WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

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المكتب الاقليمي لشرق البحر الابيض المتوسط

ORGANISATION MONDIALE DE LA SANTÉ
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Agenda item 7

RESOLUTIONS OF REGIONAL AND GENERAL INTEREST ADOPTED BY THE TWENTY-SEVENTH WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS FIFTY-THIRD AND FIFTY-FOURTH SESSIONS

CONTENTS

			Page
I	OF REGIONAL INTEREST		1
1.	INTRODUCTION		1
2.	WORLD HEALTH ASSEMBLY		1
	WHA27.1	AWARD OF THE DR A. T. SHOUSHA FOUNDATION MEDAL AND PRIZE	1
	WHA27.21	AGREEMENT FOR CO-OPERATION BETWEEN THE AFRICAN DEVELOPMENT BANK AND THE WORLD HEALTH ORGANIZATION	1
	WHA27.29	THE ROLE OF WHO IN BILATERAL AND MULTILATERAL HEALTH AID PROGRAMMES	1
	WHA27.31	CONTINUING EDUCATION FOR PHYSICIANS	2
	WHA27.34	CO-ORDINATION WITH THE UNITED NATIONS SYSTEM: THE LEAST DEVELOPED AMONG THE DEVELOPING COUNTRIES (TOGETHER WITH BACKGROUND DOCUMENT A27/24 Add.1)*	3
	WHA27.37	ACTIVITIES OF THE WORLD HEALTH ORGANIZATION WITH REGARD TO ASSISTANCE TO LIBERATION MOVEMENTS IN SOUTHERN AFRICA	3
	WHA27.42	HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST	4
	WHA27.48	WHO'S HUMAN HEALTH AND ENVIRONMENT PROGRAMME - DROUGHT	5
	WHA27.51	DEVELOPMENT OF THE ANTIMALARIA PROGRAMME	6
	WHA27.55	ADEQUACY OF HEALTH STATISTICAL INFORMATION	6
	WHA27.57	WHO EXPANDED PROGRAMME ON IMMUNIZATION	6
II	OF GENERAL INTEREST		8

* See Annex

1. INTRODUCTION

The Regional Director has the honour to bring to the attention of the Regional Committee the following resolutions which were adopted by the Twenty-seventh World Health Assembly and by the Executive Board during its Fifty-third and Fifty-fourth Sessions.

2. WORLD HEALTH ASSEMBLY

AWARD OF THE DR A. T. SHOUSHA FOUNDATION MEDAL AND PRIZE, WHA27.1

The Twenty-seventh World Health Assembly

1. NOTES the reports of the Dr A. T. Shousha Foundation Committee[1] and its decision that the Dr A. T. Shousha Fellowship should be awarded to Dr Kamil Abbas Al-Dorky for the academic year 1974/1975;

2. ENDORSES the proposal of the Committee for the award of the Dr A. T. Shousha Foundation Medal and Prize for 1974;

3. AWARDS the Medal and Prize to the late Dr Mohamed Taieb Hachicha; and

4. PAYS TRIBUTE to the late Dr Mohamed Taieb Hachicha for his most significant contribution to public health in the geographical area in which Dr A. T. Shousha served the World Health Organization.

AGREEMENT FOR CO-OPERATION BETWEEN THE AFRICAN DEVELOPMENT BANK AND THE WORLD HEALTH ORGANIZATION, WHA27.21

The Twenty-seventh World Health Assembly,

Considering Articles 50(d) and 70 of the Constitution of the World Health Organization,

APPROVES the proposed agreement to be concluded between the World Health Organization and the African Development Bank.

THE ROLE OF WHO IN BILATERAL OR MULTILATERAL HEALTH AID PROGRAMMES, WHA27.29

The Twenty-seventh World Health Assembly,

Considering the urgency of the needs of developing countries in regard to health promotion from the point of view of both the infrastructure and the staff required;

Noting that many countries provide bilateral or multilateral aid through special programmes in the field of health;

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[1] Documents A27/6 and A27/7

Believing that the wide experience acquired by WHO and the information at its disposal are such as to facilitate the establishment of useful and effective programmes, and that countries with bilateral aid programmes could effectively use WHO in the planning and implementation of their assistance activities in health and sanitation;

Stressing that assistance in the field of health may have important repercussions over vast areas and that co-ordination of effort and concerted action between assisting and assisted countries could materially improve the results;

1. RECOMMENDS that Member States make use of WHO in its advisory and co-ordinatory capacity with regard to bilateral or multilateral aid programmes in the field of health; and

2. INVITES the Director-General to study ways in which WHO could strengthen its role in the establishment of bilateral or multilateral aid programmes and priorities and to report on the matter to the Executive Board in relation to its forthcoming organizational study on "The planning for and impact of extrabudgetary resources on WHO's programme and policy".

