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World Health Organization
Organisation mondiale de la Sante
FORTY-SEVENTH WORLD HEALTH ASSEMBLY A47/VR/6
QUARANTE-SEPTIEME ASSEMBLEE MONDIALE DE LA SANTE 4 May 1994
4 mai 1994
t PROVISIONAL VERBATIM RECORD OF THE SIXTH PLENARY MEETING
4 Wednesday, 4 May 1994, at 14h30
Palais des Nations, Geneva
President: Mr B.K. TEMANE (Botswana)
later: Acting President: Dr M. ZAHRAN (Egypt)
. COMPTE RENDU IN EXTENSO PROVISOIRE DE LA SIXIEME SEANCE
PLENIERE
Mercredi 4 mai 1994, a 14h30
Palais des Nations, Geneve
President : M. B.K. TEMANE (Botswana)
puis President par interim: Dr M. ZAHRAN (Egypte) .
CONTENTS
Page

. SOMMAIRE
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A47/VR/6
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l. ADDRESS BY THE PRESIDENT OF THE INTERNATIONAL OLYMPIC COMMITTEE
ALLOCUTION DU PRESIDENT DU COMITE INTERNATIONAL OLYMPIQUE

The PRESIDENT:

The Assembly is called to order.

My first, very pleasant duty, before we continue with our agenda is to welcome, on behalf of this Health Assembly, Mr J uan Antonio Samaranch, President of the International Olympic Committee and the delegation of the International Olympic Committee.

The increased joint collaboration between the World Health Organization and the International Olympic Committee, in an effort to improve and enhance the health of all people through physical activity and sport, makes it very opportune to be honoured by the presence of Mr Samaranch at this Health Assembly. The Sport for All movement of the International Olympic Committee has special momentum in this especially designated United Nations International Year of Sport. It is therefore with great pleasure that I give the floor to Mr Samaranch.

M. SAMARANCH (President du Comite international olympique) :

Monsieur 1e President, Monsieur le Directeur general, Mesdames, Messieurs les delegues, je voudrais tout diabord vous exprimer, Monsieur le President, au nom de la delegation du Comite international olympique (CIO) qui est 5 ma gauche, mes vives felicitations pour votre nomination. J 6 suis convaincu que la Quarante-Septieme Assemblee mondiale de la Sante parviendra, sous votre presidence, :31 definir la politique qui s,impose pour ameliorer le bien-etre de Phumanite. Je tiens egalement a exprimer mes sinceres remerciements au Dr Hiroshi Nakajima, Directeur general de votre Organisation, pour son aimable invitation 51 miadresser :21 cette auguste Assemblee.

Cette annee 1994 3 6t?) proclamee par PAssemblee generale des Nations Unies, a sa quarante-huitiEme session, Annee internationale du sport et de Pideal olympique. J e voudrais egalement saisir cette occasion pour transmettre 51 travers vous 1a gratitude du mouvement olympique a vos gouvemements respectifs pour avoir soutenu et adopte cette importante resolution.

Ciest en effet en 1894 que le Comite international olympique a ete fonde 21 Paris, 21 PUniversite de la Sorbonne, par le baron frangais Pierre de Coubertin. Tres peu dtorganismes internationaux peuvent se flatter dietre centenaires. Le monde a beaucoup change depuis un siecle. Le progres de la science et de la technologie a ete fulgurant. Mais cette evolution nia malheureusement pas reduit liecart, qui continue 51 se creuser davantage, entre l’etat de saute des populations des pays industrialises et celui des populations des pays en developpement. Les conflits armes et les foyers de guerre ainsi que les catastrophes naturelles se multiplient. Le nombre de fleaux qui aggravent la sante et contre lesquels vous luttez tous va croissant. Mais la mobilisation, sous Pegide de POMS, des nations que vous representez va permettre sans nul doute de trouver des solutions et de dormer liespoir $1 ceux qui souffrent.

Le mouvement olympique, qui fait partie integrante de notre societe d,aujourdihui, a Pobligation morale et le devoir dioeuvrer auprEs de vous, qui etes les responsables directs de la politique en matiere de sante, pour vous faciliter 1a tache. Cest ainsi que POMS et le CIO, fermement convaincus que la cooperation est le meilleur moyen de parvenir au but que represente 1a saute physique, mentale et sociale pour tous, ont renouvele Paccord signe deja en 1984. Ciest dans le cadre de cet accord que nous avons organise en mars dernier, 51 Punta del Este, en Uruguay, un congres sur le thiame "Sport pour tous et sante pour tous" en presence du Dr Nakajima et de moi-meme. A la fin des travaux, nous niavons

pas manque
dans notre declaration commune de rappeler les effets positifs du sport et de Pexercice physique sur le
bien-etre physique, mental et social de tous les individus et la necessite d,encourager leur developpement
afin quiils deviennent des elements essentiels d,un style de vie debouchant sur la protection et la promotion
de la sante ainsi que sur la prevention de la maladie et de Pinfirmite. Nous vous avons lance un appel pour
que vous adoptiez les mesures necessaires afin diencourager et de promouvoir la pratique du sport et de
’ Pexercice physique dans un contexte familial dans le but dtameliorer, grace a une vie saine, la qualite de
Vle.

Le groupe de travail OMS/CIO sIest reuni ce matin meme pour identifier les secteurs de co operation
et elaborer des projets auxquels les comites nationaux olympiques et federations internat ionales seront
invites :31 collaborer. Le CIO a par ailleurs signe des accords de cooperation avec les a gences specialisees
des Nations Unies telles que PUNESCO, PUNICEF, le HCR et le PNUE afin dIapporter sa modes te
contribution 51 la communaute internationale. Notre mouvement olympique est compose en ma jorite de
jeunes qu,il faut proteger contre les fleaux qui secouent notre societe. DIou les actions que nous
entreprenons en cooperation avec les organisations gouvernementales et non gouvernemental es.
Au sein meme de la structure du CIO, la Commission medicale que preside avec devouement e t
competence 1e prince de Merode, ici present, est composes dICXperts de tous les continent s. Elle a pour
teiches principales la prevention et la lutte contre le dopage dans le sport, Paccreditat ion de laboratoires,
Forganisation de stages de medecine Sportive et la publication dIouvrages tels que la ser ie des encyclopedies
de medecine Sportive. Comme je Pavais dejil souh’gne en 1985 devant votre Trente-Huitieme Assemblee
mondiale de la Sante, notre Commission medicale procede 51 des recherches en matiere de b iochimie,
biomecanique, physiologic, nutrition, osteopathic et chirurgie, specialites relatives au sport. Cette
Commission prepare actuellement le Troisieme Congres mondial sur les sciences sportives q ui aura lieu
51 Atlanta, aux Etats-Unis dIAmerique, en septembre de Pannee prochaine. En 1897 - cela f ait dejzi bien
longtemps, presque cent ans -, au Congres olympique du Havre, en France, nos predecesseur s, menes par
Pierre de Coubertin, avaient choisi 1e thEme "Hygiene et pedagogic sportives". En 1913, 5 Lausanne, Suisse,
ou nous avons maintenant notre siege, un autre congres avait ete organise, axe aussi sur la sante et le sport.
Cela prouve que les problEmes de saute et le bien-etre de la societe ont toujours ere Yun e des priorites du
mouvement olympique.
Pour terminer, le Congres olympique du centenaire qui aura lieu 51 Paris du 29 aoflt au 3 septembre
prochain aura 51 traiter entre autres le thome suivant : "Le sport dans son contexte soci al". Notre
commission "Sport pour tous " deploie en outre ses efforts 51 travers les comites nationa ux olympiques et
federations internationales pour encourager Pactivite physique au sein de toutes les couc hes sociales. Nous
organisons aussi chaque annee dans tous les pays du monde une course populaire a laquelle prennent part
les enfants, les femmes et les hommes sans distinction dIage. Le CIO soutient egalement l e sport pour
handicapes en les associant 51 quelques epreuves aux J eux olympiques et aussi aux J eux dIhiver, mais surtout
en favorisant Porganisation des J eux paralympiques. Je peux vous assurer que sans les J eux olympiques, il
nIaurait pas ete possible dIorganiser les J eux paralympiques.
Il est evident que Pactivite physique est une prevention naturelle pour chaque individu. CIest pour
cette raison que nous vous invitons i1 cooperer avec vos ministeres de Peducation nationa le et de la jeunesse
et des sports afin de developper une politique qui est aujourd,hui celle de POMS et du CI O, a savoir "Sport
pour tous et saute pour tons".
The PRESIDENT:
Thank you very much, Mr Samaranch, for your inspiring words, your clear vision and your commitment to global health.
I would now like to suspend the meeting for a few minutes in order to allow Mr Samaranch to take

leave of us. I invite delegates to pay tribute to Mr Samaranch for the support he has given this Assembly
through his presence and his words to us today. I invite you to applaud him as he leaves.
(Applause/Applaudzlssements)
I shall now ask the second Vice-President to take over the presidency and I accordingly invite
Dr Zahran who has replaced Dr Abdel Fattah El Makhzangi, as agreed.

Dr M. ZAI-IRAN (Egypt), Vice-President, took the presidential chair.
Le Dr M. ZAHRAN (Egypte), Vice-President, assume Ia presidence.
2. DEBATE ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS NINETY-SECOND AND NINETY-THIRD SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1992-1993 (continued)
DEBAT SUR LES RAPPORTS DU CONSEIL EXECUTIF SUR SES QUATRE-VINGT-DOUZIEME ET QUATRE-VINGT-TREIZIEME SESSIONS ET SUR LE RAPPORT DU DIRECTEUR GENERAL SUR UACTIVITE DE L,0MS EN 1992-1993 (suite)
The Acting President: :UHJJJI
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Mr NGUYEN VAN THUONG (Viet Nam):
Mr President, Mr Director-General, honourable participants, ladies and gentlemen, may I, on behalf of the Vietnamese delegation, congratulate the President on his election to this Forty-seventh World Health Assembly. Our delegation would like to express its sincere thanks to the Director-General for the report on all the work performed by WHO in the past year. Our Government will follow with determination the policy of WHO for the objective of health for all by the year 2000.
As you all know, Viet N am is undertaking a policy of renovation in all fields, particularly in the field of health care. In the past, effort was made by the Government and the Ministry of Health to set up a large network of health over the country. It was entirely subsidized by the Government. At the most peripheral level, the community also contributed to health care by providing houses, manpower and so forth for their communal health stations, while at district, provincial and central level, all costs were covered by the Government budget. The private sector did not exist (including in medical and pharmaceutical fields).
From 1989 private practice in medicine and pharmacy was approved by the National Assembly. This created new problems for the Ministry of Health and many related bodies. Up to the present, there are more than 6000 private practitioners and 4000 private pharmacies, parallel to the State establishments.
Great effort is being made by the Ministry of Health to involve these private practitioners in national health programmes, particularly in the control of social diseases and public health. The system of recording/reporting has to be known and understood by these practitioners in order to have complete figures for the planning of further activities in various national programmes.
The Ministry of Health and various medical/pharmaceutical associations have been carrying out activities among practitioners, both in the State-owned and private sectors, to ensure observance of ethical rules. Indeed, in the course of transformation from the subsidized to the market-oriented system, inappropriate trends were observed in some places. The overuse of antibiotics was higher in the private sector than in State-owned establishments, and private practitioners tended to prefer treatment to prophylactic activities, while the strategy of the Ministry of Health has been built on prophylaxis rather than treatment.
Ethical problems are also a major concern of the Ministry of Health in the provision of good quality drugs for the people at all levels as underquah’ty or fake drugs of various origins (locally made or imported) have been detected by the Ministry of Health. The Bamako Initiative in Viet Nam covers at present 687 communes, totalling more than 2 million inhabitants. By provision of drugs to villagers through the revolving fund, local people can enj oy good quality drugs, as they come from reliable sources. That is why

in 1994 the number of communes covered will be increased to 2000, with 3 million people. The Bamako
Initiative has been one of the ways of providing good quality drugs to people at grassroots level.

Ethical rules should not only be observed by present practitioners, but should be taught at all medical schools at all levels for future practitioners. Another problem is ethical rules for traditional practitioners: perhaps special or complementary rules should be included regarding these traditional practitioners.

