

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

XXIII Meeting

regional committee



WORLD
HEALTH
ORGANIZATION

XXVII Meeting

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Provisional Agenda Item 27

CD23/11 (Eng.)
18 August 1975
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RESOLUTIONS OF THE TWENTY-EIGHTH WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE

The Director of the Pan American Sanitary Bureau submitted to the attention of the Executive Committee at its 74th Meeting the following resolutions approved by the Twenty-eighth World Health Assembly (Annex I):

- WHA28.5 Election of Members Entitled to Designate a Person to Serve on the Executive Board (Canada)
- WHA28.8 Supplementary Budget for 1975
- WHA28.22 Amendment of Articles 24 and 25 of the Constitution - Increase in Membership of the Executive Board
- WHA28.40 Coordination with the United Nations System. General Matters. Tasks of WHO in Connexion with International Women's Year
- WHA28.42 Coordination with the United Nations System. General Matters. United Nations World Food Conference
- WHA28.44 Coordination with the United Nations System: World Population Year and Conference, 1974
- WHA28.51 WHO Activities in Regard to the Development of Methods of Controlling the Tropical Parasitic Diseases
- WHA28.58 Control of Sexually Transmitted Diseases
- WHA28.60 Effective Working Budget and Budget Level for 1976
- WHA28.61 Election of Six Members Entitled to Designate a Person to Serve on the Executive Board (Guyana)
- WHA28.72 Utilization and Supply of Human Blood and Blood Products

- WHA28.80 Drug Dependence
- WHA28.83 The Need for Laboratory Animals for the Control of Biological Products and the Establishment of Breeding Colonies
- WHA28.87 Development of the Antimalaria Programme
- WHA28.88 Promotion of National Health Services Relating to Primary Health Care

The Executive Committee, after studying the resolutions, approved the following:

RESOLUTION XXIV

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

THE EXECUTIVE COMMITTEE,

Having examined Document CE74/22 containing resolutions of the Twenty-eighth World Health Assembly; and

Having taken note of the information provided by the Director of the Bureau concerning the activities being carried out in the various fields,

RESOLVES:

1. To take note of the resolutions of the World Health Assembly contained in Document CE74/22.
2. To transmit this resolution to the Directing Council at its XXIII Meeting for any action it may deem appropriate.

In addition to the foregoing resolutions, the Director is pleased to submit to the Directing Council the following resolutions of the Twenty-eighth World Health Assembly (Annex II):

- WHA28.18 Members in Arrears in the Payment of their Contributions to an Extent which may Invoke Article 7 of the Constitution
- WHA28.29 Annual Reporting by the Director-General
- WHA28.30 (and
EB55.R26) Organizational Study on the Interrelationships Between the Central Technical Services of WHO and Programmes of Direct Assistance to Member States

- WHA28.37 Participation in the Regional Committee for Africa of Members Not Having Their Seat of Government Within the Region
(background documentation also enclosed)
- WHA28.41 Coordination with the United Nations System. General Matters. UNDP-supported Activities and Those Financed from Other Extrabudgetary Sources
- WHA28.45 Coordination with the United Nations System. WHO Activities Related to Disasters and Natural Catastrophes
- WHA28.53 Schistosomiasis
- WHA28.66 Prophylactic and Therapeutic Substances
- WHA28.69 Method of the Work of the World Health Assembly
- WHA28.70 WHO's Role in the Development and Coordination of Biomedical Research
- WHA28.74 Biennial Budgeting

Annexes

A N N E X I

21 May 1975

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

The Twenty-eighth World Health Assembly,

Having considered the nominations of the General Committee,¹

ELECTS the following as Members entitled to designate a person to serve on the Executive Board: Australia, Bangladesh, Canada, Finland, Mauritania, Rwanda, Somalia and Yugoslavia.

Tenth plenary meeting, 21 May 1975
A28/VR/10

¹ Document A28/51.

22 May 1975

SUPPLEMENTARY BUDGET FOR 1975

The Twenty-eighth World Health Assembly,

Having considered the proposals of the Director-General and the recommendations of the Executive Board concerning the supplementary estimates for 1975 to meet unforeseen additional costs relating to increases in the salaries and allowances for professional and higher categories of staff, approved by the General Assembly of the United Nations with effect from 1 January 1975; and

Considering that it is desirable to avoid the need for additional contributions by Members for the 1975 budget to finance these supplementary estimates,

1. APPROVES the supplementary estimates for 1975; and
2. DECIDES to amend the Appropriation Resolution for the financial year 1975 (WHA27.56) by
 - (1) increasing the relevant appropriation sections by the following amounts:

| Appropriation Section | Purpose of Appropriation | Amount US \$ |
|--------------------------|---|--------------------|
| 2 | General management and coordination | 129 190 |
| 3 | Strengthening of health services | 1 073 765 |
| 4 | Health manpower development | 579 400 |
| 5 | Disease prevention and control | 1 077 555 |
| 6 | Promotion of environmental health | 245 720 |
| 7 | Health information and literature | 372 970 |
| 8 | General service and support programme | 191 920 |
| 9 | Support to regional programmes | 399 480 |
| | Total | 4 070 000 ===== |

- (2) amending paragraph D of that resolution by increasing the amount appropriated under sub-paragraph (ii) by US\$ 4 070 000.

28 May 1975

AMENDMENT OF ARTICLES 24 AND 25 OF THE CONSTITUTION -
INCREASE IN THE MEMBERSHIP OF THE EXECUTIVE BOARD

The Twenty-eighth World Health Assembly,

Considering the entry into force of the amendments to Articles 24 and 25 of the Constitution, increasing the membership of the Executive Board from 24 to 30;

Considering that the equitable geographical distribution of seats on the Executive Board would be facilitated by a further increase in its membership,

REQUESTS the Director-General to propose for the consideration of the Twenty-ninth World Health Assembly draft amendments to the Constitution in order to permit a further marginal increase, so that each region could designate at least one new member to the Executive Board each year, and to transmit such draft amendments to Members at least six months in advance of their consideration in accordance with the provision of Article 73 of the Constitution.

Twelfth plenary meeting, 28 May 1975
A28/VR/12

28 May 1975

COORDINATION WITH THE UNITED NATIONS SYSTEM
GENERAL MATTERS

Tasks of WHO in connexion with
International Women's Year

The Twenty-eighth World Health Assembly,

Considering that the present year has been proclaimed International Women's Year by the Twenty-seventh Session of the United Nations General Assembly and is being observed as such under the slogan "Attainment of equal rights for women and full integration of women into political, economic, social and cultural life so that they can make an active contribution to the further development of friendship between the peoples of all countries and to the strengthening of peace";

Noting that the goals established by International Women's Year, including the granting to women of equal rights, opportunities and responsibilities with men, are closely bound up with the protection and improvement of women's health and with the development of social and medical services and maternal and child care;

Recalling resolutions WHA1.43 and EB55.R56 and other WHO decisions aimed at the active implementation of projects concerning medical care for women and children and also the participation of WHO in International Women's Year;

Emphasizing the supreme importance of protecting the health of women and children, who embody the future of every country and of all mankind, as is noted in resolution WHA23.61;

Emphasizing the ever more important role of women in medicine, in the work of the public health bodies and institutions of the Member States of WHO,

1. COMMENDS the Director-General and the Secretariat for the preparation and distribution of the January 1975 issue of World Health;
2. URGES governments:
 - (a) to widen the range of opportunities for women in all facets of social and economic life as they relate to health and including training opportunities so that women may have the potential to participate fully as partners for progress;
 - (b) to assure the further integration of women in health activities, by undertaking short-term and long-term measures, based on national reviews of the major obstacles and constraints in the employment and participation of women;
 - (c) to nominate women at an increasing rate for WHO fellowships for training abroad so that fellowships are shared more equally;
3. REQUESTS the Director-General:
 - (a) to arrange for active participation by WHO representatives in the International Conference and the main activities conducted by the United Nations under the programme for International Women's Year;

- (b) to draw up recommendations for consequent action by WHO and its Member States in the interests of the development of medical and social programmes and adequate maternal and child health, population and other services;
 - (c) to consider women on an equal basis with men for positions in WHO at headquarters and in the regions, and to make a concerted effort to increase the number of women in professional positions and especially in positions of policy determination;
 - (d) to assist Member States, upon request, in preparing national strategies, programmes and projects in WHO's field of competence for the participation of women in the economic, social and cultural life of their countries directed toward the achievement of maximum human potential;
4. RECOMMENDS that in WHO's current activities and in the establishment of the Organization's sixth general programme of work particular attention be paid to the problem of protecting the health of mothers and children and of working women;
5. REQUESTS the Director-General to report to the fifty-seventh session of the Executive Board and Twenty-ninth World Health Assembly, the results of WHO's participation in International Women's Year and its planned activities as well as progress in implementing this resolution as well as the decisions of the Conference and their implications for WHO.

Twelfth plenary meeting, 28 May 1975
A28/VR/12

28 May 1975

COORDINATION WITH THE UNITED NATIONS SYSTEM
GENERAL MATTERS

United Nations World Food Conference

The Twenty-eighth World Health Assembly,

Having reviewed the report by the Director-General on the participation of the Organization in the World Food Conference and in the follow-up of its recommendation;

Noting the action taken by the Executive Board at its fifty-fifth session;¹

Recognizing the magnitude and severity of malnutrition as a major public health problem in the world; and

Considering the important role the health sector can play in a variety of activities related to food and nutrition;

1. NOTES with satisfaction the action taken by the Director-General;
2. ENDORSES the views of the Executive Board as contained in resolution EB55.R69;
3. RECOMMENDS that Member States:
 - (a) strengthen their programmes for the control of prevailing nutritional deficiencies;
 - (b) develop coordinated multisectoral policies and plans designed to improve the food and nutrition situation and strategies for their implementation as an important immediate objective of socioeconomic development programmes;
4. REQUESTS the Director-General:
 - (a) to accord high priority to assistance to countries in programmes for the surveillance and early control of different forms of malnutrition and to develop suitable manpower resources within and outside the health sector;
 - (b) to continue to cooperate with other Organizations to ensure the implementation of the recommendations of the World Food Conference;
 - (c) to seek the necessary additional funds to ensure the inclusion of health and nutrition components in activities appropriate to the fulfilment of the recommendations of the World Food Conference, relating to services with manpower development and problem-solving research as supportive measures.

¹ Resolution EB55.R69.

28 May 1975.

COORDINATION WITH THE UNITED NATIONS SYSTEM:
WORLD POPULATION YEAR AND CONFERENCE, 1974

The Twenty-eighth World Health Assembly,

Having considered the report of the Director-General on the World Population Year and Conference, 1974,

1. NOTES with satisfaction the various technical and scientific contributions made by the Organization towards the preparatory and supportive activities of the Population Year and Conference;
2. WELCOMES the emphasis given in the World Population Plan of Action to the interrelationships of population and socioeconomic development, and in turn to the required national and international efforts in health and nutrition for enhanced quality of life, particularly in the rural and the underserved areas;
3. APPRECIATES that such a comprehensive approach to population, health and development in the context of national policies is basic to the work of many of the organizations in the United Nations system;
4. STRESSES the urgency of reducing maternal, perinatal, infant and childhood mortality and morbidity through the continued development and improved management of maternal and child health services and other aspects of family health care;
5. RECOGNIZES the need to improve health through support to research on all aspects of human reproduction, including methods of fertility regulation and the impact of family planning on health and on optimal physical and psychosocial development of the child;
6. URGES Member States to take the initiative in organizing national follow-up activities in the health-related aspects recommended in the World Population Plan of Action;
7. REQUESTS the Director-General to intensify activities related to family health care as part of the strengthening of health services and to participate fully in the development of activities in the sectors of the World Population Plan of Action related to health.

