World Health Organization
Organisation mondiale de la Sante
FORTY-SEVENTH WORLD HEALTH ASSEMBLY A47/VR/3
QUARANTE-SEPTIEME ASSEMBLEE MONDIALE DE LA SANTE 3 May 1994
3 mai 1994
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PROVISIONAL VERBATIM RECORD OF THE THIRD PLENARY MEETING
Tuesday, 3 May 1994, at 9h00
Palais des Nations, Geneva
President: Mr B.K. TEMANE (Botswana)
. COMPTE RENDU IN EXTENSO PROVISOIRE DE LA TROISIEME SEANCE PLENIERE
Mardi, 3 mai 1994, a 9h00
Palais des Nations, Geneve
President : M. B.K. TEMANE (Botswana)
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1. PRESIDENTIAL ADDRESS

DISCOURS DU PRESIDENT DE LIASSEMBLEE

The PRESIDENT:

Your excellencies, honourable ministers, ambassadors, distinguished delegates, Mr Director-General, colleagues and friends, it is indeed a great honour for me to be elected President of the Forty-seventh World Health Assembly. I am confident that with your cooperation and the effective assistance of the secretariat we, the elected officers of the Health Assembly, shall steer its work impartially and effectively so that your ambitions of contributing to world health through the effective performance of WHO can be realized.

As we approach the end of our century it is becoming clearer that world health is indeed undergoing a major transition. On one hand, deficiency diseases and infectious diseases are still highly prevalent, and the HIV pandemic continues to make ravages, particularly in Africa and Asia. ’Ihberculosis, once believed to be under control in developed countries, has now become a scourge in both developed and developing countries. On the other hand, cancer has become a major cause of death in poor as well as in rich countries, while mortality rates from cardiovascular diseases are rising in many developing countries. In other words, many countries and geographic regions are undergoing both demographic and epidemiological transition, so that differences in the patterns of health and disease between developed and developing countries are becoming less distinct than they were 20 or 30 years ago. Noncommunicable disorders have become maj or causes of disability and death in most countries of the world. Unforeseen health problems are emerging as a consequence of new and changing economic situations, rapid industrialization and damage to the environment. The situation is further complicated by sporadic bursts of conflict which precipitate sudden and sharp deteriorations in socioeconomic conditions, including health. Migratory movements resulting from such crises often distort the labour markets of other countries, generating in turn other tensions and conflicts.

We therefore obtain a composite picture where health status and health services are the resultant factors of several forces - political, demographic, economic, sociocultural, environmental, etc. Indeed, the past decade has seen rapid and often unpredictable changes in the global political situation, world socioeconomic conditions and the environment, as well as democratic, demographic and epidemiological transition. For example, rapid aging of the population and changes in lifestyle and the environment account for the increasing prevalence of cancer, cardiovascular diseases, diabetes, accidents, suicide, dementias and other chronic conditions. The double burden in developing countries of communicable diseases and diseases of affluence is being aggravated by the spread of the AIDS pandemic, and the resurgence of such ancient scourges as malaria, tuberculosis and cholera.

Many of these health problems transcend national boundaries, calling for global solutions. One of the priority issues continues to be demographic growth. The world population is expected to reach six thousand million by the end of the century, and to exceed seven thousand million ten years later. The age structure of the world population is changing rapidly, and the older population is growing faster in developing than in developed countries. Attempts to check the overall rate of population increase have not

so far had satisfactory results, although in several instances good progress has been made.
The finite nature of natural resources, indiscriminate storage of industrial waste leading to pollution,
the greenhouse effect - all these are well-publicized examples of global problems which transcend national
boundaries. On a related front, energy use is linked with the process of industrialization and technology
development. Politicians and the industrial community face various technical and ethical issues which can
hardly be avoided. In addition to health hazards resulting from individual behaviour - for example, smoking
and alcohol abuse - thousands of environmental contaminants are being encountered, particularly in
occupational settings.
With regard to food supply and nutrition, two major dimensions come into play. First, at the
individual level, education and behaviour play an important role. Second, at the socioeconomic level, issues
of accessibility to food, its production and distribution, legislation, marketing and food control need to be
addressed.
This complex panorama should not distract us from addressing very concretely the priority issues
which the international health community has resolved to face, notwithstanding the very limited resources
available. We know, for example, that education, and income are critical determinants of health. Economic

and educational policies for poverty alleviation and for the most vulnerable groups are therefore essential to the improvement of health conditions. Such policies should promote equity and growth together. They should invest more in female education and promote the rights and status of women. The effects of these policies are likely to induce the poor to spend any additional income in ways that enhance their health - improving their diet, obtaining safe water, and upgrading sanitation and housing. Health policies should plan the allocation of public resources so as to maximize health benefits.

Highly cost-effective public health measures are well known. They include, for example, immunization, health education and AIDS prevention, school-based services, information services for family planning and nutrition, and programmes to reduce tobacco and alcohol consumption. The Expanded Programme on Immunization needs to reach more children, especially in poor households, with a gradual transformation into "EPI-Plus", comprising, in addition to the six current vaccines, those for hepatitis B and yellow fever, plus vitamin A and iodine supplementation. Another critical area for government intervention is the provision of inexpensive yet effective treatment for school-age children suffering from schistosomiasis and other parasitic diseases. Governments should also encourage healthier behaviour by providing information on the benefits of breast-feeding and on how to improve childrenis diets. Measures to control the use of tobacco, alcohol and other addictive substances, using legislation as well as media and education, would reduce the burden of heart and lung diseases, cancer and injuries. Unless smoking behaviour changes within 30 years, premature deaths due to tobacco in developing countries will exceed the expected deaths from AIDS, tuberculosis and complications of childbirth combined. On the other hand, measures are needed to promote a healthier environment, especially for the poor, who are facing higher health risks due to poor sanitation, insufficient and unsafe water supplies, poor personal and food hygiene, indoor pollution and inferior housing.

All these measures are consistent with the 1978 Alma-Ata Conference. I am pleased to indicate that I attended the Alma-Ata Conference in 1978 and I had the occasion to attend the commemoration of the fifteenth anniversary of the Alma-Ata Declaration in 1993. It is quite evident that while some countries have made great strides towards the attainment of Health for All, the progress made by most developing countries, especially in Africa, is not enough to give them cause for optimism that by the year 2000 they will attain acceptable levels of health.

The goal of Health for All was given special amplification, you may recall, at the 1990 World Summit for Children. Some 150 countries are now committed to improving the health of children and women in very concrete ways. Specific goals include the reduction of child mortality by one-third by the year 2000, reduction of maternal mortality rates by half, eradication of poliomyelitis, and major reductions in the morbidity and mortality resulting from several other diseases. Commitments to specific improvements in education, nutrition, water supply and sanitation were also made. These commitments underscore the political framework of health agendas. One could go on listing the catalogue of actions which have been identified to promote health and reduce the burden of disease and disability. There is, however, a sine qua non, a precondition for success, and that is a strong, unwavering political will. Without political will and

determination, all policies, strategies and plans could easily fade into the realm of academic speculation.
I will conclude by saying a few words about cooperation. Working together applies to disciplines, to sectors and to nations - for cooperation could and should be interdisciplinary, intersectoral and international. Cooperation is the best antidote to confrontation which eventually leads to conflicts, armed or otherwise. Interdisciplinary cooperation leads to the blossoming of knowledge. Intersectoral cooperation is the key to harmonious development. International cooperation is the way for a better world. The quest for health could also be an avenue for peace where people of good will work together and build their common future. We have seen, on more than one occasion, how productive cooperation could be, and how destructive confrontation usually turns out to be.
Ladies and gentlemen, the southern African region in which my country is situated has been witnessing events of great historical importance. The Republic of South Africa has at last become a democracy after more than 300 years of institutionalized racism that culminated in the infamous system of apartheid, under which the country was ruled from 1948. To other states in southern Africa, the changes taking place in South Africa are of great interest because, this being the most economically advanced country in the sub-continent and possibly in sub-Saharan Africa, changes there will affect other economies in the region to a large extent. We are therefore looking forward to working together with the Republic of South Africa in various international organizations, including the World Health Organization, for the benefit of mankind in the sub-continent, as Well as in the entire continent of Africa. I very much hope that

the Forty-seventh World Health Assembly will promote a fruitful dialogue that will advance the solution
of health and developmental problems and that it will lead to stronger cooperation between disciplines,
between sectors and between our Member States.

2. ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMNII'ITEES
ADOPTION DE UORDRE DU JOUR ET REPARTITION DES POINTS ENTRE LES '
COMMISSION PRINCIPALES

The PRESIDENT:

The first item to be considered this morning is item 8 of the provisional agenda, "Adoption of the
agenda and allocation of items to the main committees" which was examined by the General Committee
at its first meeting yesterday evening.

The General Committee examined the provisional agenda for the Forty-seventh World Health Assembly (document A47/ 1), as prepared by the Executive Board and sent to all Member States. The
General Committee recommended that the agenda contained in document A47/1 be adopted with the
following changes - deletion of item 27, "Supplementary budget for 1994-95 - deletion of the words, "if any"
at the end of item 11, since the item has to be considered by this Assembly.

The General Committee also recommended that item 31 be expanded to include consideration of
collaboration with other intergovernmental organizations, and that accordingly the title be amended to read,
"Collaboration within the United Nations system and with other intergovernmental organizations".

Does the Assembly agree with these recommendations? There being no comments or observations
it is so decided.

The General Committee also decided that item 11, "Admission of new Members and Associate Members", will be taken up at 14h30 on Thursday, 5 May 1n plenary. The applications for membership
received from Niue and from Nauru will be considered under this item.

Allocation of items to the main committees: the provisional agenda of the Assembly was prepared
by the Executive Board in such a way as to indicate a proposed allocation of items to Committees A and
B on the basis of the terms of reference of the main committees. The General Committee has
recommended that the items appearing on the agenda of the plenary which have not yet been disposed of
be dealt with in plenary. As to the items appearing under the two main committees in the provisional
. agenda, they should be allocated as shown in document A47/ 1. It is understood that later in the session
.it may become necessary to transfer items from one committee to the other, depending on each main
committeels workload. You will recall that yesterday we restored .the rights and privileges of South Africa;
this also comes under agenda item 25, which is allocated to Committee B.

I take it that the Assembly agrees with this recommendation. There being no comments or observations, it is so decided. The Assembly has now adopted its agenda. A revision of document A47/ 1
will be issued and distributed tomorrow

I .now move to the programme of work. For the remainder of this morning, in accordance with the
decision of the General Committee, the plenary will hear the introductions to the reviews of the Executive
Board reports and of the Director-Generalis report, items 9 and 10, followed by the debate on these items.

Committee A will meet as soon as the debate on items 9 and 10 has started 1n plenary. In the afternoon
there will be a plenary meeting and Committee A will continue to meet concurrently With the plenary. The
Committee on Credentials will also meet in the afternoon at 14h30 The programme of work for tomorrow
Wednesday, and for Thursday, Friday and Saturday will be as follows: on Wednesday, 4 .May , in the

morning, the plenary will consider the first report of the Committee on Credentials and t
hereafter continue
the debate on items 9 and 10. Committee A will meet as soon as the debate is resumed in p
lenary. In the
afternoon the plenary will start with a special event when the President of the Internati
onal Olympic
Committee will make a statement. The plenary will then continue with the debate on items
9 and 10 and
Committee B will meet as soon as the debate is resumed in plenary. Consideration of items
11 and 14 will
move to Thursday, 5 .May and Friday, 6 May, respectively. On Thursday, 5 May, in the morn
ing the plenary
will continue with the debate on items 9 and 10; simultaneously, the Technical Discussion
s will commence.
In the afternoon, item 11, "Admission of new Members and Associate Members", will be take
n up in plenary
followed by item 13 "Awards", with its sub-items, and then the debate on items 9 and 10 w
ill continue.

