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World Health Organization
Organisation mondiale de la Sante
FORTY-SEVENTH WORLD HEALTH ASSEMBLY A47/VR/9
QUARANTE-SEPTIEME ASSEMBLEE MONDIALE DE LA SANTE 6 May 1994
6 mai 1994
PROVISIONAL VERBATIM RECORD OF THE NINTH PLENARY MEETING
Friday, 6 May 1994, at 9h00
Palais des Nations, Geneva
Acting President: Dr B. VOLJC (Slovenia)
COMPTE RENDU IN EXTENSO PROVISOIRE DE LA NEUVIEME SEANCE
PLENIERE
Vendredi, 6 mai 1994 a 9h00
Palais des Nations, Geneve
President par interim : Dr B. VOLJC (Slovenia)
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DEBATE ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS NINETY-SECOND AND NINETY-THIRD SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1992-1993 (continued)

DEBAT SUR LES RAPPORTS DU CONSEIL EXECUTIF SUR SES QUATRE-VINGT-DOUZIEME ET QUATRE-VINGT-TREIZIEME SESSIONS ET SUR LE RAPPORT DU DIRECTEUR GENERAL SUR LiACTIVITE DE UOMS EN 1992-1993 (suite)

The ACTING PRESIDENT:

The meeting is called to order. Distinguished delegates, ladies and gentlemen, I am very pleased to have the opportunity to serve as Chairman of the Assembly this morning. Before we continue with items 9 and 10, I should like to report to you the decisions of the General Committee regarding the Programme of Work of the Assembly. Last evening, the General Committee decided that today, the debate on items 9 and 10 will continue in plenary concurrently with the Technical Discussions this morning. In the afternoon, the plenary will consider item 14. The General Committee decided that this will be followed by items 9 and 10, if these are not finished in the morning. Committee B will meet in the afternoon following item 14. On Saturday, 7 May, in the morning, Committee A will meet concurrently with the Technical Discussions. On Monday, 9 May, both main committees will meet at 9h00. Given the progress on the programme of work in the main committees, consideration of document A47/ 15, on the J oint and cosponsored United Nations programme on HIV/AIDS, and agenda item 21, will be transferred to Committee B. The plenary will meet at 12 noon to adopt reports from the main committees and to consider item 12, "Election of members entitled to designate a person to serve on the Executive Board".

Following this, the Chairman of the Technical Discussions will present a report. If necessary, the General Committee will meet at approximately 12h40 to review the progress of work. In the afternoon, both main committees will meet. On Tuesday, 10 May, both main committees will meet at 9h00. At 11h00, the plenary will meet to approve the reports of the main committees. At 12 noon, as I mentioned previously, there will be a ceremony concerning the establishment of the foundation for prevention of substance abuse, during which Her Majesty, the Queen of Sweden, will address the Assembly. In the afternoon, both main committees will meet. On Wednesday, 11 May, Committee B will meet in the morning and afternoon, and it will also be necessary for Committee A to meet. At 11h30, the plenary will meet to approve reports of the main Committees. On Thursday, 12 May, the main committees will meet at 9h00 to finalize drafts and reports. At 11h30, the plenary will approve the reports followed by item 16, "Closure of the Forty-seventh World Health Assembly". We shall continue the debates on items 9 and 10. Since we agreed to close the list of speakers yesterday evening, I now ask Dr Piel, Director, Cabinet of the Director-General, to read out to you the remaining speakers on my list.

Dr PIEL (Cabinet of the Director-General):

Thank you, Mr President, I will read out the names of the remaining speakers on the President’s list:

Colombia, Barbados, Cape Verde, Bahamas, Bolivia, Namibia, Eritrea, Belgium, Suriname, Democratic Peoples Republic of Korea, Federated States of Micronesia, Mongolia, Iraq, Solomon Islands, Czech Republic, The Former Yugoslav Republic of Macedonia, Cambodia and Zaire are to be taken this morning and, if time permits, Angola, Ethiopia and Palestine. Now, due to the tightness of our schedule and other important appointments, it may be necessary to carry the last two or three speakers over

into the afternoon,
in which case it will follow the 20-year commemoration of the control of onchocerciasis, which is scheduled
to take place at between about 14h30 and 15h00. So, Mr President, those are the remaining speakers on
your list.
The ACTING PRESIDENT:
Thank you, Dr Piel. I now call the first two speakers on my list, the delegates of Colombia and of
Barbados. And I give the floor to the distinguished delegate of Colombia.

El Dr. ALVARADO SANTANDER (Colombia):
Senor Presidente, senor Director General, senores delegados: En nombre del Gobierno de Co lom-
bia, queremos felicitar al Sr. Presidente por su eleccion y desearle el mayor de los oxit os en la conduccion
de esta Asamblea, para lo cual le ofrecemos todo el apoyo de nuestra delegacion.
Felicitamos a1 Sr. Director General por el informe presentado a la 47’ Asamblea Mundial d e la
Salud, al tiempo que le manifestamos nuestro agradecixm’ento por la permanente colaboraci on brindada a1
pais para el desarrollo de algunos programas prioritarios.
Actualmente en la region, y probablemente en el mundo entero, estan siendo cuestionados l os
sistemas de salud de los paises, tanto por el desencanto de los usuarios como por la frus trante evaluacion
que por parte de los tocnicos y las autoridades de salud se ha venido haciendo sobre su g ostion.
En esta oportunidad e1 Gobierno de Colombia quiere compartir con la comunidad internacion al, y
con la OMS en particular, la euforia que embarga al pais por el logro, al tormino de 1993 , de una ley que
transforma radicalmente la concepcion, la estructura y los procesos de nuestro sistema de salud, de tal
manera que se corrigen los ancestrales defectos que mantuvieron nuestro sistema con bajos niveles de
cobertura, aberrantes manifestaciones de desigualdad y graves problemas de eficiencia y c alidad.
Tradicionalmente e1 sector de la salud de nuestro pais ha estado dividido en tres subsect ores, cada
uno de ellos para un grupo social diferente. El pliblico, dirigido a atender los grupos s ociales mos dobiles,
con criterios de caridad mas que de garantia de un derecho humane, y ademis con frecuente s problemas
de financiamiento; el privado, que a un alto costo cubre a1 12% de la poblacion con mejor capacidad de
pago, y el subsector de la seguridad social, orientado casi exclusivamente a la poblacidn economicamente
activa asalariada, con una cobertura cercana a1 20% de los habitantes.
A pesar de la existencia de esas tres estructuras, que invierten en total en salud alrede dor del 7% de
nuestro producto interno bruto (PIB), uno de cada cuatro colombianos no tiene acceso a lo s servicios de
salud.
Hoy, Colombia ha iniciado la construccion de un nuevo sistema, novedoso y ambicioso, que integra
todos los elementos del fragmentado y caotico que nos ha regido hasta ahora en un sistema Iim’co, el
Sistema General de Seguridad Social en Salud, que por mandate de la Constitucion y de la ley debera
garantizar a todos los colombianos los servicios establecidos en un mismo plan obligatori o de salud.
Queremos destacar que este significativo avance estzi en consonancia con la Declaracion U niversal
de Derechos Humanos, que incluye la seguridad social como uno de ellos, el cual debe desa rrollarse de
manera integral con un componente de salud de amplia proteccion, un mecanismo de sostenim iento
altamente solidario y una estructura de funcionamiento plenamente eficiente que incorpore sin duda los
grandes avances conceptuales logrados a instancias de la OMS en relacion con el 6nfasis r equerido en
materia de promocion de la salud y prevencion de la enfermedad.
A nuestro juicio, el texto logrado en la ley de seguridad social, que es apenas la primer a piedra de
este gran desafio, constituye una sintesis equilibrada, ecleictica quizis, pero ante todo necesaria, entre dos
propositos para algunos incompatibles, pero para nosotros inseparables en un pais que qui ere afrontar con
decisidn los retos del siglo XXI; por un lado, la vieja utopia ni siquiera avizorada en e l horizonte de

nuestro pais, Salud para Todos, entendida 6sta casi como sinonimo de universah’dad, integ
ridad y equidad;
por otro lado, los que podriamos llamar, valores de la modemidad: la eficiencia, la calid
ad y la competiti-
vidad.
La combinacion de aquello que para muchos es agua y aceite puede ser la clave del desarro
llo
exitoso de los sistemas de salud de muchos de nuestros paises.
El desarrollo economico de la region y la transicion epidemioldgica que lleva aparejada h
acen
necesario un sistema que no solo atienda los problemas de salud pliblica asociados a las
enfermedades
transmisibles y a los problemas de salud maternoinfantil, ’los cuales no han sido superad
os a pesar de los
importantes avances logrados, sino que aborde tambitin decididamente e1 control y prevenc
ion de los
trastornos cardiovasculares, el caincer, la drogadiccion, el VIH/SIDA y fenomenos como la
violencia, que
ha sido particular y dolorosamente epidomica en Colombia. Para este proposito, nada mas o
portuno que
un sistema de seguridad social integral que, dependiendo de lo que hagamos de 451, podria
ser una herra-
mienta litil en la construccidn de una autontica cultura de la salud, f6rreamente articul
ado con todo el
sistema de salud pliblica, y no solamente un costoso mecanismo de proteccion y curaci6n f
rente a las
patologias causadas por nuestros estilos de Vida poco saludables.

Nuestro sistema pretende lograr en un lapso de 10 afios la cobertura universal, mediante la afiliacidn
obligatoria de todas las familias, la contribuci6n proporcional a sus ingresos econdmicos de todas las
personas con capacidad de page, y el subsidio de la afiliaci6n de los mas pobres con recu rsos fundamental-
mente estatales.
Introduce ademas la competencia entre mliltiples entidades, pliblicas, privadas y otras d e economia
social solidaria, y la libertad de eleccidn por parte del afiliado sin restricciones por causa de su condi-
cidn social 0 econ6mica. Para garantizar la solidaridad y evitar la seleccidn del riesgo por parte de los
aseguradores en competencia que se denominan Empresas Promotoras de Salud, se ha creado u n fondo
nacional Iinico llamado Fondo de Solidaridad y Garantia, el cual reconoce a cada una de e stas una unidad
identica en dinero por persona y tiempo, sin tener en cuenta la diferencia de las aportac iones individuales
al sistema. Se han previsto mecanismos de prevencitin y control de la seleccifm adverse c ontra grupos
sociales susceptibles como los ancianos, los enfermos, los pobres y las mujeres en edad f ecunda.
Toda esta gran reforma supone una adecuacidn urgente de la infraestructura pflblica de se rvicios de
salud y su actualizacidn tecnoldgica, pero ante todo el mejoramiento y adquisici6n de her ramientas de
gestidn hospitalaria que les permitan adaptarse a las exigencias del nuevo sistema. Ya es tamos avanzando
en esa direccidn, a1 tiempo que se consolida un proceso de sustitucidn parcial del subsid io a la oferta de
servicios de salud por el subsidio a la demanda de los mismos, que tiene como resultado u n incremento
global de los recursos pflblicos destinados a la salud, sin que por e110 el gasto total e n salud como participa-
ci6n en el PIB amenace con desbordarse.
Los estudios de carga de la enfermedad y de costo-eficacia de los procedimientos serfm en adelante
e1 soporte tecnico para la definicidn concertada de los planes de salud, una vez hecho el inventario de
necesidades y recursos.
Por fortuna, esta revoluci6n sectorial se acompafia de un vigoroso proceso general de des centraliza-
ci6n politica a nivel nacional que entrega la responsabilidad y los recursos a las autori dades locales y
posibilita sin cortapisas una autentica participacit’m de la comunidad en la toma de deci siones sobre
aspectos cruciales que ataflen a su salud, e incluso, en algunos casos, en la administrac idn de los recursos
del subsidio a la demanda a traves de empresas solidarias de salud.
Deseamos invitar a conocer y seguir la experiencia que apenas comienza, y especialmente s olicitamos
la colaboracidn de los paises, la OMS y demeis organismos internacionales en este proceso de implantacidn
del Sistema General de Seguridad Social en Salud, a1 tiempo que deseamos que la OMS haga cada vez mils
hincapie en el analisis del tema de la seguridad social, en sus principios tedricos, en s us mecanismos de
funcionamiento y en sus mliltiples posibilidades.
Finalmente queremos manifestar que Colombia se siente orgullosa de haber ofrecido a1 mund o la
vacuna antimalairica. Sabemos que los estudios que adelanta la OMS, asi como los desarrol lados en
Colombia por el cientifico Manuel Elkin Patarroyo, brindarzin a la humanidad la seguridad de contar con
un valioso instrumento en la lucha contra el paludismo. Continuaremos trabajando en la pr oduccidn de
esta y otras vacunas de caracter sintetico y en la difusidn de otras experiencias innovad oras de organizacidn
de la gestidn de los servicios de salud, como el manejo de los suministros 0 el mantenimi

ento de equipos
hospitalarios, que pueden ser de utilidad para otros paises cuya situacidn es parecida a la nuestra.
Por liltimo, seflor Presidente, manifestamos nuestro decidido respaldo a la propuesta del Sr. Presi-
dente saliente en el sentido de realizar esta magma Asamblea cada dos afios y destinar e1 excedente a
programas de salud en paises que tienen grandes necesidades de apoyo econdmico y tecnico.
Muchas gracias, sefior Presidente.