Twelfth plenary meeting, 28 May 1975
A28/VR/12

28 May 1975

WHO ACTIVITIES IN REGARD TO THE DEVELOPMENT OF
METHODS OF CONTROLLING THE TROPICAL PARASITIC
DISEASES

The Twenty-eighth World Health Assembly,

Drawing the attention of Member States once more to one of the most urgent public health problems in the developing countries today - the tropical parasitic diseases, and particularly onchocerciasis, filariasis, schistosomiasis and trypanosomiasis, which cause great damage to the people's health and retard social and economic progress in most of the developing countries;

Noting the steps taken by the Organization in accordance with resolution WHA27.52 to intensify research programmes on tropical parasitic diseases, as described in the Director-General's report on the work of WHO in 1974;

Considering it necessary to give priority attention to the development of recommendations and methods for these programmes for the control of the most important tropical parasitic diseases and primarily the programmes for the control of onchocerciasis, schistosomiasis, etc., which are being already carried out or are at the active planning stage, using to this end all the experience accumulated by the Member States;

Welcoming the WHO biomedical research effort in this field,

1. URGES Member States, research and practical establishments and medical scientists working on aspects of tropical pathology to intensify their efforts to develop effective, safe and practicable means of controlling tropical parasitic diseases; and
2. REQUESTS the Director-General to undertake the measures needed to improve the system of coordinating the various programmes for the control of the tropical parasitic diseases and also the methods of carrying out these programmes and to pay special attention to these aspects in the report he is to make to the Twenty-ninth World Health Assembly under the terms of resolution WHA27.52.

Twelfth plenary meeting, 28 May 1975
A28/VR/12

28 May 1975

CONTROL OF SEXUALLY TRANSMITTED DISEASES

The Twenty-eighth World Health Assembly,

Noting that sexually transmitted diseases, in particular syphilis and gonorrhoea, are still far from being controlled and that the severe complications they cause, if not adequately treated, have serious individual, community, social and economic consequences;

Noting that a better approach to this public health problem requires coordinated and multidisciplinary action, medical as well as informative, educative and social;

1. INVITES Member States to collect, disseminate and communicate to WHO epidemiological, statistical and operational information for the control of the sexually transmitted diseases;

2. REQUESTS governments to consider the need:

(a) to make optimal use of existing services and health structures to strengthen the control of sexually transmitted diseases;

(b) to encourage the appropriate training in this field of medical personnel and other health workers at all levels and the further training of existing personnel;

(c) to promote information and health education to all concerned in order to develop the sense of responsibility and respect for the integrity of all human beings;

3. REQUESTS the Director-General:

(a) to provide Member States with the advice and assistance necessary for a fuller appreciation of the public health aspects of sexually transmitted diseases;

(b) to encourage the holding of international, regional or national seminars, with WHO participation, for the exchange of information and further education of personnel and researchers;

(c) to establish and keep up to date guidelines for the organization of control activities, including technical specifications;

(d) to try to obtain from various sources within the United Nations system, as well as from nongovernmental and private organizations, budgetary resources with a view:

(i) to providing assistance to governments in planning and conducting studies and research on sexually transmitted diseases, their epidemiology, clinical study, diagnosis, treatment and prevention and on methods for their control;

(ii) to provide assistance, if requested, to governments already conducting control programmes; and

(e) to report on this subject to the World Health Assembly.

EFFECTIVE WORKING BUDGET AND BUDGET LEVEL FOR 1976

The Twenty-eighth World Health Assembly

DECIDES that:

- (1) the effective working budget for 1976 shall be US\$ 137 100 000;
- (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 1976 shall be financed by assessments on Members after deduction of the following:
 - (i) reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of US\$ 2 300 000;
 - (ii) the amount of US\$ 1 500 000 available as casual income for 1976.

Twelfth plenary meeting, 28 May 1975
A28/VR/12

28 May 1975

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

The Twenty-eighth World Health Assembly,

Having considered the nominations of the General Committee,¹

ELECTS the following as the further six Members entitled to designate a person to serve on the Executive Board: Guyana, Japan, Sudan, Swaziland, Togo and United Republic of Tanzania; the term of office of Guyana and of Japan to be for a period of one year, that of Sudan and of Togo for a period of two years and that of Swaziland and of the United Republic of Tanzania for a period of three years, in accordance with the provisions of Article 25 of the Constitution, as amended.

Twelfth plenary meeting, 28 May 1975
A28/VR/12.

¹ Document A28/62.

29 May 1975

UTILIZATION AND SUPPLY OF HUMAN BLOOD AND BLOOD PRODUCTS

The Twenty-eighth World Health Assembly,

Conscious of the increasing use of blood and blood products;

Having considered the information provided by the Director-General on Utilization and Supply of Human Blood and Blood Products;

Bearing in mind resolution XVIII of the XXII International Conference of the Red Cross;

Noting the extensive and increasing activities of private firms in trying to establish commercial blood collection and plasmapheresis projects in developing countries;

Expressing serious concern that such activities may interfere with efforts to establish efficient national blood transfusion services based on voluntary non-remunerated donations;

Being aware of the higher risk of transmitting diseases when blood products have been obtained from paid rather than from voluntary donors, and of the harmful consequences to the health of donors of too frequent blood donations (one of the causes being remuneration),

1. THANKS the Director-General for the actions taken to study the problems related to commercial plasmapheresis in developing countries;
2. URGES Member States
 - (a) to promote the development of national blood services based on voluntary non-remunerated donation of blood;
 - (b) to enact effective legislation governing the operation of blood services and to take other actions necessary to protect and promote the health of blood donors and of recipients of blood and blood products;
3. REQUESTS the Director-General
 - (a) to increase assistance to Member States in the development of national blood services based on voluntary donations, when appropriate in collaboration with the League of Red Cross Societies;
 - (b) to assist in establishing cooperation between countries to secure adequate supply of blood and blood products based on voluntary donations;
 - (c) to further study the practice of commercial plasmapheresis including the health hazards and ethical implications, particularly in developing countries;
 - (d) to take steps to develop good manufacturing practices specifically for blood and blood components in order to protect the health of both donors and recipients; and
 - (e) to report to the World Health Assembly on developments in these matters.

29 May 1975

DRUG DEPENDENCE

The Twenty-eighth World Health Assembly,

Recognizing the humanitarian necessity to provide health care and appropriate treatment and rehabilitation for drug-dependent persons;

Convinced that in the long term the serious public health problems resulting from the increasing self-administration of dependence-producing drugs cannot be solved unless prompt and effective measures are taken in all the countries of the world;

Recalling Article 38 of the Single Convention on Narcotic Drugs;

Reaffirming resolutions WHA23.42, WHA24.57, WHA25.62 and WHA26.52;

Noting also the unanimous resolution of the Commission on Narcotic Drugs, endorsed by the Economic and Social Council, concerning measures to reduce illicit demand for drugs; and

Commending the Director-General on the measures so far taken to implement the expanded programme in this field approved by the Twenty-fourth and Twenty-fifth World Health Assemblies,

1. REQUESTS the Director-General:

- (i) to accelerate the development of the reporting programme on the epidemiology of drug dependence;
- (ii) to further develop the world-wide exchange of information and to continue to foster activities related to prevention, treatment and rehabilitation and research in these fields;
- (iii) to sustain efforts to increase financial support necessary for effective implementation of the expanded programme in the field of drug dependence;
- (iv) to assist governments, in accordance with their requests, within the limits of available financial and technical resources, and in continuing collaboration with the United Nations Fund for Drug Abuse Control, to develop and apply integrated services for prevention, early detection, treatment and rehabilitation at the community level;
- (v) to develop further activities related to the monitoring of adverse side effects of psychoactive drugs in relation to their risk of abuse and dependence potential;
- (vi) to foster activities to determine the dependence potential of chemical substances having an effect on mood and behaviour, and to prepare guidelines for the safe and effective use of psychoactive drugs; and
- (vii) to bear in mind the need to provide staff resources to enable WHO to contribute effectively to the efforts of the United Nations system of organizations in the field of drug abuse control.

2. URGES Member States and Associate Members, where the non-therapeutic use of drugs and drug dependence are public health and social problems, to incorporate appropriate prevention, treatment and rehabilitation measures in their integrated public health programmes;
3. ALSO INVITES Member States and Associate Members to develop in accordance with international treaties for the control of dependence-producing drugs appropriate national legislation and other procedures to ensure that the marketing of dependence-producing products does not give rise to non-therapeutic use and dependence on such drugs and serves only legitimate medical and scientific interests;
4. FURTHER URGES Member States and Associate Members with the appropriate facilities to pursue research in these fields in order to develop and improve methods for the prevention and management of problems related to traffic in and non-therapeutic use of drugs and to drug dependence;
5. REQUESTS the Director-General to report progress on this matter to the Twenty-ninth World Health Assembly; and
6. REQUESTS the Director-General to transmit this resolution to Member States for their study and guidance.

Thirteenth plenary meeting, 29 May 1975
A28/VR/13

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29 May 1975

THE NEED FOR LABORATORY ANIMALS FOR THE CONTROL OF BIOLOGICAL
PRODUCTS AND THE ESTABLISHMENT OF BREEDING COLONIES

The Twenty-eighth World Health Assembly,

Taking into account the increasing use of experimental animals, particularly non-human primates (simians) in biomedical research, in vaccine production and in the safety controls for therapeutic substances in current use, pending the development of better alternative methods,

Recognizing instances where the inappropriate use of simians has led to the severe limitation of the supply of simians for legitimate scientific purposes,

1. URGES Member States:

- (a) to review the practices of research institutions and pharmaceutical concerns in their use of simians;
- (b) to establish guidelines for the use of simians to ensure their economic use;
- (c) to request their health administrations to explain to other branches of government the significance to human health of the use of simians;
- (d) to cooperate with other states in assuring the immediate and long-term availability of simians for legitimate health needs;
- (e) where appropriate to make available the simians necessary for the establishment of breeding colonies;

2. REQUESTS the Director-General:

- (a) to assist in developing international guidelines for the use of simians in human health programmes;
- (b) to advise on methods of limiting the unnecessary international trade in simians, which frequently carry unsuspected diseases dangerous to humans; and
- (c) to review the situation and report to the Twenty-ninth World Health Assembly.