Besides traditional education on ethical rules at medical schools, public awareness should be enhanced through a national movement over the country. In Viet Nam, 27 February has been chosen as the "Viet Nam Medical Day", to promote and encourage in the medical corps behaviour that accords with the motto "The medical practitioner should be, at the same time, a good mother for the patient". In addition, it is proposed that the National Assembly complement the current law on medicine and pharmacy, taking into consideration ethical regulations, when formulating legislation for the coming years.

Ethical problems are not new in Viet Nam. But in the course of transformation to the new economic system and with the progress of medical science (organ transplantation), they should be reviewed in order to establish equality for all vis-a-vis health care.

Mr STEFANSSON (Iceland):l

Mr President, Director-General, distinguished delegates, ladies and gentlemen, on behalf of the Icelandic delegation I would like to congratulate the President and his fellow officers of this Assembly on his election and wish him every success in his work.

For the last three or four years Iceland has experienced an economic recession. This downward turn in our economic fortunes was mainly the result of cuts in fisheries quotas in both 1992 and 1993. These cuts were necessary as scientific reports indicated that the situation of some of our fish stocks required stringent conservation measures. As the fiscal deficit was already considerable the Government decided to meet this downward turn in our economy by fiscal consolidation rather than allow an increase in the budget deficit.

Consequently the Icelandic Ministry of Health has for the last three years been carrying out various measures in order to reduce the escalating costs of health care services in the country. In order to achieve the necessary cuts we were faced with two options. One was to reduce services or even eliminate existing health care services. The other was to introduce service charges to a greater extent, that is co-payments by beneficiaries of these services.

As might be expected, reduction or elimination of services was not considered to be a viable alternative. Therefore service charges for various health services that had previously been free of charge were introduced. Furthermore, already existing service charges were increased. Late in 1992 the Ministry introduced proportional co-payments for pharmaceuticals. Early in 1993 similar proportional co-payments were introduced for specialists health services. However, the principle of free hospital health care for the patient has been firmly guarded. Despite these new co-payment rules the Icelandic patient still only pays around 13% of the total bill for health care and just over 30% of the total cost of pharmaceuticals. In order to ensure that the service charges for health care do not cause financial hardship for anyone needing care, an annual payment maximum has been established. F urthermore, special attention has been given to health care costs of families with many children.

Our experience in 1993 of these new rules of proportional co-payment for both pharmaceuticals and

specialists health care services indicates this to be an effective method to decrease cost without affecting
the quality of the care provided.
Another step that has been taken in order to reduce health care costs without reducing the services
is an increased coordination of hospital health care services, not least in the Reykjavik area. Last month
I introduced a new plan of cooperation between the hospitals in Reykjavik and the Reykjavik area. This
plan minimizes the overlapping of the same type of services between these hospitals. Furthermore
negotiations concerning the unification of two of Reykjavikls three largest hospitals are well under way.
In the long run considerable reduction in costs will be achieved by this measure.
1 The text that follows was submitted by the delegation of Iceland for inclusion in the verbatim record in
accordance with resolution WHA20.2.

A complete review of the hospital services around the country was carried out in 1992-1993. The study showed that the hospitals outside Reykjavik for the most part serve as nursing homes. Furthermore it revealed that those who live outside Reykjavik seek hospital care for more complicated medical ailments in hospitals outside their home region. The reports conclusions and proposals for a plan of action on the development of the hospital health care sector are at present being debated and are under active consideration in the Ministry of Health.

I have recently launched an extensive health promotion project. The goal of the project is to enable individuals and families to achieve their fullest health potential by taking control of the things which determine their health and by making choices conducive to health. The goal of the project is also to strengthen and coordinate various preventive measures in order to promote healthier lifestyles of the Icelandic people and thus improve their health. This project will be carried out in close cooperation with the network of health care centres we have established around the country during the last two decades. This network of health care centres ensures equal access to health care services in rural and urban areas alike. The health care centres thus provide the whole of the population with equal access to health care services and form an excellent basis for a health promotion project of this kind.

The Executive Board has invited delegates addressing the plenary meeting to give special attention to ethics and health. Escalating health care costs and the need to decrease these costs has in many countries given rise to extensive discussions on the rational and efficient use of resources and in that context the concept of prioritization. Some of our neighbouring countries have already devised a model on priority groups for health care services where demand exceeds supply.

As I have already mentioned, equal access to health care services is considered to be one of the cornerstones of the Icelandic health care system. This means that access to care must not be affected by age, gender, education, payment capacity, the nature of the disease or its duration. In order to control the allocation of resources we are examining some of the priority group models used in our neighbouring countries. Should such models be adopted in our country the following principles will, in my opinion, nevertheless have to be adhered to: the principle that all human beings are equally valuable and the principle that resources should be allocated to those fields, activities and individuals where the needs are greatest.

The Icelandic Government is not alone in dealing with the ethical implications that accompany allocation of scarce resources to health care services. Active cooperation is called for and exchange of information is necessary in order to best achieve the goal we all aim at, cutting health care expenditure as painlessly as possible and with as little reduction in services as possible. I believe that in this effort the World Health Organization could and should play a central role.

Dr NGEDUP (Bhutan):

Mr President, Director-General, distinguished delegates, ladies and gentlemen, it is a great privilege and honour for me to attend the Forty-seventh World Health Assembly. My delegation would like to express the confidence that under the wise and able stewardship of its President, this Assembly will come to a successful conclusion. We would also like to convey through the President our deep gratitude and

appreciation to the outgoing President and Vice-Presidents.
As a new dawn breaks over South Africa my delegation shares with this august Assembly the joy of welcoming the resumption of her membership and rightful role in the World Health Organization. We take this opportunity to wish the people of South Africa every success as they embark on a new era of freedom, equality, hope and shared prosperity.
In recent years the world has witnessed unprecedented political and socioeconomic changes - some beyond our farthest imagination. We have witnessed the shattering of ideological, historical and economic barriers, giving way to freedom, cooperation and integration. Equally sudden has been the manner in which new walls are being erected and divisive forces are becoming active. Civil strife is on the rise and . unconscionable acts of violence and cruelty are being inflicted upon innocent people, giving rise to untold human suffering. Even diseases once controlled are reemerging to challenge the efficacy of wonder drugs.
While medical science and technology have advanced to the level of robotic surgery, test-tube babies and mind-altering drugs, teeming millions are still craving for basic health care. I do not aim to sound

pessimistic but to remind ourselves of the challenges that still lie ahead and the need to strengthen our will to combat these and to rekindle the hopes of the sick, wounded and deprived. Since the beginning of time, humankind not only learnt to survive through their instincts alone, but evolved with ingenuity, resilience and creativity. However, it also meant "survival of the fittest".

As we near the end of this millennium and the biith of the twenty-first century, a world order based on open market economy is being established. While we view this trend positively, it is imperative to be wary of its impact on the weaker sections of our societies. Structural reforms undertaken by many less developed countries have led to a negative growth in expenditure on basic social services, with disturbing consequences on the health sector. Putting even a nominal price tag on basic services could sometimes take such services beyond the reach of certain sectors of our society. Any consideration in our drive towards health for all by the year 2000 must therefore take careful note of this reality.

Against this backdrop, my delegation welcomes and fully appreciates the numerous initiatives taken by the World Health Organization under the dynamic leadership of its Director-General, Dr Nakajima, to achieve our cherished goal of health for all by the year 2000. Indeed, this goal is merely an expression of our collective desire to fulfil one of the basic human rights of our peoples. In a world where rapid changes are taking place, we have always admired the dynamism With which WHO has been able to evolve its role in order to respond most effectively to changing needs and circumstances. We therefore welcome the establishment of a Global Policy Council under the chairmanship of the DirectopGeneral. This, we believe, will ensure the continued relevance and effectiveness of WHO. We are particularly gratified to note that the most needy countries are targeted to receive special considerations. In this context, recognizing the critical importance of appropriate technology and manpower capability within the health sector, the importance of technical cooperation among developing countries needs to be fully emphasized.

The concept of essential drugs and vaccines, as promoted by WHO, forms the basis for one of the main strategies of our primary health care programme. In Bhutan, we have developed a basic framework for the efficient and equitable supply of free drugs to all communities throughout the kingdom. The Royal Government is in the process of formulating the Medicines Act and establishing a Drug Control Administration Board to ensure the quality and control of sale of drugs by private dealers. In this context, we welcome the recommendations of the consultation on WHO ethical criteria for medicinal drug promotion. WHO may wish to consider translating some of these experiences into models that could be incorporated into national drug regulations.

On the question of communicable diseases, we have noted that several activities have been initiated under the auspices of the Global Programme on AIDS in the last few years. I am happy to inform you that the Medium-Term Plan I of the Bhutan National STD/AIDS Programme is being implemented successfully.

AIDS is a growing public health problem that threatens to undermine the health care services in many of the developing countries. Not only are hospitals in some of the less developed countries being overwhelmed by the burden of high and alarming proportions of AIDS patients, but the very process of socioeconomic development in these countries appears to be threatened and certainly impeded by this dis

ease. We
welcome the report on the actions taken to develop and establish a joint and cosponsored United Nations
Programme on HIV and AIDS. Given the urgency and the complex nature of this programme and in the
interest of avoiding duplication of efforts, my delegation would like to recommend that the programme be
administered by WHO.

Tuberculosis has become a global emergency. Not only in the developing countries, but even in the
highly industrialized countries, the disease is making a comeback. Serious and combined efforts are
required by all nations to combat this scourge. In this regard, we are pleased to note that the Executive
Board has approved the decision of the Director-General to establish a special account for tuberculosis
within the Voluntary Fund for Health Promotion.

Leprosy is also another major health problem. In this regard, the results of a vigorous effort, shown
in the progress report of the Director-General is very encouraging. We are happy to report that this
ailment, which is equally a social disease has been virtually eliminated in Bhutan.

May I now briefly touch on the central theme for this years Technical Discussions, "Community
action for health". The Alma-Ata Declaration clearly called for international commitment to community
action for health. However, the application and outcome in this respect has not been encouraging. The
increasing cost and the limited resources available to meet the growing demands for health care underscore
the need for a more effective application of community action for health, especially for the developing

countries. We are convinced that without the involVement of the community as partners in the health care system, the goal of health for all by the year 2000 is not attainable. Nor will the healt h care system in our countries be cost effective and sustainable. MoreOVer, with the onslaught of HIV/AIDS, th e active participation of the community in bringing about changes in behaviour cannot be overempha sized.

Bhutan stands fully committed to the concept of community action for health. Since the la te 1970s the Royal Government has followed a conscious and consistent policy of fully integrating active community participation in all aspects of socioeconomic development under the policy of decentraliz ation. Convinced that it is the villager who is most sensitive to the needs of the village and confident i n the collective genius and wisdom of the community to devise the most effective and sustainable strategies towar ds fulfilling those needs, our national five-year plans are always initiated at the grass-root level. Communi ty action for health in Bhutan is being promoted through village health workers, the programmes for rural wate r, sanitation and smokeless stoves and other health-related activities. In this regard, women are playing a n equally important role. I am confident that the outcome of the Technical Discussions will act as a catalyst to further strengthen community action for health and to achieve a more cost-effective, efficient an d sustainable health system within the Member countries.

WHO and its partners have achieved tremendous successes in combating major diseases in th e last few decades. Through their leadership and unflagging efforts, smallpox has disappeared fr om the face of the earth, and mortality from diarrhoeal and vaccine-preventable diseases have declined s ignificantly. Yet much more remains to be done. There are still many scourges such as AIDS and the appearan ce, of drug-resistant pathogens. We are confident that WHO, with the support of international, bilate ral, multilateral, and nongovernmental organizations and other agencies, Will continue to combat these healt h problems.

It would be remiss on my part if I were not to remember with gratitude and appreciation t he invaluable role of our former Regional Director, Dr U K0 K0, in strengthening the health services in our Region. Dr K0 K0 was particularly sensitive to small, landlocked countries like Bhutan. I n the same vein, we are happy to welcome our new Regional Director, Dr Uton Muchtar Rafei. I am confident that, with his intimate knowledge and experience of all the countries in our Region, he will guide t he South-East Asia Region towards achieving the goal of health for all by the year 2000. I would also like t o take this opportunity, Mr President, to convey the sincere gratitude of the Royal Government and th e people of Bhutan, to WHO, the international and other agencies, and donor countries, which all prov ide invaluable assistance for the enhancement of the quality of life of the people of Bhutan through bet ter health care.