Mr WALKER (Barbados):

Mr President, my delegation joins in congratulating the President and the Vice-Presidents on their
election to preside over the Forty-seventh World Health Assembly. I am sure that under th eir guidance
our deliberations will reach a successful conclusion.
I take this opportunity to welcome Nine and the Republic of Nauru to the World Health Organization. I am particularly happy that on this - my first occasion at the Health Asse mbly - I was
involved in the full reinstatement of South Africa. My country, Barbados, sent six person s, including two
members of our Parliament, to monitor the recent elections there, and we are looking forw ard to close
relations with the people of South Africa in the future.

My delegation congratulates the Director-General on his comprehensive report and the real effort 4
made by the Organization in seeking to meet the needs of its Members.
My Government recognizes health care as a fundamental human right without which none of the
other human rights guaranteed under our Constitution can be attained. As we strive to attain quality health
care of the highest standard possible and at a cost the country can afford, my delegation is heartened to
note that delegates were asked to focus on "Ethics and Health" in their addresses to the Assembly.
This quality care must be equally available to all residents regardless of colour, race or financial
status, and must be governed by the highest ethical considerations. That is why we maintain that the aims
of the United Nations Global Conference on the Sustainable Development of Small Island Developing
States, currently being held in Barbados, cannot be fully achieved without due consideration of the issue
of health. The traditional economic measures, such as per capita income, do not and cannot by themselves
reflect the level of development; though important, they fall short of indicating the true human condition.
It is my belief that social indicators such as basic human rights, political freedom, access to education and
health status must be added to these quantitative factors.
Barbados has maintained a strong social responsibility with emphasis on equity in the delivery of
social services, and the organization of our health care services has been an outstanding example.
Consistent with the Declaration of Alma-Ata, we continue to strive for an adequate and high level of health
care for all Barbadians by the year 2000 and beyond, in the face of shrinking financial resources. The
ethical questions which face us in common with other developing countries are: Will we have to reduce our
present services? And if so, in what direction? Should particular categories of persons be given priority?
How do we balance investment in needed new technology which may result to the detriment of ongoing
basic and essential programmes? These questions involve fundamental moral issues but they must be
interposed with some pragmatism, given the present circumstances.
Although pragmatism and ethics appear to be an uncomfortable mix, some balance between the two
must be achieved. My delegation considers that the key has to be greater community involvement, which
will allow for more effective use of our limited resources. The greater interaction of the community with
the medical and health care professionals will allow for a better understanding of the needs of the
community and the identification of the areas in which it can be of assistance. The relationship between
the health professional and patient will undergo fundamental changes as the community becomes more
informed and active. The effects of such a dynamic relationship will be felt throughout the health services
in terms of what we do and how we do it. This enhanced relationship must be in the forefront as medical
knowledge and technology change even more rapidly.
We live in a world where transplants are an everyday occurrence, artificial systems can be used to
maintain life, and the production of clones of ourselves is no longer in the realm of science fiction. The
issues which confront us must be addressed in terms of social, legal and religious concerns. Health care
professionals and the public they serve must reflect and seek to reach consensus on these issues which
fundamentally affect us all.
Traditionally, health professionals have been expected to decide on medical ethical issue

s. However,
and I give my region as an example, medical students only have a brief exposure to ethics in their first
undergraduate year. No attention is paid at post-graduate level, and there is little discussion on such
seemingly esoteric matters when they enter the working environment. Our failure to come to grips with
these issues is clearly seen with the advent of AIDS. As a result of the nature of this epidemic, a number
of issues have had to be addressed. Issues such as rights, obligations, confidentiality, trust and prior consent
have come to the fore. If we accept that HIV/AIDS should be a notifiable disease, what about the
individuals right to privacy? Should the unsuspecting public be at the mercy of the HIV carrier and those
affected with AIDS? Should patients be aware that the health care professional is infected with the HIV
virus? What about discrimination in the workplace?
It is evident that health care, law and ethics must engage the attention of social and health planners,
the legal and health professions as well as the community at large with a view to arriving at ethical
guidelines to be followed in the delivery of health care.
’ In the Caribbean as we start to grapple with these matters, it has been agreed that ministries of health
should set up clinical ethics committees. Two seminars on medical ethics sponsored by our regional
university have led to increased sensitization of this concern, and practical recommendations pertaining to
the responsibility of health professionals and the rights of patients have been submitted to the university
and ministries of health for consideration and implementation.

It is important in any health care delivery system to be in a position to provide health care that meets
the needs and wants of both the community and the care-givers. This care must also be delivered in such
a fashion that the rights and privileges of the patients are not violated while at the same time the integrity
and professionalism of the care-givers remain intact.
As we approach the twenty-first century and seek to achieve the goal of health for all, we cannot limit
our consideration to the issues of prevention and cure of diseases alone; we must broaden our horizons to
include the questions of ethics and values, as well as their impact on the health of our communities.
Le Dr FERREIRA MEDINA (Cap-Vert) (interpretation du portugais) :1
Monsieur le President de Seance, Monsieur 1e Directeur general, honorables delegues, Mesdames
et Messieurs, ctest un grand honneur pour moi de pouvoir mtadresser a cette Assemblee si distinguee.
Permettez-moi avant tout de feliciter 1e President, ainsi que les Vice-Presidents et les membres du bureau
de leur election a leurs fonctions respectives a Poccasion de cette Quarante-Septieme Assemblee mondiale
de la Saute.
Monsieur 1e President, honorables delegues, Passurance de l,egalite des chances pour tous les citoyens
en ce qui conceme Pacces aux soins de saute, a Phumanisation de la prestation des soins et a la
moralisation des services constitue Pun des principes de la politique nationale de la sante inscrits au
programme du Gouvememement de la Republique du Cap-Vert. La promotion et la protection de la saute,
facteurs influant sur le developpement socio-economique et a leur tour dependant de celui-ci, font partie
integrante de la politique nationale de developpement. Nous cherchons a atteindre le plus haut niveau de
sante compatible avec les ressources disponibles et le developpement economique du pays, et ce dans un
but dtequite. Cet effort en faveur de la promotion de la same est influence par les changements politiques,
sociaux et economiques qui se font sentir dans le monde, et auxquels le Cap-Vert n,est pas indifferent.
Ctest dans ce contexte de crise economique que nous, responsables de la saute, devons
malheureusement essayer, dans la limite de nos maigres budgets, de faire face aux besoins de plus en plus
pressants de notre peuple. Que doit-on faire pour promouvoir la saute des populations, surtout sur une base
equitable, a un moment oil les mouvements de restructuration economique defient Pimagination et limitent
la capacite des gouvemants de repondre aux besoins essentiels des populations ? Toutefois, la same ne peut
atre amehoree sans une croissance economique. Oh peut-on trouver les ressources necessaires pour que
la prestation des soins de saute ne soit pas simplement un but vers lequel on tend, mais plut6t une realite
large et concrete ?
Dans ce cadre, certains facteurs perturbant le developpement equilibre des secteurs sociaux se
manifestent dtune fagon plus accentuee. Le developpement des systbmes de sante ne peut etre considere
isolement; i1 suit plut6t la mEme dynamique de developpement que les secteurs economiques de fagon
globale.
Les progres techniques semblent etre insuffisants pour resoudre les problemes de saute - fait dont
temoignent Pimpact de la degradation de Penvironnement sur la sante des communautes, la pandemic du
SIDA, la transmission des maladies et les consequences des modes de vie modernes sur la saute.
Les inegalites croissantes et profondes en matiEre dtoffre et de demande des services de saute, les

ecarts qui se font sentir dans la prestation de ces services perturbent 1e systeme de fou
miture des soins.
Par ailleurs, lors de la mise en oeuvre des choix politiques que nous avons faits, nous s
ommes
confrontes a dtautres obstacles. Ltattitude adoptee par beaucoup de professionnels de la
saute face aux
problemes qui se posent et a la demande de plus en plus pressante est fondamentale, parti
qujErement en
ce qui conceme les modes de prestation et la qualite des soins dispenses aux communautes.
Lteducation de ces techniciens se fait, dans sa majorite, a Petranger, dans les ecoles de
societes plus
developpees sur le plan socio-economique. Lem’ formation est essentiellement technologiqu
e et specialisee
et Papprentissage des causes des problemes sociaux est insuffisant. Enfin, ils sont forme
s dans un systbme
qui leur permet dtutiliser des equipements sophistiques mais qui ne leur offre aucun ense
ignement pratique
pour ce qui est de la resolution des problbmes sanitaires qui predominent dans notre pays
. 11 est cependant
essentiel que les ecoles et les universites envisagent de fagon nouvelle les problemes pr
ioritaires de saute
et les choix qui stoffrent dans leur solution, plus particulierement dans les pays en dev
eloppement.
1 Conformement 5 Particle 89 du Raglement interieur.

Monsieur le President, honorables delegues, nous nous felicitons du choix du thEme "Ethiq ue et
sante" propose par le Directeur general et le Conseil executif et nous esperons recevoir de cette auguste
Assemblee des enseignements profitables.
Dr DUMONT (Bahamas):
Mr President, Director-General, ministers, delegates, observers, intergovernmental and nongovernmental organizations, ladies and gentlemen, may I warmly congratulate the Presid ent on his
election to the presidency of this Forty-seventh World Health Assembly and may I also con gratulate the
Vice-Presidents and other members of the bureau who will support him in office during the year.
The Bahamas delegation is deeply grateful to the Director-General of this esteemed Organi zation for
the accomplishments of the past year and looks forward to even greater successes as he co ntinues to
upgrade and streamline the administrative machinery of WHO. My delegation also wishes to thank the
Director-General for his excellent report.
The Bahamas joined the international community in its struggle against the evil system of apartheid.
Today we celebrate its formal abolition. We are, therefore, very pleased to welcome South Africa back into
the community of nations and, in particular, to this World Health Organization of ours. W e also welcome
Nauru and Nine into WHO.
The Bahamas welcomes the request of the Director-General that delegates address the subje ct of
ethics and health on this occasion. Clearly, he seeks to lift our deliberations to a more global plane and
thereby give direction to the future deliberations of the Executive Board.
While the ethical issues facing our countries may differ, depending upon their religions and their
customs and mores, our common personhood will allow an appreciation of those issues and a respect for
each others expressed concerns.
The Bahamas, and indeed our subregion, could have become very angry nations, having exper ienced
the introduction of unknown diseases transported from Europe by Christopher Columbus and his band of
adventurers having subsequently been colonized by the Europeans and having been plundered by pirates
both ancient and modern.
We choose, however to not hold onto anger, which is not only self-defeating but is downri ght
dangerous to health, welfare and ultimate survival.
Instead, the Bahamas welcomes over two-and-a-half million persons annually from every cor ner of
the globe and shares with them the natural beauty and the infrastructural and social serv ices available to
Bahamians generally. Recently, the burden upon our health services has been exceedingly s evere as untold
boatloads of our Haitian brothers and sisters who seek to reach the United States of Amer ica are
shipwrecked, involuntarily or voluntarily, on our islands, cays and reefs. In recent time s the arrival of a
significant number of Cuban nationals has exacerbated the situation. And therein lies a m ajor dilemma
which must be addressed without delay.
In this regard the Bahamas has taken special note of proposed agenda item 31.2 entitled "Collaboration within the United Nations system: health assistance to specific countries" . The
Director-General, in the referenced agenda item, outlines the emergency assistance provid ed to some
countries, including Haiti. The report states that the situation in Haiti "had not improv ed by the end of
1993 and indeed had worsened". The Bahamas can attest to the worsening situation, as our country is faced
with the influx of thousands of Haitians who are fleeing their homeland and entering the

