



*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



76th Meeting  
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Provisional Agenda Item 19

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RESOLUTIONS OF THE TWENTY-NINTH WORLD HEALTH ASSEMBLY OF INTEREST TO THE  
EXECUTIVE COMMITTEE

The Director of the Pan American Sanitary Bureau wishes to submit to the attention of the Executive Committee the following resolutions approved by the Twenty-ninth World Health Assembly:

- WHA29.5 Members in Arrears in the Payment of Their Contributions to an Extent which May Invoke the Provisions of Article 7 of the Constitution
- WHA29.9 Assessment of New Members and Associate Members (Surinam)
- WHA29.16 Scale of Assessment for 1977
- WHA29.20 Sixth General Programme of Work Covering a Specific Period
- WHA29.22 Report on the World Health Situation
- WHA29.25 Supplementary Budget for 1976
- WHA29.29 Use of the Executive Board Special Fund (Guatemala)
- WHA29.30 Election of Members Entitled to Designate a Person to Serve on the Executive Board
- WHA29.42 Coordination with the United Nations System. General Matters: UNDP-supported Activities--Financial Situation
- WHA29.48 Programme Budget Policy
- WHA29.52 Effective Working Budget and Budget Level for 1977
- WHA29.56 Establishment of a Portuguese WHO Centre for the International Classification of Diseases
- WHA29.74 Promotion of National Health Services and Health Technology Relating to Primary Health Care and Rural Development

11 May 1976

MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS  
TO AN EXTENT WHICH MAY INVOKE THE PROVISIONS  
OF ARTICLE 7 OF THE CONSTITUTION

The Twenty-ninth World Health Assembly,

Having considered the report of the Ad Hoc Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution;

Having noted that Bolivia and the Dominican Republic 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 and the Dominican Republic have made payments in 1975 and/or 1976; and

Recognizing the efforts made by those two countries to reduce their arrears;

1. DECIDES not to suspend the voting privileges of Bolivia and the Dominican Republic at the Twenty-ninth World Health Assembly;
2. URGES Bolivia and the Dominican Republic to intensify the efforts now being made in order to achieve at the earliest possible date the regularization of their position; and
3. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Eighth plenary meeting, 11 May 1976  
A29/VR/8

11 May 1976

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS

(Surinam)

The Twenty-ninth World Health Assembly,

Noting that Surinam, a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 25 March 1976;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6,<sup>1</sup> 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 Surinam shall be assessed for 1976 and future years at a rate to be fixed by the World Health Assembly, as and when the assessment rate for this country has been established by the United Nations General Assembly;
- (2) that Surinam shall be assessed at the provisional rate of 0.02% for 1976 and future years, to be adjusted to the definitive assessment rate when established by the World Health Assembly; and
- (3) that the assessment for 1976 shall be reduced to one-third of 0.02%.

Eighth plenary meeting, 11 May 1976  
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<sup>1</sup> WHO Handbook of Resolutions and Decisions, Vol. I, 1973, p. 379.

11 May 1976

## SCALE OF ASSESSMENT FOR 1977

## The Twenty-ninth World Health Assembly

1. DECIDES that the scale of assessment for 1977 shall, subject to the provisions of paragraph 2 below, be as follows:

<u>Member</u>	<u>Scale</u> (percentage)
Afghanistan	0.02
Albania	0.02
Algeria	0.08
Angola	0.02
Argentina	0.81
Australia	1.41
Austria	0.54
Bahamas	0.02
Bahrain	0.02
Bangladesh	0.08
Barbados	0.02
Belgium	1.02
Benin	0.02
Bolivia	0.02
Botswana	0.02
Brazil	0.76
Bulgaria	0.14
Burma	0.03
Burundi	0.02
Byelorussian SSR	0.46
Canada	2.67
Cape Verde	0.02
Central African Republic	0.02
Chad	0.02
Chile	0.14
China	5.40
Colombia	0.16
Comoros	0.02
Congo	0.02
Costa Rica	0.02
Cuba	0.11
Cyprus	0.02
Czechoslovakia	0.87
Democratic Kampuchea	0.02
Democratic People's Republic of Korea	0.07
Democratic Republic of Viet-Nam	0.02
Democratic Yemen	0.02
Denmark	0.61
Dominican Republic	0.02
Ecuador	0.02