The Acting President: :WJJI

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M. DABIRE (Burkina Faso) :

Monsieur le President de Seance, Mesdames et Messieurs les Ministres, Monsieur le Directe ur general de POMS, honorables delegues, Mesdames, Messieurs, le message que je vais lire ic

i, je 1e ferai au
nom des quelques pays africains qui ont ete amenes recemment a se reunir dans un cadre in formel pour
faire face a une situation nouvelle. Il siagit d,abord des quatorze pays de la zone franc africaine qui, suite
511a devaluation du franc CFA, se sont reunis a Abidjan pour definir et adopter des resol utions en matiere
de politique des medicaments. Cette initiative de la C6te dllvoire a permis diobtenir des resultats qui sont

all6s au-deli de nos espaances puisque nos recommandations viennent d,6tre adopt6es par quatre autres
pays pr6sents a la rencontre d Evian pour une concertation sur les mtadicaments. Cest don e an nom de
dix-sept pays africains, dappartenant pas 51 la zone geographique correspondant 51 1a R&gion africaine de
POMS, qui ont d&cid6 spontan6ment de se r6unir pour 6tudier en commun leurs problemes de sank? de
Pheure, que fai Phonneur de prendre la parole devant cette Assembl6e.
Auparavant, faimerais rappeler le nom de ces pays qui sont les suivants : R&publique du B(5.nin,
Comores, C6te dIvoire, Cameroun, Gabon, Congo, R&publique centrafricaine, Mali, S(Eneigal, Tchad, Niger,
Guinee 6quatoriale, Togo, Burkina Faso, Burundi et Madagascar. La plupart de ces pays appartiennent 51
des organismes ou programmes r6gionaux de sant6 publique, et sont donc habitue’:s 51 concevoir une
approche sous-reigionale des probliemes de santa Il shgit notamment de pays membres du programme de
lutte contre Ponchocercose en Afrique de POuest, de POrganisation de Coordination et de Coop6ration
pour la Lutte contre les Grandes End6mies en Afrique de POuest ou de POrganisation de Coordination
de la Lutte contre les End&mies en Afrique centrale. C,est done 91 la fois un honneur et un privikage pour
moi de prendre la parole au nom de tous ces pays pour vous faire part de nos prcioccupations en matiere
de sant6, et vous signaler quelques points sur lesquels la communaute’a internationale devra focaliser ses
efforts.
Mais avant cela, je voudrais saisir Poccasion qui mbst offerte pour adresser au Preisident, au nom
de tous mes colliegues ministres de la santi: et en mon nom personnel, mes vives Elicitations pour sa
brillante 6lection 511a pr6sidence de la Quarante-Septi&me Assemblcie mondiale de la Sant6. J hssocie tout
naturellement 51 ces f6licitations les Vice-Pr6sidents qui ont Phonneur de le seconder dans Paccomph’ssement
de sa mission.
Je voudrais (Egalement saluer la d6l6gation de la Reipublique d Afrique du Sud qui, apr&s trente
aunties dhbsence, vient de retrouver sa place an sein de notre Assemblcae. Sa pr6sence au j ourd hui 51 cette
session est le symbole de la victoire de toute la communaut6 internationale sur Podieux systEme de
Papartheid. Oest &galement Poccasion pour nous de regretter tres fortement la situation qui S&vit
pr6sentement au Rwanda et au Burundi. Uensemble de la communautci internationale est interpelke pour
faire cesser les massacres qui d(aciment ces peuples et apporter toute Paide n6cessaire a Pamaioration de
la situation sociale et sanitaire des populations rwandaises et burundaises.
Le monde en g6n6ral et PAfrique en particuh’er sont aujourdhui confrontcas 21 une crise de la saute?
dune ampleur sans preceident caracteirisc-Ee par: premibrement, la re’:surgence de maladies comme 1e
paludisme, la trypanosomiase et meme la tuberculose que Pon croyait (Eradiquee dans les pays d6velopp6s;
deuxickmement, la daaioration croissante des infrastructures de santc5. et la dcigradation des prestations de
soins dues 51 la baisse des budgets de same? at a la peinurie des medicaments; troisiEmement, Papparition
et Paugmentation rapide des cas de SIDA dont les cons6quences socio-6conomiques sont particuliErement
graves pour le continent africain. Cette crise de la santts, se trouve aggravc$e notamment par la persistance
de la reicession 6conomique mondiale qui inhibe les efforts entrepris par nos gouvernements pour
transformer radicalement la situation sanitaire dans nos pays respectifs.
La plupart des d616gu(2s 51 la pr6sente session se souviennent des efforts importants d(s

ploy6s par nos
Etats pour renforcer les soins de santii primaires dams nos pays grace a la mise en oeuvr e de strat6gies
fondeies principalement sur la d6centralisation des services de sant6, la participation c ommunautaire i1 tout
le processus gestionnaire et au financement des services de sant6, et Paccessibilit6 g6og raphique et
financi&re des m6dicaments.
Cest dans ce contexte marque? par la volonte’: et la deicision politique de nos gouvememe nts
dhmfeliorer la situation sanitaire de nos pays qwest intervenu 1e r&ajustement de la pari tc’a de notre monnaie
commune vis-zi-vis du franc frangais, je veux parler de la d6valuation du franc CFA dtici dcie 1e
12 janvier 1994 5 Dakar, dont Pune des consciquences imme’3diates est la d&gradation enco re plus grande
de la santie dans nos pays. Cette d6gradation est essentiellement marqu&e par le renchfer issement des prix
des m&dicaments, notamment des sp(3.cia1ite’:s pharmaceutiques, le prix des (iquipements et la marginalisation
plus marqufw des couches sociales les plus d6favoris6es et les plus vulnfarables. Malgrt’ : Fengagement de
leurs partenaires au d&veloppement 51 mettre en place des mesures dhccompagnement pour at t6nuer les
effets sociaux de la daaluation, ces pays africains auroht du mal $1 maintenir une access ibiljte’: satisfaisante
des populations d6munies aux soins de same
Le droit 51 la sant& et Pobjectif 6galitaire de la smug, pour tous exigent des efforts so utenus de nos
pays dans le cadre dhne coop6ration internationale. Notre coop6ration technique avec POMS nous est dim

grand profit. Elle nous a permis de consolider nos programmes optErationnels en faveur de s r6gions
p(iriphe'n-iques et des populations a ham risque que sont les enfants, les femmes enceint es et allaitantes et
les personnes 3g&es.
A situation nouvelle, politique nouvelle : POrganisation des Nations Unies en g&n($ral et POrganisation mondiale de la Santcs, en particulier ont su aborder, et a temps, le virage n6cessaire pour
s,adapter aux changements mondiaux. Le rapport du Directeur g6nciral sur les mesures d(5. j?1 prises et 51
prendre nous donne des raisons d1esp6rer en ce qui concerne Pefficacit6 et Pefficience fu tures de notre
Organisation dans Paccomplissement de sa mission. 11 convient ici d1adresser nos faicitat ions '21 M. le
Directeur ganiral de POMS pour la qualit& remarquable du rapport d,activitc5. qu1il nous pr6sent&.
11 me plait, du haut de cette tribune, de saluer Faction de la communaut6 internationals qui s1est
investie dans le d6veloppement de PAfrique, tout en Pinvitant f1 poursuivre ses efforts p lus encore que par
le passa pour permettre 51 ce continent confronte': a de nombreux diafis de les surmonter pour le bien-etre
de nos pOpulations. Le dt$veloppement et la mise en oeuvre de la coop6ration technique en tre pays en
dc$veloppement (CTPD) dans le secteur de la sanns, constituent en cela une prioritt5, pou r nos pays africains,
surtout en ce qui concerne la production, l,importation et la distribution de m6dicaments essentiels dans
ce nouveau contexte de deivaluation du franc CFA. Pour y arriver, nous devons surmonter l es obstacles 1i6s
21 la circulation de Pinformation entre les pays et surtout au manque de sensibilisation des pays aux
possibiljt6s qubffre la CI'PD pour le d6veloppement de la sant6.
Mais la recherche de solutions pour sortir de la crise socio-sanitaire et economique doit atre avant
tout Paffaire des communautfas. C,est pourquoi je salue le choix du theme des discussions techniques de la
pr&sente Assembkeew "Uaction communautaire en faveur de la sante':".
Nos diffcirentes politiques nationales de sante'g qui placent les communauttas au centre de leur
d(eveloppement sanitaire, ont permis une plus grande participation des populations aux pr ises de d6cision
at 5 la gestibn des structures et des programmes de santcs, 51 travers les organisations de sant6
communautaires. AprEs Pvitape de la participation financiEre des populations aux frais de consultation, les
activit6s seront (alargies 51 la strat6gie de renforcement des soins de sant6 primaires $ 1 travers le
recouvrement du com des meidicaments essentiels rendus disponibles dans les structures de saute et donc
plus accessibles aux populations. Ainsi semblent se d(Egager des axes de r&flexion de m6m e que les moyens
5 mettre en oeuvre pour le finahcement du syst&me de sant6. Les Etats fournissent un appu i non
ncigligeable a Faction communautaire en faveur de la sant6 en participant a la formation des membres des
communauta de base, en augmentant le budget consacw aux meidicaments et en dotant les dis tricts
sanitaires de cr6dits nouveaux pour la maintenance des infrastructures et la formation co ntinue des agents
de santa
Je f6Hcite le Conseil emcutif pour le choix judicieux des programmes contenus dans le rap port du
Directeur g9n&ral, et qui feront l'objet de r&solutions. En outre, la mise en oeuvre des r6solutions sur
P61imination du teitanos et la lutte contre la rougeole, PtEradication de la dracunculose , P&limination de la
lizpre en tant que probleme de santcs. publique, la lutte contre Ponchocercose par la dis tribution
d1ivermectine,la mise en oeuvre de ces r&solutions, dis-je, permettra, fen suis persuadci

, de faire un grand
pas vers Pobjectif de la santcE pour tous. Les nEsultats obtenus par le programme de lutte contre
Ponchocercose en Afrique de POuest sont Paboutissement d1une cooptEration sous-rcEgionale et
internationale qui doit servir d1exemple dans le futur. La r6union ministfzrielle sur le peuplement et le
d&veloppement durable des zones libtircies par Ponchocercose, tenue 51 Paris les 12, 13 et 14 avril 1994,
illustre le fait que la santcs, au-deli du bien-etre physique et mental est 6galement 1e fondement mane de
Pactivite’: (aconomique.
Lhmeilioration de la sanw peut ainsi contribuer effectivement 5 la croissance 6conomique en
permettant d1exploiter des ressources naturelles qui, situees dans des zones infecwes de vecteurs d’agents
pathogEnes, Etaient totalement ou largement inaccessibles; elle libere a d1autres fins les ressources qui
auraient pu servir a soigner les malades. Selon le rapport de la Banque mondiale sur le d6veloppement dans
le monde 1993, les retomb6es 9conomiques de Pamajoration de la sante’: sont particuliarement importantes
dans les couches pauvres de la population, habituellement plus sujettes que les autres 21 la maladie et qui
. ont plus a gagner a mettre en valeur des ressources naturelles insuffisamment exploite’:es. Ainsi, lutter contre
la pauvret6, dest ($galement lutter pour la promotion de la santi car la relation 6troite entre le
deiveloppement 6conoquue et la sant6, notamment celle des pays les plus vuln6rables, est un enjeu central
qui, rappelons-le, est la base du Sommet mondial pour le daeloppement social pr6vu a Copenhague en