Bahamas.
This has placed an intolerable burden upon our health care and other support systems, and we take this opportunity to appeal to the international community to assist in finding a solution to the desperate situation now existing in this Caribbean nation, even as similar efforts are exerted on behalf of our sister nations in Africa, which are being inundated by displaced persons from Rwanda, and on behalf of our sister countries in Europe.
Let me, now, against that very sketchy background, bearing in mind the small size of our global village and the uneven distribution of resources available for health care, enumerate a few of the issues affecting health which require our consideration: first, should the lives of two-and-a-half-pound neonatals be saved at any cost when their prognosis is less than good for a healthy life? Should the immunization of children be suspended so that resources might be applied to the care of AIDS patients? At what stage, and under what circumstances, should reproduction be controlled by the State? Would it be appropriate to

differentiate between the truly mentally ill and the self-infh’cted psychotics (due to drugs and alcohol abuse)
in terms of level of care? Should persons be entitled, for instance, to renal dialysis treatments by virtue
of the availability of the technology, irrespective of the cost? And finally should the trans-boundary
movement of hazardous wastes be continued, bearing in mind the potential for spills, wrecking or explosion
and the attendant risks to the health of the total ecological system?
The Bahamas is as convinced as Singapore is, that health promotion is a national imperative. Also,
we congratulate France on its initiative with respect to its upcoming summit on AIDS. On the one hand
we recognize the long-term need to ensure that our people take responsibility for that own health: on the
other, We acknowledge the urgency for action to prevent the decimation of the earthls population.
Both demand the commitment of the world,s resources - manpower, supplies, equipment and finance.
Interestingly, education and AIDS are equally available to all ages, all sexes, all races and all religious
persuasions. We can, as a caring family, choose to use our earth,s resources to preserve life and health for
all, or, we can, as an uncaring family, elect to hoard our resources so that our global village will be rich unto
itself after our demise.
May I urge that the ultimate ethical consideration in relation to health is this: that health 1s an
economic good whose value transcends individuals and nations and manifests itself in the dignity of
personhood before God. God bless you.
El Dr. MONASTERIO (Bolivia):
Seflor Presidente: La delegacion de Bolivia se suma a las felicitaciones a usted y a la Mesa directiva,
por haber sido elegido para presidir esta importante reunion, y agradezco la gentileza por permitirme
hacer esta exposicion.
Empezare hablandoles de la reforma estructural del Estado. Bolivia, como casi todos los paises en
desarrollo, ha confrontado en la altima decada los embates de la recesion econdmica. Como casi todos los
paises de America Latina, desarrolla una democracia representativa, que soporta los efectos de la crisis
social derivada de la acumulacion de necesidades insatisfechas durante la epoca de las dictaduras y la
reciente recesion. Habiendo sido uno de los paises mas duramente castigados por la hiperinflacion, hace
diez aflos, la estabiljzacion monetaria se ha convertido en uno de los paradigmas del mantenimiento de una
economia cuyo lento crecimiento no ha logrado que se recupere e1 poder adquisitivo de los salarios ni de
los ingresos, ocasionando los altos indices actuales de informalidad. En este contexto, e1 licenciado
Gonzalo sanchez de Losada, que accede a1 Gobierno en 1993 con amplio apoyo popular, decide enfrentar
la crisis, buscando acelerar el ritmo del crecimiento economico mediante la capitalizacion de las empresas
pliblicas, que seran transferidas por acciones a la poblacion, y a la captacion de capital privado nacional
y extranjero, cediendole la administracion para garantizar la transferencia tecnologica y la eficiencia
economica. En el area social, el Gobierno ha decidido transformar el Estado para adecuarlo a las necesi-
dades del desarrollo humano y sostenible. Es per 6110 que en su reestructuracion, la politica social se
concentra en el Ministerio de Desarrollo Humano, que mediante secretarias de Estado con funciones
ejecutivas especificas logra atender coordinadamente las necesidades de la poblacion en materia de
servicios pl’lblicos esenciales. Igualmente se crea e1 Ministerio de Desarrollo Sostenibl

e y Medio Ambiente,
destinado a lograr la viabilidad estrategica del desarrollo en el mediano y largo plazo, racionalizando el uso
de los recursos naturales en funcion de la satisfaccion global de las necesidades de la p oblacidn nacional.
La ejecucion de la politica social tiene a1 municipio como eje de articulacion intersecto rial en el nivel local.
La municipah’zacion de todo el territorio mediante 1a ley de participacidn popular, recie ntemente promul-
gada, garantiza que los recursos destinados a1 desarrollo social lleguen efectivamente al li donde mas falta
hacen, en base a un principio de equidad y en un sistema de reparto de la coparticipacion tributaria, que
usa como indicador de distribucion e1 tamaflo de la poblacion. Estas profundas reformas d el Estado
boliviano significan un desafio interno de gran magnitud, dado que la dispersion poblacio nal rural, la
concentracion en la periferia urbana, la escasa vinculacion caminera interna y la carenci a de vias adecuadas
de comunicaci6n con el exterior determinan que cada unade las regiones y municipios deba actuar dentro
de un criterio amplio de descentralizacion para lograr una solucion efectiva de sus mas a cuciantes proble-
mas y al mismo tiempo mantener los paradigmas de la politica actual destinados a consolid ar la unidad
nacional.

A continuacion les hablare de la situacion de salud de Bolivia y de la reforma estructura l del sector.
Los meis de 10 anos de democracia tienen resultados positivos en la salud. Desde las gran des moviliza-
ciones populares realizadas en 1984 hasta esta ultima gran movilizacion que se lanzari es te 15 de mayo
contra el sarampion, los logros mas relevantes han sido los siguientes: la erradicacion d e la poliomielitis,
cuya certificacion se lograrzi este ano y de la cual no se reportan casos desde 1986; la erradicacion virtual
de las deficiencias por carencia de yodo en la dieta, conluna cobertura universal en la d istribucion y el
consumo regular de sal yodada; la virtual eliminacion del sarampion, con la vacunacion ma siva, que incluye
a la poblacion escolar para cubrir la que eventualmente no hubiera sido vacunada oportuna mente; el
control del Colera, que desde 1991 ha sido fuente de especial preocupacion en el pais, ha lograd o en este
ultimo ano una reduccion a menos de la mitad de los casos presentados en el ano anterior y ha permitido
reactivar la lucha contra la diarrea, que es la causa principal de mortalidad en los meno res de 5 anos.
Estos logros han sido alcanzados mediante la aplicacidn de programas destinados a control ar cada uno de
estos danos. Si bien el exito alcanzado es notable, es una necesidad ineludible coordinar esfuerzos para
reducir las altas tasas de mortalidad materna y del nifio menor de 5 anos, determinadas p or la desnu-
tricion, para reducir las enfermedades transmitidas por vectores como la malaria y la enf ermedad de
Chagas; para controlar la tuberculosis y las enfermedades de transmision sexual, cuya may or amenaza es
la de expansion del SIDA; para controlar las drogodependencias, de las cuales las de mayo r gravedad son
el consumo excesivo de alcohol, el tabaquismo, las drogas inhalantes y la pasta bzisica d e cocaina.
Es para lograr exitos en la reduccion de la mortalidad, en el control de los principales riesgos y en
la estructuracion de una red de servicios que atienda regularmente las necesidades mils a premiantes de la
poblacion para lo que necesitamos una reforma del sector salud, que en Bolivia como en ot ros paises
comparte los servicios publicos con los de los seguros y con los que prestan un sinnumero de organizacio-
nes no gubernamentales. Es para la estructuracion de este nuevo sistema nacional de salud para lo que
se esta sustituyendo la base laboral del acceso a los servicios por la base territorial. Mediante la instala-
cion de los sistemas locales de salud y un esfuerzo compartido por los subsectores involu crados, se
pretende cubrir a toda la poblacion asentada en cada circunscripcion territorial, que pue de estar formada
por un distrito en los municipios urbanos, o por uno o varios municipios en los distritos rurales.
El proceso de implantacion de esta reforma estzi orientado por la aplicacion del plan VID A, que se
constituye en la propuesta de salud del Plan de Todos. El Plan de Todos es el instrumento que esta
reorientando la profunda transformacion que vive el Estado boliviano para lograr el desar rollo humano con
equidad y el crecimiento y la sostenibilidad del desarrollo economico y social. El plan V IDA, entonces, es
la gran consigna nacional para que en el marco del desarrollo humano logremos la reduccio n acelerada de
la muerte materna, perinatal, del nino menor de 5 anos y la causada por las principales e nfermedades
endemicas existentes en Bolivia. Es para este gran esfueizo nacional para lo que requerim os la atencion
y el apoyo de esta 47I Asamblea Mundial de la Salud, porque, en la medida que podamos ava nzar en la

solucion de nuestros problemas sociales, estaremos contribuyendo al perfeccionamiento del sistema democrzitico y al ansiado logro de la paz mundial. Muchas gracias.

Dr IYAMBO (Namibia):

The President of the Forty-seventh World Health Assembly, the Director-General, Dr Hiroshi Nakajima, excellencies, distinguished delegates, ladies and gentlemen, on behalf of the Republic of Namibia and my delegation, allow me to commence my remarks, Mr President, by congratulating you and the members of your bureau on your election to lead and guide the deliberations of this august Assembly.

At the outset, I would like to take this opportunity to express my delegation’s delight in seeing our friend and comrades of South Africa being readmitted back into the democratic fold of nations.

We have been requested this year to pay special attention in our plenary addresses to the theme "Ethics and Health" and to focus on global policy strategy issues rather than country reports. This to our, mind is very welcome as it allows us in this Assembly to have a common focus from which could be distilled at the end of the presentations the essence that will make a vital contribution to the development and modification of ethical policy on health issues in line with changing global circumstances and trends.

It is against this background that we welcome and applaud the World Health Organization ethical criteria for medicinal drug promotion report by the Director-General, which will be discussed under agenda 10

items 9 and 10. In the field of medicinal drugs, WHO played a vital role in ensuring that countries adopt cost-effective strategies in drug procurement, utilization and therapy through the Action Programme on Essential Drugs. In spite of the success of this Programme, it is evident that other problems related to medicinal drugs continue to arise which must be addressed seriously under the leadership of WHO. These have been identified, among others, as: the inappropriate promotion of medicinal drugs, leading to irrational use that is not only wasteful but in some cases hazardous; the absence in many developing countries of drug regulatory authorities and monitoring systems, thereby enabling substandard drugs and drugs that are not registered in their countries of origin to be dumped into the developing world; the production and promotion of counterfeit drugs that find their way into those countries that have no drug regulatory authorities or monitoring systems.

a We would like to see the WHO Ethical Criteria for Medicinal Drug Promotion initiative expanded and intensified to the extent that it supports countries to strengthen their national and regional capacities to control the inappropriate promotion and utilization of medical drugs, as well as establish effective drug regulatory and monitoring authorities which will stem the influx of substandard and counterfeit drugs into those countries where this is currently the practice.

