



THIRTY-THIRD WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

Palais des Nations, Geneva
Wednesday, 21 May 1980, at 10h00

CHAIRMAN: Mr D. J. de GEER (Netherlands)
later: Dr E. M. SAMBA (Gambia)



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THIRTEENTH MEETING

Wednesday, 21 May 1980, at 10h00

Chairman: Dr D. J. de GEER (Netherlands)
later: Dr E. M. SAMBA (Gambia)

1. FOURTH REPORT OF COMMITTEE B (Document A33/49)

The CHAIRMAN invited the Committee to adopt its draft fourth report, contained in document A33/49.

Mrs RAIVIO (Finland), Rapporteur, read out the report.

The draft fourth report of Committee B was adopted.

2. RECRUITMENT OF INTERNATIONAL STAFF IN WHO: ANNUAL REPORT: Item 44 of the Agenda (continued)

The CHAIRMAN said that the Committee had before it the following draft resolution, proposed by the Rapporteur:

The Thirty-third World Health Assembly,

Having considered the Director-General's report on the recruitment of international staff in WHO submitted to the Executive Board pursuant to resolution WHA32.37, and the comments made thereon by the members of the Executive Board;

Noting the Director-General's authority under Article 35 of the Constitution to appoint the staff of the Secretariat;

Recalling resolutions WHA28.40, WHA29.43 and WHA32.37, Executive Board resolutions EB5.R64, EB23.R25, EB57.R52, EB59.R51 and EB63.R25 and resolution 31/26 of the United Nations General Assembly;

Considering also resolution 34/219 of the United Nations General Assembly;

1. NOTES with appreciation the continued efforts made by the Director-General to achieve a more balanced and equitable geographical distribution of professional and higher graded staff, and the progress he has made towards achieving the targets approved by the Executive Board at its sixty-third session;
2. REQUESTS the Director-General to continue to pursue that goal in recruiting staff;
3. REAFFIRMS that the principle of recruiting on as wide a geographical basis as possible, in pursuance of Article 35 of the Constitution, should apply to the Organization's international staff throughout the world, regardless of the source of funding of the posts involved;
4. CONCURS in the Executive Board's decision to defer its re-examination of the concept of desirable ranges until after consideration by the United Nations General Assembly of the information called for in its resolution 34/219;
5. REQUESTS the Executive Board to report on this matter to the Thirty-fourth World Health Assembly.

Professor DOĞRAMACI (Turkey), while expressing agreement in principle with the draft resolution, doubted whether it fully reflected the paramount need to ensure that the efficiency of the Secretariat be maintained at the highest level, as laid down in Article 35 of the WHO Constitution and referred to in paragraph 3 of the draft resolution. Important as the principle of geographical distribution was, it should not be applied at the expense of quality. He proposed amending paragraph 3 to read "REAFFIRMS that . . . as wide a geographical basis as possible, but having due regard to quality, efficiency and integrity, in pursuance of Article 35 . . .".

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said his delegation fully supported that amendment. He remarked further that since the second preambular paragraph also referred to Article 35 of the Constitution it could be regarded as superfluous. He suggested that it be omitted, and that paragraph 2 be expanded instead, to read: "REQUESTS the Director-General to continue to pursue that goal in recruiting staff, in accordance with his prerogatives as laid down in Article 35 of the Constitution".

He also suggested amending paragraph 3 to read ". . . should apply to all categories of the Organization's international staff posted throughout the world, . . .". That would stress WHO's intention that staff changes should apply throughout the Organization.

Recalling that at the Committee's eleventh meeting Mr Furth had referred to "weighted desirable averages" that were at present under consideration by the United Nations in the context of the seniority and levels of posts occupied, he proposed the addition of the word "weighted" before the words "desirable ranges" in paragraph 4, which quite properly referred forward to a future United Nations decision.

Mr SEABOURN (United Kingdom of Great Britain and Northern Ireland) suggested that, while the proposed amendments sounded likely to improve the resolution, they needed to be considered in writing to make sure that delegates grasped their full import and that they conveyed their true intention. The use of the word "weighted" as suggested by the delegate of the Soviet Union, for example, might possibly limit the discussion which it was hoped the Executive Board would have. Further, he wondered whether in addition to the reference to Article 35 of the Constitution, some reference to Staff Regulation 4.2 might not also be helpful from a practical point of view. That regulation, which he quoted, was the Director-General's guide in making appointments.