When the debate is resumed in plenary Committee A will meet. At 17h00 the plenary will ad journ to allow
the General Committee to meet to draw up the list for the annual election of members enti tled to designate
a person to serve on the Executive Board and to review the programme of work for the foll owing week.
On Friday, 6 May, in the morning, the debate on items 9 and 10 will continue in plenary c oncurrently with
the Technical Discussions. In the afternoon the plenary will consider item 14, "Twenty ye ars of
onchocerciasis control", after which it will continue with the debate on items 9 and 10. When this debate
is resumed Committee B will meet. On Saturday, 7 May, in the morning, Committee A will me et
concurrently with the Technical Discussions. The Chairman of the Technical Discussions wi ll report to the
Assembly in plenary on Monday, 9 May, in the morning.
I would briefly like to draw your attention to the special event foreseen for Tuesday, 10 May, when
Her Majesty the Queen of Sweden will address the Assembly at 12 noon.
Does the Assembly agree with my proposals concerning the programme of work of the Assembl y for
this week? It is so decided. .
I would also like to remind the few delegates who have not yet submitted their credential s that they
should hand them over to the secretariat of the Committee on Credentials before 14h30 tod ay.
3. ANNOUNCEMENT
COMMUNICATION
The PRESIDENT:
I now wish to make an important announcement concerning the annual election of Members en titled
to designate a person to serve on the Executive Board. Rule 101 of the Rules of Procedure reads:
At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regatding the annual election of those
Members to be entitled to designate a person to serve on the Board to place their suggest ions before
the General Committee. Such suggestions shall reach the Chairman of the General Committee not
later than forty-eight hours after the President has made the announcement in accordance with this
Rule.
I therefore invite delegates wishing to put forward suggestions concerning these election s to submit
them to the Assistant to the Secretary of the Assembly not later than Thursday morning, 5 May, at 10h00,
in order to enable the General Committee to meet the same day at 17h10, to draw up its re commendations
to the Assembly regarding these elections.
4. REVIEW AND APPROVAL OF THE REPORTS OF THE EXECUTIVE BOARD ON IT S NINETY-SECOND AND NINETY-THIRD SESSIONS
EXAMEN ET APPROBATION DES RAPPORTS DU CONSEIL EXECUTIF SUR SES QUATRE-VINGT-DOUZIEME ET QUATRE-VINGT-TREIZIEME SESSIONS
The PRESIDENT:
, We shall now pass on to item 9 of the agenda "Review and approval of the reports of the Executive
Board on its ninety-second and ninety-third sessions". Before giving the 11001- to the re presentative of the
Executive Board, I should like to explain briefly the role of the Executive Board represe ntatives at the
Health Assembly and of the Board itself, in order to avoid any uncertainty on the part of some delegates
on this matter.
The Executive Board has an important role to play in the affairs of the Health Assembly. This is
quite in keeping with WHOis Constitution, according to which the Board has to give effect to the decisions
and policies of the Health Assembly, to act as its executive organ and to advise the Heal

th Assembly on
questions referred to it. The Board is also called upon to submit proposals on its own in
itiative.
The Board therefore appoints four members to represent it at the World Health Assembly. T
he role
of the Executive Board representatives is to convey to the Health Assembly, on behalf of
the Board, the

main issues raised during the discussions and .the flavour of the Boardis discussions dur ing its consideration
of the items which need to be brought to the attention of the Health Assembly, and to exp lain the rationale
and nature of any recommendations made by the Executive Board for the Assemblyis consider ation. During
the debate in the Health Assembly on these items, the Executive Board representatives are all also expected
to respond to any points raised whenever they feel that a clarification of the position t aken by the Board
is required. Statements by the Executive Board representatives, speaking as members of th e Board
appointed to represent its views, are therefore to be distinguished from statements of de legates expressing
the views of their governments.
I now have the pleasure of giving the floor to the representative of the Executive Board, Professor Chatty, Chairman of the Board.
Dr. CHATTY: (representative of the Executive Board)
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The PRESIDENT:

Thank you, Professor Chatty, for your excellent statement. I should like to take this opportunity of paying tribute to the work of the Executive Board and, in particular, to express our appreciation and our warm thanks to the outgoing members who have contributed very actively to the work of the Board.

5. REVIEW OF THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF_ WHO IN 1992-1993

EXAMEN DU RAPPORT DU DIRECTEUR GENERAL SUR LtACTIVITE DE UOMS EN 1992-1993

The PRESIDENT:

I now give the floor to Dr Nakajima, Director-General, so that he may present, under item 10 of the agenda, his report on the work of WHO in 1992-1993.

The DIRECTOR-GENERAL:

Mr President, excellencies, honourable delegates, ladies and gentlemen, one year ago I began to reform the management of WHO as you requested. The process is moving forward. It has to be steady, ensuring the participation of all. And, by 1995, I hope that reform will be harmonized at all levels of the Organization. WHO will then be better able to face the priority issues of health development in its Member States. Under most items on its agenda, the Forty-seventh World Health Assembly will be introduced to the many dimensions of the reform process. For reform, as all of us realize, is not just about structures.

WHO has two major constitutional functions: the direction of international health work, with a responsibility for both advocacy and coordination; and the unique obligation of carrying out technical cooperation in the field of health with its Member States. Reform, therefore, means both improving our structures and redirecting our choices and priorities to better respond to the needs of our Member States.

Reform is about improving WHO,s capability to act and react more swiftly and effectively in the face of new health challenges and changing international and local environments.

Within WHO, I have focused on developing collective management and strengthening communication and information throughout our global network. I established a Global Policy Council within which I meet regularly with the Regional Directors, the Assistant Directors-General and the Director of the International Agency for Research on Cancer. Together we review health trends and issues and update WHO,s policies and strategies. With a membership representing all six WHO regions and headquarters at senior level, a Management Development Committee ensures technical coordination and follow-up.

Collective management in WHO further extends to six development teams which are now looki ng into
the following priority areas for reform: WHO policy and mission; WHO programme developmen t and
management; WHO information systems; WHO information and public relations; WHO country of fices;
and WHO personnel policy. Already, some major programmes have been restructured, merged o r
streamlined, to foster intersectoral approaches and speedy action.
Information and communication are crucial for decision-making and action. To support mana gerial
reform and ensure the effective monitoring of health trends and health-for-all strategies , a comprehensive
WHO management information system will be established. Furthermore, starting in 1995, as recommended 1
by the Executive Board, WHO will publish an annual report on the health status of the wor ld. The report
will help to put WHOls work in perspective, assess its impact on health, and review prior ities. I am
convinced that it will also strengthen WHOts advocacy for health development, document th e need to
integrate health into other areas of government policy, and reinforce WHOls urgent call f or national health
system reforms.
The Ninth General Programme of Work, which the Assembly will consider at this session, mu st be
seen within the general spirit of reform. It will serve as a framework and a tool for glo bal and national
heath development during the period 1996-2001. As such, it must accommodate both integrat ed, horizontal
health interventions and vertical, disease-specific programmes. It must provide practical guidelines for
immediate priorities while retaining enough flexibility to make room for future, as yet u nidentified, health
needs.
In attempting to reconcile such contradictory demands and ensure a common purpose, the Ni nth
General Programme of Work proposes ten goals Which are basically aspirations and measurab le aims. It
also spells out operational targets against which WHO and its Member States can measure t he outcomes
of their health interventions. These are realistic targets which we can achieve if we mob ilize our efforts
and resources.
Priorities for health action differ from country to country and from region to region. So does the
pace of change. Thus budget allocation, which is a balancing act between resources, needs and priorities,
must allow sufficient flexibility for different regional and local programme priorities w hile preserving
transparency and accountability.
In January 1994, the Executive Board experimented with in-depth group reviews of selected WHO
programmes. The Board also decided to establish an Administrative, Budget and Finance Com mittee and
to transform its Programme Committee into a Programme Development Committee, entrusted wi th
monitoring WHOis managerial and structural reform and ensuring that it enhances technical cooperation.
All these mechanisms will assist us in adjusting programme priorities and budget allocati ons to meet
evolving health needs. They will also help us intensify our dialogue and partnership with our Member
States.
The Ninth General Programme of Work reaffirms WHOls commitment to our common goal of heal th
for all. the definition of health given by the WHO Constitution is essentially dynamic. A ny public health
achievement or technological breakthrough sets a new baseline to be improved upon. Yet in many

countries today, much remains to be done to meet even the most basic health needs.
I have repeatedly expressed my vision of health as a continuous and inclusive development process,
involving all countries and all individuals and communities. And I have reiterated WHOls commitment to
national health development in support of world peace and development, whatever the political and
economic environment.
WHOls involvement in emergency relief operations and humanitarian assistance exemplifies this
commitment to health, development, peace, and international cooperation. This involvement is of long
standing and a constitutional obligation. Because of its traditional working relations with Member States,
WHO is familiar with national and local health staff and situations. It can readily provide specific back-up
through its technical programmes, as in the case of drug production and supply through its Action
Programme on Essential Drugs. WHOls support also covers preparedness and logistics, and includes the
training of health personnel among refugees and displaced persons.
Altogether, demands on WHO for humanitarian assistance have increased. In spite of our financial
limitations, we have been active in many countries and areas such as Afghanistan, Cambodia, Somalia,
Liberia, Mozambique, the former Yugoslavia, the occupied Arab territories including Palestine, and more
recently Rwanda. WHO works closely with local experts and institutions to ensure the provision of essential
medical supplies and health care, particularly in countries affected by sanctions. WHO has expressed its

serious concern over the adverse consequences which sanctions are having on the health of entire populations, both in the countries concerned and in neighbouring areas.

While coordinating our activities with the United N ations system and international nongo vernmental organizations, WHO always looks beyond the emergency period. Against fragmentation, WHO c onsistently strives to promote the sustainable and harmonious development of comprehensive health ser vices based on primary health care for all peoples nationwide, as we do today, for example, in Gaza, Jericho and other parts of the occupied Arab territories including Palestine.

For all people to enjoy healthy and peaceful lives, hunger and poverty must be eradicated . Here, our priorities f0.r action start with children.

A significant worldwide decrease in infant mortality has already been recorded. From 163 deaths per 1000 live births in 1950 it has fallen to 65 in 1990. In 70 countries, with a total popul ation of 3000 million, there are less than 50 deaths per 1000 live births. Because 1994 is the International Yea r of the Family, I wish to highlight the importance of the combined work of our technical programmes for f amily health, immunization and nutrition. By their intersectoral activities, they successfully promote not just the survival but also the healthy and happy growth of children.

The health of women is also a high priority and a critical factor in family health and na tional development. Recently, the WHO Global Commission on Womenis Health met in Geneva to take stock both of achievements and needs, and to prepare a consolidated plan of action to be consid ered by the Fourth World Conference on Women in Beijing in 1995.

Sustainable development requires the prevention and control of major diseases such as mal aria, tuberculosis and HIV/AIDS, which are destroying the most precious resources countries hav e, namely their peoples. Health action and development are closely dependent on demographic and socioecon omic factors. This has been demonstrated by the adverse consequences that structural adjustment has oft en had on the health sector, and by the negative impact of recent devaluations in Africa, especially on the availability of pharmaceuticals and other medical supplies.