Some of our countries have commenced initiatives to counter the problems I have mentioned. For instance, in Namibia, we have recently established the Medicines Control Council, which will look into all the problems related to drug promotion, prescription patterns and drug standards. However, on an individual basis it can prove very diffith for a small country to contend successfully against the pressures of large interest groups like drug industries and health professional groups, whose positions on drug promotion and utilization might be at variance with national policies, as was the case when the concept of essential drugs was first introduced. For this reason, it is vitally important that WHO develop effective strategies to strengthen and consolidate the efforts that countries are making in the establishment of medicines/drug regulatory authorities.

I have so far confined my comments on ethics and health mainly to the medicinal drugs field, simply because this is an issue we especially requested the Director-General to look into through resolution WHA45.30, and not because I demean the other major issues that should be given consideration under the theme "Ethics and Health". We are all aware of our ethical responsibility to ensure that our health systems are equitable. Equally, we should not forget the need to correct the violation of ethics that continues to favour the rich against the poor in terms of health at both the national and international level.

Last but not least, our technological advances are calling into play many health-related ethical questions which demand not only intellectual analysis but enlightened insight into human nature as well as wisdom. As we approach the twenty-first century, questions of ethics and health assume greater and greater importance. Let us hope that we will be granted the insight and wisdom to answer these questions in the interests of posterity, for the good of both the human race as well as that of our planet as a whole.

Dr MEHTSUN (Eritrea):

Mr President, Director-General, your excellencies, honourable delegates, distinguished guests, ladies

and gentlemen, allow me first of all to express our heartfelt congratulations to the people and delegate of
South Africa on their successful democratic election process and on rejoining the world community of
nations.
Mr President, the Forty-seventh World Health Assembly is a very significant event to the people of
Eritrea. It marks a happy chapter in the history of Eritrean health, whereby Eritrean representatives, for
the first time as full members, gladly confer with the World Health Assembly regarding the health and well-
being of the world at large and the particular health situation in Eritrea.
Our history of health tells sad stories of neglect and deprivation caused by colonialism, 30 years of
war for liberation and recurrent severe droughts. To some, it may be difficult to conceptualize, in this era,
a country unable to design its own health plan, to propose creative approaches and to operate its health
, a resources for the benefit of its own people. This task has been the prerogative of another nation which has
mercilessly intended to prevent our entry into the world community of nations by destroying us. The result
has been a record of health services deprivation. The 30-year war for independence also had a hand in the
destruction of the ecological balance and the paralysis of the scanty health services, while unexpected
droughts played their negative parts unchallenged. Displacement of populations, and recurrent epidemics

have resulted in high mortality and morbidity, loss of agricultural production and the disruption of social,
political and economic activities, reducing the Eritrean people to dependence on food handouts.
Nascent Eritrea now resolutely faces its future with dignity and concern. Its independence, which is
the result of its peoplels steadfastness in war and in peace, has been rewarded with a successful referendum,
a referendum for peace, democracy and stability in the region, and for sovereignty with unanimous
membership in the United Nations. Many nations, among them former foes, peacefully and fruitfully
interact with us. We have no place for war and hatred; we strive for peace and cooperation.
However, the present health situation leaves much to be desired. The poisonous fruits of war have
left us to cope with global tragedies of refugees, dispersed families, homeless children, destroyed houses
and villages, former freedom-fighters seeking rehabilitation, and the maimed victims of war. Our economy
is hardly in a position to help tackle the myriad problems of health and the prerequisite foundations to
develop a viable health care delivery system.
Yet there lies a glimmer of hope in the culture and experience of the people. They are creatively
enterprising and highly motivated to help in the realization of health-enhancing programmes. The 30 years
of struggle have also served as a learning situation, where the peoples full creativity and potential resources
for health organization have been activated. The concern for health has featured as one of the main tenets
of the liberation front policies. Primary health care, as part of a well-organized health delivery system, had
its roots in the early 1980s during the war for liberation. It is the first of its kind in the history of liberation
struggles to organize and run an efficient health delivery system, not only for member combatants but for
the entire population in the liberated and semi-liberated areas as well. With the little resources available
it was possible to deliver primary health care, conduct immunization programmes, give training in various
specializations and categories, and run a full-fledged pharmaceutical production plant aiming at self-reliance,
all with the full participation of the people. This is the secret behind the high level of awareness prevailing
among the Eritrean people now.
The present organization of health service in Eritrea is designed according to this proven experience.
The national health policy is based on the concept and principles of primary health care. Community
participation, through planning and operation of health and sanitation programmes and by contributing
funds and voluntary labour in the construction of health facilities, is a common practice nation-wide; and
the prospect for future community participation looks brighter.
In addition to the government input, the Ministry of Health expects the private sector to contribute
in health delivery. Accordingly, nongovernmental organizations, bilateral donors and private initiatives are
actively encouraged to participate in both curative and preventive aspects of health delivery. This has
resulted in a considerable contribution by a number of donor agencies. The Ministry of Health is also
encouraging intersectoral collaboration in bringing health for all and is adapting its policy to the general
principles of decentralization on which the Eritrean Government is working at the political and
administrative levels.
A baseline survey on health and nutrition, and horizontal programmes, such as communicable diseases

control, maternal and child health, family planning and the expanded programme on immunization is under way. However, although the will of the people is strong and the commitment of the Government exemplary, the problem is beyond the means of a country mercilessly shattered by war and poverty. The needs of post-war Eritrea are not limited to resources required for running programmes and services alone, but extend to resolving major bottle-necks in the rehabilitation of the health care delivery system through assistance in institutional capacity building, building physical infrastructures, training of intermediate level health professional and rehabilitation of ex-combatants - all beyond the current financial and material capabilities of the State of Eritrea.

Now that we are here to join its noble membership, we call upon this Assembly to show its utmost concern, for we were not here when plans were made to save the world from the scourge of diseases and disabilities. We were not here when programmes were designed, approaches considered and procedures were agreed upon. We need your collective experience on how to tackle the task of making healthy people, responsible for their own lives and for the good of the world community. We appeal for your know-how, resources and technology, so that we shall be a deserving Member able to shoulder global responsibilities in faith and trust.

A47/VR/9
M. VAN DAELE (Belgique) :
Monsieur le Prt$sident de s6ance, Messieurs les Vice-Preisidents, Monsieur le Directeur $ n6ral,
POrganisation mondiale de la Sant6 - notre et votre Organisation - dont le Pr6sident guid era les d6bats
pendant une anm’ae entiEre, et dont le Directeur g6m$ral portera la charge et la responsa bilite’: pour ce qui
est de Pexticution du programme, a connu, depuis sa cr&ation, de fiers succes.
Outre les multiples (Etudes r6ah’s6es qui ont abouti 51 l’6tablissement d,un nombre impre ssionnant de
normes dans les diff6rents domaines qui touchth 21 la santcE - Pair que nous respirons, P eau que nous
buvons, les denrcies alimentaires que nous consommons, les matiieres chimiques que nous c oncentrons et
auxquelles nous pouvons 6tre expos6s -, POrganisation a connu des succEs remarquables sur le terrain : qui
pent oublier P&radication de la variole ? Toutefois, le travail est loin d,6tre achevcE : nous constatons une
recrudescence de la tuberculose et du paludisme, sans oublier de nouvelles pande’:mies co mme celle de
SIDA. En plus de tout cela, des guerres fratricides nbnt cesscE de d(ztruire des nations et d hypoth6quer un
avenir qui, pour nombre de personnes, 6tait d15,jf1 lourdement charga
Ces grands fwaux menagant la sante’: et ces catastrophes dues 51 Pintervention humaine on t
certainement drain6 la majoriw de vos ressources humaines et financiieres, Monsieur 1e Di recteur g15,nv$ral,
et cela a un moment oil l’6conomie mondiale oblige les Etats Membres i1 maintenir leur co ntribution au
niveau actuel, et meme A la r&duire. Vous 6tes confrontt’a, comme nous tous, 51 des exige nces financiEres
toujours croissantes dans tous les domaines - 1e combat contre le cthage dans un monde en transition
vers une autre 6conomie de production nEtant pas, avec toutes ses rc5.percussions sur la sant6 de nos
populations, Pun des moindres -, mais aussi 5 une mtidecine qui, connaissant un dfweloppe ment technique
effr6n&, risque de se d6shumaniser tout en absorbant une part toujours grandissante de no s ressources. Tout
cela doit nous mener vers une gestion de la sant6 publique fond6e sur des bases tenant co mpte de ce
phrEnomene technique, en we de mieux comprendre ce qui se passe sur le terrain, de pouvoi r 1e suivre et,
le cas abant, de le guider en informant les acteurs des conclusions qui sHmposent apres a nalyse des
donn6es.
Cast en partant de cette obligation de fonder notre politique de sant6. sur des bases plu s sflres que
nous avons impose? 51 nos h6pitaux tant universitaires que g(in6raux et psychiatriques de nous transmettre
les donm’ees minimales cliniques et les donn6es minimales infirmiares pour chaque patient admis dans ces
aablissements.
Cest en pr6sentant le rc$sultat des &tudes sur ces donmEes, du point de vue tant des Inoy ens mis en
oeuvre et des r&sultats d&finitifs obtenus en matiEre de sant& que des frais engagias et des informations
(Epideimiologiques qwelles contiennent, que nous allons demander a des repr6sentants des diffaentes
disciplines concemfaes de parvenir 51 des consensus sur des m&thodologies adapte’:es auss i bien sur les plans
mfsdical que financier, et d engager, grace 21 la m6thode de Pexamen par les pairs, la di scussion au sein de
chaque entit6 m(%dicale. Nous sommes convaincus quil Nest plus acceptable du point de vue de P6thique
de gonfler la partie "d(5penses de santt’a" de notre budget national sollicitcE par tant dbbligations nationales
et internationales, sans avoir au pre’:alable analys6 Pemploi des ressources actuellement disponibles, sans
avoir cherch6 avec les dispensateurs de soins responsables si, 3 qualitiS 6gale, les somm

es n6cessaires au
d(eveloppement futur ne peuvent etre trouvcies dans la masse budge’:taire disponible. Cet examen de
conscience, qui simpose 51 tons ceux qui ont des responsabih’toEs en matiEre de santcE publique, nationales
ou internationales, ne pourra dhilleurs are complet que si, au-dela des techniques m6dicales et donnvEes
financieres, s ajoutent les donnt$es sociales, afin de s’approcher ainsi de la deifinition si complEte de la san$
adopt6e par POMS.
Les trois Communauteis dont la Belgique s est dot6e, et auxquelles une large partie de la responsabilite’: en matiEre de santt’: publique a 6t6 d6volue, ont adopt6 des politiques paraHeles, en mettant
toutefois Paccent sur certains aspects sp&ifiques.
Cest ainsi que la Communaut6 flamande a opte’: pour une d&sinstitutionnalisation maximale en
chveloppant un r&seau complet d,aide 51 domicile qui va des nouveau-n6s aux personnes agcaes, en passant
par les malades ne devant plus etre hospitalis&s mais requ6rant encore une surveillance m6dicale et des
soins infirmiers. Un coordinateur en assume la responsabih’tci en accord avec les malades et leur famille,
aprEs les avoir informtis des options possibles. Un statut particulier dhide fa domicile est aussi en
prt$paration. Une attention spt$ciale est accordee aux soins palliatifs devant permettre aux malades en phase
terminale de mourir dans la dignita Cela implique une formation continue de tous les intervenants, taut
volontaires que professionnels. Les centres d,anthropog6n6tique, suite au chveloppement des connaissances