Ms FREEMAN (Australia) said she had the impression that there were certain categories to which the principle of geographical distribution could not be applied, and she asked for a clarification of that point in relation to the USSR's proposal to add the words "to all categories".

Professor DOĞRAMACI (Turkey), agreeing that the application of geographical distribution was not possible in all cases, suggested qualifying the word "categories" by the word "feasible". The effect would be to cover all categories to which the principle could be applied while allowing for those cases to which it could not.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that the position in regard to linguistic staff was quite clear. However, a number of international organizations, including WHO, employed field staff variously known as experts and advisers who fell into a number of different categories. The aim of his proposed amendment was to ensure that the principle of geographical distribution should be applied to all the appropriate types of staff employed on a relatively permanent basis by the Organization. Scientific advisers, for example, were sometimes employed on a short-term basis and sometimes for lengthy periods. He deemed it wise, however, not to make too specific a recommendation with regard to their recruitment in order to leave the Director-General free to decide which types of personnel could be recruited on a wider geographical basis.

Mr FURTH (Assistant Director-General) said that, while fully understanding the sense of the USSR proposal, he had some doubts about the use in the draft resolution of the word "categories" which had a definite meaning in WHO's Staff Rules and Staff Regulations. For example, it would include the General Service category, which was definitely not subject either to international recruitment or to evaluation on the basis of geographical distribution. It should be possible to find some other wording to meet the wishes of the delegate of the USSR.

Mr BOYER (United States of America) thought that the original language of the resolution conveyed the sense that all appropriate categories should be covered by geographical distribution and thereby dealt with the problem just described by Mr Furth. The addition of the words "all categories" to his mind only confused the issue.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) suggested that if the word "category" was found misleading, the phrase might be amended to read "to all internationally recruited personnel".

Mr FURTH (Assistant Director-General), pointing out that the word "all" would include professional linguistic staff which represented an exception approved by the Board and the Health Assembly and common throughout the United Nations system, asked if Dr Venediktov would agree that his words "to all internationally recruited . . ." be further amended to read "to all appropriate internationally recruited personnel".

Dr VENEDIKTOV (Union of Soviet Socialist Republics) agreed.

Dr KPOSSA (Central African Republic) asked for clarification of the position of national personnel such as national coordinators.

Mr FURTH (Assistant Director-General) replied that nationals working for WHO were not staff members and consequently not covered by the principle of equitable geographical distribution. In most cases they were employees of the government of the country concerned, possibly in receipt of a salary subsidy or a salary supplement in order to perform certain services for WHO. They were certainly not covered by the present resolution.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) remarked that the delegate of the Central African Republic had raised a point of some importance in regard to national staff involved in WHO programmes not covered by the resolution. Numbers of national coordinators were taking over posts previously occupied by international staff in connexion with national health services and joint programmes, and a number of new and complex problems as to the distinction between local and international staff were emerging. The whole issue, including that of how to make the best use of national staff and of their financing from WHO funds called for discussion in due course.

Dr FERNANDES (Angola) asked precisely which appointments were excluded from the operation of the geographical distribution principle.

Mr FURTH (Assistant Director-General) replied that locally recruited General Service staff at every duty station were not subject to the principle; similarly, officials in the professional categories holding posts which required specific linguistic qualifications, such as translators, interpreters and editorial staff, were excepted from the operation of the principle.

The CHAIRMAN suggested that the debate might more usefully continue when proposed amendments were available in writing, and proposed that further discussion of the resolution be deferred until that time.

It was so agreed.

