At the CHAIRMAN's request, Dr BADDOO (Ghana), Rapporteur, read out the draft sixth report of the Committee.

Dr SACKS (Secretary) said that the second preambular paragraph of the French text of the draft resolution on drought should read: "Constatant avec une profonde émotion que la situation sanitaire dans les pays africains . . .". The change affected the French text only.

He understood that some Committee members were puzzled as to the significance of the punctuation of operative paragraph 2(2) of the draft resolution on coordination; that punctuation was necessary in order to separate IAEA from IBRD, FAO and ILO, since IAEA was not a specialized agency of the United Nations.

Decision: The report was adopted (see page 546).

2. CLOSURE

After the customary exchange of courtesies, in the course of which tribute was paid to Dr J. de Coninck, who was retiring after having been a member of the Belgian delegation to 19 Health Assemblies over the past 22 years, the CHAIRMAN declared the work of Committee B completed.

The meeting rose at 3.10 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. 217, pages 1-33).

COMMITTEE ON CREDENTIALS

FIRST REPORT

The Committee on Credentials met on 8 May 1974.

Delegates of the following Members were present: Belgium, Colombia, Czechoslovakia, Dahomey, Jamaica, Kenya, Kuwait, Lebanon, New Zealand, Norway, Venezuela, and Zaire.

Dr jur. J. de Coninck (Belgium) was elected Chairman, Dr J. Anouti (Lebanon) Vice-Chairman, and Dr Lekie (Zaire) 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, Albania, Algeria, Argentina, Australia, Austria, Bahrain, Bangladesh, Belgium, Bolivia, Brazil, Bulgaria, Burma, Burundi, Canada, Central African Republic, Chad, Chile, China, Colombia, Congo, Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Democratic People's Republic of Korea, Democratic Yemen, Denmark, Ecuador, Egypt, Ethiopia, 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, Malawi, Malaysia, Mali, Malta, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Morocco, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Oman, Pakistan, Panama, Peru, Philippines, Poland, 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 Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, United Republic of Tanzania, United States of America, Upper Volta, Uruguay, Venezuela, Viet-Nam, Western Samoa, Yugoslavia, Zaire, Zambia; as well as Papua New Guinea.

2. The Committee examined notifications from the following countries: Barbados, El Salvador, Madagascar, United Arab Emirates, and Yemen, 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.

The Committee expresses the wish that delegations, the credentials of which have been provisionally accepted, be provided with credentials issued in accordance with the provisions of Rule 22 of the Rules of Procedure of the Health Assembly by the end of the session.

1 Approved by the Health Assembly at its fifth plenary meeting.
3. On the basis of the Paris Agreement of 27 January 1973, the delegate of Czechoslovakia objected to the credentials deposited for Viet-Nam represented by the government in Saigon. That government, in his view, did not represent the whole of the Vietnamese people.

He equally objected to the credentials deposited by the present government of Chile, which in his view did not represent the Chilean people as a whole.

SECOND REPORT

The Committee on Credentials met on 14 May 1974.

The Committee accepted as formal the credentials presented on behalf of Barbados, El Salvador, Madagascar, Paraguay, United Arab Emirates, and Yemen, 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 21 May 1974.

The Committee accepted as formal the credentials presented on behalf of Namibia, and accordingly proposes that the Health Assembly should recognize their validity.

COMMITTEE ON NOMINATIONS

FIRST REPORT

The Committee on Nominations, consisting of delegates of the following Member States: Algeria, Austria, Bangladesh, Brazil, Canada, China, France, German Democratic Republic, Guinea, Jordan, Malawi, Mali, Nigeria, Pakistan, Panama, Peru, Philippines, Sudan, Thailand, Tunisia, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, and Yugoslavia, met on 7 May 1974. Dr J.-S. Cayla (France) 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 A. Pouyan (Iran) for the office of President of the Twenty-seventh World Health Assembly.

SECOND REPORT

At its first meeting held on 7 May 1974, 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: Professor S. Halter (Belgium), Mr A. Kano (Nigeria), Dr A. Saied (Panama), Dr Ho Guan Lim (Singapore), Mr D. Njam-Osor (Mongolia).
Committee A: Chairman, Professor J. Tigyi (Hungary);
Committee B: Chairman, Dr M. A. Chowdhry (Pakistan).

1 Approved by the Health Assembly at its ninth plenary meeting.
2 Approved by the Health Assembly at its fourteenth plenary meeting.
3 Approved by the Health Assembly at its second plenary meeting.
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: Bangladesh, China, France, Malawi, Mali, Peru, Saudi Arabia, Somalia, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, United States of America, Union of Soviet Socialist Republics, Venezuela, and Zambia.