CONTINUING EDUCATION FOR PHYSICIANS, WHA27.31

The Twenty-seventh World Health Assembly,

Having considered the comments of the Executive Board on the report of the Expert Committee on Continuing Education for Physicians;

Noting that continuing education of health personnel must be an integral part of the total health and educational system and is of cardinal importance to the health authorities in assuring the quality and coverage of health services;

Recognizing that the primary purpose of continuing education is to maintain and improve the competence of health personnel in delivering health care,

1. REQUESTS the Director-General to pursue vigorously measures for the continuing education of health personnel and to

(1) assist Member States, upon their request, in the planning and organization of continuing education for health personnel;

(2) develop, jointly by specialists in various disciplines, specific objectives and methods of continuing education for the health professions;

(3) develop and evaluate pilot projects in continuing education, including inter-professional and integrated education;

(4) train in communications sciences health professionals who can provide leadership for programmes in this field;

(5) encourage and promote research into, and the collection, exchange and evaluation of information on continuing education;

2. CALLS UPON Member States to consider as a matter of urgency:

(1) the development of national systems of continuing education for the health professions, based on national and local health needs and demands, integrated with health care and educational systems, with full utilization of the resources of universities and schools of health personnel;

(2) the promotion of the systems approach in educational planning for continuing education and the periodic assessment of the quality of performance of health personnel in delivering preventive and curative health care.

* CO-ORDINATION WITH THE UNITED NATIONS SYSTEM - THE LEAST DEVELOPED AMONG THE DEVELOPING COUNTRIES, WHA27.34

The Twenty-seventh World Health Assembly,

Having considered the report of the Director-General on the least developed among the developing countries;

Recalling resolution 2768 (XXVI) of the United Nations General Assembly approving the list of 25 least developed among the developing countries for which special measures are required to enable them to solve their specific socio-economic problems;

Recalling also General Assembly resolution 3174 (XXVIII);

Considering, further, that the financing of special health measures should be primarily from extrabudgetary funds,

1. ENDORSES the views expressed in the report of the Director-General and the proposals for future action in favour of the least developed among the developing countries; and

2. APPROVES the transformation of the Special Account for Accelerated Assistance to Newly Independent and Emerging States of the Voluntary Fund for Health Promotion into a "Special Account for Assistance to the Least Developed among Developing Countries", to receive voluntary contributions for providing special assistance to the least developed among developing countries.

*(N.B. For background document A27/24 Add.1 see Annex).

ACTIVITIES OF THE WORLD HEALTH ORGANIZATION WITH REGARD TO ASSISTANCE TO LIBERATION MOVEMENTS IN SOUTHERN AFRICA PURSUANT TO THE UNITED NATIONS GENERAL ASSEMBLY RESOLUTION 2918 (XXVII) AND ECOSOC RESOLUTION 1804 (LV), WHA27.37

The Twenty-seventh World Health Assembly,

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

Recalling further resolution 13/17 of the FAO Conference requesting the Director-General of FAO to make the necessary arrangements, through the Organization of African Unity, to facilitate the immediate participation of representatives of the National Liberation Movements in its meetings;

Convinced that the participation of the National Liberation Movements in meetings and other activities undertaken by WHO would ensure to the people in the liberated areas an improvement in their health and nutritional standards;

Mindful that this participation would ultimately contribute to the economic and social development of the liberated territories under the control of these Liberation Movements;

Noting resolution EB53.R58 of the fifty third session of the Executive Board (paragraph 4),

REQUESTS the Director-General of WHO to take the necessary steps to invite the representatives of the National Liberation Movements recognized by the Organization of African Unity or by the League of Arab States to attend the meetings of WHO in an observer capacity.

HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST, WHA 27.42

The Twenty-seventh World Health Assembly,

Recalling its resolution WHA26.56, on the health conditions of the refugees and displaced persons in the Middle East as well as the populations of the occupied territories;

A

Having considered document A27/WP/2, the Director-General's Report on the health assistance of refugees and displaced persons in the Middle East;

Alarmed by the deterioration of the health conditions of the Palestinian refugees and displaced persons in the Middle East;

Deeply concerned by the fact that Israel continues to refuse the return of the Palestinian refugees and displaced persons to their homes which is gravely affecting their physical and mental health,

1. DEPLORES the failure of Israel to abide by the relevant United Nations and World Health Assembly resolutions calling for the immediate return of the Palestinian refugees and displaced persons to their homes as well as the numerous calls for refraining from such practices as the destruction of refugee shelters;

2. REQUESTS the Director-General to intensify and increase the Organization's programmes and health assistance to the refugees and displaced persons in the Middle East and to submit a report to the twenty-eighth session of the World Health Assembly on steps taken in this regard.