en matiere dlheredite humaine, suscitent vivement Pattention de la population. 11 est d,un interet majeur
que ces centres continuent a slinterroger sur les aspects ethiques et sociaux de leur mission.
La lutte contre llabus de la consommation dlalcool et dlautres drogues est basee sur la notion de la
"non-exclusion". On ne peut raisonnablement esperer bannir complietement liemploi de ces substances dans
notre societe, mais i1 faudrait pouvoir arriver a maitriser leur developpement et a reduire leurs effets
nefastes aussi bien pour les individus eux-memes que pour la societe dans son ensemble.
Enfin, grace a des actions integrees, la Communaute flamande est parvenue a un equilibre dynamique
dans la lutte contre le SIDA. Cet equilibre semble maintenant etre atteint dans la propagation de cette
epidemic et, en tout cas, l,evolution de celle-ci ne suit pas la courbe ascendante qulelle a dans la plupart
des pays europeens. Rompre les tabous qui entourent encore cette affection, creer un climat de confiance,
rendre chacun conscient de sa responsabih’te personnelle, tels sont les buts de cette politique. Une hygiene
sexuelle evidente, une ouverture a la discussion des rapports de forces dans les relations doivent en
decouler.
Partant dtune preoccupation presque identique, la Communaute frangaise de Belgique a cree, a c6te
de son "Agence SID ", un Conseil scientifique et un Conseil ethique. Le monde medical, confronte aux
possibilites techniques qui sont actuellement a sa disposition, a dfl constater que llautoregulation n,a pu
empecher que certains se soumettent trop facilement aux exigences egocentriques dtune certaine clientele.
Il semblait urgent de creer un cercle de reflexion oil se rencontreraient et ah discuteraient les representants
de toutes les disciplines et tendances philosophiques presentes dans le pays. Cest ce qui a conduit 5 la
creation du Conseil bioethique.
La situation budgetaire du pays, Pappel a des techniques de commercialisation pour faire passer les
messages dieducation pour la same ont cree une situation oh les interets publics et prives se sont retrouves
intimement lies avec toutes les consequences que cela peut entrainer. La aussi, les problemes ethiques sont
reellement presents. Nos messages d,education pour la sante sont-ils du meme niveau que les informations
publicitaires ? Pouvons-nous nous permettre les memes exagerations et incertitudes qui sont le propre de
la publicite du marche ? Pouvons-nous accepter 1e soutien financier de firmes qui commercialisent des
produits Vises par notre information en matiEre de saute ?
On pent allonger la liste des questions ethiques auxquelles nous sommes deja confrontes ou qui
stannoncent dans un proche avenir. Nous sommes convaincus que POMS nous fera beneficier de ses
capacites conceptuelles et nous fournira les lignes directrices necessaires 5 cc sujet.
Dr KHUDABUX (Suriname):
Mr President, Distinguished Delegates, Dr Nakajima, Director-General of WHO, ladies and gentlemen, it is an honour for me to address this august body, and share with you some of the more
important problems and challenges facing my country.
Since last year, the economic deterioration has continued unabated, with inflation running at 300%
and socioeconomic development stagnating. Since health and socioeconomic development are intimately
related, this erosion of our currency has had a severely negative impact on society. Among a variety of key
social areas, such as poverty alleviation, education and agricultural and environmental activities, the health
sector has been particularly hard hit. Community and individual health status have suffered the

consequences of a deteriorating economy that may be perceived in many forms, from malnutrition to
malfunction of services.
Nevertheless, all is not disastrous, and I should like to report on some of our assets, plans and
achievements.
In the first place I should like to mention the most precious investment we have: all those health
workers and civil servants who keep serving their country, in spite of an eroding salary position, making all
sorts of sacrifices and efforts to keep services going.
Then, we are guided by the ideal of health for all and the philosophy of primary health care, a
philosophy aimed at making rational use of all our national health resources. Thus we strive to maintain
health status, promote improvements and strengthen our local health services, and at the same time seek
quality of care at appropriate levels of intramural care at the highest level that our development allows.
We enjoy the support of friendly nations, among which the Kingdom of the Netherlands, and also
Belgium and France stand out; and we have a long-standing tradition of working with nongovernmental
organizations.

With such backing and assistance we could not fail to achieve a measure of success. I am particularly
proud to announce that Suriname has not had a single case of poliomyelitis in well over a decade. We will
be prouder still for Suriname to stand among those nations who have contributed to making the Americas
the first polio-free region of the earth. And we also look forward to be there when PAHO/WHO declares
the Caribbean and Suriname measles-free.
We have set the goal of national leprosy eradication by the year 2000 and I believe we are well on
the way to achieving it. We continue to do battle with malaria, and we are currently evaluating the
possibility of using the malaria vaccine under development in Colombia.
Our national AIDS programme continues to be a successful effort, with an extensive programme of
activities, including those directed at adolescents and sex workers.
Up to 90% of our entire population lives on the coastal plain and are served through a network of
clinics and community hospitals. The hospital of Albina, which was destroyed during the civil war, was
placed back in operation at the level of a health centre, with a contribution from the French Government.
Efforts to restore it to its original functions are under way.
The remaining 10% of our population lives in the vast hinterland and is served through a network
of small hospitals, health centres and health posts by the medical mission, a private religious organization
partially subsidized by the Government. Emergency evacuation by airplane is available for referral to the
Medical Mission Hospital in Paramaribo. This activity, represents a fine example of collaboration with
nongovernmental organizations.
Our population is, by and large, still adequately covered with easily accessible health services that up
to now have been free of charge. However, under the impact of deteriorating socioeconomic conditions,
and in an effort to further strengthen primary health care, painful changes and reforms are necessary;
The Department of Regional Health Services at present is undergoing reorganization. With the
assistance of the Inter-American Development Bank an analysis of financial allocations in the health sector
was made. Activities are being undertaken to develop alternative forms of financing health services. An
effort towards transparency and rationalization of the hospitals is under way. Proposals for strengthening
infrastructures have been prepared. Funding is under negotiation with the Dutch Government that is
expected to be concluded in the near future. _
The restoration of the Nickerie Hospital at the frontier with Guyana is nearing completion with a loan
from the Inter-American Development Bank. .
Next July, we expect to join the regional organization CARICOM and look forward to new
possibilities for improvement of health conditions of our people through close participation in a region-
wide health strategy.
At this point, I should like to pay a special tribute to PAHO/WHO and its local office in Suriname.
It is the only United Nations agency with a physical presence in the country, and our collaboration has
always been satisfactory.
We foresee difficult times ahead, at least in the short run. Our health sector will continue to suffer
the ravages of socioeconomic and developmental stagnation, including a painful brain-drain, but we have
the resolve to keep fighting and to win.
I believe, as Emerson once said, "It is on the debris of your despair you build your character". We
are facing the challenge, and we shall overcome.

Mr PAK Chang Rim (Democratic Peoples Republic of Korea):
Mr President, Mr Director-General, distinguished delegates, it is a great pleasure for me to address this august body on behalf of the head of my delegation, who is unfortunately not able to attend this meeting today for an unavoidable reason.
Allow me first of all to congratulate the President and Vice-Presidents on their election, and Mr Director-General for his excellent reports presented to this Assembly.
The World Health Organization confronted unprecedentedly complex situations and problems during the period 1992-1993. The Organization, however, exerted an active influence in keeping with its mandate at national, regional and international levels to overcome the world health crisis with a global strategy of health for all as the main target. In particular, the efforts of the Organization in drawing up the Ninth General Programme of Work, reassessing its aims and activities to cope with global change and bringing

its policies and programme management closer to reality were conducive to new optimism and hopes for the health of societies in the world and humanity in general.

It is an important initiative, reasonably and timely taken, that the ninety-third session of the Executive Board agreed to give special attention to "Ethics and Health" at the plenary meetings of this years Assembly.

The extraordinary progress of biomedical sciences and medical technology during the last three decades, its application in medical practice, and the actual state of world health confront us with new ethical problems.

Ethics in health is a very important subject directly related to health care, one of the fundamental human rights; it should not be regarded as a mere moral and technical concept, but an important policy matter.

In view of this, we consider that special attention should be given to health policy ethics in connection with the subject of "Ethics and Health".

People are the most valuable beings in the world, and ethics based only on a humanity which loves values and cares for people could at the present time contribute to the development of public health.

I therefore believe that a State should implement the principle of shouldering responsibility for taking care of its people in all fields of public health.

The State, which is responsible for the peoples well-being and good health, should base its health policy on providing medical services as well as material and financial support, rather than on economic calculations.

In many countries, financial input into the public health sector is being reduced and medical fees are on the increase, whereas the ability of individual persons to pay for them is declining; therefore many people are excluded from the public health service.

We are compelled to express particular concern about the social phenomenon that medical technique is being commercialized for profit: many people have their organs removed and their body experimented on to provide a livelihood and all this 1s openly practised without any moral restriction.

It is our view that these are important problems in the field of world public health which need to be solved as a matter of urgency.

We welcome the measures taken by WHO with regard to the problem of ethics, including the establishment of guidelines on ethics in biomedical research, and we think it is WHO that will be able to take the lead in properly dealing with ethical matters in public health.

We, in our country, have established a public health system and popular health policy, geared to the individual, including free medical care, and we see to it that medical doctors are loving and devoted to the people.

Under this policy, medical doctors 1n our country serve their patients with parental love and devote everything to the life of their patients, and a campaign of "devoted service" is becoming a trend among medical professionals.

The average life-span of our people has reached 74.5 years and this is attributable to the popular health system and policy, as well as to the devoted service provided by medical doctors to the people.

As is the case in other sectors, the public health sector is also witnessing a widening gap between the developed and the developing countries.

In developing countries, 550 million people are starving due to severe food shortage, not to speak of

receiving medical treatment, and 18 million people die of hunger every year. In some developing countries,
child mortality is 18 times higher than in the developed countries, whereas medical expenditure per capita
is one-eightieth and the number of doctors per 1000 inhabitants is one-sixtieth compared with OECD
countries.
In our view, it is a humanitarian and moral duty for the developed countries to help the developing
countries in the public health sector.
One of the main functions of WHO is to cooperate with Member States. We express our hope that
WHO will contribute to all the peoples of the world benefiting from an equitable health service, by paying
greater attention to cooperation between Member States, especially with the developing countries.

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Dr PRETRICK (Federated States of Micronesia):
Mr President, Director-General, excellencies, distinguished delegates, ladies and gentlemen, allow me on behalf of my country to congratulate the President on his election. My congratulations also go to the Vice-Presidents. Also on behalf of the Federated States of Micronesia I congratulate Nine and the Republic of Nauru for becoming full Members of the World Health Organization. I am honoured to deliver this address to the Forty-seventh World Health Assembly on behalf of the Federated States of Micronesia.

As one of the newest Members of WHO, the Federated States of Micronesia is privileged to be able to take part in the discussion and formulation of a global policy for world health, and privileged to have the opportunity to express its views to this august body.

My delegation also wishes to thank the Director-General and the Executive Board for their guidance and direction in helping the Member States to develop a focus on the relevant issues which we must consider and address at this Health Assembly.

We would similarly extend our congratulations to the Secretariat for the competent and efficient manner in which it has enabled the delegations of the Member States to come together for this important meeting.

We have been asked to focus our remarks on global policy issues, and to give special attention to the topic of "Ethics and Health". This has not been an easy topic to address. What is meant by this word "ethics" in the context of developing a strategy for world health planning? There is no singular definition of the term "ethics". Certainly we can look in our dictionaries and extract a definition equating "ethics" with a body of accepted moral precepts, or a code of conduct or behaviour. But what does this word "ethics" mean when we speak of policies, or plans, or strategies for world health? As one of the developing nations of this finite planet Earth, the Federated States of Micronesia maintains that, at the very least, the concept of ethics when applied to the formulation of a global plan for world health demands that the intrinsic worth of each individual human being must be valued and counted, and that this world does not depend upon the persons station in life, country of origin, age, sex, race, religion, disability or sexual preference.