<u>Member</u>	<u>Scale</u> (percentage)
Egypt	0.12
El Salvador	0.02
Ethiopia	0.02
Fiji	0.02
Finland	0.42
France	5.74
Gabon	0.02
Gambia	0.02
German Democratic Republic	1.19
Germany, Federal Republic of	6.91
Ghana	0.04
Greece	0.31
Grenada	0.02
Guatemala	0.03
Guinea	0.02
Guinea-Bissau	0.02
Guyana	0.02
Haiti	0.02
Honduras	0.02
Hungary	0.33
Iceland	0.02
India	1.20
Indonesia	0.19
Iran	0.20
Iraq	0.05
Ireland	0.14
Israel	0.20
Italy	3.51
Ivory Coast	0.02
Jamaica	0.02
Japan	7.01
Jordan	0.02
Kenya	0.02
Kuwait	0.09
Lao People's Democratic Republic	0.02
Lebanon	0.03
Lesotho	0.02
Liberia	0.02
Libyan Arab Republic	0.11
Luxembourg	0.04
Madagascar	0.02
Malawi	0.02
Malaysia	0.07
Maldives	0.02
Mali	0.02
Malta	0.02
Mauritania	0.02
Mauritius	0.02
Mexico	0.84
Monaco	0.02
Mongolia	0.02
Morocco	0.06
Mozambique	0.02
Namibia	0.01
Nepal	0.02
Netherlands	1.20
New Zealand	0.28
Nicaragua	0.02

<u>Member</u>	<u>Scale</u> (percentage)
Niger	0.02
Nigeria	0.10
Norway	0.42
Oman	0.02
Pakistan	0.14
Panama	0.02
Papua New Guinea	0.02
Paraguay	0.02
Peru	0.07
Philippines	0.18
Poland	1.26
Portugal	0.15
Qatar	0.02
Republic of Korea	0.11
Republic of South Viet-Nam	0.02
Romania	0.30
Rwanda	0.02
Sao Tome and Principe	0.02
Saudi Arabia	0.06
Senegal	0.02
Sierra Leone	0.02
Singapore	0.04
Somalia	0.02
South Africa	0.50
Southern Rhodesia	0.01
Spain	0.98
Sri Lanka	0.03
Sudan	0.02
Surinam	0.02
Swaziland	0.02
Sweden	1.01
Switzerland	0.78
Syrian Arab Republic	0.02
Thailand	0.11
Togo	0.02
Tonga	0.02
Trinidad and Tobago	0.02
Tunisia	0.02
Turkey	0.29
Uganda	0.02
Ukrainian Soviet Socialist Republic	1.71
Union of Soviet Socialist Republics	12.97
United Arab Emirates	0.02
United Kingdom of Great Britain and Northern Ireland	5.31
United Republic of Cameroon	0.02
United Republic of Tanzania	0.02
United States of America	25.43
Upper Volta	0.02
Uruguay	0.06
Venezuela	0.32
Western Samoa	0.02
Yemen	0.02
Yugoslavia	0.34
Zaire	0.02
Zambia	0.02

WHA29.16  
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2. REQUESTS the Director-General, in the event that assessments are fixed provisionally or definitively by the present Health Assembly for any new Members, to adjust the scale as set forth in paragraph 1 above in accordance with the provisions of resolutions WHA26.21<sup>1</sup> and WHA27.9.<sup>2</sup>

Eighth plenary meeting, 11 May 1976  
A29/VR/8

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<sup>1</sup> WHO Handbook of Resolutions and Decisions, Vol. II, 1975, pp. 49-50.

<sup>2</sup> WHO Handbook of Resolutions and Decisions, Vol. II, 1975, p. 55.