3. COLLABORATION WITH THE UNITED NATIONS SYSTEM: Item 46 of the Agenda (continued)

Collaboration with newly independent and emerging States in Africa: liberation struggle in southern Africa: Item 46.6 of the Agenda (Resolutions WHA32.20, WHA32.21 and WHA32.22; Document A33/26) (continued)

The CHAIRMAN indicated that the Committee had two draft resolutions before it. The first, concerning assistance to front-line States generally, was proposed by the delegations of Angola and Senegal and read as follows:

The Thirty-third World Health Assembly,
Taking into account the decisions set forth in resolutions WHA29.23, WHA30.24,
WHA31.52 and WHA32.20;

Aware of the escalation and intensification of the acts of aggression committed against the People's Republic of Angola and the Republic of Zambia and the bombing of their civilian populations by the racist regime of South Africa, as well as the provocations and measures of economic blackmail against the sovereignty of Botswana and Lesotho;

Taking into account the fact that the so-called "internal settlement" in Namibia constitutes another threat to the security and welfare of the peoples of Angola and Zambia;

Considering that the policy of the racist regime of South Africa is leading to a considerable increase in the number of refugees in Angola, Botswana, Lesotho and Zambia, forcing them to live under sanitary conditions conducive to the outbreak of epidemics;

Noting that most of the refugees from Zimbabwe have not yet returned home and that their repatriation is a slow process which will be completed only towards the end of 1980;

Considering that the host countries do not have the necessary means to ensure the minimum sanitary conditions for survival and for the protection of the refugees' health;

Taking into account the sacrifices made by the host countries to ensure the minimum hygienic and health conditions needed by the refugees;

Taking also into account the enormous difficulties that the Front-Line States have met with in their effort to rebuild the health infrastructures destroyed by the repeated acts of aggression of the racist regime of South Africa,

1. REITERATES its satisfaction at the concerted efforts made by the Office of the United Nations High Commissioner for Refugees, the United Nations Development Programme, the Office of the United Nations Disaster Relief Coordinator, the United Nations Children's Fund, the International Committee of the Red Cross, and WHO in their action on behalf of technical cooperation with the above-mentioned States;
2. THANKS the Director-General for his commitment to technical cooperation with the above-mentioned States;
3. GIVES its full support to the Front-Line States and to Lesotho and Swaziland in their efforts on behalf of refugees from countries under colonial and racist domination;
4. REQUESTS the Director-General:
 - (1) to intensify cooperation in the health sphere with the Front-Line States, Lesotho, and Swaziland, which are subjected to repeated aggression and to provocations and measures of economic blackmail by the racist regime of South Africa;
 - (2) to give special priority to the Front-Line States, Lesotho, and Swaziland in programmes of health assistance in the African Region of WHO;
 - (3) to continue making every possible effort to obtain the necessary governmental and nongovernmental support for an emergency programme of assistance to the Front-Line States, Lesotho, and Swaziland;
 - (4) to report to the Thirty-fourth World Health Assembly on the implementation of this resolution.

The second draft resolution concerned assistance to Zimbabwe and was proposed by the delegations of the United Republic of Tanzania, Yugoslavia, Zaire, and Zambia. It read:

The Thirty-third World Health Assembly,

Recalling the provisions of resolutions WHA32.20 and WHA32.22;

Realizing the effective role which the Republic of Zimbabwe will play towards achievement of health for all by the year 2000;

Noting with concern the devastating effects of the war from which Zimbabwe had just emerged;

Realizing therefore that the new Republic of Zimbabwe does not have sufficient resources to meet the health requirements of its people;

1. EXPRESSES its satisfaction for the concerted efforts made by the Director-General to help the liberation movement of Zimbabwe while under foreign domination;
2. REQUESTS the Director-General:
 - (1) to extend, in collaboration with the United Nations, specialized agencies and other bodies, all necessary assistance in the health sector to the new Republic of Zimbabwe including the training of health personnel;

- (2) to take all possible measures to encourage and facilitate cooperation between all Member States and Zimbabwe especially in the field of technical cooperation among developing countries (TCDC);
- (3) to present a report to the Thirty-fourth World Health Assembly on the progress made in the implementation of this resolution.

Dr AMATHILA (Namibia), speaking at the invitation of the Chairman, thanked the Organization for the assistance it had so far given to the people of Namibia, in particular through SWAPO. Namibia was also grateful for the aid received from other organizations in the United Nations system and many nongovernmental organizations.