There are those who would say that the definition and delineation of "ethics" and "ethical behaviour" is necessarily coloured by cultural considerations, and that the boundaries of ethical behaviour can never be clearly identified. And, perhaps for the most part they are right. But, in the context of what is meant by this illusive term "ethics" in the arena of world health perspectives, can we not find an approach which extracts a universal truth - a tenet in which we can all believe and accept? In fact, is this not our mission to decide upon a programme for the promotion and achievement of world health and a system of resource allocation which is based upon and recognizes an underlying universal belief in the intrinsic worth of each human being? 1

When deciding upon whether a particular plan, strategy, programme or action is ethical or not ethical, is there at least a common thread that runs between the varied cultures of the nations of this world, that each of us can grasp as providing a boundary for ethical behaviour? We believe that there is such a common thread, and that there are at least two precepts which should be universally accepted and applied when we speak of "Ethics and Health". The first ethical precept which we believe must be

held as universal
is that each person has an equal right to good health and good health care. The second is that each person
has an equal responsibility to undertake such actions as will promote the health of every other person,
irrespective of that persons station in life, country of origin, age, race, religion, disability or sexual
preference. Thus, together with the right to health, goes the responsibility to engage in affirmative action
to ensure that the rights of others are given due regard.
At its ninety-third session, the Executive Board considered the Ninth General Programme of Work
for the years 1996 through 2001. We will engage in debate as to whether or not the Executive Board has
identified those policies which will be most effective in obtaining at least the minimum in global health
action we wish to achieve. Those policies have been set forth in the report of the Executive Board on its
ninety-second and ninety-third sessions. Our delegation accepts and agrees with the four stated policy
orientations of the Board. We will now briefly address each.
(1) Integrating health and human development in public policies
The Federated States of Micronesia is committed to the goal of integrating health and human
development into the public policy of the nation, its states, municipalities and villages, and believes that this
policy objective must be addressed on an international level as well.

We would congratulate WHO and others who prepared the background document "Community action for health" to be used in the Technical Discussions of the Forty-seventh World Health Assembly. The Federated States of Micronesia finds this document to be extremely useful in suggesting ways in which the objective of integrating health and human development in public policies can be achieved by community action. This is especially relevant for the F ederated States of Micronesia where implementation of specific policies for health and human development must receive the acceptance and support of traditional leaders at the village-community level if such policies are ever to be accepted and applied by the community at large.

(2) Ensuring equitable access to health services

As a developing nation this second stated objective is of primary importance to the Federated States of Micronesia. In order to achieve the objective of ensuring equitable access to health services we and other developing nations must be assured of an appropriate allocation from the worlds resources. Without such resources the developing nations cannot even hope to achieve equitable access to health services.

If we accept that every citizen of a developing nation has a right equal to the right of citizens of developed countries to access the best available health services, then we cannot deny that it is the responsibility of the developed nations to provide the resources which will allow for health services to be available for access.

Ethical considerations involved in ensuring effective access to health services require that the responsibility for effective and equitable allocation of resources must be borne by those in a position to direct the flow of such resources (including the developed nations, the international organizations such as WHO and UNICEF, as well as other, nongovernmental health-related organizations).

(3) Promoting and protecting health

The F ederated States of Micronesia believes that ethical consideration demands that each State must not only approve of, but actively participate in, the policy objective of "promoting and protecting health".

At the national level, each State is ethically bound to ensure that its citizens are educated as to the dangers of communicable diseases, including sexually transmitted diseases such as HIV. There must be an intense effort at national and international levels to promote changes in lifestyle conducive to healthy living and to foster effective measures of health protection such as the use of condoms to deter the spread of HIV.

(4) Preventing and controlling specific health problems

With respect to this stated policy orientation, the report of the Executive Board on its ninety-second and ninety-third sessions has, among other specific health problems, enumerated leprosy as a public health problem which is targeted for world eradication, and the implementation of tuberculosis control activities as warranting the institution of a special account within the Voluntary Fund for Health Promotion. The Federated States of Micronesia is deeply concerned about the prevalence of leprosy and tuberculosis within its boundaries,and applauds the efforts made in respect of these diseases. The Federated States of Micronesia, recognizing its responsibility to engage in all available measures to prevent the spread of leprosy and tuberculosis into other nations, encourages the other members of the World Health Assembly to approve of these two targeted diseases as specific health problems warranting the close attention of

WHO and the world community under the fourth policy orientation in the Ninth General Programme of
Work for 1996-2001.
The Federated States of Micronesia would like to thank the President once more for having assisted
us in our efforts to find ways, ethical and effective ways, to address the health problems of the world
community. No State can afford to fail to take responsibility - responsibility for the problems - and to act.
Each State has a duty to protect the citizens of this world community to which we all belong.
Dr DASHZEVEG (Mongolia):
Mr President, Mr Director-General, distinguished delegates, first of all please allow me, on behalf of
the Mongolian delegation to extend my warm congratulations to the President and to the Vice-Presidents
of this Health Assembly, on their election to their high offices.
The Mongolian delegation is highly appreciative of the outstanding ability of Dr H. Nakajima, our
Director-General. Under his leadership, the World Health Organization has made valuable contributions
to the protection of peoples health by overcoming all kinds of difficulties.
We are pleased to say that with the further development of the strategy for health for all by the year
2000, medical and health care services for the people have continued to improve in all countries. The

initiative on research and development of childrenis vaccines and the implementation of a cute respiratory
infection control programmes have effectively safeguarded the healthy grth of children th e world over.
The "Tobacco or health" action plan has made increasing numbers of people aware of the da ngers
of tobacco smoke and the need to eliminate them. The implementation of the AIDS preventio n control
strategy has enabled widespread dissemination of scientific knowledge on AIDS prevention, and clinical
research and drug development have brought hope of survival for AIDS patients.
In short, implementation of WHOis effective strategies and provision of services for the health of
mankind have steadily increased the Organization% reputation and influence. This is the r esult of common
efforts made by the Director-General, Dr Nakajima, all WHO staff and Member States.
Here I would like to extend our heartiest thanks to WHO headquarters and its Regional Off ice for
South-East Asia for the support and cooperation they have given our country during the im plementation
of WHO strategies and collaborative programmes.
As a Member State of WHO, Mongolia has always worked very hard to develop its health serv ices
in line with its national conditions and to follow closely the various WHO strategies.
In 1993 positive changes took place in our medical and health services.
At the national level, 1993 saw intensive parliamentary debates on the proposed two laws, which have
been very important, from a public health perspective, documents: the law on the struggle against the
threats of tobacco and the law on the prevention of AIDS. These two laws were passed in D ecember last
year.
The objectives of the law on the struggle against the threats of tobacco are the preventi on of the
population from danger of tobacco, the determination of the responsibilities of economic entities,
organizations, families and citizens in the tobacco control activities, the specification of the requirements
on manufacture and sale of tobacco and the regulation of relations concerned with their i mplementation.
This law plays a significant role in the prevention of adolescents and young people from using tobacco
and in the protection of the health of non-smokers.
The law on the prevention of AIDS provides facilities in order to prevent disease and str engthen
information on infection and morbidity of AIDS; and to promote education, research, epide miological
surveillance and protection of human rights 1n connection with AIDS infection, as well as the professional
training of health workers and medical doctors. ’
Another very important document for us was adopted in 1993. This 1s a law of Mongolia on citizenis
health insurance. Now both compulsory health insurance and voluntary health insurance, ar e functioning
in my country.
The above-mentioned three important laws came into force in 1994. The Government of Mongo lia
has approved a national programme on immunization, by implementing which we will attain t he target of
90% immunization coverage for the "seven vaccines" at national level in 1995.
We have launched mass vaccination against hepatitis B which has successfully reduced the number
of cases by over 30% after the first yearis vaccination programme.
Despite the progress, much more needs to be done to accelerate health development in Mong olia in
order to achieve the goal of health for all within the next six years. The issues of impr oving equity in health
and the quality of health care are of utmost importance. They are not easy tasks, conside ring the current
situation in Mongolia.

Health care in Mongolia is suffering from the growing economic crisis which has occurred and is occurring in my country, and the associated poverty, unemployment, inflation and reduced national resources.

In the past three years national income and production have declined by 15% and 14.8% respectively. The per capita national income has also fallen to the level it was ten years ago. This has led to increasing unemployment. For example, as of 1 J anuary 1994, there were over 70 000 people without work. This is 33% higher than at the same time last year Sixteen per cent of population is now below the "poverty level".

The above economic stresses of this transition period 1n Mongolia have had a severe detrimental effect on the health delivery system of the whole country, and all parameters have deteriorated. The 1 general health of the people has become worse and no doubt will continue to worsen in the foreseeable future. For example, the number of births has decreased by 20.6%, with an unfortunate increase in infant and maternal mortality. Infections and parasitic diseases have increased by 1.4%. With our socioeconomic and associated changes, other health problems have also increased, including malnutrition, anaemia,

gastrointestinal disorders, alcoholism, mental diseases, and disorders of the nervous respiratory and
circulatory system.
The infant and maternal mortality rates remain very high in comparison with those of many countries.
The infant mortality rate in this country is 62 per 1000 live births and the maternal mortality rate is 20.4
per 10 000 live births.
The Government of Mongolia wholeheartedly supports the efforts of the world community and the
dynamic activities of the United Nations for the well-being of children who are the future of mankind.
Attaching paramount importance to the health and social well-being of children, my Government has
adopted the "National Programme of Action for Development of Children in the 19908".
At this Assembly, we will emphasize the subject "Ethics and Health". Ethical issues in medicine have
been attracting greater attention during the last two decades.
The advances in medicine, the changing perception of the public and physicians, greater availability
of information to the community and political developments, have led to the ethical aspects of medicine
becoming more pressing problems.
Ethical issues are emerging in relation to resuscitation; organ and tissue transplantation; some
aspects of family planning, including application of contraceptives and the carrying out of abortions;
treatment of AIDS patients, clinical trials with the objective of introducing new drugs into health practices;
treatment regimes and technologies. The list of such issues could be continued.
Before concluding my statement from this rostrum, I wish to convey on behalf of my Government the
sincere thanks to the Director-General, Dr Hiroshi Nakajima, and to the Regional Director for South-East
Asia, Dr Uton Rafei, for their understanding of the health problems of Mongolia and for the support we
are getting from them for improving our medical care. In this connection, the most important form of the
collaboration with WHO is WHOts intensified cooperation with countries in greatest need.
It would be a failing on my part if I did not record our appreciation of the invaluable help that we
continue to receive from WHO, UNICEF, UNDP and UNFPA, as well as from friendly countries, in our
efforts to render better health services to the Mongolian people.
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Mr WAENA (Solomon Islands):
Mr President, Mr Director-General, honourable Ministers, Vice-Presidents and distinguished delegates of Member States of this very prestigious decision-making international and august Assembly, it is indeed with enormous honour and privilege that I humbly address you. At the outset, I wish to sincerely congratulate Dr Temane, and indeed his nation, Botswana, on his overwhelming accession to the esteemed office of the President of the Forty-seventh World Health Assembly. We are confident that his guidance will lead to successful conclusions this Assemblyis proceedings. 1 bring to this distinguished Assembly greetings from my Prime Minister, Government and the people of Solomon Islands, a tiny island Member State, in the peaceful blue South Pacific Ocean. We thank the Director-General for his comprehensive report, which enlightened us not only on past achievements but even more so on the future hopes and aims of WHO in its concerted efforts to provide services to mankind. We applaud the leadership of the Director-General.

Solomon Islands upholds its national motto: "to lead is to serve". Indeed, all of us here are leaders, comprising this venerable international body, the Health Assembly. WHO is unique in the particular principle of serving and saving mankind, especially the poor, the disadvantaged, the oppressed and the "have nots". It is for this fundamental reason, we believe, that we are here as a family of Member States. Indeed, it is for this noble consideration that the Solomon Islands delegation wishes to humbly make this intervention.

Allow me to record before this august Assembly, the affirmative support of Solomon Islands for the readmission of the people and Government of South Africa, to take their rightful place within WHO, thereby fulfilling their obligation and assuming their rights in accordance with the WHO Constitution. The historic attainment of all rights and privileges associated with full membership of WHO, which this august Assembly unreservedly and unanimously accorded to South Africa at this Forty-seventh Health Assembly, has indeed established a very significant historic milestone of achievement by WHO at the eve of the closure of the twentieth century. Solomon Islands took part in monitoring the recent historic multiracial elections in South Africa through the participation of the honourable speaker of our National Parliament.