13 May 1976

SIXTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD

The Twenty-ninth World Health Assembly,

Having reviewed, in accordance with Article 28(g) of the Constitution, the draft of the Sixth General Programme of Work covering the specific period 1978-1983 inclusive submitted by the Executive Board;

Believing that the Programme provides an appropriate policy framework for the formulation of medium-term programmes and programme budgets within the period covered; and

Recognizing that there is a continuous evolution of the Organization's programme;

1. APPROVES the Sixth General Programme of Work;<sup>1</sup>
2. REQUESTS the Executive Board:
  - (a) to carry out annual reviews of the Sixth Programme, taking into consideration events that occur subsequent to its adoption;
  - (b) to carry out in-depth studies and evaluation of particular programmes, as necessary, to ensure that the overall work of the Organization is proceeding in conformity with the Sixth General Programme of Work;
  - (c) to continue the study of long-term trends as reflected in the Sixth General Programme of Work for a specific period and their implication for the Organization's future programmes.

Ninth plenary meeting, 13 May 1976  
A29/VR/9

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<sup>1</sup> Document A29/6 and Corr.1 & 2.



13 May 1976

REPORT ON THE WORLD HEALTH SITUATION

The Twenty-ninth World Health Assembly,

Having considered the report of the Director-General<sup>1</sup> on the report on the world health situation;

Reiterating the need for the Organization to publish, in conformity with resolution WHA23.59,<sup>2</sup> an analysis and evaluation of information on the state of health of the world population and on environmental health;

Recalling resolution WHA27.60,<sup>3</sup> in which mention was made of the need to rationalize the collection and presentation of information on the health situation in the world and in individual countries;

Recognizing the need to improve the analytical content, coverage and timeliness of the report on the world health situation;

Mindful of the importance of discussion of the world health situation among Member States;

Concurring in the Executive Board's recommendations as contained in resolution EB57.R46;<sup>4</sup>

1. RECOMMENDS that the future reports on the world health situation

(1) should comprise a global analysis along with country reviews, published by headquarters, as in the previous reports;

(2) should be published every six years, in accordance with the major programme cycle of the Organization, namely the General Programme of Work, with the exception of the sixth report which should cover the five years 1973-1977, corresponding to the Fifth General Programme of Work;

(3) should be published in Arabic, Chinese, English, French, Russian and Spanish, without prior review by the World Health Assembly;

(4) should, at a subsequent Health Assembly, be the subject of discussion bearing particularly on their methodology and content;

2. RECOMMENDS further that the other proposals contained in the report of the Director-General be implemented, particularly with respect to the mechanism for the preparation of the report on the world health situation.

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<sup>1</sup> Document A29/7.

<sup>2</sup> WHO Handbook of Resolutions and Decisions, Vol. I, 1973, p. 3.

<sup>3</sup> WHO Handbook of Resolutions and Decisions, Vol. II, 1975, p. 3.

<sup>4</sup> WHO Official Records, No. 231, 1976, p. 33.

3. INVITES the Director-General to consider every possible means of assisting Member States in improving the quality and accuracy of the answers to the questionnaire addressed to them for the preparation of the report;

4. REQUESTS the Director-General to prepare the future reports on the world health situation accordingly and taking into account the discussions at the Twenty-ninth World Health Assembly.

Ninth plenary meeting, 13 May 1976  
A29/VR/9

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13 May 1976

SUPPLEMENTARY BUDGET FOR 1976

The Twenty-ninth World Health Assembly,

Having considered the Director-General's proposals concerning the supplementary budget for 1976 and the additional budgetary requirements for 1975 and 1977 relating to unforeseen costs resulting from the recent adjustment in the salaries and allowances of the General Service category staff in Geneva by the organizations which apply the United Nations common system of salaries and allowances;

Believing that the guiding principles and methodology applied in the determination of the salaries and allowances of the General Service category staff need to be reviewed as soon as possible by the International Civil Service Commission;

Aware that under Article 12 of its Statute the International Civil Service Commission has been given the functions of establishing the relevant facts for, and making recommendations as to, the salary scales of staff in the General Service and other locally-recruited categories at the headquarters duty stations and such other stations as may from time to time be added at the request of the Administrative Committee on Coordination, but that the Commission has not yet assumed these functions;

Concerned over the implications which the recent increase in the salaries and allowances of the General Service category staff in Geneva has for WHO's programme budget, and in particular for the headquarters component thereof;

1. CONCURS with the recommendation of the Director-General concerning the financing of the additional costs relating to the year 1975 through savings on "unliquidated obligations" or - if not sufficient - through other savings within the 1976 budget;