It had proved possible to set up health centres and even rudimentary training centres in refugee camps in Namibia. Unfortunately, the number of refugees was increasing daily, and at present 30 000 of them were in camps in Namibia, Angola and Zambia. The problem was a pressing one, particularly in the light of the chronic shortage of trained manpower; nevertheless, Namibia was even now looking to the health problems of the future. Shortage of manpower was again the main problem and it was sad to record that 60 years of occupation by South Africa had produced only six fully fledged African doctors and virtually no trained Africans at all in ancillary categories such as radiology and pharmacy. The training of cadres should begin immediately. Much could also be learned from studies of the health services in other developing countries in Africa and elsewhere. It was realized, however, that Namibia had to make every effort to start on its own.

Dr MTERA (United Republic of Tanzania) said that his country, as one of the front-line States, had experienced many health problems connected with the liberation struggle in southern Africa and was grateful to WHO and other humanitarian organizations which had given and continued to give health assistance to those countries and to the liberation movement recognized by the OAU. His delegation therefore wished to co-sponsor the draft resolution on the front-line States, to which, however, he would propose an amendment - namely, the addition of a new subparagraph after subparagraph 4(3), reading: "(4) to sustain and continue providing health and other material facilities to the liberation movements engaged in the struggle to free their people". The remaining subparagraphs would be renumbered as a consequence.

Dr ROGOWSKI (Poland) said that his delegation wholeheartedly supported cooperation with the newly independent and emerging States in Africa, particularly with those suffering from the military activities of South Africa or occupied by it. Poland's historic experience made it particularly opposed to aggression and oppressiveness, which was why it had always supported the struggle for liberation, decolonization and independence and would continue to do so in the future.

Mr M'MWIRICHIA (Kenya) said that Kenya supported WHO and the other specialized agencies in the help they give liberation movements in South Africa. His delegation wished to be counted among the sponsors of both draft resolutions before the Committee.

Mr SOKOLOV (Union of Soviet Socialist Republics) thanked the Director-General for the information he had given in his report (document A33/26) on the implementation of resolutions WHA32.20, WHA32.21, and WHA32.22. His delegation fully approved of the support which WHO gave to liberation movements recognized by the OAU; in the view of his delegation, both regular budget and extrabudgetary resources could be used for that purpose.

He supported the amendment proposed by the United Republic of Tanzania.

Mrs LUETTGEN (Cuba) thanked the Director-General for his excellent report and congratulated Zimbabwe on achieving independence. Cuba was only too well aware of what lay before Zimbabwe in its endeavours to rebuild the country and of the difficulties it might expect owing to shortages of all kinds in health matters.

Cuba therefore wished to co-sponsor the draft resolution concerning that country, trusting that the Organization would give the people of Zimbabwe all the health aid it needed to achieve the goal of health for all by the year 2000, and the other draft resolution as well, considering that acts of aggression had intensified in the front-line countries of southern Africa. WHO should regard health aid to the front-line countries and Lesotho and Swaziland as a priority.

Dr MUSAFILI (Rwanda) thanked the Director-General for his report and his action in arranging for aid to the countries of South Africa. He supported the two draft resolutions.

Dr DIALLO (Upper Volta) said that he firmly supported both the draft resolutions, but was surprised that more countries had not been shown as their original sponsors.

Dr NSOLO (Nigeria) said that the newly independent and emerging States in Africa undoubtedly needed all possible cooperation and assistance from the well-intentioned Member States of WHO and from governmental and nongovernmental organizations as well. Recalling the statement made at the previous meeting by the delegate of Brazil, he said that Nigeria, for its part, was prepared to help with health manpower development, in particular the training of doctors, nurses, pharmacists, dental surgeons, laboratory technicians and radiologists.

Professor JAKOVLJEVIĆ (Yugoslavia) said that his delegation wished to be a co-sponsor of the draft resolution on the front-line States.

With regard to the draft resolution on Zimbabwe, he proposed its amendment by the addition to the end of subparagraph 2(1): the words "cooperation in the technical field and in the provision of medical supplies;"

Dr PASQUIER (Nicaragua) said that his delegation, too, wished to co-sponsor both draft resolutions.