mars 1995. DOMS a le devoir d,inviter les Etats Membres a consid&rer la sant& comme indic ateur et partie
integrante de leur daeloppement 6conomique, suite au rapport de la r6union du groupe spac ial
pluridisciplinaire de POMS qui s9est tenue a la Carnegie Corporation, 51 New York (Etats- Unis
d9Am&rique), du 7 an 9 d6cembre 1993.
J 6 terminerai mon propos en parlant d'ahique et de sant6 dans le cadre de Papprovisionne ment en
mtidicaments. Comme relates, au d&but de mon exposfz, les pays africains de la zone franc connaissent depuis
quatre mois un problems d9accessibilit6 financiEre de leurs populations 21 des produits p harmaceutiques
devenus trop coateux a cause de la deivaluation du franc CFA. Une des voies que nous expl orons pour
mettre les m6dicaments a la portcie de nos populations est Pacquisition de produits g6m'a riques et de
spc5,cialit(5,s pharmaceutiques en conditionnement hospitalier. Nous devons atre tries vi gilants et exigeants
pour la qualite': des produits g(in6riques qui sont distribucis dans les pays en de'welop pement; ces produits
doivent 6tre utilisfes par les pays exportateurs et aussi avoir la certification de POMS. Lyadoption du projet
de r&solution, par la pr6sente Assemb1&e, sur la r&vision et Pamendement des bonnes prati ques de
fabrication de produits pharmaceutiques de POMS, nous permettra, fen suis persuadci de fa ciljter et de
rendre 1e commerce international des produits pharmaceutiques plus sflr.
Les Gouvernernents des pays africains membres de la zone franc, du Burundi et de Madagasc ar
rciiterent leur gratitude 51 la communautE: internationale et expriment le souhait que le s conclusions de nos
assises contribueront de fagon d6terminante E1 1a sensibijisation des populations, des or ganisations
gouvernementales et non gouvernementales, et des institutions internationales pour que la saute? occupe
la place qui lui revient dans le processus de d6veloppement socio-6conomique.
The Acting President: :WfsJJl
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El Dr. SAMAYOA (Honduras):
Sel'10r Presidente: Lo felicitamos por la honrosa eleccidn de que ha sido objeto. Como re gidn
centroamericana que duranfe muchos aims tuvo enfrentamientos armados ve'nimos a esta magn a 47. Asam-
blea Mundial de la Salud a presentar nuestras inquietudes, realidades y planteamientos, c onsiderando a la
salud como prioridad dentro de los problemas del mundo y en particular de Centroamaica, s iendo el agua
y el medio ambiente nflmero uno para nuestro desarrollo agricola, industrial y de la salu d a travcis de su
conservacidn, uso y tratamiento.
Hoy, cuando la lucha armada ha casi desaparecido en nuestros paises, el reto es lograr la paz social
y la salud, como su pilar fundamental, para beneficio de los grupos mas vulnerables. No h ay justicia sin
equidad de salud y 3610 las nuevas dolencias de la humanidad y las presiones que 6stas ej ercen en todos
los paises desarrollados y subdesarrollados nos hacen reflexionar en que se pueden desbor dar los sistemas
mejor organizados ante patologias como el SIDA, que actualmente nos hace sentir impotente s. Debemos
orientar nuestro plan de prevencidn en un enfoque multisectorial definido en tres grandes objetivos:
1) prevenir la transmisidn del VIH; 2) reducir e1 impacto por VIH y SIDA en el individuo,

grupos y
sociedad; y 3) movilizar y unificar esfuerzos y recursos nacionales e internacionales para la lucha contra
esta epidemia. De esta manera se han desarrollado campaflas para interrumpir la transmisi6n sexual del
VIH en Centroam6rica: promoviendo el desarrollo de una sexualidad responsable en adolescentes y

modificando los comportamientos en los grupos con conducta de riesgo; educando a la poblacion a travos de los medics masivos de comunicacion; promoviendo el apoyo de la comunidad organizada; y mejorando 61 control de las enfermedades de transmision sexual, para interrumpir la transmision perinatal evitando la infeccion en mujeres en edad fortil y los embarazos en las infectadas.

Los gobiernos de Centroam6rica estamos sumamenfe preocupados por el incremento del nflmero de casos infectados por VIH/SIDA. Nuestros principales objetivos son impedir la transmisic'm, reducir el impacto y movilizar a los paises centroarnericanos en su conjunto para hacerle frente a este grave proble-ma. Necesitamos fortalecer los procesos educativos, controlar las enfermedades de transmision sexual, mejorar la participacion comunitaria, gestionar las acciones en bloque de las iglesias y reduci: el impacto de la enfermedad y la infeccion; hacemos un llamado a la solidaridad internacional para seguir cooperando con nosotros y ayudarnos a enfrentar esta grave crisis.

El colera ha hecho de nuestra region una Victima mas del continente y nos hace recordar que la educacion y la salud son dos sectores sociales que no deben separarse; y no se deben escatimar esfuerzos en campaflas educativas frecuentes, intensas, focaljzadas para combatir y superar los fuertes aspectos culturales, de lenguaje y las dificultades geograificas 0 de comunicacidn que hacen de los brotes del colera una constante amenaza mortal. No podemos mas que decir que el colera solo se cura teniendo agua segura. Algunos hermanos del area, como Costa Rica y Panama, tienen resultados alentadores y gratifican-tes en su campafla de mejorar el agua para sus conciudadanos, pero aim asi el colera esta amenazante. La falta de agua segura, la escasa letrinizacion y una deficiente educacion nos hacen un blanco propicio para este flagelo de la humanidad. Los apoyos financiero y tocnico de la OPS/OMS son y semi factores determinantes en la lucha contra estas enfermedades del subdesarrollo como el Colera.

La Iniciativa de Salud para Centroameirica ha hecho reunirnos y estrechar mas nuestros lazos de hermandad, resolviendo muchos conflictos, conviniondonos en un ejemplo para la comunidad mundial. En salud 1a RESSCA (Reuniones del Sector Salud de Centro Am6rica) ha organizado varias campaflas simultaineas contra enfermedades inmunoprevenibles como son 13. poliomielitis, e1 sarampion, 1a difteria, el t(atanos, 1a tuberculosis, y sobre la dotacion de micronutrientes como la Vitamina A. Hemos empezado a ver resultados significativoscn la erradicacion de la poliomielitis, confirmzindose, a trav6s de la certifica-cio'n de OPS, y mils recientemente en Honduras, que no existe poliomielitis desde hace cuatro aflos. Lo anterior es simplemente la consecuencia de una cobertura de vacunacion en m&s del 90% en el territorio centroamericano.

La nif1ez es un objetivo primordial, y asi como estamos combatiendo las enfermedades inmunopreve-nibles damos seguimiento a lo estatuido en la Conferencia Internacional sobre Nutricion que senala los compromisos basicos que deberan cumplir los Estados para combatir el hambre y las muertes por hambre, la inanicion y las enfermedades por carencias nutricionales y las deficiencias especificas de yodo, hierro y vitamina A. Las politicas de seguridad alimentaria de nuestros paises deben reorientar geografica, tocnica y financieramente los programas de asistencia alimentaria, principalmente en 61 area maternoinfantil, considerando la extrema pobreza como el indicador fundamental para tratar la marginalidad y las carencias

de los grupos mzis vulnerables. For 10 tanto, en el gasto social reorientado se plantea la necesidad de visualizar el agua como elemento integrador de la produccion de alimentos, del desarrollo agroindustrial y de garantia en gran medida de la inocuidad de los alimentos para que en una aproximacion sucesiva se alcance un saneamiento adecuado que contribuya a la salud de la poblacion.

En referencia a la lactancia materna, en la Declaracidn de Inocenti se insta a los gobiernos a promover la lactancia natural en todas las mujeres, y lograr adhesion y apoyo a la movilizacion social de todos los sectores. Deben constituirse organizaciones privadas de desarrollo ligadas a la promocidn de la lactancia natural que aboguen por que no se consuman productos industriales que van en detrimento de la lactancia natural. Sin embargo, estas acciones han tenido un bajo nivel de impacto y muy bajas cobertu-
ras geograficopoblacionales.

En los paises en desarrollo, la tuberculosis alin es de alta prevalencia; 6sta debe considerarse como problema prioritario y explicitarse en las politicas nacionales de salud. Se deben continuar las actividades de evaluacion subregionales y regionales e introducir en ellas el componente de discusion y eleccion de estrategias para el control de la tuberculosis. Debe darse apoyo tocnico y financiero a las investigaciones en tuberculosis identificadas como necesarias por cada pais.

La racionaljzacion del uso de los medicamentos tiene una dependencia directa de la promocion que de ellos se realiza, y los criterios (aticos que deben enmarcar esta promocion son una responsabih’dad no

5610 de los ministerios de salud pflblica sino tambi6n de la industria farmactEutica, de los prescriptores,
dispensadores y de los consumidores. Ante esta problematica coml'm en los paises de Centr oama'ica, se
est6 trabajando conjuntamente para adoptar formalmente los criterios (-Eticos de la OMS y realizar investi-
gaciones que permitan valorar con mayor precisidn la situacidn existente.
En el marco del programa de modemizacidn de los sistemas de salud de Centroam6rica se def ine la
necesidad de coordinar la cooperacidn externa, brindindole a1 nivel local 1m rol protagdn ico en la defini-
ci6n de necesidades de esa cooperaci6n. En ese sentido, es pertinente que las directrices y recomendacio-
nes sobre cooperaci6n t6cnica entre los paises en desarrollo (CI'PD) surjan desde ese niv el y se consoliden
a un nivel central institucional para su debido seguimientb por la instancia atinente. En cada continente
deberia establecerse un mecanismo internacional de apoyo y seguimiento a las necesidades de CTPD, tal
cual son las reuniones de ministros y cumbres de presidentes; podria ser una funcidn espe cijiica de una
subsecretaria, direccidn general 11 oficina de relaciones internacionales de cada pais, p ara presentar los
resultados de las evaluaciones periddicas de la CFPD. La agilizacidn de fondos de organis mos internacio-
nales destinados a la CI'PD es un factor clave para la movilizaci6n de recursos humanos q ue tengan la
capacidad demostrada para ofrecer asistencia tt$cnica. Muchas gracias.
El Dr. MAZZA (Argentina): -
Sefaor Presidente, selior Director General7 distinguidos delegados: Permitame felicitarle , seflor
Presidente, con motivo de su eleccidn y por sus palabras de apertura. Tambicin felicito a l sef10r Director
General, Dr. Nakajima, por su gestidn a1 frente de la OMS y por haber iniciado y puesto e n marcha e1
proceso de reforma que consideramos necesaria para superar con eficiencia los problemas p rioritarios que
afectan negativamente el nivel de calidad de Vida y salud de la poblacidn. En este sentid o, queremos
destacar del informe del Director General que los cambios propuestas no son una mera refo rma estructu-
ral, sino ademas una profunda reorientacidn programdtica.
Con satisfaccidn hemos escuchado la enumeracidn de actividades propuestas por el Director General
con el fin de avanzar en forma positiva, dando respuesta a los constantes desafios que af ronta el sector.
Tambitin queremos expresar en esta oportum'dad la satisfacci6n del pueblo y Gobierno arge ntinos
ante la incorporacidn plena de la Repliblica de Sudafrica a la Organizacidn Mundial de la Salud, muestra
evidente del constante avance de la democracia en nuestros paises.
E1 creciente aumento demogr6fico, el envejecimiento de la poblacidn, la concentracidn urb ana, la
desocupacidn y la pobreza en algunas regiones del mundo, asi como en algunas de ellas la reaparici6n del
cdlera 0 de la difteria y el incremento de la tuberculosis en muchas de ellas, entre otra s patologias y
realidades sanitarias, exigen un urgente replanteo de los sistemas de salud.
El avance del SIDA, que supera las fronteras de cada pais para transformarse en un proble ma
mundial de gran repercusidn sociocultural y efectos negatiyos para el desarrollo econdmic o y social, merece
un tratamiento especifico. Frente a este flagelo resulta de fundamental importancia mejor ar la articulaci6n
y complementacicin entre los paises.
Debemos concentrar todos nuestros esfuerzos para combatir e1 SIDA y sus consecuencias, y por e110
nuestro pais apoya firmemente la idea de promover un programa de nivel mundial orientado por la OMS,
que coordine el uso racional de los recursos provenientes de organismos internacionales,

organizaciones
no gubemamentales e instituciones colaboradoras, sin que ello limite la posibilidad de los paises de imple-
mentar y desarrollar sus propios programas nacionales.
Otro problema que queremos destacar es el aumento de la violencia social en el mundo y sus graves
consecuencias con efecto multiplicador sobre la morbimortalidad, que agravan al'm mas los serios proble-
mas sanitarios existentes. E1 af10 pasado, en este mismo foro, sef1al6bamosla necesidad de actuar ripida-
mente contra dicho peligro y destacabamos la necesidad de una acci6n conjunta con el objetivo de dismi-
nuir todo tipo de violencia proponiendo la participacidn activa de la Organizacidn como instrumento
estratc$gico y movih'zador.
La Argentina ofrece la posibilidad de concretar acciones de cooperacidn t6cnica internacional con
' e1 fin de contribuir, dentro de nuestras posibilidades, a alcanzar la ambiciosa meta social de salud para
todos en el menor tiempo posible y al menor costo econdmico y social, en el marco de las politicas
sustantivas e instrumentales de salud, aprobadas por primera vez en la Repliblica Argentina hace dos aflos
por decreto del poder ejecutivo nacional.