2. APPROVES the supplementary budget for 1976;

3. DECIDES to amend the Appropriation Resolution for the financial year 1976 (resolution WHA28.86) by

(i) increasing the relevant appropriation sections by the following amounts:

<u>Appropriation section</u>	<u>Purpose of appropriation</u>	<u>Amount US \$</u>
2	General management and coordination . . . .	168 600
3	Strengthening of health services . . . . .	82 700
4	Health manpower development . . . . .	48 300
5	Disease prevention and control . . . . .	265 400
6	Promotion of environmental health . . . . .	64 400
7	Health information and literature . . . . .	187 500
8	General service and support programmes . .	993 100
		<u>1 810 000</u>

(ii) amending paragraph D of that resolution by increasing the amount appropriated under sub-paragraph (ii) by \$ 1 810 000;

4. REQUESTS the Director-General to convey to the International Civil Service Commission the view that the Commission should assume as soon as possible the functions described in paragraph 1 of Article 12 of its Statute, particularly with respect to the salary scales of staff in the General Service category in Geneva;

5. REQUESTS the Director-General to institute as soon as possible a programme of operational economies in the headquarters component of the budget, including in particular reductions in existing staff levels in the most appropriate sections, which will produce within the period from now to the end of 1978 financial savings, in real terms at least equal on an annual basis to the cost of the supplementary budget for 1976 or of any expenditure approved for the same purpose in 1977;

6. REQUESTS the Director-General to report to the fifty-ninth session of the Executive Board and the Thirtieth World Health Assembly on the implementation of this resolution.

Ninth plenary meeting, 13 May 1976  
A29/VR/9

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13 May 1976

USE OF THE EXECUTIVE BOARD SPECIAL FUND

The Twenty-ninth World Health Assembly,

Recalling resolutions WHA7.24<sup>1</sup> and EB15.R59;<sup>1</sup>

Noting that the amount of \$ 100 000, being the established level of the Executive Board Special Fund, has been expended for the purchase of supplies and equipment urgently required for the provision of safe water supply for the victims of the Guatemala earthquake,

1. CONCURS with the Director-General's recommendation to bring the Executive Board Special Fund to its established level of US\$ 100 000 by transferring this amount from casual income available at 31 December 1975; and
2. AUTHORIZES the Director-General to transfer US\$ 100 000 from casual income available at 31 December 1975 to the Executive Board Special Fund to reimburse the Fund for the expenditure incurred for the purchase of supplies and equipment to be used towards restoring a safe water supply for the victims of the Guatemala earthquake in 1976, thereby bringing the credit in the Fund to its established amount of US\$ 100 000.

Ninth plenary meeting, 13 May 1976  
A29/VR/9

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<sup>1</sup> WHO Handbook of Resolutions and Decisions, Vol. 1, 1973, p. 401.

13 May 1976

ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON  
TO SERVE ON THE EXECUTIVE BOARD

The Twenty-ninth World Health Assembly,

Having considered the nominations of the General Committee,<sup>1</sup>

1. ELECTS the following as Members entitled to designate a person to serve on the Executive Board: Czechoslovakia; Fiji; Greece; Honduras; Pakistan; Peru; Philippines; Qatar; United Kingdom of Great Britain and Northern Ireland and Zambia;
2. REQUESTS the Members so elected to pay due regard to the provisions of Article 24 of the Constitution when appointing a person to serve on the Board.

Ninth plenary meeting, 13 May 1976  
A29/VR/9

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<sup>1</sup> Document A29/58

17 May 1976

COORDINATION WITH THE UNITED NATIONS SYSTEM  
GENERAL MATTERS

UNDP-supported activities - financial situation

The Twenty-ninth World Health Assembly,

Having considered the Director-General's report on the current financial situation of the United Nations Development Programme;<sup>1</sup>

Noting the terms of resolution EB57.R49<sup>2</sup> adopted by the Executive Board at its fifty-seventh session after consideration of these problems and their possible effect on WHO's programme of technical cooperation with the developing countries;

Noting further the measures decided by the UNDP Governing Council at its twenty-first session held in January 1976 to mitigate the effects of the liquidity crisis on the operational programme;

Recalling that the Governing Council will again review the situation at its twenty-second session in June 1976;