In our common fight against HIV/AIDS advocacy is essential. WHO will keep stressing the n eed for public policies which are consistent with, and actively support, health policies. WHO con tinues to support and cosponsor important international conferences such as the Eighth International Confer ence on AIDS in Africa, held in Marrakesh. At the Summit of the Organization of African Unity, which w ill meet in J une in Tunis, the heads of State have chosen to put "AIDS and the child in Africa" on their a genda. The next International Conference on AIDS will be held this August in Yokohama. It will be a major milestone in our annual policy and technical updates on HIV/AIDS. We have entered a new era where the dimension of caring for the people infected with HIV is receiving much greater attention. We must n ow ensure that this dimension is properly integrated into all health policies and services.

Our tuberculosis programme has gathered momentum and is placing renewed emphasis on advoc acy, policy and strategy development. Work continues on the development of new diagnostic tool s and, in particular, drugs which can be used against multi-drug-resistant strains and hopefully a new tuberculosis vaccme.

Major epidemics such as cholera, as well as malaria and other parasitic diseases still co nfront us with

difficult situations. But recent advances in the development of drugs and vaccines are encouraging. The eradication of dracunculiasis (guinea-worm disease) is nearly achieved, although its certification will continue up to the year 2000. WHO is shortly to announce the establishment of a special global programme for leprosy elimination to enable us to step up our efforts in this last and decisive stage of our fight against this centuries-old scourge.

The Forty-seventh World Health Assembly will celebrate the twentieth anniversary of a programme of which we are all particularly proud, the Onchocerciasis Control Programme. Having successfully carried out its control operations in West Africa, the programme has reached the final stage of "devolution". About 25 million hectares of land are now available for safe resettlement, and many among the previously affected populations have returned to their villages and farms. The sponsoring agencies and the international community are now able to turn their attention to sustainable development in these "oncho-freed" areas.

Synergy and intersectoral cooperation are necessary to achieve health for all as an indispensable part of economic and social development. This is true not only in times of economic and financial constraints but at all times, because health itself is multidimensional. Thus, another major thrust of my leadership has been to set up new health partnerships. I have constantly looked for opportunities to create new alliances, to expand collaboration with other agencies and nongovernmental organizations and to enable the public

and the private sectors to work together. This has always been, and remains, an important part of my vision
of health and international cooperation.
Our efforts to develop interagency and intersectoral partnerships are bearing fruit. A proposal is on
the table, which has general support, for setting up a joint and cosponsored United Nations Programme on
HIV/AIDS. The Programme will be administered and implemented by WHO and coordinated at country
level by the United Nations resident coordinator, with strong technical support from the WHO country
office. This ground-breaking initiative highlights our determination to enhance complementarity of action
to meet the health needs of nations.
I have moved along the same lines to propose joint action in the field of immunization and vaccines.
Negotiation is well advanced with UNICEF, UNFPA, the World Bank and the Rockefeller Foundation.
An agreement should soon be concluded on a cosponsored programme, with WHO as the lead agency.
With this in view, I am restructuring WHO,S programmes, merging the Expanded Programme on
Immunization together with the Childrenls Vaccine Initiative and other vaccine-related units and activities.
I want to strengthen our cooperation with all our partners, including nongovernmental organizations,
because I want to make sure that, as of the year 2000, we save the three million children under five years
of age whom it is in our power to save every year provided we have the resources. I also want to make
sure that by the year 2000 we have eradicated poliomyelitis and that no child will ever again suffer the
severe disabilities caused by this disease. And this is feasibleprovided we put into it the necessary political
will and resources which many heads of State have already committed.
Sound management of the environment is essential to protect and improve the health of present and
future generations and, indeed, to ensure that there is a future left for them. On this issue again, and as
a follow-up to the Rio "Earth Summit" and its Agenda 21, WHO has worked very had to promote joint
programming and complementarity of action with other agencies. It has done so for example with its many
partners within the International Programme on Chemical Safety and has pushed for the establishment of
an intergovernmental forum. At the International Conference on Chemical Safety, held last week in
Stockholm, at the invitation of the Government of Sweden and cosponsored by WHO with ILO and UNEP,
we offered to act as secretariat to the forum. Soon, therefore, we shall be able to tackle environmental
health issues in greater depth, achieving synergy to promote sustainable development.
This leads me to the matter of our collaborating centres. These centres make up a vastand unique
global network of expertise which we must use more effectively. Thus, as we enlarge our approach to
health, we might bring them into intersectoral ventures rather than restricting our collaboration with them
to specific diseases and health issues.
Health for all to promote peace and sustainable development, through synergy and complementarity
of action - this has been my vision of international cooperation and the basis of my leadership of the World
Health Organization.
Health issues, however, and consequently health action are becoming ever more complex as they are
influenced by many factors external to health. New lifestyles and changing life-cycles have emerged which
bring new health problems. These include a worldwide increase in the prevalence of noncommunicable
diseases such as cancer, cardiovascular diseases and diabetes. There are new and expandin

g demands on
the health sector because of a longer life expectancy which we would like to make as disa bility-free as
possible. Poverty, migration and growing unemployment also have specific medical and psyc hosocial
consequences which we must face and help to alleviate. Substance abuse has become a world wide concern,
together with the violence and behavioural problems it entails, and drug abuse is a threa t to the lives and
health of our youth especially.
Global change requires us to rethink our fundamental understanding of human life, and of societies
and civilizations, reasserting that human beings, as a species, are unique. We all have a common biological
susceptibility to human-specific diseases such as AIDS, and we all share a capacity for m utual respect and
solidarity. In the field of health, our sense of moral responsibility is expressed in our concern for
biomedical ethics. Two important items on your agenda are related to health and ethics: i nfant and young
child nutrition; and WHO ethical criteria for medicinal drug promotion. Your discussions on these two
items will help shed light on important issues of ethics, enriching the current global de bate with your
different cultural views and approaches.
For some time now, WHO has been developing its orientation with respect to biomedical eth ics.
Recently, I sent a questionnaire to all Secretariat staff at headquarters and the regions to elicit their
prelimmary comments and suggestions, both as concerned citizens of many countries and as people with

experience in the Organization. The responses show a majority favouring the definition of minimum criteria and codes of good practice, and the spread of information and public debate as the best options for WHO to support Member States in this area. Equity of access to health care scores highest among the individual ethical issues of concern to WHO staff. It is followed by genetic technology, experimentation on human subjects, euthanasia and medical research.

I shall soon extend the consultation process to all Member States and request their participation in drawing up a more systematic and technical catalogue of the ethical issues related to health and the priorities they would wish WHO to take up.

Human reproductive health is an important example of WHOis involvement and responsibilities. At the International Conference on Population to be held in Cairo in September 1994, WHO intends to table the issues of the definition of and actions for reproductive health including safe motherhood and other health-related population matters. We will aim at a definition which includes access to reproductive health services, informed choice, and clearly defined rights and responsibilities.

Access to health services is a matter not only of human rights but of ethics in general, and of individual and community responsibility. As they reassess their activities, all WHO programmes will give more emphasis to these issues, including in the fields of research, health promotion and education, human resource development and the collection and dissemination of information.

Once again, I want to emphasize that health cannot be assessed and quantified as just any commodity. It would be foolish for us to ignore the impact of escalating health costs on public expenditure. The economic crisis, increased unemployment and the general aging of the worlds population raise the question of the long-term sustainability of health services and their financing by a proportionally shrinking labour force. Yet the choices involved in health care policies go far beyond economic and managerial decisions. Implicitly, they involve our Vision of the mutual relations and responsibilities of the state, the individual and the community. We should realize that at both the national and the international levels, our definition of health, of human life and of society, and our priorities Will be read in our budget policies. And, for the time being, WHO,s regular budget remains limited to zero growth in real terms and there is therefore greater need to focus on priorities. ’

The 1946 WHO Constitution and the 1978 Declaration of Alma-Ata continue to express our unchanging goals for world health. Yet today we face new health problems and unsolved ones in a world environment which is increasingly unpredictable and seems irrational. Together, we must envision a new model for the solution of health problems, a model Which is responsive to today,s political and economic realities and which can help us shape new societies and civilizations. In a turbulent world, such a model must give rise to unified action throughout a reformed WHO structure and in our collaboration with Member States, with nongovernmental organizations and with all peoples - in a spirit of solidarity and shared responsibilities. With a new partnership for the development of human health, I remain optimistic that together we shall achieve our goal of health for all by the year 2000.

My staff and I pledge to do everything in our power and concentrate all our efforts and energy on attaining this mighty objective.

The PRESIDENT:

Thank you Dr Nakajima for your eloquent and constructive words.

6. 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
DEBAT SUR LES RAPPORTS DU CONSEIL EXECUTIF SUR SES QUATRE-VINGT-DOUZIEME ET QUATRE-VINGT-TREIZIEME SESSIONS ET SUR LE RAPPORT DU DIRECTEU R GENERAL SUR LiACTIVITE DE UOMS EN 1992-1993
The PRESIDENT:
The debate on items 9 and 10 is now open. As you know, Committee A now begins its work in Room 18. I would recall that, in accordance with resolution WHA26.1, delegations wishing to take part in

the debate on the reports of the Director-General and the Executive Board should concentrate on matters related to those reports, thus providing guidance which may assist the Organization in the determination of its policy; and delegations wishing to report on salient aspects of their health activities may make such reports in writing for inclusion in the record, as provided in resolution WHA20.2. I would also call the delegates attention to paragraph 2(1) of resolution EB71.R3, in which the Executive Board stressed the desirability of having the debate focus especially on issues or topics deemed to be of particular importance.

The delegates addressing the plenary at the Forty-seventh World Health Assembly are invited to give special attention to ethics and health. Delegations wishing to participate in the debate are requested, if they have not done so already, to announce their intention to do so, together with the name of the speaker and the language in which the speech is to be delivered, to the Protocol officers on the podium. Should a delegate wish to submit - in order to save time - a prepared statement for inclusion in the verbatim records or whenever a written text exists of a speech which a delegate intends to deliver, copies should also be handed to the Protocol officers in order to facilitate the interpretation and transcription of the proceedings. Delegates will speak from the rostrum. In order to save time, whenever one delegate is invited to come to the rostrum to make a statement, the next delegate on the list of speakers will also be called to the rostrum, where he or she will sit until his or her time to speak has come. In order to remind speakers of the desirability of keeping their address to not more than 10 minutes, a system of lighting has been installed, the green light will change to amber on the ninth minute and finally to red on the tenth minute.

Before giving the floor to the first speaker on my list, I wish to inform the Assembly that the General Committee has confirmed that the list of speakers should be strictly adhered to, and that inscriptions should be handed to the Protocol officers. The list of speakers will be published in the Journal. I would remind those delegates who have to leave Geneva and are not able to deliver their speech before they leave that they can ask for their text to be published in the records of the Assembly.

I now call to the rostrum the first two speakers on my list, the delegates of Slovenia and Egypt, in that order. I invite them to the rostrum: Slovenia and Egypt. I now give the floor to the delegate of Slovenia.

Slovenia, you have the floor.

Dr VOLI C (Slovenia):

Mr President, on behalf of the delegation of the Republic of Slovenia, I congratulate you and your country on your appointment as President of this year,s Assembly. I support your aim to contribute to the formation of useful conclusions from this years meeting.

Mr President, health for all also provides a common ethical responsibility on a global level, which includes us all, irrespective of the environment to which we belong. It is not ethical to arrange the aims of health care policies in ones own country successfully while at the same time remaining uninterested in the same aims in a neighbouring or any other country. Health, life and quality of life are not restricted to just local or individual aims, but are global values, equally close to all nations. It is especially worth stressing the values of health and quality of life in regions where a large number of violent deaths occur.