El sailor Presidente de la nacion, Dr. Carlos Salil Menem, ha propuesto la creacion de un cuerpo
internacional de lucha contra el hambre, que denominamos ((cascos blancosm que estaria de stinado no
solamente a combatir e1 hambre sino tambion a contribuir al desarrollo social y al mejora miento del estado
sanitario.
Basados fundamentalmente en la posibih'dad que ofrece el momento historico que esta vivie ndo la
Argentina, con plena vigencia de las libertades individuales e institucionales, con una d emocracia participa-
tiva y pluralista y con estabih'dad economica, entre otros hechos significativos, hemos c ontinuado avanzan-
do internamente en la transformacion del rol del sector de la salud en el Estado modemo, colocando a1
hombre argentino y a su famih'a como eje, objeto y sujeto de la accidn del Gobierno, que esta comprometi-
do en alcanzar en el menor tiempo posible esa ambiciosa meta social de la salud para todo s.
Tambion en busca de la equidad, hemos intensificado la accidn sanitaria destinada a dismi nuir los
riesgos evitables de enfermar y morir, privilegiando actividades de promocion y proteccio n de la salud y
prevencion de la enfermedad, como un modo de corregir muchos de los grandes problemas de salud,
olvidados en nuestros paises. ,
Hemos hecho mucho hasta la fecha pero todavia falta un largo camino por recorrer y estamo s
seguros de poder concretarlo gracias a1 continuo y permanente estimulo y apoyo que nos br indan, tanto 1a
Organizacion Mundial de la Salud como la Organizacion Panamericana de la Salud y otras en tidades
internacionales.
Todo sistema de salud debe estar a1 servicio del hombre, y en tal sentido la tecnologia d ebe ponerse
tambion a1 servicio del hombre. Por consiguiente, los sistemas deben adecuarse primariame nte a este
principio.
No cabe duda de que debemos congratularnos por todos los beneficios que reporta para las ciencias
modicas el avance tecnologico, pero tampoco existen dudas en la responsabilidad que debem os tener en
la incorporacidn racional de la tecnologia, de acuerdo con las necesidades y posibilidade s del medio y,
fundamentalmente, con la implementacion y desarrollo de la tecnologia apropiada en la org anizacion de
los sistemas de salud.
Un paso importante en nuestro pais ha sido la creacion de la Comision Nacional de Biootic a,
integrada en forma interdisciplinaria y multidisciplinaria por funcionarios del Ministeri o de Salud, y por
representantes de la Corte Suprema de Justicia de la nacidn, de las comisiones de salud d el Congreso
Nacional, de la Academia Nacional de Medicina, de la Asociacic'm de Facultades de Medicin a de la
Confederacion M(adica de la Repliblica Argentina, y destacados especialistas y expertos e n la materia, entre
otros. .
Una de las primeras actividades desarrolladas fue la creacion y reglamentacion del funcio namiento
de los comitos hospitalarios de otica modica, que han sido incorporados a1 programa nacio nal de garantia
de calidad de la atencion modica, uno de los principales instrumentos implementados con e l fin de mejorar,
con una vision sist6mica, los distintos aspectos que interactflan en el cuidado de la sal ud de la poblacion,
que existe en nuestro pais y cuyo marco normative regula no solamente a las entidades pre stadoras, sino
tambie'm a las financiadoras de la atencion medica, incluido el subsistema de la segurida d social.

Hemos desarrollado el modelo del hospital pliblico de autogestion, con el fin de recupera r para el
hospital 61 prestigio institucional perdido como resultado de largos afxos de politicas e rraticas.
E1 hospital pflblico de autogestidn tiene, como objetivos fundamentales, mejorar la efici encia y
calidad del proceso tecnicoadministrativo de gestion institucional, ampliar la accesibih’ dad y extension de
cobertura de atencidn m6dica a la poblacion y aumentar significativamente sus aportes fin ancieros median-
te la efectiva descentralizacion, la programacion local, la participacion social y la art iculacion y complemen-
tacion con otros servicios pliblicos y/o privados, y el pago obligatorio y automitico por parte del sistema
de seguridad social, en nuestro pais ((obras socialew), cuyos beneficiaries utilicen libr emente los servicios
del hospital. Esta misma obligatoriedad de page 56 extiende a los sistemas privados de co bertura m6dica.
Este pago obligatorio y automatico tiende a lograr una mayor solidaridad en el sistema, a 1 generar el pago
de las prestaciones de los que tienen algfm tipo de cobertura, en beneficio de la poblaci on sin otra
cobertura. De este modo, mediante una estrategia solidaria pretendemos mejorar la equidad , la accesibilj-
dad y fundamentalmente la universah’dad de los sistemas de servicios de salud de nuestro pais.
De este modo, e1 hospital pflblico de autogestion se transforma en un elemento altamente calificado
y eficiente, que tiene en sus areas programaticas y en la atencidn primaria de salud la p uerta de entrada
a un sistema de servicios de salud mas complejo, organizado por niveles de complejidad cr eciente.

Otro aspecto importante de destacar es la necesidad de realizar un amilisis profundo de a lgunos
avances cientificos y tecnoldgicos que, por los problemas 6ticos, morales y legales que g eneran, exigen por
sus consecuencias, no siempre esperadas, controles y cierto grado de limitaciones por par te de la autoridad
sanitaria de aplicacidn.
En tal sentido, estamos convencidos de la necesidad de recuperar en todos sus aspectos la responsa-
bilidad ineludible de todos y cada uno de los integrantes del equipo de salud, y en todos y en cada uno de
los niveles de la organizacidn sanitaria, el respeto a las pautas y valores culturales de la sociedad y las
normas morales, 6.!icas y legales vinculadas con el ejercicio profesional.
En definitiva, basados en las orientaciones programaticas y estratcigicas promovidas por la OMS y la
OPS, hemos iniciado una larga etapa de profundas transformaciones del sector de la salud en nuestro pais,
que tienen a1 hombre como eje de la accidn sanitaria y a la salud de la comunidad en su c onjunto como
la imagen objetivo deseada en el marco de la justicia social.
Por ello, felicitamos muy especialmente a1 seflor Director General, a los cuerpos directi ves y a la
Secretaria, por promover la discusi6n sobre la 6tica en el campo de la formacic’m, organi zacidn y adminis-
tracidn de servicios de salud, solicitando orientar en el futuro las investigaciones, con el fin de aportar
nuevas ideas y propuestas orientadas a mejorar la equidad y la eficiencia en los sistemas de salud de todos
los paises del mundo.
Le Professeur FOFANA (Guinea) :
Monsieur 1e Pr6sident, Messieurs les Vice-Pmsidents, Monsieur 1e Directeur g&m%ral, honor ables
deil6gu(%s, Mesdames et Messieurs, la d6Egation guin6enne voudrait apporter sa modeste co ntribution aux
travaux de la Quarante-Septiieme Assembl6e mondiale de la Sante’: qui se tient 51 um mome nt
particuliEarement difficile, marqu6 par une conjoncture (economique d6favorable et par di vers confh’ts qui
aggravent la situation socio-sanitaire d153j5 pnicaire des pays en voie de d6veloppement, notamment ceux
de la Roygion africaine. De meme, la solidaritti internationale a tendance 51 d(icliner v is-ii-vis des pays
africains E1 un moment oh ceux-ci sont rendus vulncErables par les mesures dyajustement s tructurel et les
troubles sociaux engendres par le processus de d6mocratisation. Ma da6gation constate n6a nmoins que ces
diff6rents aspects de la crise socio-L5,conomique mondiale ont (WE pris en compte dans le s rapports du
Conseil exc’acutif et du Directeur g6n6ral.
Face au budget ordinaire 21 croissance 2&0 et 51 1a persistance de compressions budgcitai res, le
Directeur g6n63ral de POMS devrait continuer 51 rechercher les moyens susceptibles de per mettre 51 notre
Organisation de mener correctement les activiws prioritaires. Cet aspect devrait 6tre pri s en compte dans
la restructuration de POMS qui doit renforcer "son r616 d,autorit6 directrice et coordina trice" des activit6s
de sante’: en vue "d,amener tous les peuples au niveau de sant& le plus 616% possible". L yOMS devrait
&galement reprendre son r616 de "leadership" sur 16 plan technique en matiEre de santa
Ma d&lc5,gation appuie fermement les recommandations du Conseil excicutif relatives 51 P& laboration
et a Paablissement du programme commun coparraimE des Nations Unies sur le VIH/SIDA basy 51 POMS
et administrci par elle. En effet, une coordination efficace de toutes les ressources dis ponibles est
primordiale pour accaeirer les activite’:s de recherche et de lutte contre le VIH et le S IDA, pand6mie qui
ne cesse de progresser en Afrique au sud du Sahara. La Guin6e compte 1111 total cumul6, d

e 1987 au
premier trimestre dc 1994, de 1147 cas de SIDA confirmcis, dont 3O % de femmes et 25 % dy enfants. La
mise en oeuvre du programme $1 moyen terme de lutte contre le SIDA et les maladies sexuel lement
transmissibles se poursuit convenablement malgr6 quelques difficult6s de financement des activiteis sur le
terrain. Le prochain programme coparraimi, de lutte contre le VIH/SIDA devra davantage me ttre Paccent
sur la recherche dyun vaccin efficace contre le VIH. La recrudescence inquifztante de la tuberculose face
51 la pand6mie de SIDA n6cessite Papplication de la nouvelle initiative de POMS avec Pado ption de
nouvelles lignes directrices pour la lutte antituberculeuse. Mon d&partement poursuit la mise en oeuvre du
programme national de lutte contre la tuberculose en l,inuagrant progressivement aux acti vit6s de lutte
contre la I&pre et aux soins de santc': primaires.
En ce qui concerne la nutrition chez le nourrisson et le jeune enfant, ma d6k$gation appu ie la
r&solution r&affirmant la sup6riorit6 du lait maternal en tant que norme biologique pour Palimentation du
nourrisson. Le Ministere de la Santci publique et des Affaires sociales est en train de f inaliser 1e document
relatif :31 la politique nationale et au plan dyaction en matiE:re de nutrition. UAssocia tion des Femmes pour