Thirteenth plenary meeting, 29 May 1975
A28/VR/13

29 May 1975

DEVELOPMENT OF THE ANTIMALARIA PROGRAMME

The Twenty-eighth World Health Assembly,

Recalling resolution WHA27.51:

Having considered the Director-General's report on the development of the antimalaria programme and the views expressed on the subject by the Executive Board at its fifty-fifth session:

Recognizing the grave consequences, especially for children, of the deteriorating epidemiological situation in a number of countries carrying out antimalaria programmes:

Conscious of the urgent need for the Organization to take active steps particularly to contain the present recrudescence of malaria in many parts of the world;

Realizing with concern the serious difficulties, especially the shortage of insecticides, antimalarial drugs and equipment and the increasing cost of supplies, transport and services, the governments have to face to maintain the required degree of efficiency of antimalaria operations;

Further realizing that resources from the Voluntary Fund for Health Promotion - malaria special account - are no longer available at the level at which the necessary assistance could be provided to Member States;

Noting with satisfaction the decision of the Board to establish an ad hoc committee of its members to give close attention to the matter in cooperation with the Secretariat,

1. URGES the governments to re-examine their health priorities with due regard to the malaria situation and the potential spread of the disease in their countries and to mobilize the national resources required to ensure continuous support to the implementation of their antimalaria programmes;
2. INVITES the regional committees at their forthcoming sessions to give special attention to the malaria situation in the regions and make recommendations regarding the orientation of antimalaria programmes in regional frameworks;
3. REQUESTS the Director-General, taking into account the considerations of the ad hoc Committee on Malaria established by the Executive Board:
 - (1) to assist Member States in the planning, evaluation and implementation of anti-malaria programmes according to the particular situation, needs and resources of each country;
 - (2) to carry out a thorough review of the present position regarding the development and production of antimalarials and insecticides, with a view to ensuring the timely availability of these essential tools, at accessible costs, for national antimalaria programmes; and

- (3) to inform, with a view to securing their cooperation, all international institutions and organizations, particularly UNICEF, as well as bilateral agencies of the deterioration in the epidemiological situation with regard to malaria, caused primarily by the difficulties countries are encountering in securing insecticides, antimalarial drugs, equipment and transport and the urgent need for greater assistance for antimalaria programmes;
4. URGES countries with available resources to contribute further to the Voluntary Fund for Health Promotion - malaria special account - either in money or in kind or to provide assistance through bilateral agreements within the framework of agreed programmes and plans of actions;
5. REQUESTS the Executive Board to continue to give close attention to the development of the antimalaria programme on a global basis and to report as appropriate to the World Health Assembly.

Thirteenth plenary meeting, 29 May 1975
A28/VR/13

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29 May 1975

PROMOTION OF NATIONAL HEALTH SERVICES RELATING
TO PRIMARY HEALTH CARE

The Twenty-eighth World Health Assembly,

Having considered the report of the Director-General on the promotion of national health services;

Regarding primary health care as the point of entry for the individual to the national health system, where it should be an integral part of that system and related closely to the life patterns and needs of the community it serves, and be fully integrated with the other sectors involved in community development;

Agreeing with the urgent need for the provision of primary health care (promotive, preventive, curative and rehabilitative) for underserved populations;

Reaffirming its previous resolutions and decisions (including WHA20.53, WHA23.61, WHA25.17, WHA26.35, WHA26.43 and WHA27.44) concerning especially the need to encourage the provision and expansion of effective, comprehensive health care to meet the right of access to such care for all people;

Emphasizing that such primary health care can be most effectively provided within a comprehensive national health system appropriate to the conditions and needs of each country, taking due account of relevant experiences in other countries,

1. THANKS the Director-General for his report, considering it a useful step towards the implementation of the resolutions;
2. URGES Member States to take the necessary steps to develop and implement plans of action in the area of primary health care, leading to the provision of a comprehensive health care system to the total population;
3. REQUESTS the Director-General
 - (a) to continue the work already begun in accordance with resolution EB55.R16 as outlined in his report, making full use of national and international experience in primary health care and of all available resources within and outside the regular budget,
 - (b) to encourage Member States to train and use health personnel with appropriate levels of skills within an organizational structure which ensures their effective support and guidance. Such personnel should, as far as practicable, have the opportunity for continuing training with the object of raising standards and securing professional advancement.

(c) to coordinate and foster research into improvement of primary health care systems, to disseminate information on new advances and experience in Member States, and to encourage the evaluation of such experiences.

4. FURTHER REQUESTS the Director-General:

(a) to promote and assist in the development of primary health care activities with the active participation of different socio-economic sectors, and through the use of different entry points, e.g. national development planning, rural and other inter-sectoral development activities;

(b) to continue consultations with Member States, relevant national and international agencies in order to obtain assistance in the development of an expanded long-term programme for primary health care, including the technical and financial aspects;

(c) to report progress periodically to the Executive Board and to a future World Health Assembly.

5. CONSIDERS it desirable, in view of the great importance of the problem of organizing primary health care within the framework of comprehensive national health systems and services, to hold as soon as possible an international meeting or conference under WHO auspices to exchange experience on the development of primary health care as part of national health services, especially as regards the aspects of planning and evaluation; and

6. INSTRUCTS the Executive Board to consider and determine at its fifty-seventh session the date, place, and concrete programme for such a conference.

Thirteenth plenary meeting, 29 May 1975
A28/VR/13

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A N N E X II

22 May 1975

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

The Twenty-eighth 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, 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 1975;

Noting further the proposals made by Paraguay for settlement of its outstanding contributions;

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 1974,

1. DECIDES not to suspend the voting privileges of Bolivia, El Salvador, Haiti and Paraguay at the Twenty-eighth World Health Assembly;
2. ACCEPTS the settlement of its arrears proposed by Paraguay to the effect that the consolidated outstanding contributions for the years 1972-1975 be paid in 10 equal instalments of US\$ 13 650 in the years 1976-1985;
3. DECIDES that if the arrangements specified in operative paragraph 2 above are fulfilled by Paraguay it will be unnecessary for future Assemblies to invoke the provisions of paragraph 2 of resolution WHA8.13 and that, notwithstanding the provisions of Financial Regulation 5.6, payments of contributions of Paraguay for the year 1976 and future years shall be credited to the year concerned;
4. 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;
5. DECIDES to suspend the voting privileges of the Dominican Republic at the Twenty-eighth World Health Assembly;

6. 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
7. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Eleventh plenary meeting, 22 May 1975
A28/VR/11

28 May 1975

ANNUAL REPORTING BY THE DIRECTOR-GENERAL

The Twenty-eighth World Health Assembly,

Having considered the report of the Director-General on the subject of annual reporting by the Director-General, and the recommendations of the Executive Board thereon,

1. CONSIDERS it desirable that the Director-General should:

(1) publish in the Official Records in even-numbered years, beginning in 1978, a comprehensive report on the work of WHO during the preceding two years;

(2) issue in odd-numbered years, beginning in 1977, a short report covering significant matters and developments during the preceding even-numbered year;

(3) report on projects, hitherto listed in the Annual Report, in a separate document, in such a form as to facilitate evaluation of the Organization's programme; and, further,

2. CONSIDERS it desirable that the Executive Board at its fifty-seventh session continue its review of the content and rationalization of the Director-General's Report and other documents on the work of WHO.

Twelfth plenary meeting, 28 May 1975
A28/VR/12

28 May 1975

ORGANIZATIONAL STUDY ON THE INTERRELATIONSHIPS
BETWEEN THE CENTRAL TECHNICAL SERVICES OF WHO
AND PROGRAMMES OF DIRECT ASSISTANCE TO MEMBER STATES

The Twenty-eighth World Health Assembly

Having examined the report of the Executive Board on the Organizational Study on the Interrelationships between the Central Technical Services of WHO and Programmes of Direct Assistance to Member States;

Recalling resolutions EB51.R40, EB51.R54, EB53.R44, EB55.R26, WHA26.36 and WHA27.18,

1. CONGRATULATES the Executive Board for its study on the Interrelationships between the Central Technical Services of WHO and Programmes of Direct Assistance to Member States;
2. NOTES with appreciation its findings, conclusions and recommendations, and in particular the necessity of an integrated approach to the development of the Organization's programmes, all programme activities at all levels being mutually supportive and parts of a whole;
3. STRESSES the importance of programme planning being viewed as a joint endeavour in which national authorities, WHO representatives, Regional Committees, regional offices, the Executive Board, the World Health Assembly and WHO headquarters should all be involved;
4. URGES that the Organization's mechanism for the allocation and reallocation of resources, not only within programmes and regions, but also between programmes and regions, should comply with the principle of responding to integrated programme planning; and
5. REQUESTS the Director-General to apply the conclusions and recommendations in the formulation and implementation of future programmes of the Organization.

Twelfth plenary meeting, 28 May 1975
A28/VR/12

ORGANIZATIONAL STUDY ON THE INTERRELATIONSHIPS
BETWEEN THE CENTRAL TECHNICAL SERVICES OF WHO
AND PROGRAMMES OF DIRECT ASSISTANCE TO MEMBER STATES

The Executive Board,

Recalling resolution WHA26.36 by which the Health Assembly requested the Executive Board to carry out an organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States,

1. THANKS the Working Group (Dr Chen Hai-feng, Dr S. P. Ehrlich, Jr, Dr R. Lekie, Dr N. Ramzi, Professor Julie Sulianti Saroso, Dr C. N. D. Taylor and Professor J. Tigyi) which prepared the organizational study;
2. TRANSMITS its study¹ to the Twenty-eighth World Health Assembly;
3. DRAWS THE ATTENTION of the Assembly to its findings, conclusions and recommendations, and in particular to the necessity of an integrated approach to the development of the Organization's programmes, all programme activities at all levels being mutually supportive and parts of a whole;
4. INVITES the regional committees to take full account of the implications of the study for regional programmes;
5. DECIDES to take the conclusions and recommendations of the study into account in its preparation of the Sixth General Programme of Work covering a Specific Period; and
6. REQUESTS the Director-General to apply the conclusions and recommendations in the formulation and implementation of future programmes of the Organization.

COMMENT BY THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS
ON RESOLUTIONS EB55.R26 AND WHA28.30

These resolutions convey the concern of the World Health Organization and the Executive Board with finding the best possible means of enabling the Organization to discharge its constitutional functions of working in concert with the Member States in the improvement of health levels.

Based on a concept evolved at the various levels of the Organization, changes in approaches and work methods are proposed with the aim of placing particular emphasis on active participation of the countries in the preparation of the Organization's programs and the coordination of external assistance.

28 May 1975

PARTICIPATION IN THE REGIONAL COMMITTEE FOR AFRICA OF
MEMBERS NOT HAVING THEIR SEAT OF GOVERNMENT WITHIN THE REGION

The Twenty-eighth World Health Assembly,

Having considered resolution AFR/RC24/R8 on the participation in the Regional Committee for Africa of Members not having their seat of government within the Region,

1. DECIDES to give effect to operative paragraph 4 of resolution AFR/RC24/R8 and to request the Director-General and the Regional Director to act accordingly;
2. REQUESTS the Director-General and the Regional Directors to bring these resolutions to the attention of other Regional Committees.

Twelfth plenary meeting, 28 May 1975
A28/VR/12



TWENTY-EIGHTH WORLD HEALTH ASSEMBLY

Provisional agenda item 3.12

PARTICIPATION IN THE REGIONAL COMMITTEE FOR AFRICA
OF MEMBERS NOT HAVING THEIR SEAT OF GOVERNMENT
WITHIN THE REGION

At its twenty-fourth session, held in Brazzaville in September 1974, the Regional Committee for Africa adopted resolution AFR/RC24/R8 on the participation of colonial powers in Regional Committee meetings (Annex A to this document).