Dr HARRIS (United Kingdom of Great Britain and Northern Ireland) agreed on the urgent need for WHO in cooperation with other specialized agencies and Member States to help Zimbabwe establish a proper health service; his Government was making substantial contributions to that end. To make the draft resolution on Zimbabwe rather more forward-looking, his delegation proposed that it be amended by making the present paragraph 1 into a fifth preambular paragraph and inserting instead a new paragraph 1 that would read: "1. EXPRESSES its satisfaction at the achievement of independence by Zimbabwe and welcomes Zimbabwe as a new Member of the World Health Organization;"

Professor MAMMERI (Algeria) said it was his understanding that the draft resolution on assistance to front-line States was co-sponsored by all the members of the OAU.

Miss BETTON (Jamaica) said that Jamaica wished to join the sponsors of both draft resolutions. WHO and the other specialized agencies were to be thanked for the assistance they had given the front-line States. Jamaica strongly supported the concept of WHO giving aid to all people suffering from the effects of racist policies.

Mr NARAIN (India) said that India, which had consistently supported sufferers from aggression, also wished to be a sponsor of both of the draft resolutions.

Dr KHALLAF (Egypt) expressed his country's support for both draft resolutions.

Dr LEBENTRAU (German Democratic Republic) said that his Government, which had always supported liberation movements, also wanted to co-sponsor both of the draft resolutions, with the amendments proposed by the United Republic of Tanzania and the United Kingdom.

Dr MAFIAMBAMBA (United Republic of Cameroon) said that his delegation endorsed the expressions of support for both draft resolutions, but was surprised that the texts had been sponsored by only a few Member States of the OAU, since the texts had been amply discussed already by the African Group.

Dr GRAÇA (Cape Verde) said that his delegation wished to sponsor both draft resolutions. It congratulated the people of Zimbabwe on their recent accession to independence and hoped that all who believed in human dignity would express support for those peoples of southern Africa who were still struggling for freedom and independence.

Mr BOYER (United States of America) expressed his delegation's appreciation of the Director-General's report and he welcomed Zimbabwe's independence. The United States Government had already initiated a bilateral aid programme to that country, including a new

system of health clinics; his delegation was pleased to note the offers of assistance also made by other governments. His delegation supported the draft resolution on Zimbabwe amended by the delegation of the United Kingdom.

Mr ABASSI-TEHRANI (Iran) said that his country supported all liberation movements struggling against racism and colonialism. Iran's new Constitution expressly condemned racism and permitted no distinctions as to colour, race or nationality. His delegation, therefore, could support both draft resolutions.

Dr MORKAS (Iraq) said that his Government's position with regard to liberation movements was clear. Iraq supported all peace-loving peoples and all African liberation movements, and his delegation called on the Committee to take account of those movements' need for medical assistance. In spite of the position adopted by some African countries in regard to certain just causes relating to his region, his delegation could support both draft resolutions, and it called on WHO to render all possible medical assistance and advice to the newly independent African countries.

Ms FREEMAN (Australia) thanked the Director-General for his report, and said that her delegation welcomed Zimbabwe's accession to independence and noted with appreciation the offers of assistance to that country. The Australian Government had already offered aid to Zimbabwe, some of which would be in the form of medical assistance. Her delegation supported the draft resolution on that country as amended by the delegation of the United Kingdom.

The CHAIRMAN said he had been given to understand that a third draft resolution might be prepared and submitted by one or more delegations, and suggested that the Committee should therefore defer its decisions on the item to a later meeting.

It was so agreed.

Dr Samba (Gambia) took the Chair.

4. UNITED NATIONS JOINT STAFF PENSION FUND: Item 47 of the Agenda

Annual report of the United Nations Joint Staff Pension Board for 1978: Item 47.1 of the Agenda (Document A33/27)

The CHAIRMAN called the attention of the Committee to the summary of the annual report of the United Nations Joint Staff Pension Board for 1978, which was contained in document A33/27.

Mr FURTH (Assistant Director-General) said that document A33/27 was presented to the World Health Assembly in conformity with the Regulations of the Joint Staff Pension Fund; it briefly highlighted the financial situation of the Fund and summarized the action taken by the Pension Board at its last two sessions. Full details would be found in United Nations document A34/9, which had been made available to governments; copies were available in the meeting-room for consultation by delegates.