1. EXPRESSES deep concern over the financial problems that the UNDP is facing and the impact these may have on the United Nations development system's support of the developing countries' efforts towards self-reliance within the overall framework of the New International Economic Order;
2. ENCOURAGES Member States experiencing reductions in the expenditure level of UNDP assistance to make special temporary arrangements through their health administrations to mitigate major disruptive effects that the current financial situation of UNDP may have on the ongoing internationally-assisted health programme in their countries through recourse to such measures as partial self-financing or cost-sharing, enlarged use of national staff and institutions, and judicious reprogramming with other available sources of funds;
3. REQUESTS the Director-General to continue his full collaboration with the Administrator of UNDP in order to ensure a systematic consultation at all levels between the governments concerned, UNDP and WHO with a view to safeguarding essential projects and components in the programme of health and related fields;
4. REQUESTS the Director-General to keep the situation of UNDP-financed activities executed by WHO under constant review and to report on further developments to the fifty-ninth session of the Executive Board.

Tenth plenary meeting, 17 May 1976  
A29/VR/10

<sup>1</sup> Document A29/35 Add.1

<sup>2</sup> WHO Official Records, No. 231, 1976, pp. 35-36.

17 May 1976

PROGRAMME BUDGET POLICY

The Twenty-ninth World Health Assembly,

Aware of the solemnly proclaimed determination of the United Nations to intensify international cooperation for the solution of the socioeconomic problems of the developing world;

Concerned with the gap between the health levels of the developed and developing countries;

Recalling resolution WHA28.76 on programme budget policy with regard to technical assistance to developing countries;

Considering the action initiated for its implementation in 1976 and 1977 and the relevant comments of the Executive Board at its fifty-seventh session;

Aware of the crucial role the programme budget and technical cooperation play in the achievement of this goal;

Aware of the necessity of continued collaboration with the United Nations Development Programme as well as with other funds providing extrabudgetary resources for health activities;

Noting with deep concern the increasing allocation of resources of the Organization towards establishment and administrative costs;

1. REQUESTS the Director-General

(1) to reorient the working of the Organization with a view to ensuring that allocations of the Regular Programme Budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980, by

(a) cutting down all avoidable and non-essential expenditure on establishment and administration, both at headquarters and in the regional offices;

(b) streamlining the professional and administrative cadres;

(c) phasing out projects which have outlived their utility;

(d) making optimum use of the technical and administrative resources available in the individual developing countries;

(2) to submit a report to the Thirtieth World Health Assembly on the progress made in implementing this resolution and resolution WHA28.76, and to ensure that this is reflected in the proposed programme budget for 1978-79;



WHA29.48

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2. REQUESTS the Executive Board in its future reviews of programme budgets to pay special attention to the reorientation of programme budget policy necessary to give full effect to resolution WHA28.76 and this resolution.

Tenth plenary meeting, 17 May 1976  
A29/VR/10

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18 May 1976

EFFECTIVE WORKING BUDGET AND BUDGET LEVEL FOR 1977

The Twenty-ninth World Health Assembly,

DECIDES that:

- (1) the effective working budget for 1977 shall be US\$ 147 184 000;
- (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 1977 shall be financed by assessments on Members after deduction of the following:
  - (i) the amount of US\$ 2 600 000, representing estimated reimbursement of programme support costs for activities financed from extrabudgetary funds;
  - (ii) the amount of US\$ 2 000 000 available as casual income for 1977.

Eleventh plenary meeting, 18 May 1976  
A29/VR/11

19 May 1976

ESTABLISHMENT OF A PORTUGUESE WHO CENTRE FOR THE  
INTERNATIONAL CLASSIFICATION OF DISEASES

The Twenty-ninth World Health Assembly,

Considering the interest of the countries of Portuguese language in the existence of an international centre of the Portuguese language for the International Classification of Diseases, such as those already in existence for the working languages of WHO;

Taking into consideration the establishment, in the near future, of a Brazilian centre for the translation and application of the International Classification of Diseases in Portuguese in the University of Sao Paulo, Brazil,

RECOMMENDS:

- (1) that the Brazilian centre for the translation and application of the International Classification of Diseases in Portuguese, in the University of Sao Paulo, Brazil, be recognized by WHO as the centre for the International Classification of Diseases in Portuguese;
- (2) that the indispensable liaison and cooperation be established between this centre and the Portuguese-speaking nations; and
- (3) that WHO give all the necessary technical support to this centre and the Portuguese-speaking countries for the translation into Portuguese of the Ninth Revision of the International Classification of Diseases and of its supplementary classifications so that they can be used with equal effectiveness by all the countries of Portuguese language.