la Promotion de PAllaitement maternel et la Nutrition infantile, organisation non gouvernementale
nationale (ONG), meme d6j51 des activiu’as de soutien 51 Pallaitement maternal et PUNICEF encourage la
cr6ation d1h6pitaux "amis des b6b6s".
La c6l6bration du vingtieme anniversaire du programme de lutte contre Ponchocercose me donne
Poccasion non seulement de f6liciter le Directeur de ce programme pour sa bonne gestion et son efficacit6,
mais aussi de remercier tous les donateurs et organismes parrainants pour leur contribution au succias de
la lutte contre la c6cit6 des rivieres en Afrique de POuest. En effet, la Guin6e qui a adh6r6 au programme
de lutte contre Ponchocercose en 1987 enregistre de treks bons r6sultats grace :31 la lutte antivectorielle et
au traitement 51 Pivermectine. La distribution communautaire de Pivermectine est faciljt6e par son
int6’3gration au niveau des centres de sant6 et la collaboration avec des organisations non gouvernementales.
La sant6 maternelle et infantile est le volet fondamental du programme national de soins de sant6
primaires. La derniere 6valuation de la couverture vaccinale en 1993 donne pour le BCG 76 %, 1e DTC
et le vaccin antipoliomyc’alitique (trois doses chacun) 55 %, le vaccin antirougeoleux 57 % et le vaccin
antitetanique des femmes 61 %. La mortalite’: maternalle reste neanmoins tries 6levc’ee et dest pourquoi le
d6partement met tout en oeuvre pour rendre op6rationnel son projet de maternit6 sans risque avec
Passistance de POMS. Ma d6l6gation soutient 1e programme de lutte contre les pratiques traditionnelles
n6fastes aux femmes et collabore (etroitement avec YONG nationale d6nomm6e "Cellule de coordination
sur les pratiques traditionnelles affectant les femmes et les enfants". Cette ONG mane dintenses activite’:s
de sensibih’sation sur le terrain et, sous la conduite de la Premiekre Dame de la R6pubh’que, a brillamment
participe’: a la quatrieme conf6rence r6gionale du Comit6 interafricain en avril 1994 i1 Addis-Abeba.
Dans la conjoncture actuelle de crise (aconomique manifeste, POMS devrait veiller 51 assurer aux pays
de la R6gion africaine PacetEs aux m6dicaments essentiels, en favorisant Pacquisition de formes g6n6riques
et la mise en place concomitante de moyens simples de contr6le de la qualite’s. Je voudrais remercier le
programme d1action pour les m6dicaments essentiels qui soutient depuis 1986 le programme de
m6dicaments essentiels de notre pays, base fondamentale du recouvrement des coats dans nos formations
sanitaires.
L’OMS devrait aider les pays africains 51 mettre en place des programmes et plans de pr6paration
aux secours d1urgence dans un contexte de guerre civile, de calamitcis naturelles et d,6pid6mies. Il convient
de signaler que l’epid6mie de m6ningite qui avait ms, rapidement contrOlee en 1993 connait encore une
flamb6e cette annfae dans les pr6fectures de la Haute-Guin6e et neicessite Passistance internationale.
Par ailleurs, mon Gouvernement soutient fermement toutes les initiatives de r&tablissement d1une
paix durable au LibeEria et souhaite le retour dans la quifetude des nombreux r&fugic’as libfbriens actuellement
en Guin6e.
Ma d6l6gation f61icite le Conseil ex6cutif qui a examin6 de fagon approfondie le neuviEme
programme gianeiral de travail pour une p6riode d6termin6e (1996-2001), et appuie la r6solution y aff6rente
qui met Paccent sur la poursuite du r616 directeur de POMS pour ce qui est de Faction internationale de
sant6 au XXIe siecle dans un contexte d1adaptation aux changements mondiaux en vue dhtteindre des cibles

fix6es de fagon r6aliste.
Conform6ment 51 la recommandation des Ministres africains de la Sant6 51 la quarante-troisieme
session du Comit6 regional pour PAfrique ii Gaborone en septembre 1993, POMS doit assurer le suivi de
Pappel en faveur d1un nouveau partenariat international afin de susciter un accroissement des
investissements concernant les syst6mes dhpprovisionnement en eau et dhssainissement en Afrique. Le
th&me des discussions techniques est trias important pour la Guinfze, car Faction communautaire en faveur
de la sant6 fait partie int6grante de la strateigie nationale de soins de santci primaires.
Monsieur le Pr6sident, le financement des activit6s est une condition indispensable 51 la r6ussite des
programmes nationaux de sant6. Le Directeur g6n6ral devrait mettre en place davantage de m6canismes
appropri6s susceptibles de mobiliser des ressources financkEres suffisantes en faveur de la santei, surtout
dans les Etats Membres les plus d6munis. Cest pourquoi je souhaite que POMS redynamise son
programme de coop6ration intensifi6e avec la Guineie.
Ma d6l6gation souhaite que les travaux de la Quarante-SeptiEme Assemblt’ae mondiale de la Sant6
se d6roulent dans un esprit de consensus comme 51 Paccoutum6e et aboutissent ii des r6solutions
susceptibles d’acc6l6rer les progres de tous les Etats Membres vers la sante’: pour tous.
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Professor BREDIKIS (Lithuania):
Mr President, Director-General, Dr Nakajima, dear colleagues and delegates, ladies and gentlemen,
first of all let me on behalf of the Lithuanian delegation extend my congratulations to the President and
to his deputies on their election and wish the Assembly most successful and fruitful work.
The restoration of Lithuanian independence in 1990 was led by many changes in political, economic
and social life. The demographic situation at present is worse than in western European countries and
declining in terms of standard mortality, morbidity and other trends. Lithuania now faces a major challenge
in developing and restructuring its health care system. We consider as the most important task and priority
the promotion of the national public health care system on the basis of WHOis strategy for health for all
and the Lithuanian national health concept that was accepted by the Lithuanian Parliament already in 1991.
Today it is hard to find a country which is completely satisfied with its health care system. A variety
of reforms reorganizing health services were introduced in Lithuania in 1993; economic aspects are very
important in all of them. How can we cut expenses without harming patients? To deal with this problem
we established a health reform management group with 11 task forces. The main task forces deal with
restructuring of primary health care, rationalization of basic hospital care, development of outpatient
services, restructuring of specialized services, and other matters. We are taking steps to ensure the free
choice of a physician and the possibility for the development of family physicians. The Ministry of Health,
and within it in the departments of pharmacy and of public health, is being restructured. Three divisions
of the latter deal now with public health strategy, environment and health issues and health promotion.
The new department of Public health is very active in decreasing risk factors and promoting healthy
lifestyles. One of the recent achievements in its anti-tobacco campaign is a total ban on tobacco advertising
introduced by special decree of the Lithuanian Government. The present Lithuanian Government is
probably the first non-smoking one - all Cabinet ministers have promised in writing not to smoke! I would
like to ask the governments of all other countries and first of all the ministries of health to stop smoking.
We also have a very original movement called "Healthy People" which is expanding very successfully. The
basis of this movement is health, nutrition, physical activity, and harmony in body and soul. This winter
we had a temperature of minus 10OC, yet more than 2000 participants of this movement went bathing in
the Baltic Sea after jogging. We think it can be a record for the Guiness book. The idea was to invite
others to adopt a harder and healthier lifestyle.
This year World Health Day was dedicated to oral health and was a success in Lithuania. In all
medical institutions, including the Ministry of Health, there were classes and demonstrations for mouth
hygiene, special exhibitions were organized in Vilnius as well as the competition "Miss Dental Brush". At
present we are looking for extra financing to carry out the programme "caries prophylaxis in children". In
connection with the International Year of the Family we have established funds for maternal and child
health. We are short of some US$ 50 million to take us out of a critical situation in natal and perinatal
health care, and intensive care, and to support other national programmes. Among them the immunization

programme is very important for prophylaxis. Vaccine supplied by Denmark helped us to resolve more successfully this year the vaccination problem in our country. The Ministry of Health puts all its efforts into ensuring that health care has priority among government programmes. It aims at establishing at government level an intersectoral health committee, with commissions for public health, narcotics and alcohol, tobacco control, food control, and anti-epidemic and environmental issues.

I think this Assembly and WHO should invite the governments of all countries and their presidents to be more active in solving problems of public health. We are extending fruitful cooperation with the ministries of health of other countries, especially our neighbours; very active cooperation takes place among the three Baltic States. We should not forget that in Lithuania there are at least four dangerous centres from the point of disaster medicine. I can mention the Ignalina, a nuclear power station with a Chernobyl type of reactor, for instance. This is why we need joint programmes of disaster medicine with our neighbouring countries. Support was provided for several projects from the Nordic countries, especially Denmark and Sweden, UNICEF, FAO and the PHARE programme of the European Union through WHO.

. In my opinion, it is possible to improve bilateral aid and assistance to the countries in transition, including Lithuania. On one hand we - the local managers of health care - have to have clear priorities for short- and long-term policies and strategies to be able to persuade our parliaments, governments and municipal authorities to take an active role in implementing those priorities. On the other hand, I would suggest that WHO, the World Bank, the European Union and other international organizations provide financial

resources for the preparation of projects, and support and finance local specialists of t arget countries. they
know better the internal situation and will be in charge of project implementation. Rathe r than project
preparation, expertise of the projects from the foreign specialists would be of greater v alue.
In conclusion, I would like to assure you that Lithuania will act in a way worthy of its membership
of WHO by joining in the common effort to improve the health of all people around the wor ld.
Mrs RANAWEERA (Sri Lanka):
Mr President, Dr Hiroshi Nakajima, Director-General of the World Health Organization, hon ourable
ministers, your excellencies, distinguished delegates, ladies and gentlemen, I extend war m greetings from
Sri Lanka to each and every one of you. I congratulate the President on behalf of my dele gation, on his
election as the President of this august assembly and Wish him all success in steering it s deliberations. Let
me congratulate you Dr Nakajima, for an excellent report to the Assembly and thank you fo r the leadership
you continue to give the World Health Organization. I would also like to thank the Chairm an of the
Executive Board for the excellent reports.
Sri Lanka is a developing country, whose citizens enjoy a health status which is the envy of other
developing countries. Communicable diseases pose a major problem to us even now, while th e diseases of
development have also made their presence felt. We have been able to reduce the mortality from
communicable diseases. But, the morbidity burden has not shown a commensurate decrease. S ri Lanka
has been fortunate in developing a close and fruitful collaboration with the World Health Organization and
is deeply appreciative of the concern and support given by WHO in coming to grips with pr esent and past
health problems.
The Ninth General Programme of Work has captured the essence of the global health develop ment
requirements for the next three bienniums. The new broad programme areas proposed for WHO country
programmes clearly indicate the direction for collaboration with Member Governments.
WHO,s goal of health for all by the year 2000 continues to be earnestly followed, and for its
achievement a comprehensive health development plan is being formulated. The implementati on of
national health policies especially those related to decentralization of health administr ation to local levels
and mobilization of resources for health is being closely monitored by two high-powered i ntersectoral
committees, namely the National Health Council and the National Steering Committee for th e
Implementation of National Health Policy.
I understand that WHO will be redefining the framework of the Organizationis mission for the future.
I trust that during this process, the national-level needs and priorities of countries wi ll be carefully
identified. More attention also has to be focused on the family as the fundamental unit.
Medical decisions and quality of care are increasingly becoming issues of public concern in Sri Lanka,
as in many countries in the region. The ethical issues that surface in developing countri es are more
fundamental to routine medical practice and delivery of primary health care than are the current issues of
ethical significance in the West. We are making headway in bringing the concept of ethics into the
mainstream of health care delivery and health research and in the application of new tech nologies. Doctors
and other health workers of our countries have an ethical role to play by promoting healt

hy lifestyles and
educating the community in health promotion and prevention. They also have the responsibility for
monitoring the factors that influence the health of communities and for drawing attention to health hazards
such as environmental pollution and to other public health problems. The rights of patients should be
looked after as well. One of the guiding principles of our national health policy is respect for the dignity
of the user/patient in all health care settings.
Realizing the importance of integrating health and human development, all development programmes
in the country invariably include a health component. Environmental impact analysis is an important
component of any development project proposal and the impact on the environment is carefully weighed
before approval is given for development projects.
In my country, the women have traditionally played a significant role in mobilizing community
' participation for development in general and health development in particular. It is women, as
grandmothers, mothers, wives, daughters, friends and neighbours Who provide health care at the very basic
and primary level, namely the home.

The terrorist problem in the north-eastern part of my country has created the situation whereby large numbers of displaced populations are in welfare camps. In collaboration with WHO and the Italian Government, we have implemented a project for integrated human development in the areas in which the displaced are located. The project is based on the philosophy of the World Health Organization relating to health and development for displaced populations. I would like to make use of this opportunity to congratulate WHO on developing this programme - a common need of a large number of countries in the world which are faced with the problems of the displaced. An innovative aspect of this project is the tripartite mechanism developed between my Ministry, WHO and the Italian Government to execute the project.

By the turn of the century, the elderly (60 years and over) will comprise 9.1% of the total population in my country. The elderly have traditionally played an important role in health and human development by guiding the younger generations and by providing support to their children in bringing up their grandchildren. We need to preserve the traditional support system to the elderly and provide them with opportunities for informal education, for gainful employment and leisure.

On the eve of the last World Health Assembly, my country faced the tragedy of losing His Excellency Ranasinghe Premadasa, our revered President. He postulated a programme of poverty alleviation called Janasaviya, which means strengthening the people. The socioeconomic benefits of the programme are specifically targeted on the poorest of the poor through a strategy of income generation at village level. An important component of the programme is the health development inputs called Suvasaviya meaning strengthening health. Women are providing important and vital leadership in this programme both as change agents and as service providers.