THIRD REPORT

At its first meeting held on 7 May 1974, 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 Osman A. Hassan (Somalia); Rapporteur: Dr E. Guillén (Peru).
Committee B: Vice-Chairman: Professor J. Leowski (Poland); Rapporteur: Mr A. H. Selormey (Ghana).

GENERAL COMMITTEE

REPORT

Election of Members entitled to designate a person to serve on the Executive Board

At its meeting held on 13 May 1974, 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 French 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:

Argentina, Canada, Finland, France, Guatemala, India, Jordan, Mauritius, Sri Lanka, Union of Soviet Socialist Republics, Venezuela, Zambia.

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:


COMMITTEE A

FIRST REPORT

Committee A held its first, second, third, fourth, fifth and sixth meetings on 13, 14, 15 and 16 May 1974, under the chairmanship of Professor J. Tigyi (Hungary).

In conformity with the proposals of the Committee on Nominations, Dr Osman A. Hassan (Somalia) was elected Vice-Chairman, and Dr E. Guillén (Peru), Rapporteur.

During the course of its sixth meeting, the Committee decided to recommend to the Twenty-seventh World Health Assembly the adoption of the following resolution:

Effective working budget and budget level for 1975

1 See pages 275 and 457.
2 See verbatim record of the ninth plenary meeting, sections 4 and 6.
3 Approved by the Health Assembly at its eleventh plenary meeting.
SECOND REPORT

During the course of its seventh, eighth and ninth meetings held on 17 and 18 May 1974, the Committee, in proceeding with the detailed review of the programme and budget estimates for 1975, decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions on the following subjects:

1. Health education [WHA27.27]
2. Health education of children and young people [WHA27.28]
3. The role of WHO in bilateral or multilateral health aid programmes [WHA27.29]
4. World Population Year and Conference, 1974 [WHA27.30]
5. Continuing education for physicians [WHA27.31]

THIRD REPORT

During the course of its tenth and eleventh meetings held on 20 May 1974, the Committee, in proceeding with the detailed review of the programme and budget estimates for 1975, decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions on the following subjects:

1. Infant nutrition and breast-feeding [WHA27.43]
2. Promotion of national health services [WHA27.44]

FOURTH REPORT

During the course of its twelfth, thirteenth and fourteenth meetings held on 21 May 1974, the Committee, in proceeding with the detailed review of the programme and budget estimates for 1975, decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions on the following subjects:

1. Development of the antimalaria programme [WHA27.51]
2. Intensification of research on tropical parasitic diseases [WHA27.52]
3. Psychosocial factors and health [WHA27.53]
4. Quality control of BCG vaccines [WHA27.54]
5. Adequacy of health statistical information [WHA27.55]

FIFTH REPORT

During the course of its fifteenth and sixteenth meetings held on 22 May 1974, the Committee, in proceeding with the detailed review of the programme and budget estimates for 1975, decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions on the following subjects:

1. Appropriation Resolution for the financial year 1975 [WHA27.56]
2. WHO expanded programme on immunization [WHA27.57]
3. Coordination and strengthening of leprosy control [WHA27.58]
4. Prevention of road traffic accidents [WHA27.59]

It further decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions relating to the following agenda items:

1. Fifth report on the world health situation [WHA27.60]
2. WHO's role in the development and coordination of biomedical research [WHA27.61]
3. Standardization of diagnostic materials [WHA27.62]
4. Long-term planning of international cooperation in cancer research [WHA27.63]
Committee B held its first and second meetings on 13 May 1974, under the chairmanship of Dr M. A. Chowdhry (Pakistan). On the proposal of the Committee on Nominations, Professor J. Leowski (Poland) was elected Vice-Chairman. Mr A. H. Selormey (Ghana) was proposed by the Committee on Nominations (in its third report) for the office of Rapporteur. Mr Selormey was unable to accept the nomination, owing to unforeseen circumstances, and the Committee therefore elected Dr M. A. Baddoo (Ghana) as Rapporteur.

It was decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions relating to the following agenda items:

3.3.1 Financial report on the accounts of WHO for 1973, reports of the External Auditor, and comments thereon of the Ad Hoc Committee of the Executive Board

3.3.2 Status of collection of annual contributions and of advances to the Working Capital Fund

3.2 Supplementary budget estimates for 1974

3.9 Salaries and allowances, ungraded posts

1.13 Contract of the Director-General

3.4.1 Assessment of new Members and Associate Members

3.4.2 Contributions payable by certain Members in respect of 1974 and prior years

3.4.3 Assessment of Associate Members

3.3.3 Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution.