The only action to be taken by the Health Assembly was to note the status of the operation of the Joint Staff Pension Fund, as indicated by its annual report for the year 1978 and as reported by the Director-General.

Decision: Committee B decided to recommend to the Thirty-third World Health Assembly that it note the status of operation of the United Nations Joint Staff Pension Fund, as indicated by its annual report for the year 1978 and as reported by the Director-General.

Appointment of representatives to the WHO Staff Pension Committee: Item 47.2 of the Agenda (Resolution WHA29.61; Document A33/28)

The CHAIRMAN observed that the item covered the designation of a member and an alternate member of the WHO Staff Pension Committee to replace the member and alternate

member whose terms were now expiring, in accordance with a rotation schedule which enabled the various regions to be represented. It would be recalled that, apart from the decisions taken in 1976 and in 1979 by the Health Assembly to designate one Assembly representative by name and to appoint him for an additional term of three years in order to ensure greater continuity in the representation of the Assembly on the WHO Staff Pension Committee and the United Nations Joint Staff Pension Board, it had been the practice of the Assembly to appoint as its representatives persons serving on the Executive Board by designating the names of Member States entitled to appoint a person to serve on the Board.

The Thirty-third World Health Assembly was now invited to appoint one member and one alternate member for a period of three years, and it was suggested that the usual practice should be followed.

If that was agreed, nominations were invited for the designation of a member and an alternate member from the Member States recently appointed to the Executive Board to replace the member of the Executive Board designated by the Government of Bolivia and the member of the Executive Board designated by the Government of India.

Dr GONZALEZ-CARRIZO (Argentina) nominated the member of the Executive Board designated by the Government of Brazil as member of the WHO Staff Pension Committee.

Mrs LEFEBVRE (Canada) and Dr GOMEZ (Colombia) supported the nomination.

Dr EL SARRAJ (Sudan) nominated the members of the Executive Board designated by the Governments of Kuwait and the Gambia as member and alternate member of the WHO Staff Pension Committee.

Dr TOURÉ (Senegal), Professor MAMMERI (Algeria) and Mr QUTUB (Saudi Arabia) supported those nominations.

Mr FURTH (Assistant Director-General) pointed out that, traditionally, the Health Assembly appointed members to the WHO Staff Pension Committee in such a way that all regions were equitably represented. As could be seen from document A33/28, the retiring members now to be replaced represented the Region of the Americas and the South-East Asia Region.

The CHAIRMAN, speaking as the delegate of the Gambia, expressed appreciation of the support for his country's nomination. Speaking as Chairman, he appealed to those who had proposed and supported the nomination of his country and Kuwait to withdraw their proposals in view of the Assistant Director-General's observations.

Dr EL SARRAJ (Sudan) said that the proposals were withdrawn.

Mr NARAIN (India) nominated the member of the Executive Board designated by the Government of Mongolia as alternate member of the WHO Staff Pension Committee.

Dr PLIANBANGCHANG (Thailand) supported the nomination.

Decision: Committee B decided to recommend to the Thirty-third World Health Assembly that the member of the Executive Board designated by the Government of Brazil should be appointed as a member of the WHO Staff Pension Committee for a period of three years; and that the member of the Executive Board designated by the Government of Mongolia should be appointed as alternate member of the Committee for a period of three years.

5. HEALTH LEGISLATION: Item 32 of the Agenda (Resolutions WHA30.44 and EB65.R13; Documents EB65/1980/REC/1, Annex 5; EB65/1980/REC/2; and A33/16)

The CHAIRMAN said that the present agenda item comprised two separate issues - namely, recent developments in WHO's health legislation programme, and reservations to the International Health Regulations. With regard to the first of those, he drew attention to Annex 5 of document EB65/1980/REC/1, which contained the Director-General's report to the sixty-fifth session of the Executive Board entitled "Strengthening WHO's Health Legislation Programme"; to the summary records of the Board's discussion in document EB65/1980/REC/2, and to a resolution recommended for adoption by the Health Assembly and contained in resolution EB65.R13.