In its fourth operative paragraph, the Regional Committee requested the Regional Director to forward this resolution to the Director-General with the request that he transmit it to the Twenty-eighth World Health Assembly for it to take such action that will put an immediate end to the participation of any colonial power in the meetings of the Regional Committee for Africa.

The Director-General is accordingly transmitting this resolution to the World Health Assembly, together with the summary records of the discussion on this subject in the Regional Committee (Annex B to this document) at its third and fifth meetings.

The Director-General draws the attention of the World Health Assembly to Article 47 of the Constitution, dealing with the representation of Members, Associate Members and territories in Regional Committees, as well as to resolution WHA2.103, the text of which is to be found in Basic Documents, twenty-fourth edition, at pages 20, 21 and 22.

PARTICIPATION OF COLONIAL POWERS IN
REGIONAL COMMITTEE MEETINGS

The Regional Committee,

Recalling United Nations General Assembly resolution 3118 (XXVIII) requesting specialized agencies to take necessary steps to ensure the representation of the national liberation movements in meetings of specialized agencies;

Recalling further World Health Assembly resolution WHA27.37 calling on the Director-General to take the necessary steps to invite representatives of the national liberation movements recognized by the Organization of African Unity to attend the meetings of WHO in an observer capacity;

Noting that under World Health Assembly resolution WHA2.103 colonial powers purporting to represent the interests of countries and certain territories in the African Region may participate as Members of the Regional Committees;

Mindful that the resulting situation of a country or territory being represented at the Regional Committee by both a liberation movement and a colonial power is highly anomalous at this juncture of African history,

1. REITERATES its unreserved support for resolution WHA27.37;
2. COMMENDS the Director-General and the Regional Director for their speed in implementing resolution WHA27.37;
3. DISAPPROVES of the participation of any colonial power as a Member of the Regional Committee for Africa; and
4. REQUESTS the Regional Director to forward this resolution to the Director-General with the request that he transmit it to the Twenty-eighth World Health Assembly for it to take such action that will put an immediate end to the participation of any colonial power in the meetings of the Regional Committee for Africa.

Fifth meeting, 9 September 1974

MINUTES OF THE THIRD MEETING

2. DECISIONS OF REGIONAL INTEREST TAKEN BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD:
Item 7 of the Agenda

Resolutions of regional interest adopted by the Twenty-seventh World Health Assembly and the Executive Board at its fifty-third and fifty-fourth sessions: Item 7.1 of the Agenda
(document AFR/RC24/4)

The REGIONAL DIRECTOR invited the Committee to make comments and recommendations on a number of resolutions adopted by the Twenty-seventh World Health Assembly and by the Executive Board at its fifty-third and fifty-fourth sessions.

. . .

Mr NYANG'ANYI (United Republic of Tanzania) noted with satisfaction the efforts made by the Regional Director in trying to get liberation movements to attend the Regional Committee. Press Release AFR/RCM/74.004 gave the erroneous impression that delegations from 11 African liberation movements were attending the present session, but all were agreed that their presence would have been a historical event in the struggle of the African peoples for their dignity and rightful place in their motherland. He urged the Secretariat and the Regional Office to look into the possibilities of facilitating the presence of delegations from the liberation movements at the next Regional Committee in Cameroon.

At that point in their struggle, the liberation movements needed aid more than ever before, but that aid should be handled with greater caution. He deplored the lack of coordination between international agencies helping the liberation movements. Certain United Nations agencies were ready to procure drugs and equipment for them and WHO had to give technical clearance with regard to the appropriateness of the drugs and equipment. Sometimes the liberation movements were not satisfied because vital items were cancelled or mishandled.

Finally, he drew attention to the incompatibility of inviting the delegate of France as the representative of the Comoro Islands as well as a delegate from the liberation movement of that territory.

Dr MAHLER, Director-General, confirmed that, in accordance with the provision of the Constitution of WHO and the relevant Rules of Procedure, France was invited to attend Regional Committee meetings. Barring any changes to the existing provisions, the Secretariat had to adhere to that procedure. Furthermore, according to the resolutions taken, and because the liberation movement of the Comoro Islands was recognized by the Organization of African Unity, an invitation was to be sent to it. Whatever interpretation was laid on the situation, the Secretariat had to act according to the provisions of the Constitution and pertinent Rules of Procedure. Hence, invitations would be extended to both the Government of France and the liberation movement.

Mr NYANG'ANYI (United Republic of Tanzania) said that he appreciated the difficulties arising out of that situation. He asked whether a decision taken at the Regional Committee superseded one taken at WHO Headquarters on such matters. It was not clear to him whether the Regional Committee made recommendations to the World Health Assembly or the Executive Board on any issue presenting difficulties.

Dr MAHLER, Director-General, quoted the relevant passage of Basic Documents, page 21, reading as follows:

"2. Those States Members not having their seat of government within the region, which (a) either by reason of their Constitution consider certain territories in the region as part of their national territory, or (b) are responsible for the conduct of the

Annex B

international relations of territories or groups of territories within the region, shall participate as Members of the regional committee, in which case they shall have all the rights, privileges and obligations of Member States in the region, but with only one vote for all the territories or groups of territories in the region, as defined in (a) and (b) above;"

Invitations were not issued by Headquarters but by the regional organization, and the latter had obviously been guided by the relevant resolutions of the World Health Assembly and by the constitutional provisions. It was, of course, possible for the Regional Committee to pass a resolution that would be passed in turn to the World Health Assembly. In the light of that resolution, the Assembly might adjust its attitude towards the problem under consideration.

Mr NYANG'ANYI (United Republic of Tanzania) formally notified the Secretariat of his delegation's intention to submit such a resolution to the Committee.

. . .

Draft resolution AFR/RC24/WP/8: Participation of colonial powers as Members of the Regional Committee for Africa

Dr KEITA (Mali), French-language Rapporteur, read out the draft resolution.

Dr ONYANGO (Kenya) proposed that the words "adopted by the Twenty-seventh World Health Assembly", in the first operative paragraph, be deleted.

The REGIONAL DIRECTOR explained that the words "adopted by the Twenty-seventh World Health Assembly" had been added simply for the benefit of readers who did not understand what was meant by "WHA27". However, if the Committee preferred, that clause would be deleted.

Dr PAPA GAYE (Senegal) commented that the explanation was already given in the second paragraph of the preamble, and there was no need to repeat it.

The CHAIRMAN said he felt the Committee would prefer to delete the words "adopted by the Twenty-seventh World Health Assembly" at the end of the first operative paragraph.

It was so decided.

Decision: The draft resolution, as amended, was adopted.

. . .



COMMITTEE B

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

Palais des Nations, Geneva
Friday, 23 May 1975, at 2.40 p.m.

CHAIRMAN: Dr J. S. CAYLA (France)
Later: Professor F. RENGER (German Democratic Republic)

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Note: Corrections to this provisional summary record should be submitted in writing to the Chief, Records Service, Room 4103, within 48 hours of its distribution. Alternatively they may be handed in to the Conference Officer.

1. HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST: Item 3.11 of the Agenda (Resolution WHA27.42, Parts A and B; Documents A28/20, A28/39, A28/WP/1) (continued)

The CHAIRMAN reminded the Committee that debate on item 3.11 had been closed at the previous meeting and a resolution voted; consequently he could only entertain requests to speak in explanation of votes.

Mr GAYNOR (Ireland), explained, on their behalf, why the nine Member States of the European Communities had abstained. Health assistance to refugees and displaced persons was a humanitarian problem to which the States for which he spoke were not indifferent. It was regrettable that the Special Committee of the World Health Assembly had not been able to carry out its functions. The nine States would have liked to vote for a resolution that would have assisted in solving the problem, but the resolution adopted had wording and implications that they considered inappropriate. It was unfortunate, too, that the resolution had made no specific reference to UNRWA, whose excellent work was well known.

Mr THIBAUT (Canada) said that while his delegation agreed in spirit with the aim of the resolution adopted - namely, an increased assistance to the populations of the occupied territories - certain parts of the resolution were not in accord with his Government's policies. With regard to Part C, for example, Canada was not in a position to take a stand on the question of the Palestine Liberation Organization as the sole spokesman for all Palestinians. Moreover, his Government considered that the future status of the occupied territories was an important element in forthcoming negotiations between the countries concerned. For those reasons his delegation had abstained.

Mr REKOLA (Finland) said that, while his Government was concerned about the inhabitants of the occupied territories and considered unacceptable any changes in the physical character, composition of population, institutional structure, or status of the occupied territories, his delegation had abstained because the resolution had contained paragraphs that it could not support. They included the third preambular paragraph of Part B of the resolution, which implied a limitation, in accordance with Article 7 of the Constitution, of the rights of Member States in exceptional circumstances; in the opinion of his Government the circumstances in question did not justify the application of Article 7. He regretted that the Special Committee had not been established in a way that would have enabled it to carry out its humanitarian mandate and that Israel had therefore denied it entry to the occupied territories. It was of the utmost importance for the Assembly to have reliable and complete information on the conditions there. His Government thought that Security Council resolutions 242 of 1967 and 338 of 1973 provided a basis for a just and durable solution to the problems of the Middle East. A prerequisite for such a solution was the withdrawal of Israel from the territories it had occupied in the war of 1967. The aim should be a solution that took account of the legitimate rights of Palestinians.

Dr MORK (Norway) said that his country shared the general anxiety about the health of the population in the areas dealt with in the resolution and had contributed substantially to the international relief programme for the refugees and displaced persons in the Middle East. His delegation had, however, been unable to support the resolution because it contained formulations that might contravene the principles of his Government. That was especially true of the third preambular paragraph of Part A and the third preambular paragraph of Part B.

Mrs RODRIGUEZ LARRETA (Uruguay) said that her country was in favour of sincere and constructive dialogue and would support all types of programme for the betterment of health. But the draft resolution approved had a considerable political content made even more serious by the problems for the solution of which WHO was not the appropriate forum and which had not been solved elsewhere. Part A of the resolution, which dealt essentially with the maintenance and improvement of health and living conditions in the occupied territories, deserved warm support as being within the aims of WHO and what her country stood for; as regards Part B, concerning the Special Committee of Experts, an open and sincere dialogue might have permitted a compromise solution; Part C, however, she did not consider relevant since it would give powers of control to a belligerent organization. Those were the considerations on which her delegation has based its vote.

Mr WHITLAM (Australia) said that his delegation had abstained because, in spite of its natural concern for the health and welfare of refugees and displaced persons in the occupied territories, it did not feel that the tone and general thrust of the resolution would be likely to contribute constructively to the urgent search for a lasting settlement to problems in the Middle East.

Dr TORRES NAVARRO (Bolivia) said that his delegation maintained that the introduction of political problems into the discussions of technical organizations should be avoided: such problems were the concern of other international organizations. For that reason his delegation had not been able to support the draft resolution as a whole. It would, however, support any measures to improve the living conditions of and any health assistance to the refugees and displaced persons in the Middle East and so had supported the proposal that the parts of the draft resolution be put to the vote separately.