Since I come from a country which lies in close proximity to a region torn apart by viole

nt death on a
massive scale, allow me to illustrate the actuality of classical ethical responsibility i
n this connection.
Violent death such as murder, suicide, fatal accident and abortion appear to different ex
tents in all
societies. They represent a negation of human rights to life and health, shorten life exp
ectancy, cause a
great loss of working years, family tragedies and a large number of orphans. Regions affe
cted by war,
wherever they are, represent septic foci of violence and lawlessness which can expand int
o general
septicaemia. In all war-torn regions the right to life is more concerned with political a
nd less with
humanitarian rights, since many people are penalized by death only because of their natio
nality or religion.
Data show that violent death appears more frequently in those societies with more limited
means for
providing for political, social and spiritual needs. So the relation between natural and
violent death
represents an interesting indicator of the quality of life in individual societies. Since
the number of violent
deaths in the world is not falling, I mention them in particular as an example of the glo
bal ethical
responsibility of health care policies. I raise the question of ethical responsibility, h
ealth care organizations
and health care policies in all forms. If we were to react to violent death as we do to t
he appearance of
a dangerous infectious disease, the response of international society would be much more
resounding.

Violent death is not of course the only example of an ethical dilemma of this kind. There are many cases in which differences in seriousness and resolution of health problems throughout the world are known to us, but we do not regard them personally, since they are limited to a different environment. The concept of health is also associated with an ethical responsibility, which encompasses all countries, large and small, developed and undeveloped, rich and poor, to the same extent. Health for all reminds us to reconsider how we define the ethical responsibility for health care policies: if health is linked to the quality of life, then the ethical responsibilities for health and health care policies extend even into other social fields and other environments.

WHO, with its strategy of health for all, has created an environment where health care policies include moral questions of the world. It is our common responsibility to incorporate them in all spheres of health policy.

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Mrs SHALALA (United States of America):

Mr President, Dr Nakajima, fellow delegates, ladies and gentlemen, it is an honour to address this distinguished Assembly of world health leaders. Dr Nakajirna, I thank you for your warm welcome to my first World Health Assembly.

Minister Temane, I would like to congratulate you on your well-deserved election as President of the Forty-seventh World Health Assembly, and for your eloquent address. I also wish to add the joy and welcome of the United States delegation to our sisters and brothers from South Africa. We celebrate South Africa,s rebirth as a non-racial democracy.

I bring you all greetings and words of support from the President of the United States.

Looking out at this grand Assembly, I cannot help but be humbled by the infinite diversity of our earth - this tiny village in the universe.

As we close out the twentieth century, we are beginning to witness a profound shift in global consciousness. From the Middle East to South Africa, from Bosnia to Rwanda, the whole world seems caught up in a whirlwind of change. Some of it is full of hope and wonder. And some of it is tragic and painful.

In the midst of these massive changes, the United States is proud to stand with all of you in a vigorous and untiring effort to promote the health and well-being, and basic human rights of all people on our fragile planet. Because what we are really standing up for is the future of our world.

The future of our world is a family in Asia, whose drinking-water has been purified for the first time, allowing their children to grow up strong and healthy. The future of our world is a two-year-old girl in Latin America who has just been immunized against polio thanks to the efforts of her government and the help of WHO. The future of our world is a classroom of students in Africa, where sex education is being taught to prevent the spread of HIV/AIDS and other sexually transmitted diseases.

All of us gathered here recognize that health care is a human right.

In my country, President Clinton has undertaken a bold initiative to secure health care for all Americans. And for the world he has put health care and population issues in the forefront of our development assistance policies and programmes.

We are all gathered here today to reaffirm the commitment of the global community to prevent the spread of AIDS and other sexually transmitted diseases, to protect the worlds children, and to empower women to live full and healthy lives, free of discrimination.

The United States is investing more than US$ 2000 million a year in the fight against AIDS. We have made a major new commitment to AIDS prevention, while enhancing our investment in biomedical research. And we are stepping up our cooperation efforts with WHO and other Member States in the worldwide search for a vaccine to prevent HIV infection, in the development of new drugs for AIDS treatment, and in the development of woman-controlled methods that will protect against HIV and bacterial STDs.

We are especially concerned that, by the year 2000, more than half of all new HIV sufferers will be women and their children. We must do more to empower women to control their sexual and reproductive lives. And we must do more to enable men to take responsibility for their own fertility and the health and well-being of their partners and children.

It is deplorable that over 500 000 maternal deaths still occur each year. All of us need to work harder to ensure that prenatal, delivery, and postpartum care are available to all women. We also must ensure the right of women and men to be informed and to have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice.

Too many of the deaths, injuries, and ill health suffered by women are caused by complications from unsafe abortions. During the week, this Assembly Will consider a resolution on maternal and child health and family planning. My delegation supports the strongest possible resolution to facilitate rapid progress in reducing the unnecessary tragedy of maternal mortality and morbidity.

As health ministers, we all know that access to quality reproductive health care will enhance the physical, mental, and social well-being of all our citizens. It will strengthen families. We also know that various social conditions undermine the health of women and girls. Gender discrimination blocks that access to health care. Gender-based violence is epidemic across the world. And girls and women endure some practices that are harmful and must be stopped.

Among these practices is female genital mutilation, which tens of millions of girls and young women have suffered. The United States joins with other WHO Members in deploring this painful and dangerous practice. And we strongly urge the Director-General to accelerate his support and cooperation with Member States to implement measures that will bring this and other harmful practices against women and girls to an end. WHO has a pivotal role to play, and its time to act decisively.

In many health areas, the world looks to WHO for decisive leadership, and that requires effective, on-going management, and an ethos of continuous improvement. Just as the United States is streamlining government as part of our response to change under President Clinton,s leadership, so must WHO continue efforts to manage resources effectively. This is too important to the health of the world to neglect.

And so, in closing, let me say that in this year - the International Year of the Family - we share a special responsibility to improve the conditions and uplift the spirits of families in all their forms in every country. We must answer the call of UNICEFS State of the worlds children report, and recommit ourselves to the goals of the World Summit for Children - to protect the youngest and most vulnerable among us.

We must work together to immunize all infants and children. We must join hands to protect children from the ravages of war and abuse. We must create economic security and educational opportunities for each

and every person on this planet.
As world health leaders, we know that behind every statistic, behind every tragedy, behin d every crisis,
there is the face of a human being in distress.
Our job is to make sure that these faces are not invisible - to reach out across the bord ers and
differences that would divide us, with compassion and concern for all.
To paraphrase the great American novelist, Ralph Ellison, "The world is woven of many str ands. Our
fate is to become one, and yet many."
Interdependence is the great lesson we take into the twenty-first century.
Our vision is health, empowerment, and human rights for all.
M. LAHURE (Luxembourg) :
Monsieur 16 President, Monsieur le Directeur general, Mesdames, Messieurs les delegues, M esdames,
Messieurs, permettez-moi, Monsieur le President, de vous exprimer a vous et aux membres d e votre bureau
les plus sinceres felicitations de la delegation luxembourgeoise pour votre election. Je vous souhaite
beaucoup de succes dans votre mission et j,espere que cette Quarante-Septieme Assemblee m ondiale de

la Sant6 nous permettra de discuter des problemes qui pmoccupent nos peuples et notre Org anisation dans
un climat de confiance et de parfaite sc$r6nit6. Et des problEmes, il en subsiste plus qu e nous pourrons en
wsoudre dans les prochains jours et les prochaines ann6.es, comme le d&montre bien claire ment 1e rapport
biennal sur Yactivitcs. de POMS en 1992-1993, que notre Directeur g9n6ral nous pr&sente d e fagon Claire et
synthaique, ce dontlje tiens a le remercier.
AprEs six p6riodes biennales conscientives de croissance zao du budget, et dans un contex te de
d9gradation de 1a situation 6conomique et sanitaire de nombreux Etats Membres, il est &vi dent que la
mission dhmtEliorer la sauna qui incombe a ceux qui dirigent notre Organisation au niveau central aussi bien
qu1au niveau rtEgional devient de plus en plus ardue. Uadaptation de POMS aux changements mnomiques,
politiques, sociaux et autres survenus dans le monde, selon les recommandations du rappor t spticial pn’esente’:
par le Commissaire aux Comptes en 1993 et la r&solution WHA46.21 portant sur ce rapport, a tout juste
a6 amorc6e et devra etre poursuivie avec dcitermjnation dans les annees A venir; elle n6c essite une r63forme
fondamentale des modalit6s d1ex&cution de Faction de POMS, r&forme qui devra etre conanti s6e dans le
cadre du neuviEme programme g&m$ral de travail, dont un projet est soumis pour approbatio n a cette
Assembltie. J e ne puis que souscrire aux principes geneiraux e’monc63 au chapitre 3 du d ocument pr6sent6
sur ce sujet, et notamment i113 n&essit& d,6tablir des priorite’:s et de proc6der a une 6 valuation rigoureuse
et continue du programme, afin dbptimiser la mobilisation et la r6partition des ressource s. .
Il est clair cependaut que meme si on r6ussit 51 planifier de fagon optimale les travaux et meme si
on ne se limite qu1awz actions absolument prioritaires, il faut disposer des ressources n 6cessaires pour les
mettre en oeuvre. Cest pourquoi nous sommes trtEs pmoccupcis de Pexistence d1un d6ficit d e 100 millions
de dollars pour la pt$riode biennale 1992-1993, et nous langons un appel 5 tous les Etats Membres
redevables d,arri6re$s de contributions pour qu’ils les r&glent ’le plus rapidement possi ble afin de ne pas
compromettre encore davantage le d6roulement des programmes approuwas par PAssemblc-ie de la Sant6.
En examinant le rapport du Directeur g6n&ral pour la p6riode 1992-1993, nous constatons q ue des
efforts importants ont 6w: r6a1is&s en faveur de la saute? pour tous et de 1%galit6 en ma tiare de sant6. Nous
avons appris avec grande satisfaction que des progrcEs considcarables ont pu etre aocompl is dans la voie de
P&radication de la poliomyfilite, de 116limination de la lepre et de P6radication de la d racunculose.
Vendredi prochain nous aurons d1ailleurs le plaisir de participer aux C&Ebrhtions du ving tieme
anniversaire du programme de lutte contre Ponchocercose en Afrique de l’Ouest, et a cette occasion nous
aurons Phonneur dintervenir au nom de la communauni des donateurs de ce programme, qui pe ut d&j5 etre
considawi comme un des succes de notre Organisation.
Nous sommes en revanche tr&s pr&occup6s par la stagnation, voire 1a diminution, des taux de
couverture vaccinale et nous saluons toutes les initiatives que prend POMS pour daelopper et promouvoir
des vaccins efficaces et stables, simples a administrer et accessibles a ceux qui en ont le plus besoin. Nous
r6affirmons notre soutien au programme (Elargi de vaccination et a Pinitiative pour les v accins de Penfance
qui est coparraint-Ee par PUNICEF, le PNUD, la Banque mondiale et la Fondation Rockefelle r, et dont le