Sri Lanka is fortunate in having a good health care delivery system with almost universal access. To bring the administration closer to the people and to provide an opportunity for community responsive planning and also to further improve access to health services, the Divisional Directorates of Health Services were created at the start of last year. This was in step with the overall devolution of power to the level of the Divisional Secretariat, which looks after a well-defined geographical area comprising a population of around 60 000-80 000. The process of devolution follows the philosophy set out in the AlmaAta Declaration.

Nutrition is a major health problem among women, and the pre-school child with anaemia is one of the main factors complicating pregnancy. Poor maternal weight gain leading to an unacceptably high incidence of low birth weight of around 23% indicates a high prevalence of maternal under-nutrition. Nutritional status needs to be improved, especially among women, commencing from early infancy of the girl child. Realizing the importance of nutrition in promoting and protecting health, my Government has launched an all-out attack on the problem of malnutrition. This community-based campaign is led by His Excellency the President himself and steered by the National Health Council chaired by the Honourable Prime Minister. Detailed action plans have been formulated and a series of discussions have been held with officials in the provincial ministries of health. The national campaign will get under way in June with a nutrition week.

In a literate society like Sri Lanka, the mass media play an important role in protecting and promoting health. My Ministry has been able to develop a dialogue with the mass media and harness its potential for health development. Seminars on topics of current importance are well attended and a series of articles and features appear subsequently in the mass media on these topics. A donor-funded public education programme using the electronic and print media has been successfully carried out in my country with the objective of eradicating leprosy in the near future.

The new strategy to combat malaria agreed upon at the Conference in Amsterdam has been adopted by us, and emphasis has been duly shifted to parasite control with judicious use of insecticides. New insecticides which have greater community acceptability have also been tried out successfully. The new strategy is already yielding good results and we are hopeful that we will be in a position to make a substantial reduction in morbidity.

The National AIDS Committee has mobilized the active participation of nongovernmental organizations in the national programme.

One major reason for the satisfactory level of health status enjoyed by our people is the participation of the people in health development activities. We have harnessed the rich tradition of voluntary service

in this regard. Voluntary social service is a cherished aspect of our culture and has its roots in the Buddhist religious concept of Dana, which means sharing.

Just two months ago, we in the South-East Asia Region of WHO said goodbye to a dear associate, Dr U K0 K0, the Regional Director. He devoted 13 years of his life to guiding the health development of the Region and was a close friend of my country. We will always cherish the help and support he extended to us. I also welcome the new Regional Director, Dr Uton M. Rafei, who is no stranger to us. His election is a reflection of the appreciation of his long years of devoted work in the Regional Office, and the acknowledgement of his leadership qualities. We look forward to the new era of health development in the Region under his able stewardship, and wish him well.

Mr President, we are living in a period where profound changes are taking place in the arena of world politics. Environmental consciousness is growing. The effects of lifestyles on health are being appreciated. The role of women in development and the importance of integrating health and human development have been acknowledged. I am confident that under the leadership of Dr Nakajima backed by the Executive Board and guided by the World Health Assembly, such issues can be resolved. I wish the Forty-seventh World Health Assembly all success in its deliberations.

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Mr SATA (Zambia):

Mr President, Director-General, your excellencies, distinguished guests, ladies and gentlemen, I wish to convey to you, the Director-General and his staff, and to this Assembly, the fraternal greetings and best wishes for a successful Assembty from the people of Zambia. Iwish to express, my personal thanks to the President of the Assembly and through him to his country for his being elected to this important office.

Mr Director-General, Dr Nakajima, my country is greatly indebted for the leadership you have provided through the intensified WHO cooperation with countries in greatest need in support of Zambiais health reforms. We are proud to announce to you that the efforts of your office, working with other multilateral agencies and bilateral donors in supporting our national health reforms have begun to bear fruit. We hope that your commendable efforts and effective leadership will be emulated at the regional level so as to give impetus to the implementation and monitoring of programmes already endorsed by the World Health Assembly and by African Heads of State, notably in the Dakar Declaration.

. I wish at this moment, to extend my hand of congratulations to the delegation of South Africa. Our dear brothers and sisters, welcome back to your rightful place in this World Health Assembly. For us in the southern and eastern areas of the African Region, South Africais re-entry into the arena of a multilateral health agency initiates yet another opportunity for improved regional cooperation for better

health in the subcontinent. Our Region shares a common health ecology and the aspirations of our people for better health must be tackled collectively. New challenges await all of us now to establish working intercountry networks for the mutual health benefits of our people.

We in Zambia have initiated a process of dialogue on regional integration of health systems in the subregion. Our hope now is that open participation of South Africa will become an added advantage for all our people. The challenges for better health in east and southern Africa, as indeed in the rest of Africa, call for a new leadership at our regional headquarters that will act beyond the self-interests of any single entity, personal or national.

My foregoing remarks contain a universal appeal to all delegates in this Assembly but more specifically to sub-Saharan Africa. Cross-national agencies such as the World Health Organization (with its Regional Office for Africa), which provide the technical leadership, must now respond to new and urgent challenges. In particular they are being called upon to reform their institutional modalities in the service of the authority that legitimates their existence, that is the people in the various Member States.

As the official statement of the President to this Forty-seventh World Health Assembly pointed out, Africa is going through a health transition, a crisis in which the diseases of poverty interface with those of affluence in one country. The issues of social entitlements, often presented as the rights of citizens, mean that governments are pressed to respond to the needs of the silent majority who are afflicted by diseases of poverty on one hand, and on the other to a powerful minority who demand sophisticated medical technology. This situation is creating a turbulent health policy environment at the same time as macroeconomic imperatives constrain government capacity to fully respond to multiple demands. Political changes driven by the universal imperatives of democratization, anchored by respect for human rights, compound this policy scenario as social forces complete to influence the structure and the content of our health policies.

All of us in Africa, Asia, Europe and the Americas are being pressed to reform the practice of health systems management. For Africa in particular, resource constraints make it all the more urgent that we adapt to the rapidly shifting growth and to the health policy environment. As a consequence of this turbulence, we need comprehensive institutional structuring at both national and transnational levels.

The report of the Director-General has highlighted some of the reform measures that WHO is undertaking. Some of these relate to better planning and budgeting, improved management, better funding or resource mobilization and allocation. These are very complex issues. I say so because the impetus that is forcing such reforms within the World Health Organization is that of improved accountability and transparency in the systems of resource allocation and management system regulation. At regional and country levels the challenges are the same if not magnified. The urgency for institutional reform is even more evident. Why? It is simply because governments, just as an elected leader of a multilateral agency such as the World Health Organization, are subject to the pressures for performance arising from their constituencies. When bureaucratic practices overwhelm needed service interventions, when professional elements conflict with policy imperatives, when technique overpowers process and values,

political pressures
for reform became evident. The needs of our people are urgent and call for effective leadership at all
levels, and more especially at the regional level, and for accountability and partnership, nationally, regionally
and globally. Towards this end, it is Zambia,s sincere conviction that there is an imperative need to
democratize further governance and leadership at the regional level. In this connection, my delegation is
pleased to recall that at the last Regional Committee meeting held in Gaborone, Botswana, Members
considered and resolved to limit the term of office of Regional Director to no more than two consecutive
terms with immediate effect. -
My country is grateful to the wealth of global support for our national health reforms initiated two
years ago. We in Zambia believe that together with our cooperative partners, which include WHO, we all
need a real success story in health reforms. We need such success consistent with a vision of health that
moves away from theoretical models, from more of the same ideas, the same "laundry lists" of demands.
Poor health status and poverty are closely correlated. Like nutrition and education, health is both
a cause and an effect of poverty. Poor health status causes lower productivity and falling incomes. This
is especially serious for the most vulnerable high-dependency ratio households. We in Zambia believe that
the sum of our health sector strategies must lead to a society in which Zambians create environments
conducive to health, learn the art of being well, and provide best level health care for all.

I would like to express through this Assembly Zambials gratitude to all friendly countries, WHO and donor agencies for their continued financial, technical and material support, which has gone a long way towards the realization of our health vision.

Dr NANAGAS (Philippines):

Mr President, Mr Director-General, excellencies, distinguished delegates, honoured guests, ladies and gentlemen, on behalf of President Fidel V. Ramos and the Department of Health of the Philippines, I bring you warm greetings from the people of the Philippines. We also congratulate the President, Vice-Presidents and Committee Chairmen on their election.

I wish to commend the World Health Organization on its comprehensive biennial report. It indicates that WHO has taken significant steps and initiated bold reforms for enhanced coordination of efforts towards the attainment of global health goals. However, the enormous challenge to us still remains: to carry on with greater resolve to achieve health for all, and to heed the call for a new health partnership in response to our changing global environment.

The Philippine Government heeds this challenge and supports the eEorts of WHO to establish greater interdependence in health. In my country, partnership in health has been the chief strategy in promoting primary health care. The national programmes on immunization, blindness prevention and nutrition have been widely implemented through the enthusiastic collaboration of various sectors and private organizations, including the mass media. They have benefited considerably grass-roots communities through basic health interventions, giving us reason to be optimistic about the success of many other possible health initiatives anchored in sectoral partnership.

Sustaining the awareness of health that has been created and the momentum of successful health programmes, the Philippine Department of Health moves towards the crystallization of these gains into an enduring philosophy, a way of life: health in the hands of the people, health as a continuing personal goal.

This goal enrols not only those who are sick, but especially those who are well and who can be active partners in promoting health. More importantly, this goal transcends the health sector, as the pursuit of health is intrinsic to the pursuit of sustainable development. Thus, the promotion of health takes on a new holistic perspective: health, the environment and development as an integral goal.

Concretely, the Philippines vision of attaining the status of a newly industrialized country by the twenty-first century should inevitably incorporate a vision of the nation,s health status. Industrialization and health programmes should move together at a steady and synchronized pace. Health should be a standard for defining national economic goals, measuring environmental protection, and guiding all types of development projects, processes and approaches. This demands a recasting of the health sector from its medical orientation to a health orientation, and from health-care based facilities to health-promoting environments. This in turn demands the overhauling of the entire philosophical moorings of the past 50 years in response to the challenges of the twenty-first century.

The task at hand is formidable. Three issues confronted by my country in the recent past come to mind at this point. They illustrate the interrelationship and effects of dynamic developmental processes in the areas of politics, economics and the environment.

First, in a post-devolution environment where the delivery of basic services has been handed over to

local governments, a tension exists between the largely political rationale for decentralization and the nonpolitical nature of health. In a situation where local officials have been made accountable for health care in their areas, the need for an expanded legal mandate for the Department of Health in undertaking the appropriate health policy directions becomes necessary. Otherwise, local governments can choose to ignore national goals, standards and objectives in health. Moreover, while the wisdom of decentralization has been appreciated, the process has not been without problems. Most local governments have required continuous assistance in health care management and financing. The great skill of local executives in linking issues to other factors in the environment and to models of development has been largely unharnessed for so long and explains the failure of many public health programmes in the past. Diarrhoeas are not controlled because water systems are not in place. Pollution-related diseases cannot be addressed because the health sector has no jurisdiction over factories.

Secondly, poverty and the lack of economic opportunities have led to a trade in blood which in turn has been compounded by profit-oriented enterprises wishing to cash in on this situation. Recently, however, the Philippine Department of Health has closed down outlets of commercial blood banks that have been found selling contaminated blood supplies. Greater efforts and attention will need to be devoted to the promotion of voluntary blood donation and safe blood transfusion, especially in View of the AIDS pandemic.

The question at hand is: should we continue to allow the commercialization of blood? The present challenge lies in the establishment of a network of voluntary blood donation centres employing efficient and cost-effective testing processes, and in the reorientation of personal and social values towards blood as a human resource and blood donation as a voluntary humanitarian act.

Thirdly, the Philippine Department of Health has recently been the object of a lawsuit by a pharmaceutical company whose product has been prohibited on the Philippine market. The issue brings to the fore the need for collaborative mechanisms, perhaps at the international level, to support efforts to prevent the proliferation of harmful drugs, especially those that have already been banned in other countries. Questions arise as to the role of the international health community in assisting national governments, especially of developing countries, in thwarting the efforts of some pharmaceutical companies to introduce these drugs when they have been deemed harmful overseas. These do not include chemicals used as industrial and agricultural inputs which have been proven harmful to humans, animals and the environment but are not under the jurisdiction of our Bureau of Food and Drugs.