Dr VALLADARES (Venezuela) said that much to his regret he had been unavoidably absent at the time of the vote at the previous meeting. He wished to place on record that the Venezuelan delegation would have abstained for the reasons given by the other delegations that had done so.

Mr MENA (Costa Rica) said that Costa Rica was opposed to no country, and, indeed, had no army. Problems that countries did not wish to solve could not be solved by the international organizations, and he urged that an urgent appeal be made to the parties in conflict to get together to resolve their problems immediately for the benefit, not only of the population of the area, but of all mankind.

Mrs CRUTCHLEY (New Zealand) said that her delegation had abstained from voting, particularly because of its reservations concerning the third preambular paragraph 3 of Part B of the resolution. The implications of that paragraph were disturbing and not in accord with the stand that her Government had traditionally maintained on the question. However, she wished to record her Government's sympathy with the refugees and displaced persons in the Middle East.

Dr CARRAL TOLOSA (Argentina) said that if the draft resolution had been put to the vote paragraph by paragraph, his delegation would have abstained on paragraph 3 of Part A and on Part B. Paragraph 3 of Part A was too partial, going into political matters that should be dealt with in other forums, and he regretted that the problem had had to be considered in WHO once again. However, since the resolution had been put to the vote as a whole, his delegation had voted in favour of it, since it considered that any person needing help if his health was threatened should receive it, especially with the participation of bodies related to WHO.

Mr ONISHI (Japan) said that his delegation had wished to support the humanitarian aims of the resolution but had abstained because some elements in Part C were not acceptable to his Government.

2. USE OF GERMAN AS A WORKING LANGUAGE IN THE REGIONAL ORGANIZATION FOR EUROPE: Item 3.13 of the Agenda (Resolution EB55.R12; Official Records No. 223, Part I, Annex 5)

Dr TAYLOR (representative of the Executive Board) said that the Regional Committee for Europe, having taken into consideration the wish expressed by Austria, the Federal Republic of Germany and the German Democratic Republic that German be introduced as a working language in the Regional Committee and the Regional Office for Europe had adopted a resolution to that effect at its twenty-fourth session. At its fifty-fifth session, the Executive Board had examined the proposal to introduce, as a first step, interpretation from and into German at the twenty-sixth session of the Regional Committee in 1976. The estimated cost would be US\$ 5000 per year for 1976 and 1977 and could be met within the budgetary provisions for those two years.

The Board had also been informed that the cost of using German as a working language in the Regional Committee for Europe would be approximately US\$ 106 000 a year and if, in addition, German was used as a working language in the Regional Office the total cost would be approximately US\$ 380 000 a year. After consideration of the matter, the Executive Board had adopted resolution EB55.R12, recommending that the Twenty-eighth World Health Assembly support in principle the adoption of German as a working language of the Regional Committee for Europe and that it request the Regional Committee to examine at its twenty-fifth session proposals to be submitted by the Regional Director for the gradual implementation of the principle, taking into account the material and financial implications. The same resolution also requested the Director-General to examine, with a view to a decision to be taken later, the material and financial implications of a phased extension of the use of the German language in the Regional Office for Europe.

Professor AUJALEU (France) added that the proposal of the Regional Committee for Europe had been adopted unanimously by the Executive Board.

Mr PARROTT (United Kingdom of Great Britain and Northern Ireland) welcomed the Executive Board resolution EB55.R12, which proposed the introduction of German in a very restrained way.

Professor LISICYN (Union of Soviet Socialist Republics) also supported the proposal. Experience in various United Nations bodies with the introduction of the use of German had shown that the proposal was rational and could be successfully implemented.

Dr VALLADARES (Venezuela) (Rapporteur) then read the following draft resolution.

The Twenty-eighth World Health Assembly,

Noting resolution EB55.R12 adopted by the Executive Board at its fifty-fifth session concerning the use of the German language in the Regional Organization for Europe,

1. SUPPORTS in principle the adoption of the German language as a working language of the Regional Committee for Europe;
2. REQUESTS the Regional Committee for Europe to examine at its twenty-fifth session proposals to be submitted by the Regional Director for the gradual implementation of the principle, taking into account the material and financial implications; and
3. REQUESTS the Director-General to examine, with a view to a decision to be taken at a later date, the material and financial implications of a phased extension of the use of the German language in the Regional Office for Europe.

Decision: The draft resolution was approved.

Professor Renger (German Democratic Republic) took the Chair

3. PARTICIPATION IN THE REGIONAL COMMITTEE FOR AFRICA OF MEMBERS NOT HAVING THEIR SEAT OF GOVERNMENT WITHIN THE REGION: Item 3.12 of the Agenda (Document A28/21)

Mr GUTTERIDGE (Director, Legal Division), introducing the item, said that at its twenty-fourth session the Regional Committee for Africa had adopted resolution AFR/RC24/R8, dealing with the participation of colonial powers in Regional Committee meetings, and inter alia, requesting that the resolution be transmitted to the Twenty-eighth World Health Assembly for it to take action that would put an end to the participation of any colonial power in the meetings of the Regional Committee for Africa. That resolution was annexed to document A28/21, which also bore an introductory note by the Director-General; he called attention to the fourth paragraph of that note, which referred to the constitutional and other provisions affecting the matter.

Miss BOA (Ivory Coast) explained that the purpose of resolution AFR/RC24/R8 was to resolve a contradiction between two past resolutions of the Health Assembly. Resolution WHA2.103 authorized colonial powers representing the interests of countries and territories in the African Region to participate in Regional Committee meetings as Member States. On the other hand, resolution WHA27.37 requested the Director-General to take the necessary steps to invite the representatives of national liberation movements recognized by the Organization of African Unity to attend the meetings of WHO in an observer capacity. The second resolution cancelled the first, since it was unthinkable that one country should be represented by two delegations. She appealed to all delegations anxious for the rapid liberation of countries and territories under colonial administration to act in conformity with resolution 3118 (XXVIII) of the United Nations General Assembly (which requested all specialized agencies to take measures to ensure the representation of national liberation movements at their meetings) and to support unanimously the resolution adopted by the Regional Committee for Africa.

Mr FINDLAY (Sierra Leone) said that resolution WHA27.37 had had the unreserved support of the Regional Committee for Africa, at its twenty-fourth session, when representatives had also expressed their disapproval of the participation in the Regional Committee of any colonial power. In 1949, when resolution WHA2.103 had been adopted, nearly all countries in the African Region had been under colonial domination. Today, however, the vast majority were sovereign States. It was a matter of regret that resolution WHA2.103 had not been expunged or amended with the passage of time. However, as it still formed part to the decisions of the Assembly, both the Director-General and the Regional Director continued to be bound by it. His delegation therefore moved the amendment of resolution WHA2.103 by the deletion of paragraphs 2 and 3(4) and the consequent renumbering of the remaining paragraphs. He also appealed to the Committee to approve the resolution that had been adopted by the Regional Committee.

Mr CHU Hsing-kuo (China) said that the prolonged, merciless plunder of Africa by the colonial powers had aroused the vehement resistance of the African people, who had finally won their independence. The resolution of the Regional Committee for Africa had been fully justified and had the support of his delegation.

Dr HASSAN (Somalia) also agreed with the resolution, but thought that its scope should be widened. Some parts of Africa were in other WHO Regions, and colonial powers still represented certain territories in Regional Committees. He proposed that operative paragraph 3 of resolution AFR/RC24/R8 should be amended to read "a Regional Committee" rather than "the Regional Committee for Africa" and operative paragraph 4 to read "in the meetings of Regional Committees" rather than "in the meetings of the Regional Committee for Africa".

Dr TOURE (Senegal) hoped that the voice of France - as the power principally concerned by the Regional Committee resolution, in respect of the Comoro Archipelago and Réunion - would be heard in the debate, which would benefit by France's deep understanding of colonial problems.

Professor LISICYN (Union of Soviet Socialist Republics) expressed his support for resolution AFR/RC24/R8 and for the amendments proposed by the delegate of Somalia.

Dr TARIMO (United Republic of Tanzania) said that the aim of the Regional Committee's resolution had been to rationalize an anomalous situation brought about by the changes since 1949, when resolution WHA2.103 had been adopted. He supported the amendments proposed by the delegate of Somalia, because it would make applicable to the whole world a resolution originally intended to apply only to the African Region.

Dr WRIGHT (Niger) thought that the time had come when the colonial powers should realize that they were out of place in meetings of Regional Committees. Countries that had attained independence were mature enough to take care of their own interests. He supported the resolution as it stood but the amendments proposed by the Somali delegate placed him in a quandary as they extended a regional resolution to an interregional scale. He agreed with the spirit of the amendments and could support them if other persons or other committees felt that the scope of the original resolution should be widened.

Mr PARROTT (United Kingdom of Great Britain and Northern Ireland) expressed concern regarding the procedural aspects of the discussion. The agenda item under consideration clearly referred to participation in the Regional Committee for Africa. The Constitution of WHO dealt not with colonial powers but rather with countries responsible for the conduct of the international relations of territories or groups of territories, and some territories in that situation would resent the term "colony" being applied to them. In accordance with the Constitution and decisions of the Health Assembly, a country that had responsibility for a territory was allowed to participate in Regional Committees, and that was recognized in the third preambular paragraph of the resolution under discussion. The agenda item under discussion would take on a different complexion if amendments were to be made to a resolution already adopted by the Regional Committee for Africa. He felt that some guidance was needed from the secretariat on whether the proposed amendments and expansion of an agenda item were in order.

Mr GUTTERIDGE (Director, Legal Division) said that the conditions for the participation in Regional Committees of territories that were not responsible for the conduct of their international relations and were not Associate Members were laid down in resolution WHA2.103, adopted on 30 June 1949. In accordance with Article 47 of the Constitution, the nature and extent of the rights and obligations of those territories should be determined by the Health Assembly in consultation with the authority responsible for the international relations of those territories and with the Member States in the region.

Operative paragraph 1 of the resolution, interpreting Article 47, defined the States Members in a region; operative paragraph 2 prescribed the arrangements for participation of States Members not having their seat of government within the region. Those provisions had, of course, been adopted in the light of the conditions prevailing at the time, and the Assembly could, if it so desired, modify them by a further resolution.

The Committee had before it two proposals. The first was that resolution WHA2.103 should be amended by the deletion of operative paragraphs 1 and 2 and operative subparagraphs 3(1), 3(3) and 3(4), so that the resolution would relate to Associate Members only. At the present juncture and having regard to the comments made by the representative of the United Kingdom, since the participation of the territories in question in Regional Committees was governed by a Health Assembly resolution, the modification of the arrangements for their participation could hardly be considered in respect of one Regional Committee in isolation from the other Regional Committees. It could therefore be considered to be within the competence of Committee B to examine that question in a wider framework if it chose to do so.

The second proposal, put forward by the delegate of Somalia, was that resolution AFR/RC24/R8 should be modified, but it was doubtful whether the Committee could modify a Regional Committee resolution except by recommending to the World Health Assembly a new draft resolution to that effect. If the Regional Committee resolution were rather recast as a new resolution, the difficulty would then be that as long as resolution WHA2.103 remained in force the two resolutions would be in apparent conflict, although the latter resolution could be presumed to overrule the earlier. Members might, however, deem it preferable to find a way of avoiding such a conflict. If the intention was to abrogate the provisions of operative paragraph 2 of resolution WHA2.103, then it might be advisable to consider the possibility of undertaking a re-examination of WHA2.103.