Dr HIDDLESTONE (Representative of the Executive Board), introducing the item, recalled that resolution WHA30.44, which stressed the important role of health legislation in the development of both personal and environmental health services, had called on the Director-General to strengthen the health legislation programme in close cooperation with other competent international organizations, and had further requested him to take the necessary steps to ensure that practical information on legislative developments was made available to Member States in a comprehensive, yet comprehensible, manner.

The Director-General had accordingly had a comprehensive survey conducted both of the current status of health legislation around the world and of the needs of Member States, including the extent to which they desired WHO's cooperation in that field. Experts had visited all regional offices and selected countries within each Region and had thus obtained first-hand views. Questionnaires had also been circulated to all Member States. On the basis of the information and analysis thus acquired, a series of 13 proposed principles had been developed, taking into account the Organization's current policies and having particular regard for primary health care in the context of health for all by the year 2000. The principles stressed technical cooperation at the national level with the aim of developing health legislation to suit the economic, social and political conditions of the country concerned. That approach meant that regional offices were mainly involved in assistance at country level and in arranging collaboration in countries in their respective regions, whereas headquarters would be responsible mainly for arranging the transfer of information, for bringing analyses of significant developments to the attention of health administrations and policy makers at both national and regional levels, and for harnessing other global resources in the support of other national and regional programmes.

In the course of the Board's review of the Director-General's report at its sixty-fifth session, eight of its members had commented favourably on the strategies outlined, and their comments could be interpreted as a strong endorsement of the new approaches, which aimed at enhancing the value of the International Digest of Health Legislation. It was felt that those improvements would assist appropriate socially relevant health legislation adapted to national structures and needs, and would facilitate new health policies under the important impetus of resolution WHA30.43 and the Declaration of Alma-Ata. Some members of the Board had indicated the delicate nature of the preparation of legislative texts at the national level, and had urged a very cautious approach based on frank discussion by WHO so as to ensure acceptable assistance. One Board member had emphasized dialogue between Member States to share national experience in health legislation as a means of identifying common major problems in countries with different socioeconomic systems so as to seek the best approaches for the solution of those problems.

The Board recommended that the present Health Assembly should adopt the draft resolution contained in resolution EB65.R13.

Professor TATOČENKO (Union of Soviet Socialist Republics) emphasized the importance his delegation attached to health legislation, as brought out by the Declaration of Alma-Ata. The useful report submitted referred to methods whereby technical cooperation could achieve maximum effectiveness. The responsibilities of headquarters and the regions had been clearly defined, with a view to avoiding duplication of effort. Headquarters should establish the principles for health legislation, which could then be incorporated at national level through the regional offices.

In all legislation, including health legislation, there were a certain number of counter-productive or inactive laws side by side with actively applied productive legislation, and it was desirable that WHO should, in addition to considering new legislation, also give its attention to remnants of past practice which could impede progress. Health legislation should be interpreted in its broadest sense as having a bearing, not only on matters directly connected with health, but also on areas which had an impact on the aim of health for all by the year 2000, for instance, legislation in respect of labour conditions, the environment, and training. Clearly, his delegation was not proposing that WHO could study all those matters in detail, but that it should give some consideration to the most important legislation having some bearing on health. National authorities which desired it should be given help in that connexion.

His delegation would support the draft resolution proposed by the Executive Board.

Miss BELMONT (United States of America) said that her delegation considered that the strengthened health legislation programme endorsed by the Executive Board represented a vigorous and appropriate approach, and the Director-General was to be commended for his preliminary work.

While different systems of government obviously required differing legislative approaches, countries could learn much from each other by the study and comparison of health laws and other regulatory systems. WHO could play a very important part in that exchange of information, especially through the International Digest of Health Legislation.

The Director-General's report to the Executive Board had proposed that the expanded programme be directed primarily to the needs of the developing countries, and her delegation certainly had no quarrel with that view, although it would remind the Secretariat that industrialized countries had their own needs in that area; many, including her own, were facing a variety of new threats to public health, such as the potential hazards of nuclear power plants, the widespread use of toxic chemicals, and the adverse effects of drugs and other treatment methods. Such countries were also grappling with difficult new approaches to the organization and financing of health services, as well as with problems of how to ensure the access of all citizens to such services. New health legislation was thus constantly being developed in the industrialized countries, and both the developed and the developing countries could profit by the sharing of experience.