May I record our sense of gratitude and appreciation, to the distinguished delegates of Zimbabwe and Nigeria, for successfully proposing the draft resolution, which this Assembly deliberated on and assented t0.

Nearer home, the Solomon Islands delegation unreservedly tenders its brotherly and neighbourly approval and support for the admission of Nauru and Nine into the family of Member States which

’ constitute this World Health Assembly. We wish the governments and peoples of Nauru and Nine, the joy
of becoming members of this august Assembly, as of immediate effect. Congratulations, Nauru Government
and your good people and congratulations Nine Government and your good people for accession into this
World Health Assembly.
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Our little nation in the South Pacific Ocean with just over 350 000 people, living on several tropical islands, though accomplishing some achievements in its social and political development, still faces enormous tasks in the development of its economy. It still needs and will continue to need the support of our partners, the developed nations. Even though this is so, our people have thoroughly and continuously enjoyed genuine peace and tranquillity, which our present and past governments have ensured at all cost to uphold.

We think of our many unfortunate brothers and sisters in areas where there are wars and conflicts and those who do not know what true peace is like. The Solomon Islands delegation humbly submits and earnestly pleads to all Member States to continuously strive towards bringing peace and hope to mankind, where there is war and oppression. Health care and welfare services can only be meaningfully brought to the people in need, the disadvantaged communities, children and women, when there is peace. Health for all, which is our concerted and noble goal, can never truly happen except where there is peace. It is the unavoidable obligation of the Member States, as a community of nations, and on us who are leaders to pick up the encouraging trend of development that is taking place in South-East Asia, southern Africa and elsewhere, to expedite the process of peace to all our people and children of our one home, the planet Earth. In this respect, I sincerely urge this Assembly, as we in the South Pacific strongly advocate, that all weapons of mass destruction be eliminated and that all forms of nuclear weapons be considered illegal, in the quest to make planet Earth a safer home for mankind. Much-needed financial resources saved from military budgets could usefully be utilized by WHO to save women, children and indeed men from the perils of sickness and disease which beset the whole of the human race.

Solomon Islands, like other Member States, has its own share of problems. Our Government has, however, clearly made its commitment to address priority health problems. The problem of infectious diseases, especially malaria, is enormous. I wish to sincerely record our most profound thanks for the support of WHO. I particularly wish to thank our very efficient Regional Director, Dr S.T. Han, who especially visited our nation to personally confirm the support of WHO alongside our other bilateral and multilateral partners, who have supported our efforts, in particular the governments of Australia, Japan and the United Kingdom as well as the European Union. We sincerely hope that through this cordial and essential partnership of efforts, malaria will soon be no longer the main public health problem in our beautiful islands, both for our own people and for friends who may visit us.

The Solomon Islands delegation believes that during this time of scarce resources and unfavourable global economic circumstances, the welfare of our communities will improve only if the demands of our population can be wholly met at an acceptable level. The Solomon Islands, with an annual population growth rate of 3.5%, which is very high by any standard, is struggling to meet the needs of its increasing population. Our uncontrolled population growth rate causes very high school drop-out rates. Unemployment is on the increase, and high illiteracy is a potentially explosive situation which will continuously pose a high risk to community members. Addressing the population issues has been our utmost priority in establishing sustainable development programmes and policies. The supp

ort of our
bilateral and multilateral friends is vital and very much necessary. It is our view that a society can be
healthy only if it can feed, clothe, educate, employ and provide adequate health care services to its people.
The Solomon Islands looks forward to the International Conference on Population and Development in
Cairo in September this year. Developing countries like ours will continue to need the support of
developed Member States to achieve our aims and objectives.
Today, the world community is becoming more and more united on issues of common interest. It
is becoming more and more a peace-loving global community of nations, with democratic development
occurring in eastern Europe, Africa, Asia and elsewhere. Whilst it is essential that peace is quickly
restored, particularly in the new areas of conflict, which is putting sadness into the lives of millions, the
potential threat by the worrying global climatic and environmental changes Which are taking place are of
considerable concern to the small island nations of the world, such as those in the Pacific Ocean.
The "greenhouse effect" is indeed an especially major concern for us, the island Member States,
scattered in the many oceans and seas of our little planet. These small States, including the Solomon
’ Islands, are still underdeveloped, with numerous social and economic problems and challenges. They are
thus not in any position to adequately help themselves against such global climatic change, if and when it
should occur. We therefore, emphatically plead to the developed and industrialized Member States to seek
to minimize or better still cease to emit toxic wastes and gases into our atmosphere, to delay this impending

grave risk. It is indeed the future of the small island Member States that is at stake. I ndustrialized nations
have the resources and know-how to identify and use environmentally safe alternatives to make our world
a better and safer place for us to live. This world needs to be made a safer place for ou rselves, our children
and those generations yet to come.
The Solomon Islands has in the past years made some progress in developing health care se rvices
appropriate to its people. It is currently embarking on a structural adjustment programme to make our
development and services more appropriate and sustainable within our capabilities. These achievements
have been made possible with the support of many bilateral and multilateral agencies, man y of which are
represented in this august Assembly. On our behalf, may I thank you all, most sincerely, especially the
Director-General of the World Health Organization and his good staff. In our region we th ank our
Regional Director. To the European Union, and the Governments of the United Kingdom, Japa n,
Australia, Canada, New Zealand and so forth we thank you for your kind assistance.
WHO is indeed the main international body which we the developing countries rely on in ou r health
development strategies and programmes. The World Health Assembly is the main forum throug h which
we share our views, hopes and aspirations, as well as fears. This, thus, is our humble in tervention. The
Solomon Islands delegation wishes the President and his office bearers a very fruitful te rm in office.
Mr VENERA (Czech Republic):
Mr President, Mr Director-General, your excellencies, distinguished delegates, ladies and gentlemen,
I avail myself of this opportunity to extend to you, Mr President, as well as to other of ficers of this
esteemed high-level forum, my sincere congratulations on your election and best wishes fo r all success in
your responsible work.
The Czech Republic stepped considerably forward in its transition to a market economy. It has
finalized major reform transformations in the spheres of its political system, national e conomy, finance,
legislation and, of course, social life. Within the last three years, the health care sys tem of the Czech
Republic has passed through a fundamental change. Our counterparts in transition economie s are deeply
interested in receiving information about privatization of health facilities in our count ry. Let me comment
briefly on the developments in this field.
The process of privatization is generally regulated by provisions of the laws and decrees of the
Government. In the health sector, privatization started in September 1993 and has advance d significantly
since then. Direct sales to interested individuals represent a major part of property tra nsfers. The future
owners are selected on the basis of recommendations given by relevant privatization commi ttees, and final
privatization projects are approved by the Government. In come cases, different methods o f privatization
are applied, for example, "free of charge" transfers to municipalities, to churches or to other legal entities.
So-called "mixed ownership", namely combined ownership of the State and a domestic entity , is applicable
as well. Facilities not intended for privatization have, in principle, around 30% of the total bed capacity
of hospitals.
A reform of public accounts is one of the most important elements of the economic transfo rmation
of our country. At the same time, it is directly interconnected with health transformatio n. In the past,

predetermined by central planning, the structure of the national budget was not transparent. Prevailing inefficiency in the use of public financial resources resulted, inter alia, from this lack of transparency.

Under the new conditions, the reform of the national budgetary system has been targeted at the creation of transparent financial flows, expenditure restrictions and stabilization of public funds, setting clear strategic goals and priorities, reaching a desirable budget balance and diminishing the role of the State budget in the redistribution of GDP.

In implementing economic and health reforms, we have acquired considerable experience, which proves, in our opinion, that there is a certain parallel between the financial resources of the State and those of international organizations, including the effectiveness of their use in a national and international context.

In other words, any supply in the health sector finds sooner or later an effective demand. In this respect, the development of health services in the Czech Republic has already reached a stage at which it seems essential to impose certain limitations in order to preserve the viability of other sectors.

Similarly, we all share a common responsibility for ensuring a well-targeted, effective use in an international context of international resources that are acquired through national tax payment systems.

We must therefore insist on transparency of use of our contributions to those budgets. Ou r undeniable
responsibility includes defining a clear strategy, setting well-grounded priorities and i mplementing control
mechanisms of budgetary allocation of existing resources. Notwithstanding an indispensabl e degree of
solidarity, which is crucial for any kind of public accounting, we would appreciate if so me of the WHO
regional committees, along with their urgent needs and limited capacities, get more finan cial resources from
the global WHO budget than they do today.
Accomplishing basic systemic reforms in my country, our attention focuses more and more o n the
definition of further new qualitative changes. There is one key issue which is connected with one of the
global topics of this Assembly, namely the relationship between partners in "giving and t aking" of health
care. As we inherited from the former regime somewhat distorted moral criteria of relatio ns within society,
we deem it necessary to determine new ethics in providing health services. ’
We are of the opinion that a clear definition of general ethical rules is one of the esse ntial
prerogatives of the State and of international organizations like WHO. These rules should find their
reflection in relations between patient and physician and in criteria for the quality of health care. Logic
tells us that the State should at the same time define adequate instruments to preserve t hese ethical rules.
Endeavours of WHO to define a global ethical code point to an unrivalled role of the inte rnational
community in the field of health. Such a code could become a "mode diemploi" in, for exam ple, psychiatry,
treatment of malignant diseases, transplantation of human organs, including tissues and b lood, trade with
them, clinical testing, distribution and promotion of pharmaceutical products, surrogate motherhood,
euthanasia and others. We feel that WHO should promote the establishment and development of an
"alliance for health" which will add new value to health awareness.
Finally, let me express our appreciation of the work so far done by WHO in a global and, particularly,
all-European framework. The tangible results of WHO activities, we believe, will prove it s effectiveness
and will confirm the unique role it plays in our contemporary world.
The ACTING PRESIDENT:
I thank the delegate of the Czech Republic. I give the floor to the delegate of The Forme r Yugoslav
Republic of Macedonia, and I invite the delegate of Cambodia, who will be the last speake r this morning,
to come to the rostrum.
Professor TOFOSKI (The Former Yugoslav Republic of Macedonia):
Mr President, Mr Director-General, distinguished representatives, ladies and gentlemen, f irst of all,
I want to extend my congratulations to the President of the Forty-seventh World Health As sembly on his
election, and to express our conviction that, under his presidency, this Assembly will su ccessfully discharge
its duties. He can count on our full support in his efforts. I would also like to extend our congratulations
to the Vice-Presidents and to the other elected officers of this Assembly.
I have the honour and pleasure to transmit to you regards from the Government of the Repu blic of
Macedonia and especially to the Director-General, the distinguished Dr Hiroshi Nakajima, under whose
leadership the World Health Organization continues to work successfully.
Our country is passing through a very difficult time of transition. But in addition to th is, we have very
unfavourable surroundings, such as a blockade of our main lines of communication: to the north, United
Nations sanctions towards the Federative Republic of Yugoslavia, to the south, an unprece

dented embargo -
absolutely unprovoked and unjustified - by a Member State of the European Union, with alm ost
catastrophic consequences for our economy. All these have seriously detrimental effects o n the financing
and functioning of the health care system and the health status of our population. Bearin g in mind the
universal condemnation of the Greek embargo against my country, we hope that it will be l ifted without
delay. Apart from having war in the near vicinity, the influx of large numbers of refugee s has increased
the need for health care even more. In such conditions, we have to make reforms and restr ucture the
health insurance and health care system. At this point, I would like to stress our sincer e gratitude to the
governments of countries of the European Union, especially Great Britain, Germany and the N etherlands,
through the programmes of ECHO and PHARE, Project Hope of the United States, WHO and UNIC EF
and other governmental and nongovernmental organizations who have participated in supplyi ng us with

essential drugs and disposable materials and enabled us to maintain the functioning of our health care system.