secrfetariat est assuw par notre Organisation.
La progression inexorable de la pand6mie dinfection a VIH/SIDA dans le monde nous oblige a
redouble: d1efforts centre ce fl6au qui affecte maintenant des r&gions qui ont longtemps (Etta, 6pargnc$es.
Cette Wolution montre que nous devons absolument unir et coordonner nos actions dans le cadre d1un
programme commun coparraint': des Nations Unies sur le VIH et le SIDA qui devrait permettre de mieux
int4$grer les id&es et les approches des diverses institutions des Nations Unies dans cette Iutte 51 mener
d,urgence pour ralentir Pextension de la maladie.
La tuberculose est une autre maladie grave qui est en progression au plan mondial et, pour la
premiere fois depuis plusieurs d&cennies, Yincidence de la maladie augmente aussi dans certains pays
d1Europe et d,Am&rique du Nord. Cette maladie, contre laquelle nous disposons de moyens de lutte
efficaces, est aujourd,hui dans le monde la principale cause de mortalit6 due :1 un agent infectieux unique
et elle est a Porigine de plus d1un quart des d6ces civitables chez Yadulte. Nous ne pouvons donc que
souscrire 51 la nouvelle initiative de POMS pour lutter contre cette maladie et espt%rer qu1elle trouvera 1e
soutien micessaire auprtks de tous les pays et des organisations concern6es.
Au plan national, je suis heureux de pouvoir dire que 16 Luxembourg s1est maintenant engage?
formellement dans la voie de la sant6 pour tous, fond6e essentiellement sur les soins de sant6 primaires.
Certes, les orientations choisies par le passci dans le domaine de la saute? ont c5t15 t3 clairties par les principes
de ce mouvement, mais nous ne disposions pas d,un outil strat&gique formel. Nous venons de combler cette
lacune par la publication d,un livre blanc sur la santci pour tous, dont le but est de dtifinir pour les anwes

a venir les domaines dtaction prioritaires en matiere de prevention et de promotion de la sante, de fixer des objectifs clairs et des buts precis et chiffres et de proposer des strategies pour les atteindre. Nous avons soumis une premiEre version de ce livre blanc a un large debat public, debat qui a accueilli favorablement et confirme Papproche choisie. Je suis heureux de dire que cette nouvelle strategic de la saute pour tous repose exactement sur les orientations exposees dans le projet de neuvieme programme general de travail soumis a cette Assemblee, a savoir une approche integree et multisectorielle, Passurance dtun acces equitable aux services de saute, la promotion de la sante et la prevention des maladies accessibles a des mesures efficaces. Nous mettrons tout en oeuvre pour atteindre les buts fixes et ameliorer ainsi la sante et le bien-etre de notre population.

Au cours de la derniere annee, le Ministere de la Sante a entrepris plusieurs actions dans un autre domaine Cher a POMS : 1e soutien et la promotion de Pallaitement au sein. Les directives europeennes concernant la commercialisation des preparations pour nourrissons ont ete traduites en un reglement grand-ducal date du 20 novembre 1993; une commission speciale a veille ce que ce reglement se rapproche le plus possible du Code de POMS. Conjointement avec UNICEF-Luxembourg, mon MinistEre a organise un seminaire de sensibilisation a l’initiative des hopitaux "amis des bebes" au Luxembourg, auquel toutes les maternites luxembourgeoises sauf une etaient representees. Un coordinateur national pour la promotion de Pallaitement maternel a site nomme et un programme d,action specifique debutera sous peu. Dans cette optique, il est evident que le Luxembourg est dispose a soutenir toute resolution de POMS qui vise a encourager cet objectif.

Si mon Gouvernement fait des efforts constants pour promouvoir la sante et le bien-etre des Luxembourgeois, i1 ntoublie cependant pas qu,il est de son devoir de contribuer autant que possible an developpement et a la promotion de la saute dtautres peuples moins nantis. Depuis 1985, P augmentation des credits 5 la cooperation au developpement est substantielle et, en date du 31 juillet 1991,16 Conseil de Gouvernement a confirme Pobjectif d,atteindre en 1995 mi taux de 0,35 % pour le rapport entre Paide publique au developpement et le produit national brut. Ce rapport est a considerer comme un objectif intermediaire etant donne que vers 1a fin de ce siecle le Luxembourg entend atteindre 0,7 % du produit national brut. Liorientation sectorielle de Paide reflete Pinteret particulier de la cooperation luxembourgeoise pour des projets dans le domaine de la saute. En dehors de la contribution au budget annuel de POMS, mon pays a contribue en 1993 a cinq programmes speciaux, contributions qui seront maintenues, voire augmentees en 1994.

Nous aimerions ainsi exprimer a notre Organisation notre plein soutien dans sa mission sur laquelle se base notre espoir d3arriver un jour a faire de la saute de tous les citoyens de ce monde un droit acquis.

Mr OUCHI (Japan):

Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, on behalf of the Government of J apan, I have the privilege to outline J apanis basic thinking on world health and on efforts to protect and improve it.

Mr President, I would like first to offer you my earnest congratulations on your appointment as President of the Forty-seventh World Health Assembly. My delegation is confident that you

r outstanding
leadership will ensure that this Assembly is a most successful one.
Mr President, we are approaching the year 2000; however, the world is confronted by polit ical, social
and economic change never before experienced. It is not too much to say that we are now f acing historic
change. We are aware that the Cold War really is over, but we are coming to realize that the threat of
another tragic situation may be just beginning. Regional, racial and religious conflicts in former Yugoslavia,
Somalia and elsewhere have had a devastating impact on peopleis health, and the least dev eloped countries
are still suffering from starvation, unemployment and so on. The gap between the rich and the poor is
widening rather than narrowing. At the same time, we have to pay great attention to serio us issues
affecting the disease structure and the health situation in the world. These include rapi d population growth,
rapid urbanization, aggravation of the health gaps between the developed and least develo ped countries,
global-scale environmental destruction, and mass migration of refugees in areas afflicted by natural or man-
made disasters.
Health problems and related issues are not confined to any particular country, nor can th ey be totally
resolved by health professionals. On the contrary, many of them are strongly expected to be better or more
properly dealt with through international and regional cooperation. Over four decades hav e passed since

our World Health Organization was established. Looking back at these years, WHO has tackled many different projects aimed at protecting the life and health of mankind, and in doing so has accomplished their respective goals. I am convinced that WHO, as the only United Nations specialized agency in the health field, can and will fulfil its leadership role in the health sector, and that it will address these issues in collaboration with the United Nations system and other organizations.

Since the end of the Second World War, my country has steadily developed important health policy initiatives, such as programmes to control communicable diseases and improve maternal and child health. As a result, we have been able to obtain standards of health that are among the highest in the world. We need to plan and work from now on to make it possible for our society to be a bright and active one in which all citizens, young and old, can lead meaningful and fulfilling lives and enjoy health and peace of mind. For this purpose, we have placed the highest priority on developing an integrated health and welfare infrastructure for the elderly.

We desire to contribute to the improvement of world health by sharing the technical know-how and experience accumulated during our own health development. To this end, we would like to take this opportunity to state our readiness to provide meaningful assistance for WHOls work and to promote the strategy of health for all. We are contributing actively to the work of WHO through technical assistance, we send Japanese experts to expert meetings hosted by WHO. We have enhanced our collaboration and cooperation with WHO through WHO collaborating centres. One notable example of our international collaboration can be seen in the Tenth International Conference on AIDS, which will be sponsored by WHO in Yokohama, J apan, in August. .

We should like to refer to several WHO initiatives which we consider important to world health.

WHO has taken action for its structural reform in response to global change. We are pleased to recognize that much progress towards the full implementation of such reform has been made. We expect WHO to continue to tackle the implementation of the relevant recommendations with dispatch and vigour. In the implementation of the pro gramme, WHO has launched important initiatives, such as the Childreds Vaccine Initiative, the joint and cosponsored United Nations programme on HIV/AIDS, and active participation in’ environment and health issues raised by the Member States of the United Nations on environment and development. We highly commend WHOls responsiveness to these priority matters. In particular, we welcome and support further efforts to enhance WHO,s initiative in preventing communicable disease through the establishment of the Global Programme for Vaccines, last March. With regard to the joint and cosponsored United Nations programme on HIV/AIDS, the United Nations organizations concerned are jointly striving to fight the HIV/AIDS pandemic through a more unified programme. I do hope that WHO will provide the necessary leadership and that it will continue to play a central role in coordinating the efforts of all partners in the battle against HIV/AIDS.

People across the world have attached greater importance to humanitarian assistance in the health field because of the increase in the frequency and seriousness of recent natural and man-made disasters and other emergency situations, which have had tragic consequences in all parts of the globe. We are proud

of WHO,s efforts to "be increasingly involved in the area of humanitarian assistance and we would like to
intensify our support to these efforts by WHO.
Finally, WHO has been going forward under the direction of the Director-General, Dr Nakajima.
We strongly endorse his productive action in addressing various health issues, and expect that WHOis
response to global change will be an ongoing process that will significantly contribute to the advancement
of world health. As we approach the beginning of the twenty-first century, WHO is about to launch its
Ninth General Programme of Work in order to move closer to the accomplishment of our noble goal of
health for all. Now is the time for us to unite under WHOls banner and to make every effort to
substantially improve the health of all human beings. Mr President, I would like to close this address by
ensuring you of the commitment of the Government of J apan to contribute to making constructive efforts
to fulfil its noble mission by providing all possible assistance to WHO.
Dr Sang-Mok SUH (Republic of Korea):
Mr President, Director-General, distinguished delegates, on behalf of the delegation of the Republic
of Korea, I would like to extend my sincere congratulations to Mr Temane of Botswana on his election to
the Presidency of this World Health Assembly. In addition, I would like to express my thanks to
Dr Nakajima and the Secretariat and staff of the World Health Organization for their excellent preparatory

work for this meeting. Warmest congratulations are also due to the prize-winners, whose contributions to the cause of health are greatly to be admired.

It is always a pleasure at this time to acknowledge the work of WHO for the improvement of the health of mankind. A half-century has passed since WHO was established and there have been great achievements worldwide in the field of health during this period. Today, with 187 Member States participating in WHOis work, we can face the future with renewed faith in the success of our cooperative endeavours.

With the great changes taking place in the world society and the end of political confrontations and discord, we can hope for an era of true harmony and cooperation in the health, environmental and economic fields. At this momentous time, WHO has an even more important role to play in our future.

WHO,s contribution has been extremely important, for example, in the control of poliomyelitis, leprosy and parasites, and in establishing global cooperation in meeting new challenges such as AIDS. The Organizationis role is also becoming more and more important in environmental control, with the rapid and serious changes in the earthis environment.

It is important to look back on the achievements of the past, but we must now consider how we should move forward. In a few years we will enter the twenty-first century and we need to examine carefully what WHO should be doing in this new era. It is therefore timely and appropriate that the subject of health and ethics is being considered as one of the new challenges, for this is indeed a subject of pressing importance for the well-being of mankind.

Questions relating to health and ethics are becoming increasingly important these days with the need to ensure that all people enjoy equity in health care without social or economic discrimination. The rapid increase in medical technology and changes in lifestyles affecting health also present ethical challenges.

There are a number of important current issues in health and ethics which face the world. We must take care, for example, that the introduction of new medical technology does not overwhelm us and we must ensure the proper evaluation of newly developed medicines, equipment and medical techniques before they are utilized in our already expensive health services. Research on human subjects, genetic engineering, organ transplant, new technology to prolong human life and the question of brain death are just a few of the issues which many of us are concerned about today. In addition, we must be prepared to consider the various needs of countries with different social and cultural backgrounds.

WHO has been very effective in assisting nations to become aware of such issues and their implications. The Organization has also been successful in helping Member States to develop appropriate policies regarding ethics and health. Through its meetings and publications, for example, WHO has made available useful guidelines on specific questions of health-related ethics. International cooperation of this kind will be of even greater value in the future, as rapidly developing technology and advances in medical science present further ethical dilemmas to the countries of the world.