Mr SCHUMANN (German Democratic Republic) said that he supported the resolution AFR/RC24/R8 and the amendment proposed by Somalia. In the event of a conflict of interpretation between that resolution and resolution WHA2.103, there could be no doubt in his view that the principle lex posterior derogat priori applied.

Dr CAMARA (Guinea) said that he supported resolution AFR/RC24/R8, which had been adopted unanimously at Brazzaville, and the amendments proposed by the delegate of Somalia, which were intended to give it universal application.

Dr HASSAN (Somalia) thought it could be assumed that a later resolution overrode ipso facto the provisions of any earlier resolution apparently in conflict with it. On that basis he urged the acceptance of his amendments to resolution AFR/RC24/R8 so as to avoid the duplication of work that would be necessary if other Regional Committees had to submit similar draft resolutions in respect of their own regions, as would certainly be the case in the Eastern Mediterranean Region.

Dr SACKS (Secretary) explained that the amendment proposed by Sierra Leone referred, not to any constitutional text, but to resolution WHA2.103 which had been adopted by the Second World Health Assembly. Resolution AFR/RC24/R8 was a resolution of the Regional Committee for Africa transmitted as such for submission to the current Health Assembly; any decision with regard to it would have to be taken by a Health Assembly resolution based on the discussions in the Committee.

Mr FINDLAY (Sierra Leone) said that the adoption of the amendment he had proposed to resolution WHA2.103 would remove the legal problems that had been raised. In addition, the resolution AFR/RC24/R8 should also be approved.

Dr OULD BA (Mauritania) supported the resolution which had been adopted unanimously by the Regional Committee for Africa and the amendment proposed by the delegate of Somalia because it would simplify the task of the Assembly and avoid the possibility of the Committee's having to consider other similar resolutions in future years. Territories not responsible for their international relations could no longer be represented by countries outside their region, but only by their own leaders or liberation movements. He proposed that the secretariat be asked to draft a text that would express the consensus of the Committee. Operative paragraph 2 of resolution WHA2.103 should in any case be amended in order to avoid possible misunderstanding in the future. The Assembly could also treat resolution AFR/RC24/R8 as a draft resolution proposed by the Regional Committee for Africa and adopt it separately. Alternatively, both matters could be dealt with in a single draft resolution.

Dr ADESUYI (Nigeria) said that the question could be dealt with step by step. The Committee should first approve the resolution of the Regional Committee; it should then forward the resolution to the Director-General for transmission to the Health Assembly as requested in operative paragraph 4 of the resolution, and afterwards deal with the question of the amendment of resolution WHA2.103.

Mr PARROTT (United Kingdom of Great Britain and Northern Ireland) said he supported the proposal made by the representative of Mauritania that the secretariat be invited to prepare a draft resolution that would amend resolution WHA2.103, if that was the general desire. Action was, however, called for in order to avoid prejudicing the rights of certain territories that were not yet responsible for their international relations, some of which did not wish to assume that responsibility at that stage. Furthermore, since the resolution before the Committee related to the African Region only, it might be more courteous to allow other Regional Committees to consider the question before making the resolution applicable to all parts of the world.

Mr NOZIGLIA (United States of America) reminded the Committee that the agenda item under consideration related to Africa alone. What the Committee should find was a simple means of satisfying the wishes expressed by the Regional Committee for Africa. There was no item on the agenda under which the Committee could consider the position of the other regions nor did it have information regarding their views on the question. While it would be easy to meet the wishes of the African Region, the amendment of resolution WHA2.103, which would affect all the other regions, would be premature.

Dr DOLGOR (Mongolia) said that he supported the resolution of the Regional Committee. The problem was not, however, exclusive to the African Region. He therefore also supported the amendment proposed by the delegate of Somalia and suggested that a small working group be set up to draft a suitable resolution.

Dr KEITA (Mali) said that the countries of Africa south of the Sahara had taken a firm decision in resolution AFR/RC24/R8 and asked the Regional Director to forward their case to the Health Assembly. While the amendments that had been proposed were laudable, to try to extend the scope of the original resolution might be to hazard what had already been gained for Africa, particularly if an attempt was made to reword it so that it would, in effect, embrace liberation movements the world over, some of which were not even recognized in their own regions. Resolution AFR/RC24/R8 referred only to liberation movements recognized by the Organization of African Unity, and he considered that it should be voted upon without change.

Miss BOA (Ivory Coast) expressed her agreement with the delegates of Nigeria and Mali. It was on the Brazzaville resolution, which, recalling resolution WHA27.37, applied only to liberation movements recognized by the OAU, that the Committee and the Health Assembly should take their decision.

The DIRECTOR-GENERAL said that the Regional Committee resolution asked the Health Assembly to give effect to the wishes of the African Region by a resolution that would permit their implementation by the Regional Director and the Director-General. Two proposals had been put forward during the debate in the Committee. One group of speakers wanted the terms of the resolution to be made applicable to all the other regions. That wish could be met by modifying the Regional Committee resolution along the following lines. The resolution could begin with the words, "The Twenty-eighth World Health Assembly" replacing the words "The Regional Committee". In the second preambular paragraph, the words "and the League of Arab States" would be inserted immediately after the words "Organization of African Unity" in order to make the resolution consistent with other resolutions; in the third preambular paragraph, the words "in the African Region" would be deleted; and in the fourth preambular paragraph the words "at this juncture of African history" would also be deleted. Operative paragraph 1 would remain unchanged; operative paragraph 2 would be deleted; operative paragraphs 3 and 4 would be merged in a new operative paragraph 2 to read: "DISAPPROVES of the participation of any colonial power as a Member of all Regional Committees and DECIDES to put an immediate end to the participation of any colonial power in Regional Committees"; and a new operative paragraph 3 would read "DECIDES FURTHER that resolution WHA2.103 shall stand amended accordingly".

The proposal made by a second group, including the United Kingdom and other delegations, would be that the resolution should remain applicable to the African Region only; that proposal could be expressed in a resolution stating that the Assembly took note of the resolution adopted by the Regional Committee for Africa and decided to give immediate effect to the content of that resolution.

Mr NOZIGLIA (United States of America) suggested that there was a third possible course of action for the Committee, which could be expressed in a resolution stating that the Health Assembly noted with approval the resolution of the Regional Committee for Africa, requested that the Assembly give effect to that resolution and that the Director-General should bring that resolution to the attention of other Regional Committees, inviting them to take such action as they deemed to be in consonance with it.

Mr PARROTT (United Kingdom of Great Britain and Northern Ireland) supported the United States suggestion. He drew attention to the fact that if the first alternative resolution suggested by the Director-General were approved there might be a risk of putting an immediate end to the presence of any "colonial power" - a term that was not clearly defined - at the meetings of any Regional Committee. That, however, was a question of drafting, and he would welcome the opportunity to see a written draft.

Dr OULD BA (Mauritania) said that since other regions had not yet studied the question raised in the resolution of the Regional Committee for Africa, he hoped that the Committee would approve the resolution as it stood.

The meeting was suspended at 4.20 p.m. and resumed at 4.50 p.m.

At the CHAIRMAN's request, Dr VALLADARES (Venezuela) (Rapporteur) read out the following draft resolution, which had been prepared to take into account the various views expressed:

The Twenty-eighth World Health Assembly,

Having considered resolution AFR/RC24/R8 on the participation in the Regional Committee for Africa of Members not having their seat of government within the Region,

1. DECIDES to give effect to operative paragraph 4 of resolution AFR/RC24/R8 and requests the Director-General and the Regional Director to act accordingly; and
2. REQUESTS the Director-General and the Regional Directors to bring these resolutions to the attention of other Regional Committees.

Decision: The draft resolution was approved.

4. COORDINATION WITHIN THE UNITED NATIONS SYSTEM: Item 3.16 of the Agenda

General matters: Item 3.16.1 of the Agenda (Resolutions WHA27.32, EB55.R47, EB55.R56, and EB55.R69; Official Records No. 223, Part I, Annex 11; Documents A28/23 and Add.1, 2, and 3, and Add.1 Corr. 1)

Dr TAYLOR (representative of the Executive Board) informed the Committee that, at its fifty-fifth session, the Executive Board had considered a report by the Director-General reviewing the major decisions of concern to the Organization taken by the Economic and Social Council at its fifty-sixth and fifty-seventh sessions and by the General Assembly of the United Nations at its twenty-ninth session.

The Board had established a working group to consider the many questions to which those decisions gave rise; and on the group's recommendation it had adopted resolution EB55.R56, dealing with general coordination matters with other organizations of the United Nations system.

The Board had also adopted resolution EB55.R69 concerning the United Nations World Food Conference. That resolution recalled in general the recommendations made at the Conference for improving food and nutrition policies in collaboration with other organizations of the United Nations system and, in particular, its call to WHO, in cooperation with FAO and other organizations to develop intersectoral food and nutrition plans and to participate in a global nutrition surveillance system. In document A28/23 - which, with its addenda, constituted the Director-General's report on general matters of coordination - the steps taken by the Director-General to participate fully in the World Food Conference and to implement its resolutions were described. He invited the Committee's particular attention to the substance of the first and fourth operative paragraphs of resolution EB55.R69.

Document A28/23 also covered developments in the coordination of administrative, budgetary and financial matters within the United Nations system, as well as the decisions taken by the United Nations General Assembly on administrative issues of interest to the Organization. The Board had noted the information provided concerning the cost measurement system, the studies related to the International Computing Centre and its cost/effectiveness and location, and the reports of the ACABQ on interagency coordination.

In that connexion, the Committee would also wish to consider resolution EB55.R47, concerning the report of the Joint Inspection Unit on the use of travel funds in WHO. The Board had considered that report at length, together with the Director-General's comments (reproduced in Official Records No. 223, Part I, Annex 11). The Committee would wish to note the alternatives that the Director-General had proposed for travel of delegates, Board members and expert committee members.

The Board had been of the opinion that the motives that had led early Health Assemblies to authorize reimbursement to each Member and Associate Member of WHO of travel expenses for one delegate only remained valid. It had likewise reaffirmed its belief that the travel expenses of Board members attending the post-Assembly session of the Board should be reimbursed whether or not the Board members were also members of their country's delegation to the Health Assembly, thus preserving the independent nature of the Board.

As regards travel standards, the consensus reached and recommended to the Health Assembly in resolution EB55.R47, operative paragraph 4, was that the current practice of reimbursing first-class travel for delegates to the Health Assembly and members of the Board should be maintained. As regards travel by members of expert committees, study groups and scientific groups, the Board considered that entitlements should be determined by a uniform method which would also apply to experts employed on a short-term basis, such as consultants or temporary advisers. It therefore decided, in operative paragraph 5 of the same resolution, that all experts be entitled to economy-class fare. Finally, the Board had noted the measures that the Director-General had taken, or intended to take, to rationalize further the planning for and utilization of the Organization's travel funds.