SECOND REPORT

During its third meeting held on 14 May 1974 Committee B decided to recommend to the Twenty-seventh World Health Assembly the adoption of a resolution relating to the following agenda item:

3.4.4 Scale of assessment for 1975

THIRD REPORT

During its third and fourth meetings held on 14 May 1974 Committee B decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions relating to the following agenda items:

3.6 Study of the possibility of financing WHO activities in currencies other than US dollars and Swiss francs

3.7 Headquarters accommodation: future requirements

3.8 Real Estate Fund

Two resolutions have been adopted on this agenda item:

Real Estate Fund: additional accommodation for the Regional Office for Europe

Real Estate Fund: installation of fire detection and control equipment in the building of the Regional Office for the Western Pacific

3.10 Amendments to the Rules of Procedure of the World Health Assembly

3.12 Organizational study by the Executive Board:

3.12.1 Organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States

3.12.2 Future organizational study

3.11 Methods of work of the Executive Board

Supplementary agenda item 1: Agreement for cooperation between the African Development Bank and the World Health Organization

1 Approved by the Health Assembly at its ninth plenary meeting.

2 The text recommended by the Committee was amended by the Health Assembly at its ninth plenary meeting (see page 203) and adopted as resolution WHA27.10.

3 Approved by the Health Assembly at its tenth plenary meeting.
During its fifth, sixth, seventh and eighth meetings held on 15, 16 and 17 May 1974 Committee B decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions relating to the following agenda items:

### 3.15 Coordination with the United Nations system:

#### 3.15.1 General matters

Four resolutions have been adopted on this agenda item:

- Coordination with the United Nations system on development of information systems [WHA27.32]
- Coordination with the United Nations system on programme support costs [WHA27.33]
- Coordination with the United Nations system: the least developed among the developing countries [WHA27.34]
- Coordination with the United Nations system: general matters [WHA27.35]

#### 3.15.2 Activities of the World Health Organization with regard to assistance to liberation movements in southern Africa pursuant to United Nations General Assembly resolution 2918 (XXVII) and Economic and Social Council resolution 1804 (LV)

Two resolutions have been adopted on this agenda item [WHA27.36 and WHA27.37]

#### 3.14 Eighteenth report of the Committee on International Surveillance of Communicable Diseases

Three resolutions have been adopted on this agenda item:

- Committee on International Surveillance of Communicable Diseases: eighteenth report [WHA27.45]
- Safety of food and water and the handling of wastes in international traffic [WHA27.46]
- Reservations to the Additional Regulations of 23 May 1973 amending the International Health Regulations (1969) [WHA27.47]

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

[FIFTH REPORT][1]

During its ninth meeting held on 20 May 1974 Committee B decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions relating to the following agenda item:

#### 3.14 Eighteenth report of the Committee on International Surveillance of Communicable Diseases

Three resolutions have been adopted on this agenda item:

- Committee on International Surveillance of Communicable Diseases: eighteenth report [WHA27.45]
- Safety of food and water and the handling of wastes in international traffic [WHA27.46]
- Reservations to the Additional Regulations of 23 May 1973 amending the International Health Regulations (1969) [WHA27.47]

### 3.16.1 Annual Report of the United Nations Joint Staff Pension Board for 1972

[2]

FIFTH REPORT

During its ninth meeting held on 20 May 1974 Committee B decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions relating to the following agenda item:

#### 3.14 Eighteenth report of the Committee on International Surveillance of Communicable Diseases

Three resolutions have been adopted on this agenda item:

- Committee on International Surveillance of Communicable Diseases: eighteenth report [WHA27.45]
- Safety of food and water and the handling of wastes in international traffic [WHA27.46]
- Reservations to the Additional Regulations of 23 May 1973 amending the International Health Regulations (1969) [WHA27.47]

### 3.16.2 Appointment of representatives to the WHO Staff Pension Committee [WHA27.41]

### 3.13 Health assistance to refugees and displaced persons in the Middle East [WHA27.42]

[FIFTH REPORT][1]

SIXTH REPORT

During its tenth meeting held on 21 May 1974 Committee B decided to recommend to the Twenty-seventh World Health Assembly the adoption of resolutions relating to the following agenda item:

#### 2.7 WHO's human health and environment programme

Three resolutions have been adopted on this agenda item:

- Drought [WHA27.48]
- WHO's human health and environment programme [WHA27.49]
- WHO's human health and environment programme: coordination on programmes and action in the field of the environment [WHA27.50]

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1 Approved by the Health Assembly at its thirteenth plenary meeting.
2 Approved by the Health Assembly at its fourteenth 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 reimbursement from the United Nations Development Programme.

On the basis of its review, Committee B recommends to Committee A that income in the amount of US$ 3,000,000 be used to help finance the 1975 budget.

The amount of US$ 3,000,000 is composed of the expected reimbursement from the United Nations Development Programme in the amount of US$ 1,800,000, and the amount of US$ 1,200,000 of available miscellaneous income.

1 See summary record of Committee A, sixth meeting, section 1.
2 See summary record of Committee B, first meeting, section 4, and second meeting, sections 1 and 8.
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