Further work must be done to keep ahead of technological developments so that we are prepared to cope with their ethical implications. We should remember that human health is not only a question of medical technology. We need to assist countries, especially the developing nations, to adopt appropriate ethical guidelines suitable for their own special situations. More can be done by develop

ed nations in
exchanging ideas and in helping other countries benefit from the research and studies carried out in health
ethics.
With the rapid development of medial science and technology, health ethical issues will become more
serious. This may hinder the advancement of equity, social justice, and human rights. Whether we
successfully meet these new challenges and create a better world to live in depends on the noble efforts of
each and every one of you, the distinguished delegates here today. As a part of these efforts, I, on behalf
of the delegates from the Republic of Korea, would like to make the following proposals.
First, there should be a greater international exchange of information on health ethics as a step
towards reducing the gap between the developing and developed countries in the utilization of modern
medical technology. We must ensure that the benefits of advanced medical technology are truly shared by
all people and not limited to the rich nations. More attention should be given to North-South cooperation
as well as to the mobilization of private contributions from nongovernmental organizations at the national
and international levels. WHO has an important part to play in helping to ensure that the ethical aspects
of investments in health are duly considered in the development of national health policies. The Republic
of Korea is fully prepared to share its knowledge on health and social welfare policies and its experience
in socioeconomic development with all countries.

Secondly, WHO, governments and health policy-makers must all keep up with the progress made in the development of new medical technologies that have ethical implications. They must also consider how these developments will affect the welfare of those for whom we provide health care. At the same time, health care consumers must be kept informed of medical developments so that they can make reasonable, considered choices when ethical issues arise. Consumer protection groups should be supported and ethical review committees, both in hospitals and in the public health field, should be encouraged to play their part. The media should also help by providing adequate coverage of new discoveries and their possible consequences for health and welfare.

Thirdly, all countries, under the leadership of WHO, should strengthen their capacity for undertaking appropriate research in health ethics, and WHO should continue to help establish internationally acceptable ethical and technical standards in the medical field.

I have no doubt that the deliberations at this World Health Assembly will help to clarify many issues in health and ethics for the participating countries. I look forward to a very stimulating and constructive debate. Finally, Mr President, I would like to assure you that the Republic of Korea will continue to support fully WHO and the participating states in international cooperative efforts to achieve health for all by the year 2000.

Ms DlANCONA (Netherlands):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, in the first place, I would like to extend my congratulations to you, Mr President, on your election and to the members of the Bureau, and I Wish you all success with your important tasks.

It is a great honour for me to address this distinguished Assembly on behalf of the Netherlands Government for the first time. However, as we have general elections today in the Netherlands, you will understand that I can only briefly enjoy the pleasure of participating in the work of this Assembly.

Since the last Health Assembly, once again important changes have taken place in the world. Real chances for peace have been emerging in different parts of the world, such as the progress achieved in the Middle East peace process, in particular, between Israel and the PLO. We sincerely hope that the dialogue will result in a lasting peace. In South Africa the successful elections represent a major step towards the creation of a peaceful multi-ethnic society. We are glad that, as a consequence, South Africa returned yesterday to the WHO family.

Unfortunately, in other places of the world, we are faced with continued tragedies, of which Rwanda and Bosnia are but two examples. These conflicts negatively affect the lives and the physical and mental health of all the people involved.

Humanitarian assistance to the population afflicted by natural and man-made disasters must remain a relatively small task of WHO. However, in our opinion, WHO, among other United Nations bodies, especially has a clear role to play in peace building, by laying the foundations for global sustainable development. Another role for WHO lies in the phase of rehabilitation, when generally the whole health care system needs to be rebuilt. The effectiveness of operations in all these fields would increase tremendously, if forces are combined within the whole international community.

The detrimental effect of war and conflicts on health is most obvious. Apart from the health

problems in war-torn areas, the health situation of the population in recently pacified countries is also often worrying. However, the same is true for a great number of countries in the world.

WHO has repeatedly pointed to the inequities in health between and within countries. The differences between developing and industrialized countries are still significant. In particular, the least developed countries have not really benefited from the great progress made during the past decades.

However, even within countries, there are vast differences in the health status of the population. The latter applies to both developing and industrialized countries.

As was indicated in the recently published World Development Report, Investing in health (1993), health is a prerequisite for economic development and vice versa. In this Report, the crucial importance of health for a society is clearly recognized. The development of health cannot be seen apart from social changes within and between countries. Health and development are clearly interrelated. Economic development, education, poverty alleviation, environmental policy and agricultural activities are all key factors influencing the health status of individuals and the population in general. The relation

between health and development proves to be stronger in the case of women. Therefore, national policies
should be more focused towards improving the health status of women.
These persisting differences need worldwide attention, for governments can play a major role in
changing the causes which lie at the root of these inequalities. National policy change may result in drastic
health care reform and may also mean that the public health approach should be incorporated into overall
policies as an integrated policy component. I call upon my colleagues in the Health Assembly to advocate,
at the national and international level, the need for an intersectoral approach to health. Until now, the
responsibility of other policy sectors for health has, in general, been insufficiently recognized.
To be fully equipped for this major task, the implementation of the process of reform is a
precondition for the success of WHO. WHO must not lose track of its original mandate as a technical and
standard-setting organization. In this respect, the Netherlands are failing to receive the clear guidance of
WHO in the setting of priorities, although we recognize that making choices is not an easy task. The
Netherlands are convinced, nevertheless, that priority setting is essential to the future of WHO in the
coming century.
With respect to the type of programmes, the Netherlands would very much like to see a more
integrated approach. When programmes are isolated activities, instead of reflecting coherence, this will.
undoubtedly lead to duplication of efforts and may even result in activities aimed at conflicting objectives.
Needless to say, this is an inefficient method of work. The same applies to the apparent lack of synergy
in the Organization between headquarters and the regional offices. Both should have their own qualities
and tasks, which are complementary to each other. This would also lead to the improvement of the
credibility of WHO and would add to the effectiveness of what needs to be done.
More efficiency could also be achieved by closer cooperation and collaboration with other
international and United Nations organizations. In Europe, a process of rapprochement is taking place
between WHOts Regional Office for Europe, the European Union and the Council of Europe. We cannot
stress enough the importance of combining forces.
On the global level, a good example of interagency cooperation is the establishment of a joint and
cosponsored United Nations programme on HIV/AIDS. We sincerely hope that all the possible cosponsors
involved, including the World Bank, will eventually decide to participate in this new programme.
The last theme I would like to discuss is the importance of ethics and health. We are convinced that
WHO should play a leading role in the field of human rights in health and ethical questions in medicine.
Although ethical questions have become more obvious with the development of new health technology,
ethics lie at the root of normal day-to-day medical practice. The respect of human rights is essential for
the doctor-patient relationship. It is a prerequisite for the success of treatment.
A positive and encouraging example of what can be achieved in this field is the adoption of a
Declaration on the Promotion of Patients Rights in Europe at the WHO European Consultation on the
Rights of Patients, held in Amsterdam, last March. This Declaration contains a wide range of possible
strategies for health professionals, health care institutions, patient organizations, governments and
international organizations based on the Principles of the Rights of Patients in Europe. These Principles

will be widely distributed. Hopefully, this Declaration will be worth following. It deserves follow-up by WHO.

Dr SHANKARANAND (India):

Mr President, Director-General Dr Nakajima, distinguished delegates, ladies and gentlemen, my heartiest congratulations to you, Mr President, on your election as President of the Forty-seventh World Health Assembly. I also convey my felicitations to the Vice-Presidents and chaiipersons of the Committees on their elections. I and my delegation are immensely pleased to extend our hearty congratulations to South Africa under the leadership of its great leader, Nelson Mandela. The South African people have waited and striven hard for this moment. At this hour, we gratefully remember the Father of our Nation, Mahatma Gandhi, who 100 years ago, as a young lawyer, was knocked down from the train and humiliated because of colour and racial prejudice. It resulted in the germination of the seed of freedom in the hearts of South Africans, as the culmination of which we now see a South Africa free from aparteid. And today we welcome with jubilation and honour South Africa into our world health family and pay tribute to its leaders.

We are meeting at a crucial moment in the history of mankind. It is just seven summers until we shall be stepping into the next millennium. The world is witnessing unprecedented turmoil, shaking the . foundations of the political, economic and social structures. Massive reorganization of human society is taking place, and the barriers that kept different societies apart are breaking down. The long and continued world economic crisis has led to growing unemployment, continued inflation, recession and the collapse of the development process in many countries, and it has further aggravated the political and economic situation.

The Cold War has ended, but regional and intercountry conflicts have continued and have led to the exodus of large populations, mentally and physically shattered, to areas of relative safety. In addition, many developing countries are witnessing a silent migration of people from the rural countryside to urban centres in search of a better life, only to face new disappointments and problems.

In spite of the immense knowledge available to mankind through technological innovations and the ability to improve health and human development, millions have remained undernourished and are denied their immediate needs for food, clothing, shelter, medical care and education. The obvious result is poverty and ill health. Distortions in the development of the world economy have brought about a queer situation of over-abundance, on the one side, and deprivation, on the other. In the absence of adequate food, safe drinking-water, proper sanitation, primary health care and minimum education for the poor and the needy, health development will be a mere dream.

Among the important changes in the global scenario, there have been significant achievements and also avoidable failures. Life expectancy has continued to increase and infant mortality continues to decline.

The control of several communicable diseases has demonstrated our ability to surmount serious health hazards that appeared intractable until recently. The level of morbidity and mortality, particularly infant mortality, continues to be high in many developing countries. The progress in health status worldwide has widened the gulf between the rich and the poor nations.

Although malaria continues to be a problem, with increasing insecticide and drug resistance, special strategies are being devised to bring down the morbidity and mortality due to malaria; The leprosy eradication programme has made remarkable progress in our country, and is poised for a quantum leap that will eliminate the disease as a major public health problem by the year 2000. A revised tuberculosis control programme has been formulated with a view to tackling this disease, which is posing a fresh threat with the spread of AIDS. The pandemic of AIDS is continuing its silent march, and we in our country are not sparing any efforts towards its control by introducing preventive measures through a strong information, education and communication approach, while at the same time encouraging various research efforts in an attempt to find a cure for this dreaded disease. ;

The emergence of HIV and AIDS has baffled all because of its tragic and unknown proportions. The fearful toll from AIDS in developing countries might nullify the result of decades of hard labour in achieving a reduction in mortality. The need of the hour is to remind ourselves that prevention is better than cure. The adage has become all the more important and relevant today as AIDS has no cure and prevention is the only solution. In any case, preventive and promotive health care are de

finitely more cost-
effective than curative health care. Therefore, we have to lay more emphasis on preventiv
e and promotive
health care.
Increased industrialization and urbanization are bringing in their wake new types of heal
th problems,
some of which are related to the new lifestyles. Deaths, injuries and illnesses due to ve
hicular accidents,
emissions of pollutants, despoliation of the environment, increases in tobacco and alcoho
l consumption, and
drug abuse, as well as cardiovascular diseases, cancer and diabetes, are matters of grave
 concern to health
managers and need to be tackled on a war footing. Timely control of these through communi
ty action,
education and promoting a moral code would help in mitigating suffering, especially of th
ose living in the
rural areas and urban slums in the developing countries.
The escalating costs of health care and the non-availability of drugs to combat some dise
ases should
make us turn to the untapped wealth of traditional medicine. Many of the Member countries
 have a vast
reservoir of this heritage. Fortunately, in India, we have a long tradition of Ayurveda,
Siddha, Unani and
homeopathy based on herbal medicines and the drugless therapies of Yoga and nature cure.
India has rich
resources of trained traditional medical practitioners in these systems of medicine and a
lso high-quality
standardized herbal remedies. Therefore, to encourage the use of locally available, safe
and cost-effective
therapy, we need to exploit this resource fully, and may be rewarded by solutions to intr
actable health
problems.

But the fact remains that no amount of resources - external or internal - would suffice to meet the challenges before us unless we succeed in quickly arrestng the growth of our population. The rate at which our large population is increasing eats away almost the entire fruits of our developmental efforts.