With regard to health reforms, we have been offered very valuable assistance from many sides; from WHO, World Bank, European Union and some bilateral investors from European countries. All this, in essence, is very positive but almost all of them insist on using their own experts and consulting teams.

While we highly appreciate the intentions and good will to assist us in the planned reforms we consider that the most useful and effective contribution to this aim should be an integrated well-coordinated programme where the leading role would be played by WHO with the participation of all interested parties.

Understanding that health is a continuous and inclusive development process involving all countries, all individuals and communities, it is clear that national health development is a very important factor in the support and promotion of peace and development inside and outside the region. Besides the enormous efforts of WHO and Member States, there are still many common problems for the majority of the world population, such as infant mortality, health of women, AIDS, tuberculosis and malaria, as well as some more specific to some regions, subregions or countries. I would like to take this opportunity to inform you that the strategy of my government in the field of health aims at the following: first of all, to safeguard social peace in the country through the functioning of the vital health service, which is our real programme now;

to carry out regularly all programmes for preventive medical care - preventive medical care and services, compulsory immunization of the population against certain infectious diseases, preventive measures to avoid the spread of tuberculosis, protection of the population against HIV and AIDS, active mother and child medical care, promotion of blood donation and others; also to maintain sanitary and hygiene standards;

to start the preparation programme for transformation and reconstruction of the medical care services and insurance system; to promote close and continuous cooperation with the medical services of developed countries; and further promotion of the programme on health for all by the year 2000.

Our cooperation with WHO continues to be successful and fruitful. We appreciated the visit to our country of the Director-General, Dr Nakajima, accompanied by Dr Asvall, Regional Director for Europe, and we are pleased to note that the programmes agreed upon are in the process of implementation and we hope that we will be able to conclude more in future. On the subject of our cooperation with WHO, it is my duty to mention that, for reasons unknown to us, my country, a member of WHO, was not permitted to enter the host country and thus could not participate in the 1993 session of the Regional Committee for Europe, held in Athens last year. I am sure that all necessary actions will be taken to ensure that in future no Member State of WHO experiences a similar situation.

Finally, my delegation would like to express strong support to the initiative of the Director-General to study in depth an increasing number of ethical issues and to reaffirm, promote and establish, where necessary, new WHO ethical criteria on many questions, such as: equity to access to health care; dissemination of international humanitarian law according to the Geneva Conventions and additional protocols; biomedical ethics; genetics technology; experimentation on human subjects; transplantation of organs; euthanasia; medical research in a wider meaning; and the rights of patients as

a part of basic
human rights, which have been properly elaborated recently in our major European conferen ce held in the
Netherlands.
The ACTING PRESIDENT:
I thank the delegate of The Former Yugoslav Republic of Macedonia. Distinguished delegate s, I have
received a request from the Greek delegation to exercise its right of reply in accordance with Rule 59. I
will give the floor to Greece at the end of this meeting to make a brief statement. Disti nguished delegate
of Cambodia, you have the floor.
Le Dr CHHEA THANG (Cambodge) :
Monsieur le President de Seance, Monsieur le Directeur general, honorables delegues, Mesd ames
. et Messieurs, au nom de la delegation cambodgienne, permettez-moi de mlassocier aux aut res delegues pour
feliciter 16 President, les Vice-Presidents et les autres membres du bureau a Poccasion d e leur election a
cette Quarante-Septieme Assemblee mondiale de la Sante. J e felicite egalement le Directe ur general, les
Directeurs regionaux et tous les fonctionnaires de l’OMS pour leurs efforts et leurs bien faits en faveur de
la sante pour tous.

Monsieur le President, Mesdames et Messieurs, ciest un melange d,honneur, de fierte et de joie pour
la delegation du Royaume du Cambodge de pouvoir participer a nouveau 51 cette auguste Assemblee apres
une si longue periode dtabsence.
Pendant toutes ces annees oil nous avons ete coupes du monde, nous avons connu les horreurs de
la guerre avec son cortege d,atrocit6s et de douleurs physiques et morales. Les operations de POrganisation
des Nations Unies au Cambodge ont ete un grand succes pour Phistoire de Phumam’te et je voudrais
profiter de cette tribune qui miest offerte ici pour exprimer les remerciements les plus sinceres du peuple
cambodgien 51 PAutorite provisoire des Nations Unies pour son action au Cambodge.
Pourtant, nous nous debattons encore contre les suites de cette guerre. Elles sont nombreuses et
variees. Elles persistent non seulement dans nos cauchemars mais aussi dans la realite joumaliere : des
familles disloquees, des communautes dysfonctionnelles, et aussi des mines parsemees dans tout le pays qui
continueront 51 mutiler, pendant plusieurs decennies encore, notre peuple et surtout nos enfants. Ce
problEme des suites de guerre en temps de paix ne se pose pas seulement au Cambodge et merite encore
plus d,attention de la part de tous les pays et des organisations internationales et humanitaires.
Monsieur le President, Mesdames et Messieurs, au moment de la Declaration d,Alma-Ata sur les
soins de saute primaires, le Cambodge etait replie sur lui-meme, il souffrait diune famine generalisee et
connaissait un genocide qui allait bouleverser le monde entier. Cette Declaration, pour notre nation, est
un symbole d,espoir. Mais comment satisfaire cet espoir ?
Notre politique sanitaire siefforce de se frayer un chemin vers ce noble but. Mais si politiquement
il est facile de se fixer un objectif, le manque de ressources nationales est an obstacle difficile a surmonter.
Il est donc necessaire de pouvoir compter sur liaide exterieure pour y arriver.
Il incombe aux communautes et aux gouvernements de rechercher la meilleure saute pour tous.
Toutefois, 1a question d’ethique que lion est en droit de se poser est : Quelle est la responsabilite de la
communaute internationale dans le cas d,une guerre ou diune catastrophe naturelle oil une nation entiere
nia pas les moyens pour soulager les victimes ? Certes, la tradition veut quiil existe une aide diurgence, qui
niest quiune aide de substitution, et nous sommes trEs reconnaissants 511a communaute internationale pour
cette aide genereuse. Mais quelle est liethjque qui doit guider liaide intemationale pendant la longue
periode de reconstruction et de developpement qui doit suivre ? Parfois, nous avons Pimpression que
certains minimisent nos besoins afin de limiter la solidarite internationale a notre egard. Pourtant, ctest 1a
que nous pouvons acquerir les moyens pour mener vraiment nos activites afin de retablir la saute pour tous.
Nous avons encore besoin de l’aide de la communaute intemationale, de POMS, de Pensemble des
organisations internationales et non gouvernementales pour travailler, dans un esprit de coordination et de
cooperation, 51 liamelioration de notre systeme de same. Nous avons besoin de ces partenaires non pas pour
travailler 51 notre place, mais pour nous aider a mieux faire, a restaurer et promouvoir une same meilleure
pour notre peuple. Uaide exterieure au pays sera plus benetique si elle vise i assister la population a
contreler les conditions de son environnement social et celles qui influencent la saute. Avec Paide diune
multitude de donateurs, notre service de sante publique est en train de siatteler A dienormes tiches pom-

rebatir la sante de notre nation afin diatteindre liobjectif de la saute pour tous d’ici Pan 2000. Ainsi, en nous
entraidant, nous pourrons construire un Cambodge uni dans le respect des differences, un Royaume dans
lequel hommes, femmes et enfants pourront vivre en harmonic, dans la tolerance et en parfaite saute.
Le theme "Ethique et saute", objet de cette session, et les nombreuses interrogations soulevees par
les participants montrent que le slogan "Saute pour tous" doit etre le ciment qui permettra dc rallier toutes
les forces vives de la planete atin que nos enfants puissent vivre sans menace de mort.
The ACTING PRESIDENT:
I thank the delegate of Cambodia. In accordance with Rule 59 regarding right of reply, I give the
floor now to the Greek delegation to make a brief statement in regard to the address of the distinguished
delegate of The Former Yugoslav Republic of Macedonia. Greece, please make your statement from your
seat.
Mr YANTAIS (Greece):
Thank you, Mr Chairman, I noticed that Minister Tofoski in his intervention referred to the "Republic
of Macedonia". I have to remind you of two things; first, that the correct denomination under which this

country was admitted to the United Nations system is that one of The Former Yugoslav Republic of Macedonia; Security Council resolution 817 / 93 is extremely precise in this respect. Secondly, regardless of what the country wishes to call itself, one should not forget that a denomination chosen in the United Nations system was not fortuitous and has to be abided by when speakers address the Organization or the forum. These things are quite clear, so no further interpretation is required.

Professor Tofoski also mentioned the fact that he was not allowed to join the Regional Committee for Europe meeting last September in Athens. To clear things up, I have to bring to your knowledge that problems between our two countries notwithstanding, every arrangement was made from the Greek side to allow him to attend the meeting. But then Professor Tofoski thought it advisable to send in a telegram for hotel booking notifying it to the Greek Ministry of Foreign Affairs under the heading "Republic of Macedonia", which was not considered as a conciliatory gesture by my authorities, to say the least. They should not be expected to give a visa to nationals of a country the name of which they question.

The distinguished speaker mentioned also measures taken by my country which hampered the free flow of goods to and from his own country. To this I have to reply the following: WHO is not the appropriate forum to raise the issue for tourism. Firstly, and most obviously, health material is not concerned by the measures, the health situation is not impaired, so the remark is pointless. Secondly, the measure is political itself and as such does not lie within the field of competence of this Organization.

Thank you very much, Mr President.

The ACTING PRESIDENT:

Thank you, Greece. In accordance with Rule 59, the delegation of The Former Yugoslav Republic of Macedonia requested authorization to make a brief comment on the remarks of the delegate of Greece.

You have the floor.

Mrs TASEVSKA (The Former Yugoslav Republic of Macedonia):

Thank you, Mr President. I regret that the representative of the Republic of Greece considered it necessary to use this meeting for presenting matters which do not comply with the provisions regarding the unnecessary taking of time of this Assembly.

Under Security Council resolution 817/ 93, and the relevant statement of the President of the Security Council, my delegation is fully entitled to use the constitutional name of our country, Which is "The Republic of Macedonia". The relevant service for the interpretation of resolution 817/93 is the Legal Department of the United Nations. We recommend the representative of Greece to consult the Legal Department of the United Nations whenever he has any urge to discuss the use of the constitutional name of our state.

The representative of Greece is right in stressing the importance of the trade embargo against my country. However, he omitted to mention that the embargo of his Government against my country has been universally condemned, and there is no ground whatsoever for its justification. The sooner it is annulled the better for both countries. It is widely known that we would like to develop the best possible relations with Greece based on mutual respect and interest. We would like to enter that period without any delay.

Thank you.

The ACTING PRESIDENT:

Thank you. According to the same rule, Greece has requested another reply, which will be

the last
in this connection.
Mr YANTAIS (Greece):
Thank you, Mr President. Of course it will be the last.
Let me just make first a remark to the President. The right term is "The F ormer Yugoslav Republic
of Macedonia". Secondly, the text in itself, as I said, is quite clear and does not requi re further
interpretation. Thirdly, let me add that The Former Yugoslav Republic of Macedonia failed to raise the

issue in other fora much more appropriate than this Organization. For instance, during the last round of discussions between GATT and this country, it would be much more appropriate. Finally, without entering into a debate about the legitimacy of the measure, I will only remind you that similar measures have been taken in the past by some countries toward others, and several are still in force. Thank you very much.

The ACTING PRESIDENT:

Thank you, Greece. All will be correctly recorded. Thus we do not need to continue this discussion.

The plenary meeting is now adjourned, and will resume at 14h30 this afternoon for the commemoration of 20 years of the Onchocerciasis Control Programme. There are two other items: I would like to inform the delegates of the following two briefings which will be held today during the lunch break and from one hour to the second hour from 13h00-14h00 presentation on "Banking for health - Nigerials experience", in Room VII, and a briefing on WHOls activities in research on reproductive health in Eastern Europe, in Room XXII. The meeting is now adjourned.

The meeting rose at 12h15.

La Seance est levee a 12h15.