Twelfth plenary meeting, 19 May 1976  
A29/VR/12

21 May 1976

PROMOTION OF NATIONAL HEALTH SERVICES AND HEALTH TECHNOLOGY  
RELATING TO PRIMARY HEALTH CARE AND RURAL DEVELOPMENT

The Twenty-ninth World Health Assembly,

Having considered the reports of the Director-General on the Promotion of National Health Services and Health Technology relating to Primary Health Care and Rural Development,<sup>1,2</sup> and resolution EB57.R27<sup>3</sup> of the Executive Board;

Reaffirming its previous resolutions and decisions (in particular WHA23.61,<sup>4</sup> WHA25.17,<sup>5</sup> WHA26.35,<sup>6</sup> WHA26.43,<sup>7</sup> WHA27.44<sup>8</sup> and WHA28.88<sup>9</sup>) concerning the need to further the health of all people within national contexts, using every appropriate method in an acceptable manner, and encouraging the provision and expansion of effective, comprehensive health care to meet the right of access to such care for all people;

Considering that WHO's priority should be to assist countries to implement steps which will improve the health of underserved populations;

Emphasizing that health development should be considered as an essential part of socioeconomic development and that primary health care linked to community involvement is an approach which can combine health service actions with health-related actions in other sectors;

Recognizing that the development of appropriate methodologies and technologies are important support elements in the development of primary health care and rural development and as such should be considered a priority area;

1. THANKS the Director-General for his reports;
2. URGES Member States to consider their national health problems in their totality as an integral part of their socioeconomic development plans and to review their health policies and strategies taking into account:
  - (i) the need to develop methods and procedures relevant to their national situations, utilizing appropriate, effective, acceptable and feasible techniques;

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<sup>1,2</sup> Documents A29/22 and A29/23.

<sup>3</sup> WHO Official Records, No. 231, 1976, pp. 19-20.

<sup>4</sup> WHO Handbook of Resolutions and Decisions, Vol. I, 1973, pp. 29-30.

<sup>5</sup> WHO Handbook of Resolutions and Decisions, Vol. I, 1973, p. 30.

<sup>6</sup> WHO Handbook of Resolutions and Decisions, Vol. II, 1975, p. 69.

<sup>7</sup> WHO Handbook of Resolutions and Decisions, Vol. II, 1975, p. 4.

<sup>8</sup> WHO Handbook of Resolutions and Decisions, Vol. II, 1975, p. 5.

<sup>9</sup> WHO Official Records, No. 226, 1975, pp. 53-54.

(i1) the priority that should be accorded to measures for improving the health of underserved populations;

(i11) the importance of relating the activities of the health services to those of other health-related sectors, especially at the level of the primary health care and rural development services,

3. CONSIDERS it necessary:

(1) to strengthen WHO's activities in the collection, analysis and dissemination of information between Member States on the health experience, methodologies and technologies available;

(i1) to cooperate with Member States in the adaptation and the utilization of existing technologies in the light of locally prevailing conditions,

(i11) to promote research for the development of appropriate and effective methodologies and technologies;

4. REQUESTS the Director-General:

(i) to continue his efforts directed towards further developing and implementing the programme on the promotion of national health services relating to primary health care and rural development;

(ii) to take adequate measures to establish and develop a programme of health technology relating to primary health care and rural development as part of the overall primary health care programme, and to stimulate health manpower training institutions to intensify their efforts for promoting and strengthening their roles in its development;

(iii) to take appropriate steps to ensure that WHO takes an active part, jointly with other international agencies, in supporting national planning of rural development aimed at the relief of poverty and the improvement of the quality of life;

(iv) to take further steps to encourage a dialogue on these issues within and between Member States including all relevant sectors and levels of government and the population;

(v) to assist Member States to implement their programmes of primary health care.

Fourteenth plenary meeting, 21 May 1976  
A29/VR/14

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