Therefore, in order to bring about a meaningful and sustained improvement in the quality of life of our people, it is necessary to put an immediate brake on the ever increasing rate of growth of our population, and thereby break the link between overpopulation and poverty.

Today, the need of the hour is also to keep up efforts consistently to control and eliminate the communicable diseases. There must be no room for complacency, and there should be no reason for despondency or the curable and preventable diseases of the poor may be aggravated. There has to be a three-pronged approach while improving the health status of the people in developing countries, firstly, to foster an economic environment that enables people to improve their own health; secondly, to reallocate government investment from specialized care in tertiary health care facilities to programmes of primary health care that would help the poor most; and thirdly, to facilitate and properly coordinate private sector involvement in health care.

We appreciate the steps taken by the Director-General for establishing a Global Policy Council under his chairmanship for restating the mission of WHO in the light of changes in the world. However, it is necessary to ensure that the basic structure of WHO is not disturbed. The existing system of health management at the regional level should be further strengthened in order to achieve the cherished goal of health for all.

The global economic crisis has hit the economies of the developing countries, resulting in substantial cuts in health budgets, the disintegration of rural health services, and shortages of drugs and medical equipment. While developing countries have been forced to effect large cuts in public expenditure, particularly in the social sectors, the arms race continues to escalate.

Billions of dollars are being spent to produce newer generations of weapons of mass destruction capable of annihilating all traces of life on earth. The annual global military expenditure is around a trillion dollars. If only a small percentage of this wasteful and destructive expenditure could be diverted to health needs, the lives of millions of people could be healthier and happier. The global economic recession and the escalation of the arms race make it appear that our cherished aim of health for all may remain nothing more than a pious intention.

Let not posterity accuse us of having failed or faltered in our attempts to provide health for all.

Mr President, I would like to conclude by quoting our leader, the late Mrs Indira Gandhi; "We are here because we do believe that minds and attitudes can and must be changed and that injustice and suffering can and must be diminished. Our world is small; it has room for all of us. But it has room for all of us to live together and to improve the quality of the lives of the people in peace and harmony".

Mme VEIL (France) :

Monsieur 16 President, Monsieur le Directeur general, Mesdames et Messieurs les delegues, Mesdames et Messieurs, je suis trEs honoree de mtadresser, au nom de la France, aux delegations du monde entier reunies ici, et je voudrais, Monsieur 1e President, vous feliciter dtavoir 6te elu pour conduire les travaux de la Quarante-Septieme Assemblee mondiale de la Saute. Je tiens aussi a assu

rer M. le
Dr Nakajima de mon profond attachement a l’institution qu,il dirige et de mon entier soutien a son action
en faveur de la sante.
Ltepoque que nous vivons est marquee par un accroissement de la misere et de la faim dans certains
pays, notamment en Afrique, et par la recrudescence des conflits armes, accompagnes dteffroyables
massacres parmi les populations civiles qui tentent d,y echapper par la fuite. L’exode des refugies et
personnes deplacees, ainsi que la perte des ressources agricoles aneantissent des economies deja tres
menacees, avec des consequences desastreuses pour la sante. Dans ce contexte, des millions de personnes
ne peuvent survivre que grace a Paide des organisations internationales : 1e HCR, PUNICEF, et plus
particulierement POMS.
Il est donc plus que jamais indispensable de souligner le role que votre institution doit jouer afin
dtimposer une prise en compte prioritaire des problemes de sante. Droit auquel chacun aspire, pour soi-
meme et pour ses proches, la sante devrait etre reconnue par tous les Etats comme une preoccupation
majeure, ne serait-ce que parce qulelle est une condition essentielle du developpement, notarmnent a travers
les efforts entrepris vis-a-vis des femmes et des enfants.

A l’heure oil dans les pays riches le rythme de la croissance des d&penses de sante’: Ife st plus
financiErement supportable pour les 6conomies et risque de compromettre d1autres avanc6es sociales tout
aussi importantes, voire plus importantes, les pays en d6veloppement les plus pauvres ne peuvent m6me
pas, en raison de la diminution de leur produit national brut et d1une r6duction drastiqu e des cr6dits
affectcis 5 la sant6, garantir 16 minimum de soins de sauna. primaires. Il reste donc bie n du chemin $1
parcourir pour r6aliser Pespoir de la sanm pour tous, formultf: A Alma-Ata en 1978 et r6a ffirm1 ici meme
dix ans plus tard. ’
Nous assistons aujourd1hui 511a r&surgence de maladies, comme la dipht6rie ou le chol6ra, que Pon
croyait en voie dkiradication. Plus grave encore, partout, le retour de la tuberculose tu e 51 Paube du
XXIe siacle prEs de trois millions de personnes chaque auntie, frappant davantage les adu ltes que toute
autre maladie infectieuse. La permanence du paludisme, qui frappe plus de 500 millions d1 hommes et de
femmes dans le monde, mais surtout Pirruption du fleiau du SIDA, V&ritable peste des temp s modernes,
remettent en cause toutes les stratcigies 6tablies et les espoirs qu,elles avaient engend ms.
Pourtant, le propos de la France, par ma voix, Ifest pas de ccider au pessimisme. Je souh aite bien
au contraire rappeler que notre luciditt$, 51 tons, ici rassembl6s, est le pr&alable abso lu 51 une mobilisation
accrue de la communaute’: internationale, qui doit se traduire par un effort collectif sa ns preicc$dent et
davantage de solidarit6 entre les peuples du monde. J e fais, pour ma part, confiance a P OMS pour relever
ces d6fis.
Je me r6jouis en effet particulierement, Monsieur 1e Directeur g6n&ral, que malgr6 cette situation
dramatique pour des millions d,etres humains, votre Organisation int(Egre le champ des pr 6occupations
($thiques dans ses programmes. Oest 51 POMS de rappeler que la sauna des hommes impose de s r&gles
absolues, notamment ahiques, que nul ne doit pouvoir enfreindre. Comme vous Pavez si bien souligmi dans
de r6centes deEclarations, face aux problemes que pose P6volution de la m6decine et des t echniques
mc$dicales, face aux problemes que pose la santci en g15n6ral, il est urgent de "placer l es gens devant leurs
responsabilit6s et dunner leur place aux diff&rentes valeurs".
Plus que jamais, la mission de votre Organisation est n6cessaire pour dwasser les 6go’1’s mes
nationaux, bousculer les tabous h(:rit6s de l’histoire. Sa culture et son histoire ont fa it de POMS le garant
d,une approche tout a la fois humaniste et r&h’ste du vaste champ de la sant6 publique, e t le chef de file
naturel de cette mobilisation. Afin cry parvenir, POMS dispose de la volont& et des capac it6s ncEcessaires
pour assumer les lourdes responsabilit6s qui ne cessent de s,accroitre et touchent trEs d irectement A Pavenir
de Phumanit6.
Je sais que tous ici vous etes bien conscients (111,5, de nouveaux d(ifis doivent corresp ondre de
nouvelles approches, mieux a mame de fc$d6rer et de coordonner l’effort de tous. Cest dan s le domaine du
SIDA - 1e d(afi le plus cruel auquel nous soyons aujourd1hui collectivement confront6s - que POrganisation
mondiale de la Santa? a conqu avec d1autres organismes des Nations Unies un programme cop arraimf: de
lutte contre le SIDA. La France, qui figure parmi les pays d6veloppc$s les plus touch&s p ar cette pand6mie,
a plaid6 des 1e d6but pour une telle approche et la soutient naturellement. Elle se f61ic ite du r6le imparti

:31 POMS dans ce nouveau programme. Alors que nos ressources sont n6cessairementlimit15es, il est essentiel
dHEtablir des priorite’:s et dbptimiser autant qu1il est possible les ressources disponibles. Pour ce combat, le
maximum doit ?atre fait, mais i1 convient de le faire sans daai car le temps presse. L1Afrique connait deija
une situation extrfamement prc$occupante; la pand6mie progresse partout en Asie et en Amc SJique latine.
Cest aujourd1hui qud’l faut produire un effort prioritaire si nous voulons arreter le SIDA quand i1 en est
encore temps.
Cast dans ce contexte que la France a propose’:, en ($troite coordination avec POMS, une initiative
visant A renforcer la mobilisation de tous, particulierement des responsables politiques, comptables des
grands 6quilibres sociaux et 6conomiques, dans la perspective d1une coop6ration accrue entre pays
d6velopp6s et pays en daeloppement. A Pinvitation du Premier Ministre frangais, un sommet des plus
hautes autoritc’as politiques, du Nord comme du Sud, devrait se tenir le 19r d6cembre prochain afin de
marquer notre daermination et de s1engager concretement sur la base de priorit&s communes. Auparavant,
les 17 et 18 juin, j1aurai le plaisir de recevoir a Paris plusieurs d1entre vous pour une re$union de travail qui
se propose, an terme d’une vaste confrontation des points de vue et des exp6riences, de nous accorder sur
les principaux objectifs a assigner i1 cette mobilisation. Diverses r&unions pr6paratoires ont eu lieu ces
demiers mois. Elles om permis dbres et d6ja de dt$gager un consensus, dont je me rt%jouis, autour des
principes qui doivent guider notre action, et d1esquisser les priorit6s susceptibles dinspirer notre

cooperation. Ce sera Poccasion diapprofondir encore la question de la coordination entre les bailleurs de
fonds bilateraux, entre ceux-ci et le futur programme coparraine diune part, et les organisations non
gouvernementales d,autre part; ce sera aussi Poccasion d,etudier les possibilites diaider les pays beneficiaires
a coordonner Paide internationale, dans le cadre des programmes nationaux de lutte contre le SIDA.
Par cette initiative, annoncee par ma voix a la Conference de Marrakech (Maroc), en novembre
dernier, et qui slest enrichie des reflexions de plusieurs de ses partenaires jusqu,a faire l'objet, aujourd,hui,
diun large consensus, la France aspire a susciter une solidarite renouvelee a Pegard des pays les plus
demunis, qui sont aussi trop souvent - il faut 1e dire - les pays les plus touches par la pandemie.
La saute, dans un monde ou les interdependances niont cesse de croitre, 1e progres des sciences et
des communications aidant, est liaffaire de tous. La responsabilite premiere de ceux qui sont en charge de
Pinteret public est de ne negliger aucun effort pour combattre les fleaux qui le mettent en peril et qui, en
menagant chacun de nous, menacent Phumanite tout entiere.
I e suis certaine que ce message, dans le droit-fil de Yhumanisme qui inspire depuis si longtemps
Faction de POMS, saura trouver dans cette Assemblee Pecho quiil est en droit diattendre.
Monsieur 1e President, Monsieur 1e Directeur general, Mesdames et Messieurs, je formule pour vos
travaux, pour nos travaux, les meilleurs voeux de succes et je vous remercie de votre attention.
Dr OURAIRAT (Thailand):
Mr President, Mr Director-General, excellencies, distinguished delegates, ladies and gentlemen, allow
me to join this august body in extending our congratulations to you, Mr President, and the four vice-
presidents, excluding myself, for your election to this office. We, in Thailand, extend our warm and proud
congratulations on the great success of our friends in South Africa. This is not just the joy of the South
African people, but also a bright hope for mankind all over the world. We would also like to express our
appreciation of the achievements made by Dr Nakajima, his Assistant Directors-General and the WHO staff
in working with Member States to bring better health to our friends in all parts of this rapidly changing
world. Increasingly, we learn that we all have to work harder and faster if we do not want to be left behind
by all the other developments happening in the world today.
In Thailand, what seems to be frequently referred to by our colleagues in other countries may be the
impressive economic growth, but I am certain that we, as social developers, all know extremely well that
the faster the economy grows, the harder the work of the social sector, of which health is an integral part,
has become. In our attempt to bring better health either at the individual level or at the population level,
what we need to do is to carefully re-examine our traditional beliefs and values along with our decision-
making process.
Changes are needed in our health care system. We see proposals about health care reform being
discussed and introduced everywhere. Looking at our friends in the developed world and then back to our
own country, I am quite certain that this urge for reform has not happened purely because we are afraid
that it will become unaffordable unless we do something about it now. For even in Thailand, where
economic growth seems to be on the increase, there is still a need for reform. This is not out of pure
economic necessity, but is a lot more to do with our new thinking, our moral and ethical

reorientation
towards health. I am quite sure that public health policy-makers wanting to introduce changes face very
difficult controversies and dilemmas as they challenge the traditional ethical values held by different
stakeholders in health care systems.
In traditional medical practice, we do our best to save lives, regardless of how much money we put
in, so long as we have the technologies available. Failing to do that could be seen as unethical conduct.
In reality, we could not afford to save an individual at any cost, and this is the issue we are all familiar with
as policy-makers. Conventional business practices see advertising and marketing as essential parts of
successful business, whereas in health we are concerned to ensure that peopleis health will not be
compromised by such practices. Thus there may be conflicting ethical standards as between the health and
other sectors. Most strategies for prevention and health promotion limit individual freedom or make
certain behaviours subject to punitive measures. For those of us who are for individual rights, this is
undoubtedly a hard decision.
More complicated is how we would deal with the highly sophisticated but costly technology that may
be made available only to those who can afford to pay. It is impossible for any government to make them

available to all citizens in the country. Will it then be considered unethical if policy-makers leave all these to the market forces and individual ability to pay?