The DEPUTY DIRECTOR-GENERAL said that the report in document A28/23 was a consolidated and edited version of the Director-General's report to the fifty-fifth session of the Executive Board. He now wished to report developments that had occurred since then on the various subjects dealt with in the report.

The Declaration and Programme of Action for the Establishment of a New International Economic Order (section 1 of the report) had been taken into account in WHO's mid-term review and appraisal of the health sector as a contribution to the overall mid-term review and appraisal of the International Development Strategy of the Second United Nations Development Decade. As requested in resolution EB55.R61, the review had been transmitted to the Secretary-General of the United Nations, together with a copy of the resolution, as a contribution to the material being prepared for the seventh special session of the General Assembly which was to be held in September 1975 on the subject of development and international economic cooperation. The Organization had participated in the work of the ACC subcommittee on the Second United Nations Development Decade which reviewed the various mid-term review and appraisal reports submitted by the organizations of the United Nations system, and so its views would be taken into account. The Director-General had expressed his views to the Secretary-General of the United Nations on some of the questions which, following a decision of ACC, would be discussed at the special session; those included the Programme of Action for the Establishment of a New International Economic Order, the International Development Strategy, the World Population Conference, and the World Food Conference. Those views, together with the views of the executive heads of the other organizations, would be transmitted to the special session.

As regards science and technology (section 3 of the report), both the ACC and its Subcommittee on Science and Technology had reviewed some of the outstanding questions. The Director-General had continued his collaboration with the Secretary-General of the United Nations and the executive heads of the other organizations in ACC in order to find the most satisfactory way of studying institutional arrangements for science and technology within the United Nations system and to make proposals on the subject to the Economic and Social Council and the General Assembly. Steps had also been taken, in cooperation with other organizations, regarding studies on arid and semi-arid zones in preparation for a United Nations Conference on Desertification suggested for 1977.

The Committee would note the wide range of activities relating to International Women's Year (section 4 of the report) and the World Conference of the International Women's Year to be held in Mexico City in June/July 1975. The Organization had contributed to the preparation of a World Plan of Action for submission to the Conference. One section of the Plan was devoted to "health and nutrition", oriented to the changing needs and the changing role of women.

Regarding information systems (section 5 of the report and A28/23 Add.2) the Committee would note, in connexion with Add.2 in particular, that the development of WHO's own system was regarded as a practical prerequisite to effective participation in the overall work of developing United Nations information systems, and that WHO's contribution could only be as effective as the WHO information system itself. That had already been greatly strengthened and redesigned. The steps being taken as part of a more general effort to which the Director-General remained committed were outlined in section 8 of A28/23 Add.2.

Regarding the development of principles of medical ethics (section 6 of the report), following the adoption of resolution EB55.R64 the Director-General had written to all Member States, the United Nations, ILO, UNESCO, and selected nongovernmental organizations in official relations with WHO, to obtain their views and any information at their disposal for inclusion in the document to be prepared for the Fifth United Nations Congress on the Prevention of Crime and the Treatment of Offenders, to be held in Toronto in September 1975. A few Member States, the United Nations, ILO, UNESCO, and some nongovernmental organizations had replied and it was hoped that other Member States would also find it possible to assist the Organization in preparing that document.

He informed the Committee that the twenty-ninth session of the General Assembly had adopted resolution A/RES/3264 (XXIX) entitled "Prohibition of action to influence the environment and climate for military and other purposes incompatible with the maintenance of international security, human wellbeing and health". The General Assembly had considered it necessary to adopt effective measures to prohibit such action, through an appropriate international convention. The matter was to be discussed further at the thirtieth session of the General Assembly and the Organization would consider, meanwhile, how it might effectively collaborate with the United Nations.

UNDP-supported activities and those financed from other extrabudgetary funds were described in document A28/23 Add.1, which was the report the Director-General had submitted to the Executive Board. In accordance with resolution EB55.R59, the Director-General had continued cooperating with the other organizations of the United Nations system. At a meeting of the Inter-Agency Consultative Board in April, the Director-General had emphasized the key role that UNDP could play in coordinating economic and social aspects of total development. That meeting had also given attention to recent trends in multilateral and bilateral aid programmes and the funds that might become available from resources for development. The UNICEF/WHO Joint Committee on Health Policy had met in February and had discussed the report on the WHO/UNICEF study on alternative approaches to meeting basic health needs of populations in developing countries. The Organization was also collaborating with UNICEF in the preparation of reports for submission to the UNICEF Executive Board concerning child nutrition in the developing countries. Discussions on future collaboration had been held with the World Bank in February; they had focused, in part, on a paper on health policy issued by the Bank and describing its intention to emphasize in future the identification of health programmes arising out of projects financed by the Bank. The Committee would be glad to hear that the Organization's continuing contacts with the African Development Bank had resulted in the earmarking, by the Bank, of nearly US\$ 63 million for possible loans to African governments for health activities.

As regards the World Food Conference (section 2 of the report), the Committee would note that document A28/23 Add.3 had been prepared in response to the fifth operative paragraph of resolution EB55.R69.

The meeting rose at 5.20 p.m.

* * *

28 May 1975

COORDINATION WITH THE UNITED NATIONS SYSTEM: GENERAL MATTERS

UNDP-supported activities and those financed from other
extrabudgetary sources

The Twenty-eighth World Health Assembly,

Having considered the report of the Director-General on Coordination with the United Nations System, General Matters,¹ and resolution EB55.R59,²

1. NOTES the report;
2. APPROVES the continued collaboration with the United Nations Development Programme and other organizations and funds providing extrabudgetary resources for health activities and particularly UNFPA, UNEP and UNFDAC;
3. NOTES with satisfaction the cooperation with UNICEF and the Memorandum of Understanding designed to govern the future collaboration between UNICEF and the Organization;
4. WELCOMES the steps taken to consolidate understanding with the World Bank and to develop joint projects with the Regional Banks and especially with the African Development Bank and the African Development Fund;
5. NOTES with satisfaction the continued positive collaboration with the World Food Programme in making food resources available for development programmes and reminds governments of the use of such resources in furthering large-scale health-related projects;
6. NOTES with appreciation the support given by governments and other donors to the Voluntary Fund for Health Promotion and hopes this trend will increase;
7. NOTES that the Executive Board in its Organizational Study on "The Planning for and Impact of Extra-Budgetary Resources on WHO's Programmes and Policy" will make firm recommendations regarding the mechanisms needed both within the Organization and with national administrations, to achieve effective planning and coordination of extrabudgetary resources for health and to ensure that support for health is recognized as an essential requirement of development;
8. WELCOMES the current trend in UNDP, UNFPA and other bodies towards further decentralization of their operations to the country level;
9. SUPPORTS the action taken by the Director-General to strengthen collaboration at country level in the planning and execution of UNDP-assisted projects with the full participation of the national authorities concerned;

¹ Document A28/23 Add.1.

² Off. Rec. Wld Hlth Org., 1975, No. 223.

10. REQUESTS the Director-General

- (i) to continue his efforts to enhance the role of the Organization as an effective instrument for the coordination of extrabudgetary resources for health work for the benefit of the developing countries;
- (ii) to emphasize the importance of health as an essential component in the development process, particularly within the context of country and intercountry programmes;
- (iii) to continue his cooperation with extrabudgetary resources of funds including the World Bank and the Regional Banks and bilateral donors.

Twelfth plenary meeting, 28 May 1975
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28 May 1975

**COORDINATION WITH THE UNITED NATIONS SYSTEM
WHO ACTIVITIES RELATED TO DISASTERS AND NATURAL CATASTROPHES**

The Twenty-eighth World Health Assembly,

Concurring with resolution EB55.R62 and the steps taken by the Director-General to fulfil the Organization's obligations and responsibilities with respect to providing health assistance to disaster-stricken peoples both during the emergency and rehabilitation phases;

Recognizing the necessity of rapid and efficient WHO response to meet the needs of countries affected by disasters or natural catastrophes during the emergency phase, and to continue to provide the health needs of the affected peoples on a medium- and long-term basis;

Expressing its appreciation to the United Nations Disaster Relief Co-ordinator, other organizations of the United Nations system, and the League of Red Cross Societies for the help extended to WHO in the fulfilment of its task regarding relief assistance during emergency situations,

1. **THANKS** the Director-General for his report;
2. **ENDORSES** the decisions of the Executive Board at its fifty-fifth session and requests the Director-General to implement those decisions;
3. **REQUESTS** the Director-General to continue to develop further the Organization's capacity for providing health assistance to disaster-stricken peoples, and to ensure that the Organization continues to play an active role in the joint relief and rehabilitation efforts undertaken by the United Nations system and the League of Red Cross Societies with respect to disasters and natural catastrophes.

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28 May 1975

SCHISTOSOMIASIS

The Twenty-eighth World Health Assembly,

Recalling resolutions EB5.R5 and EB55.R22 on schistosomiasis;

Noting that the disease remains largely uncontrolled and that its prevalence is increasing; and that water development projects designed to improve needed agricultural production and to improve needed economic conditions undertaken without consideration given to preventive health measures may contribute to this increase;

Noting the increasing evidence of the possible occurrence of serious complications and sequelae as a result of schistosomiasis infection;

Noting further that the World Food Conference emphasized the need for greatly increased food production and noted that meeting nutritional and other requirements of the world's expanding population will require more projects to impound water and irrigate fields;

Expressing the view that proper engineering design of water management projects can have considerable importance in limiting the spread of schistosomiasis among populations affected by such projects;

Noting the inclusion of schistosomiasis within the coordinated biomedical research programme of the Organization;

Recognizing that effective planning for, and operation of, schistosomiasis control activities requires close cooperation and coordination among agencies within the United Nations system, the international financial community and ministries within national governments under the leadership of the World Health Organization;

Expressing appreciation for the report of the Director-General which outlines the complexity of the problems involved to prove the feasibility of schistosomiasis control;

Looking forward to the important international meeting on schistosomiasis which is scheduled to be held in Cairo in October 1975; and

Recognizing the very high costs of implementation of control programmes using present available methods,

REQUESTS the Director-General:

(1) to prepare and keep guidelines current on the development of water management projects including engineering specifications, to minimize the possibility of the spread of schistosomiasis and other water borne disease in water management projects;

(2) to advise countries and donor organizations on the application of guidelines on water development, including hydro-electric, projects planned, under construction, or completed;

(3) to request members to make available information on schistosomiasis control programmes underway or carried out in their countries, including details of research work, manpower development programmes, costs, etc.;

- (4) to seek extra-budgetary support and assistance from various sources within the United Nations system and international and private agencies in order to provide assistance
 - (a) to governments in planning and carrying out studies of the epidemiology of the disease, the cost effectiveness of alternative methods of control and its social and economic impact,
 - (b) to governments in the preparation and implementation of control programmes,
- (5) to stimulate increased efforts in research in drug development, chemotherapy, epidemiology, control including methodologies for self-help, and immunological aspects of schistosomiasis;
- (6) to draw the attention of Member States where the disease is not endemic to the desirability of organizing epidemiological surveillance within health services; and
- (7) to report on this matter to the Twenty-ninth World Health Assembly.