These three issues are among the many challenges confronting us, and reaffirm the need for new partnerships in health, as espoused by the Director-General, Dr Hiroshi Nakajima. Among the major areas where issues in health, the environment, and development come together are meeting basic health needs, control of communicable diseases, protection of vulnerable groups, meeting the urban challenge, and reduction of health risks from environmental pollution and hazards. Inasmuch as these are as should be approached holistically, efforts to address them require sectoral partnership and cooperation.

The Philippine Government acknowledges the crucial role and important task of WHO in our fast-changing global environment. I would like to express our profound appreciation to the Director-General, Dr Nakajima and the Regional Director for the Western Pacific, Dr Han, for the generous assistance and attention they have given to the Philippines. I thank you also for the privilege of addressing this World Health Assembly, and to all the delegates of this Assembly I extend my best wishes.

El Dr. MORALES (Paraguay):

Senor Presidente, senor Director General: Antes que nada deseo expresar nuestro regocijo por la incorporacidn de Sudafrica al seno de esta Organizacion. Dios quiera que la paz y la libertad como signo de vida saludable lleguen a todas las naciones.

Indudablemente e1 despertar democratico de los paises de America Latina, entre los cuales se halla mi pais, significa un sinceramiento con la realidad sociosanitaria de nuestras comunidades, comunidades rurales y urbanas donde aparecen nuevos interlocutores - politicos, gremiales, sindicales - que demandan mas y mejores servicios que den respuesta a sus necesidades postergadas, y a quienes se debe responder con acciones concretas, oportunas y satisfactorias. En dicho contexto, y desde el 16 de a

gosto pasado, se
ha iniciado una nueva etapa constitucional en el Paraguay bajo la presidencia del ingeniero Juan Carlos
Basmosi, cuya plataforma de gobierno propugna la dignificacion del hombre paraguayo, y para cuyo efecto
se prioriza la educacion y la salud del pueblo como estrategia para el desarrollo nacional. Dentro de esta
concepcion gubernamental, la nueva administracion sanitaria ha establecido una linea de accion a fin de
revertir a corto plazo las deficientes condiciones de salud reflejadas en los indicadores de morbilidad y
mortalidad, donde las enfermedades prevenibles por vacunas, las diarreas, las parasitosis, las complicacio-
nes del part0 y la desnutricion siguen ocupando los primeros lugares, conjuntamente con los tumores, las
enfermedades cardiovasculares y los accidentes. La precaria implementacion y operacionalizacion de los
servicios de salud se manifiesta en la minima cobertura de atenci6n medica y la baja productividad, asi
como en el deficit de saneamiento basico.
A fin de organizar y de racionalizar los recursos disponibles a nivel institucional y sectorial, se ha
elaborado el plan nacional de salud 1993-1998, que enfatiza la salud pl’lblica promocional y preventiva,
anteriormente dirigida preferentemente hacia el sentido asistencialista de la labor sanitaria, y somos

conscientes de que el desafio para revertir la realidad observada hace evidente la necesidad de planificar
y desarrollar acciones conjuntamente con todas las instituciones del sector y de la propia comunidad. De
ahi que el plan operative de salud contemple desde su formulacidn hasta su ejecucidn y control la partici-
pacic’m activa de los directives, de los trabajadores de la salud, de todas las instituciones del sector, asi
como de las organizaciones comunitarias de base, y de las entidades de cooperacidn externa.
Se esta impulsando progresivamente el desarrollo de los SILOS y la programacidn local como
estrategia de concertacidn y conjuncidn de objetivos y recursos, que se proyecta a corto plazo en la
implementaci6n de la descentraljzacitin t6cnica y administrativa, atendiendo a1 nuevo modelo departamen-
tal de organizaci6n politica de la Repliblica.
Entre las realizaciones compartidas con la propia comunidad citart$ las 143 farmacias sociales
establecidas en los altimos cinco meses, dirigidas y administradas por la comunidad a travcis de las
comisiones de salud; la construcci6n y puesta en marcha de 21 sistemas de abastecimiento de agua potable,
administrados por las juntas de saneamiento de cada distrito; la formaci6n de 1200 agentes sanitarios de
la propia comunidad para el desarrollo de la atencidn primaria; el plan de ataque integral de accidn
sanitaria inmediata ejecutado a nivel de los mzis pobres asentamientos campesinos y de las parcialidades
indigenas, con la cooperacidn de los gremios de la salud y de los mismos beneficiaries; la programacidn del
internado rural conjuntamente con las facultades de medicina, odontologia, bioquimica, enfermeria y
obstetricia para la formacidn de pregrado de los nuevos egresados de dichas unidades; y el control de
calidad de los medicamentos y alimentos con la cooperacidn de la Universidad Nacional de Asuncidn.
Esas son algunas de las acciones prioritarias emprendidas concertadamente para afianzar e1 proceso de
gestidn sanitaria y mejorar el nivel de salud, preferentemente de los niflos, las madres y de las poblaciones
que sufren carencias.
Paralelamente a esta accidn nacional de salud, se han compartido con los ministerios de salud de los
paises del Cono Sur importantes iniciativas para fortalecer los programas de salud de fronteras, control del
cdlera y SIDA, vigilancia epidemioldgica de enfermedades infecciosas contagiosas, e1 saneamiento b&sico,
1a capacitacidn y el intercambio de informaci6n e insumos en materia de salud, acciones 6stas que se
vienen afianzando con la suscripcidn de acuerdos interpaises y subregionales, en los que la Organizacidn
Panamericana de la Salud, con sus expertos y sus recursos, participa y presta aval teicnico.
Para mi pais es una satisfaccidn que la Organizaci6n Mundial de la Salud se halle en un proceso de
reforma en consonancia con los profundos cambios culturales, politicos y econ6micos, como 10 ha afirmado
en esta Asamblea e1 seflor Director, Dr. Nakajima, de magnitud sin precedentes desde la II Guerra
Mundial. Indudablemente los gobiernos de los paises, asi como las instancias decisorias de los organismos
internacionales, deben ajustar sus estructuras internas, sus relaciones y su proceso de gestidn en directa
correspondencia con los factores que condicionan 1a expansic’m del (yuniverso de los pobresm de los
desprotegidos en salud y de los desocupados, para mejorar asi el acceso oportuno y solidario de todos los
sectores de la poblacidn a los bienes y servicios destinados a cubrir las necesidades esenciales de Vida.
Incluso las entidades bancarias, ya sean nacionales o internacionales, han demostrado su

preocupaci6n por
el incremento de la pobreza, verdadera ((bomba de tiempm) que debemos desactivar mediante medidas
heroicas de accidn concertada y coordinada, por lo que sugerimos a la Organizacidn Mundial de la Salud
que la reforma estructural y funcional en ejecucidn promueva a la vez, a nivel de todos los organismos
internacionales de cooperacidn en salud, una mejor coordinaci6n y complementariedad de los mismos, a
fin de evitar la duplicaci6n de esfuerzos y recursos en los mismos programas de accidn.
Constatamos la profusi6u de conferencias, seminarios de alto nivel politico con relacidn a metas y
objetivos destinados a similares temas de accidn, respetamos las loables intenciones, pero la multiplicidad
de programas y acciones similares desconciertan a nuestros t6cnjcos y operadores ante la variedad de los
compromises que es menester cumplir, evaluar y controlar. Se hace evidente, por tanto, la necesidad de
armonizar las areas de cooperacidn externa. Para el efec’to, sugerimos a1 sefmr Director de la Organiza-
ci6n Mundial de la Salud que analice la situacic’m expuesta para encontrar 1a viabih’dad t6cnica y operativa
que posibih’te la coordinaciGn de las numerosas y valiosas organizaciones de cooperacidn externa en
materia de salud, a fin de mejorar la eficiencia, la eficacia y la equidad de nuestras acciones, en favor de
’ la salud del pueblo.
Finalmente, hacemos nuestras las premisas del seflor Director, Dr. Nakajima, al expresar que ((para
que toda poblacidn pueda gozar de una Vida saludable y pacifica, hay que erradicar el hambre y la pobre-
23)), y yo, con todo respeto a las loables frases del seflor Director, af1ado: todos juntos.

Mr SONKO (Gambia):
Mr President, distinguished Ministers, distinguished ladies and gentlemen, delegates, allow me to extend to the President and his bureau the congratulations of my delegation and those of the people of Gambia on their election to high office at this Assembly. We are confident that with your wisdom, experience, and leadership qualities this meeting will be steered to a successful conclusion, having achieved our goals and objectives. I also want to take this opportunity to thank the Director-General and his staff for producing such an excellent report. My delegation wishes to acknowledge the dedication and untiring efforts that must have gone into its preparation. On behalf of my delegation, I also want to extend a happy welcome to the Republic of South Africa, taking its place in this Assembly. We wish the country luck and we are very happy that the Assembly saw fit to give its unflinching support by acclamation.

Once again, in recent times we have been constantly reminded about the linkages between economic growth and health development. Whilst acknowledging that significant achievements have been made in reducing maternal and infant mortality rates, decreasing the level of severe malnutrition, and instituting communicable diseases control programmes, these gains are at risk of being lost in the face of continued global recession, poorly performing national economies, increasing donor fatigue, increasing population growth with rapid urbanization, and increased environmental degradation.

This situation has been made more diffith as Third World countries must now address emerging health problems, such as the chronic diseases, like diabetes and hypertension, declining oral health, increasing road traffic accidents, drug and substance abuse, increasing mental illness and, of course, AIDS.

These new health problems are an extra burden on top of existing acute health problems such as malaria, diarrhoea, acute respiratory infections and malnutrition, to name just a few. There is an urgent need to pay attention to this epidemiological transition, to safeguard the gains already achieved. The health resources currently allocated are inadequate to meet existing health problems, and these newly emerging health problems have the potential to absorb all these resources at the expense of the acute endemic health problems.

There is a need to emphasize health promotion, health protection and healthier lifestyles as the most cost-effective ways of preventing what could be a catastrophic and unmanageable situation. The need for donor coordination is also important, in order to maximize utilization of scarce resources and avoid duplications, wastage and unhealthy competition. Mobilizing communitiesl resources, building their capacity and empowering them to make and take decisions about their health are significant investments which will augur well for future sustainable health development.

In Gambia we have recently adopted the second national health policy, which will see us through to the end of this century. The policy calls for the optimization of all resources and efforts to ensure efficiency in resource utilization, effectiveness of programmes and quality of care.

Being aware of the negative impact that a large population growth rate can have on health, a population policy focusing on fertility reduction and the improvement of the quality of life has been adopted by my Government. A comprehensive maternal and child health and family planning programme features as the main strategy for fertility reduction. The 1993 national census estimated that 40%

of the Gambian
population live in urban areas; at the same time population growth has increased from 2.8 % to 4.1% in
the last 10 years.
Managing the environment for sustainable development and for improved health is also a serious
concern. In response, the Gambian Government has developed an intersectoral environmental action plan
that will address the issue of the environment in a more holistic manner.
Above all the policy addresses poverty as a main contributing factor to poor health. A strategy for
poverty alleviation seeks to make health care accessible to the majority of our population.
As we move to the end of the decade, when the goal of health for all should have been achieved, it
is clear that the problems and constraints as they present today far outweigh those which were envisaged
when the noble goal of health for all was initiated. The role of WHO will be crucial in providing leadership
and wise counsel as to the type of investments to be made for health development and delivery systems that
. should be put in place to provide the greatest impact on disease reduction in the shortest possible time.
Finally, the involvement of the private sector and nongovernmental organizations will also facilitate the
process, and the breaking of new and exciting ground will be the challenge of our future health
development. I am confident that with the same spirit of concern and cooperation we can still achieve our
goal of health for all.

The ACTING PRESIDENT:
I thank the delegate of Gambia for his address and for his kind words. Thus we have exhausted the list of speakers for this afternoon. Ladies and gentlemen, after this meeting a briefing entitled "Noma, a forgotten disease", will be given in room IX from 17h30 to 18h30. Interpretation will be made available in English and French. The plenary meeting will resume tomorrow at 9h00 sharp concurrently with the Technical Discussions on community action for health, which will take place in room XVII. Tomorrow in the afternoon the plenary will deal with the admission of new members and awards, before resuming the discussion on items 9 and 10, concurrently with the resumption of the work in Committee A.
The meeting rose at l7h10.
La Seance est levee a 17h10.