Issues raised by technologies dealing with life and death create even more controversies in policy decisions. Even with life-creating technology such as in vitro fertilization, there are still hard decisions to be made. For developing countries, this may seem quite a remote issue, but we will have to deal with it sooner than we anticipate. We see state-of-the-art technology available in one part of the world, and certain groups in the developing countries immediately demand similar technology. Some of these demands might be easily met, but some may need a more thorough consideration. Mr President, we are all now living in a world much smaller than it was even half a century ago. What is important for us as a world community is to be aware of our proximity to one another. What is happening in the developed part of the world can undoubtedly cause ethical dilemmas for policy-makers in the developing world, where resources are far more limited. ’

Consideration of the ethical issues facing policy-makers in health cannot be complete without reference to the problems regarding the prevention and control of HIV infection. Preventive programmes on HIV infection have created a lot of controversies among health personnel. Advocating condom use to prevent heterosexual transmission is like advocating safe prostitution, or safe promiscuity. Although we know very well that such issues as prostitution or promiscuity are not Within the health sector mandate, it goes against the grain to have to advocate safety for such behaviour. The same applies to the advocacy of the use of clean needles and syringes among intravenous drug users to reduce the HIV infection risk.

Testing for HIV infection poses another dilemma. Do we adhere to the principles of voluntary testing only, or should we make it compulsory for all sex workers to be tested to prevent the spread of the virus? Are we then protecting the customers at the expense of the sex workers? Are we again ensuring safe prostitution and therefore indirectly advocating such behaviour? Each country has to make its own decisions based on its own sociocultural values and ethical standards, which are relative rather than absolute.

In health policy decisions, one aspect is always favoured over the other. The benefits of the public are put before those of the individual. The needy groups are put before the better-off. Prevention is preferred to cure. The cost-benefit ratio is valued more highly than benefit at any cost. These are the principles of any rational policy decision-making. Unfortunately, in the real world, things are never black or white. Stakeholders also have different sets of values in regard to health. They have different values about how much government should interfere or regulate their behaviour. They have different expectations and values with respect to state-of-the-art technology. They differ on how much they should do to take care of their own health, or on whether it should be left mainly to the health professionals and hopefully miraculous technology. . _

Even though ethics and values may vary from one country to another, we can definitely learn from one another. Even though it may not be easy to reach consensus at the global level, I wish we could work together more closely as a global community to reorient and reconcile different values among various

stakeholders. For us in the same geographical region, with a comparable sociocultural bac
kground, it would
be even more important that we seek to find ways of working together. It is essential for
the better-off
countries to offer help and render support to those countries in greater need of better h
ealth. In an
increasingly smaller world, such as we are living in right now, ethical considerations in
health policies should
not be limited to any one countryts boundary, but should also be applied to others, espec
ially to
neighbouring countries. As good Buddhists, we in Thailand realize that the way to good he
alth and
happiness is through sharing and helping. As we achieve success in certain aspects, we mu
st share our
solutions with our neighbours. I am sure that all distinguished delegates agree with me t
hat caring for
others and working for the vast majority are indeed the values held by all of us in any p
art of the world.
Towards this end, I can assure you, Mr President, that Thailand stands ready and willing
to join hands with
WHO and Member countries for the tasks ahead.
M. MENDO (Portugal) (interpretation du portugais) :1
Monsieur le President, Monsieur le Directeur general, Mesdames et Messieurs les delegues,
Mesdames et Messieurs, jlaimerais commencer mon intervention en vous felicitant tres sinc
erement,
1 Conformement 5 Particle 89 du Reglement int6rieur.

Monsieur le Pr6sident, pour votre aection. J ,adresse egalement mes f6licitations 5. tous les autres membres
du bureau et je tiens a exprimer ma conviction que vos travaux auront beaucoup de succes.
La profession m6dicale est peut-etre la premiere au monde qui s,est impo$e 21 elle-meme des
normes ahiques de conduite. Depuis plus de deux miJle ans, le serment d'I-Iippocrate est accepte': en tant
que charte des devoirs et de la conduite morale du m&decin et utilis6 comme r6f&rence pour les codes de
conduite modernes des autres professionnels de la santa Depuis toujours, la faculteE de pouvoir influencer
la sant6 et la maladie, la vie et la mort, a effray6 les gens et place? ceux qui en avaient le pouvoir au rang
de demi-dieux, dc saints, de d6mons ou de magiciens legendaires. Afin dapaiser les peurs et dhccroitre la
confiance dans le meEdecin, indispensable au succ&s de la midecine individualisa, 1e serment d I-Iippocrate
cherche 5. assurer aux individus que le mwecin est un ami, quil est discret et soucieux du seul bien-etre
de son malade, qwil ne protitera jamais de son pouvoir ni Ifen tirera d avantages personnels et quh'l ne
transmettra jamais son savoir a des personnes incapables dbbserver les memes regles de conduite. Le
serment d,Hippocrate demeure, dans sa simplicit6 et sa briE-vet6, le document profane le plus influent sur
le comportement du m6decin. Toutefois, 6tablj pour un exercice individuel de la profession au temps oh
la mfsdecine e':tait uniquement une relation entre un etre souffrant et quelquhn a qui cet 6tre demandait
de Paide, ce serment ne mentionnait pas la dimension sociale aujourdhui exigcae du professionnel de la
sante': et de Phomme moderne.
La croissance consid&able de la connaissance des sciences m&dicale et biologique, la r6volution
technologique que nous continuous a vivre, la fin de la pratique isol6e des professions de sant6, la
mondialisation des communications, des problemes sociaux et des prt5occupations 6cologiques ont era? 1e
besoin toujours plus manifests d une trEs forte composante sociale dans notre ethique de conduite. J e dois,
en tant qwetre humain, Etre pleinement conscient que "Pautre" est ma limite et que ma souverainet6 finit
0121 la sienne commence, mais que sans lui je ne serais rien, que sa souverainetf: m,est indispensable car la
vie est une sociaa Meme si individuellement une conduite &thique qui ne concerne que ma relation avec
Pautre de mon seul point de vue est admissible, comme Pa si bien d6fini M. Stirne dans "L'Unique et sa
Propri6tc5", il n,est plus possible de penser a Pahique sans tenir compte des probIEmes soulev6s par les
conduites collectives, par les situations rt%elles de pauvret6 intol&rables, par les guerres, les famines et les
misEres du monde, ce qui nous amene a affirmer qwil est indispensable dintroduire une dimension sociale
universelle dans nos codes d e':thique, lesquels doivent non seulement tem'r compte de "Pautre" comme une
limite et un partenaire; mais aussi consid6rer la ville, la communauta la nature, les peuples, la planete
comme b6m6ficiaires ou victimes de nos comportements. En d'autres termes, la solidaritcs. doit ?:tre Pune
des dimensions les plus prbntizes et privil6gi6es de l't'ethique de conduite; solidaritt': qui s exprime
historiquement au moyen du soutien aux int6rets du groupe, du pays, de Pethm'e, de la "race", solidaritt5. que
de nos jours nous nous devons de rendre universelle et qlril nous faut mettre au service des grandes causes
humanitaires.
Cest 3 cc stade quintervient la politique, car les gouvemements peuvent et doivent contribuer a
universaliser les comportements solidaires. La vie moderne est si exigeante, les p6riodes

dhpprentissage,
d activit6 et de formation professionnelles, les engagements, les devoirs et les obligations sont si importants,
que, meme sh'l le souhaite, le citoyen dispose de peu de temps pour mettre son savoir et sa capacit6 au
service dun grand objectif social. 11 appartient aux gouvernements de permettre aux individus d exprimer
plus largement leur attachement aux valeurs de la solidarit& sans que leur vie professionnelle ou familiale
puisse en pitir. Ceci est essentiel dans le domaine de "PEthique et la Sant6", thEme qui nous rassemble
aujourdmui et sur lequel nous devons non seulement r6t16chir mais aussi faire des suggestions.
En approfondissant ce sujet, nous sommes amemis 51 tirer deux conclusions. Premkrement, si, comme
Pa dit J ean Bernard, la bio6thique est "une rigueur double, la rigueur glaciale de la science et la rigueur
rigide de la morale", dest avec cette double rigueur que nous devons relever les dcifis et faire face aux
dangers de la technologie du futur et au probleme moral de la solidaritei humaine. Deuxiemement, la
solidaritt'e est la composante sur laquelle les gouvernements peuvent le mieux agir indirectement, en assurant
aux citoyens qui 1a pratiquent 1a sauvegarde de tous leurs droits individuels. Cest pour cette raison que le
Gouvernement portugais, de concert avec les organisations compeitentes, a d6Cid6 que les professionnels
de la same? volontaires pour des actions de solidariuf: entreprises par des organisations non
gouvernementales ainsi que pour des missions de coope'zration meneEes par PEtat ne seraient pas p&nalism$s
51 leur retour et pourraient garder leur emploi et leur salaire, et que la dur6e de leur mission de coopoEration
serait prise en compte lors de 1,6tab1issement des primes dhnciennetti, de la retraite, de la formation
professionnelle et de la promotion. De cette fagon, nous eschrons stimuler Pesprit de solidarit6 des

professionnels et accroitre considerablement 1e nombre des actions de solidarite que nous menons dans le
monde, y compris dans les pays africains lusophones auxquels nous sommes attaches par un passe commun
seculaire et un avenir diamitie.
Pour terminer, Monsieur le President, permettez-moi de formuler mes voeux les meilleurs pour le
succes des travaux de cette Quarante-Septieme Assemblee mondiale de la Saute.
The PRESIDENT:
. I thank the delegate of Portugal, who was the last speaker this morning.
V Before adjourning, I would like to remind the Assembly that briefings will be held during the lunch
break on the tuberculosis epidemic and on WHOls follow-up on the United Nations Conference on
Environment and Development. The tuberculosis briefing will be held in Room 16, and the briefing on the
United Nations Conference on Environment and Development will be held in Room 22. The briefings
begin at 13h00 and are scheduled to last for one hour. There will be interpretation into English and
French.
The proceedings will now adjourn, and resume at 14h30.
The meeting rose at 12h30.
La Seance est levee a 12h30.