The programme, as outlined in Annex 5 of document EB65/1980/REC/1, appeared an exceptionally ambitious one, particularly in the light of currently identifiable resources. The principles set forth in paragraph 16 of that report provided ample guidance for the expanded programme, especially in the emphasis laid on the role of regional offices and country activities and on the need to mobilize the widely dispersed resources available in the health legislation field. The proposed changes in content and format of the International Digest of Health Legislation also seemed appropriate to her delegation.

Her delegation looked forward to reviewing the more specific aspects of that programme as they were progressively developed over the coming years, and to providing technical support, where appropriate, towards the attainment of the programme's objectives.

With regard to the reservations to the International Health Regulations (1969) requested by the Government of Egypt, India and Pakistan, she stated that her delegation had no objection to the extension of their reservations, and would therefore support the draft resolution contained in paragraph 5 of document A33/16.

Dr FERREIRA (Mozambique) stressed the great importance attached by her Government to the question of health legislation. Efforts were being made to achieve a health policy that would meet the real needs of the population, and adequate health legislation was essential in that regard.

Her delegation could, generally speaking, support the proposals contained in the Director-General's report for the preparation of a detailed programme of technical cooperation and exchange of information in the health legislation field, and gave its wholehearted approval to the endeavour being made to reformulate strategy so as to ensure that legislation provided a sound and indispensable basis for health administration. Principles (6) and (7), under paragraph 16 of Annex 5, were of particular importance, since legislation was not only a technical matter but had to reflect political considerations. Priority should be given to the cooperation developed by national legal experts so that the requirements of present-day international health legislation could be complemented by a thorough knowledge of national needs and the protection of the national interests of each country. The international organizations should provide expertise for short periods of time only, and then solely at governmental request. Principles (8) and (9) would appear to give cause for concern in respect of their practical application and she hoped that they would not in fact merely result in the maintenance of the status quo or even in the deterioration of the technical capacity of developing countries vis-à-vis the international organizations.

Her delegation supported the draft resolution contained in resolution EB65.R13.

Dr KPOSSA (Central African Republic) expressed his approval of the sound work accomplished in strengthening WHO's health legislation programme. He suggested, however, that the second preambular paragraph of the resolution recommended to the Health Assembly in resolution EB65.R13 be amended to read:

"Noting that appropriate health legislation is an essential component of health care services and environmental health systems".

Professor HALTER (Belgium) expressed his delegation's satisfaction with the proposals for strengthening WHO's health legislation programme since the need for that had been consistently supported by his delegation in the past. He fully agreed with the comments made by

the delegates of the Soviet Union and the United States of America. The action WHO was taking, both at headquarters and in the regional offices, was valuable and should be pursued. The Regional Office for Europe, in particular, was developing a system that should be able to provide considerable help in the transfer of information. Health legislation made possible the implementation of sustained health policies, dampening the effect of changes in national organizational or departmental leadership. WHO's contribution in that respect could be particularly important.

His delegation would support the draft resolution contained in resolution EB65.R13.

Dr ROGOWSKI (Poland) expressed appreciation for the contribution being made by WHO in the field of health legislation. His delegation endorsed the view of the Executive Board, as expressed in the draft resolution recommended to the Health Assembly, that obsolete health legislation might constitute an obstacle at the national level to the attainment of health for all, and would support the resolution.

In Poland fundamental health legislation was enshrined in the socialist Constitution, guaranteeing the right to health of every citizen. All subsequent legislative action had been based on that fundamental right. However, in certain fields, legislation introduced between the First and the Second World Wars was still in force. Health legislation in his country covered not only health care but also such fields as protection of the environment, housing, education, labour, and drug and food production and distribution. Special attention was paid to the preventive aspects of legislation on health care, and in 1976 legislation had been introduced to make periodical preventive health check-ups mandatory in the age groups 0-18 years and over 39 years of age. The State's sanitary and epidemiological inspection unit was responsible for monitoring the observance of health legislation and disposed of certain police powers for that purpose. Poland was ready to share its experiences for the benefit of other countries.

The meeting rose at 12h30.

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