Twelfth plenary meeting, 28 May 1975
A28/VR/12

29 May 1975

PROPHYLACTIC AND THERAPEUTIC SUBSTANCES

The Twenty-eighth World Health Assembly,

Having considered the report of the Director-General on Prophylactic and Therapeutic Substances;¹

Recognizing the importance of further development of international standards and requirements for prophylactic and therapeutic substances,

Convinced of the necessity of developing drug policies linking drug research, production and distribution with the real health needs,

1. THANKS the Director-General for his comprehensive report;
2. URGES governments and professional bodies to ensure that the health personnel and the public are adequately educated and kept informed as to the proper use of prophylactic and therapeutic substances, and
3. REQUESTS the Director-General:
 - (i) to continue to develop activities related to the establishment and revision of international standards, requirements and guidelines for prophylactic and therapeutic substances in consultation, as appropriate, with relevant governmental and nongovernmental organizations in official relations with WHO;
 - (ii) to develop means by which the Organization can be of greater direct assistance to Member States in:
 - (a) the implementation of national programmes in research, regulatory control, management and monitoring of drugs and, in so doing, also in the formulation of national drug policies;
 - (b) advising on the selection and procurement, at reasonable cost, of essential drugs of established quality corresponding to their national health needs;
 - (c) the education and training of scientific and technical manpower for research, production, evaluation, control and management of prophylactic and therapeutic substances.
 - (iii) to study ways and means of optimizing inputs and outputs of the international system for drug monitoring so that it will be useful for both developed and developing countries;
 - (iv) to disseminate to Member States evaluated information on drugs, and
 - (v) to report on the above matters to the Executive Board and a future World Health Assembly.

Thirteenth plenary meeting, 29 May 1975
A28/VR/13

¹ Document A28/11.

29 May 1975

METHOD OF THE WORK OF THE WORLD HEALTH ASSEMBLY

The Twenty-eighth World Health Assembly,

Having considered the recommendations of the Executive Board concerning the method of work of the Health Assembly,¹

Believing that the measures recommended will contribute towards the further rationalization and improvement of the proceedings of the Health Assembly without detriment to its efficiency or its value both to Member States and to the World Health Organization as a whole;

Considering further that the adoption of biennial budgeting called for in resolution WHA26.38 will provide an increased opportunity of improving the efficiency of the Health Assembly and reducing its length,

I

1. DECIDES that as from 1976 the opening meeting of the World Health Assembly should take place at 3 p.m. on a Monday, followed by the meeting of the Committee on Nominations to submit its proposals in accordance with Rule 25 of the Rules of Procedure of the Health Assembly, to permit elections to take place the following Tuesday morning;
2. DECIDES that the Health Assembly undertake as from 1977
 - (1) in odd-numbered years a full review of the proposed programme budget for the following biennium and a brief review of the Director-General's report on the work of WHO for the preceding year;
 - (2) in even-numbered years a full review of the Director-General's report on the work of WHO for the past biennium; and also a brief review of the changes in the programme budget for the second year of the biennium;
3. DECIDES that Committee A should examine the proposed programme budget in detail prior to recommending the amount of the effective working budget;
4. RESOLVES to maintain the practice of scheduling the awards of the foundations with a view to interfering to the minimum extent possible with the other work of the Health Assembly, due consideration being given to the convenience of the recipients of awards, and to hold the meetings of the General Committee, in so far as practicable, after the regular working hours of the Health Assembly and the main committees;

II

1. DECIDES that one main committee shall meet during the general discussion in the plenary meetings of the Health Assembly on the reports of the Executive Board and the Report of the

¹ Off. Rec. Wld Hlth Org., 1975, No. 223, resolution EB55.R46, pp. 28-31.

Director-General on the work of WHO, and that the General Committee, whenever it deems it appropriate, may schedule meetings of one main committee during plenary meetings of the Health Assembly at which other agenda items are considered;

2. DECIDES that the Technical Discussions shall continue to be held on Friday and Saturday morning of the first week of the Health Assembly, during which time neither the Health Assembly nor the main committees will meet;

3. DECIDES further that paragraphs II.1 and 2 above shall supersede paragraph 2 of resolution WHA26.1;

III

1. AUTHORIZES the General Committee to transfer items of the agenda from one committee to another;

2. RESOLVES that the reports of all committees established to consider items of the agenda shall be submitted by these committees directly to a plenary meeting;

3. RESOLVES that the General Committee, in nominating Members entitled to designate a person to serve on the Executive Board, shall by secret ballot draw up a list of not more than fifteen and not less than ten Members, and shall recommend in such list the ten Members which, in its opinion would provide, if elected, a balanced distribution of the Board as a whole;

4. ADOPTS the following amendments to the Rules of Procedure of the World Health Assembly in order to give effect to the decisions in paragraphs III.1, 2 and 3 above:

Rule 33

In addition to performing such duties as are specified elsewhere in these Rules, the General Committee, in consultation with the Director-General and subject to any decision of the Health Assembly, shall:

- (a) decide the time and place of all plenary meetings, of the meetings of the main committees and of all meetings of committees established at plenary meetings during the session. Whenever practicable, the General Committee shall make known a few days in advance the date and hour of meetings of the Health Assembly and of the committees;
- (b) determine the order of business at each plenary meeting during the session;
- (c) propose to the Health Assembly the initial allocation to committees of items of the agenda;
- (d) transfer subsequently items of the agenda allocated to committees from one committee to another, if necessary;
- (e) report on any additions to the agenda under Rule 12;
- (f) coordinate the work of the main committees and all committees established at plenary meetings during the session;
- (g) fix the date of adjournment of the session; and
- (h) otherwise facilitate the orderly dispatch of the business of the session.

Rule 52

The reports of all committees shall be submitted by these committees to a plenary meeting. Such reports, including draft resolutions, shall be distributed, in so far as practicable, at least twenty-four hours in advance of the plenary meeting at which they are to be considered. Such reports including draft resolutions annexed thereto, shall not be read aloud in the plenary meetings unless the President decides otherwise.

Rule 77

Elections shall normally be held by secret ballot; subject to the provisions of Rule 107, if the number of candidates for elective office does not exceed the number of offices to be filled, no ballot shall be required and such candidates shall be declared elected. Where ballots are required two tellers appointed by the President from among the members of the delegations present shall assist in the counting of votes.

Rule 99

The General Committee, having regard to the provisions of Chapter VI of the Constitution, to Rule 97, to the suggestions placed before it by Members and to the candidatures put forward by the members of the General Committee during its meeting, shall by secret ballot draw up a list of not more than fifteen and not less than ten Members. This list shall be transmitted to the Health Assembly at least twenty-four hours before the Health Assembly convenes for the purpose of the annual election of ten Members to be entitled to designate a person to serve on the Board.

The General Committee shall recommend in such list to the Health Assembly the ten Members which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole.

Rule 100

Subject to the provisions of Rule 77 the Health Assembly shall elect by secret ballot from among the Members nominated in accordance with the provisions of Rule 99 the ten Members to be entitled to designate persons to serve on the Board. Those candidates obtaining the majority required shall be elected. If after five such ballots one or more seats remain to be filled no further ballot shall be taken and the General Committee shall be requested to submit nominations for candidates for the seats remaining to be filled, in accordance with Rule 99, the number of candidates so nominated not exceeding twice the number of seats remaining to be filled. Additional ballots shall be taken for the seats remaining to be filled and those candidates obtaining the majority required shall be elected.

If after three such ballots one or more seats remain to be filled, the candidate obtaining in the third ballot the least number of votes shall be eliminated and a further ballot taken and so on until all the seats have been filled.

In any ballots taken under the provisions of this Rule no nominations other than those made in accordance with the provisions of Rule 99 and this Rule shall be considered.

Thirteenth plenary meeting, 29 May 1975
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29 May 1975

WHO'S ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH

The Twenty-eighth World Health Assembly,

Having considered the Director-General's report on WHO's work on the development and coordination of biomedical research;

Recalling resolutions WHA23.59, WHA25.60, WHA26.42 and WHA27.61 and taking into account the discussions on this subject at the fifty-fifth session of the Executive Board;

Emphasizing that the solution of the practical public health problems of all Member countries which WHO is helping to solve largely depends upon present and future achievements of biomedical research,

1. THANKS the Director-General for his report and for his efforts to elaborate a long-term programme for the development and coordination of biomedical research with a view to enhancing the scientific and methodologic base for the Organization's activities,
2. REQUESTS the Director-General to accelerate work on formulating a comprehensive long-term WHO programme for the development and coordination of biomedical research and to pay particular attention to:
 - (a) the identification, taking into account the recommendations of the ACMR, of a list of scientific problems whose solution is of particular importance for the Organization and where progress is likely;
 - (b) expanding and intensifying the special programme for research and training in tropical and parasitic diseases (including the formation of task forces in relation to the promotion of research in the major tropical diseases);
 - (c) intensifying activities for the coordination of research in environmental health, cancer, cardiovascular diseases, virus diseases and other priority problems;
 - (d) completion of the review of the network of reference and research centres collaborating with WHO in order to evaluate their past work and enhance their future roles in the Organization's programme;
 - (e) the extension of cooperation among and coordination between the efforts of national research institutions in countries that show a readiness to participate and to provide appropriate facilities and manpower to collaborate on problems of prime importance to WHO;
 - (f) enhancing the role of the Advisory Committee of Medical Research in formulating and evaluating the effectiveness of the Organization's long-term research programme, and improving the constitutional utilization of expert committees in this regard;

- (g) further encouraging regional committees and regional offices to implement appropriate programmes of biomedical research;
 - (h) establishing or maintaining close contacts with national and international bodies dealing with similar programmes;
3. REQUESTS the Director-General to intensify in accordance with WHA23.59 on-going collations and analyses of the long-term biomedical research forecasts and prognoses of Member countries and appropriate international organizations to guide the Organization in its own work and long-term programming;
4. THANKS those governments and voluntary agencies which have contributed funds for promoting WHO's research activities, particularly the special programme for research and training in tropical diseases;
5. EXPRESSES the hope that all Member States and voluntary agencies will make funds and other resources available to the maximum extent possible for the purpose of forwarding such research and research training activities, with special emphasis on the problems of the developing countries; and
6. REQUESTS the Executive Board to examine regularly WHO activities in regard to the development and coordination of biomedical research, paying special attention to those activities in the Organization's current and long-term plans, and to report on this to the World Health Assembly.

Thirteenth plenary meeting, 29 May 1975
A28/VR/13

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29 May 1975

BIENNIAL BUDGETING

The Twenty-eighth World Health Assembly,

Recalling resolution WHA26.37 adopting amendments to Articles 34 and 55 of the Constitution;

Reiterating the desirability of proceeding as soon as possible to a biennial budget cycle;

Noting that so far only 34 Members have accepted resolution WHA26.37;

Noting that the amendments cannot come into force until two-thirds of the Members have deposited with the Secretary-General of the United Nations a formal instrument notifying acceptance of the amendments,

1. URGES Members that have not yet notified their acceptance to the Secretary-General of the United Nations to do so within the shortest possible time; and
2. REQUESTS the Director-General to communicate this resolution to the Secretary-General of the United Nations and to the Members concerned.

Thirteenth plenary meeting, 29 May 1975
A28/VR/13

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