B

Noting with appreciation the establishment of the Special Committee of Experts to study the health conditions of the inhabitants of the occupied territories in the Middle East;

Having received the report of the Special Committee and noting from its content that the Committee was not able to visit the Arab territories under Israeli occupation to fulfil the objective of resolution WHA26.56;

1. REQUESTS the Special Committee to complete as early as possible the fulfilment of its mandate and submit a comprehensive report covering all health aspects to the twenty-eighth session of the World Health Assembly based on a field investigation;

2. URGES the Government of Israel to co-operate fully with the Special Committee and particularly to facilitate its free movement to the occupied territories;

3. REQUESTS the Director-General to continue to provide the Special Committee with all facilities necessary for the performance of its mission.

WHO'S HUMAN HEALTH AND ENVIRONMENT PROGRAMME - DROUGHT, WHA27.48

The Twenty-seventh World Health Assembly,

Recalling resolutions WHA26.60 and EB53.R46;

Noting with deep concern that the health situation in the African countries stricken by drought has not only deteriorated but that the problem has spread to other regions;

Aware of the urgent needs created by the drought in the Sudano-Sahelian zone of Africa and by other natural calamities that have occurred elsewhere,

1. NOTES with satisfaction the information provided by the Director-General and the Regional Director for Africa on the health assistance already rendered to the affected countries, in close co-operation with the governments concerned, the Secretary-General of the United Nations, the Director-General of FAO and the other United Nations bodies and agencies;

2. EXPRESSES its gratitude to all the Member States which have responded generously to the appeal of the United Nations Secretary-General and the Director-General of FAO to combat the persistent effects of the drought and further the medium-term and long-term development of the infrastructures;

3. THANKS the Director-General of FAO for his activities in co-ordinating assistance and for his continuing co-operation with WHO in meeting the urgent health needs of the African countries;

4. REQUESTS the Director-General:

(a) to draw the attention of Member States to the deterioration of the health situation in the African countries stricken by the drought and to the need for still more vigorous action for combating the health consequences which persist and will persist long after the drought has ended;

(b) to step up WHO assistance to the affected countries, over and above the health programmes in process of implementation in those countries;

(c) to take such steps as will enable WHO to meet more readily the urgent needs of countries stricken by disasters or natural catastrophes; and

(d) to report to the fifty-fifth session of the Executive Board and the Twenty-eighth World Health Assembly on the progress achieved in this area.

DEVELOPMENT OF THE ANTIMALARIA PROGRAMME, WHA27.51

The Twenty-seventh World Health Assembly,

Noting the report of the Director-General that describes the state of development of antimalaria programmes;[1]

Recognizing that malaria is resurging in parts of the world, has never been controlled in other parts, and remains a disease the control of which is of the highest priority;

Believing that the revised strategy adopted by the Twenty-second World Health Assembly is an effective strategy, but for a variety of reasons has not been effectively implemented,

REQUESTS the Executive Board thoroughly to review the problem and national and international priorities, and report to the Twenty-eighth World Health Assembly.

ADEQUACY OF HEALTH STATISTICAL INFORMATION, WHA27.55

The Twenty-seventh World Health Assembly,

Recognizing the vital contribution of the International Classification of Diseases to international co-operation in the field of health statistics;

Noting that the data currently provided have greatly assisted the development of preventive services;

Recognizing additional needs for appropriate data created by expanding activities of planning and monitoring of health care delivery systems;

Noting also the increasing demand for relevant data for the evaluation of clinical activities; and

Concerned with the danger that these additional needs may be met by the development of a diversity of systems in different countries with a consequent lack of international communication;

REQUESTS the Director-General to ensure that the next Revision of the International Classification of Diseases would include the means of meeting these needs, without prejudice to the continuing use of the Classification for its traditional purposes.

WHO EXPANDED PROGRAMME ON IMMUNIZATION, WHA.27.57

The Twenty-seventh World Health Assembly,

Having considered the statement on immunization against the childhood diseases and the allocation of funds for an integrated programme on immunization contained in the proposed programme and budget estimates for 1975;[2]

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[1] Document A27/WP/5

[2] Off. Rec. Wld Hlth Org., No. 212, pp. 142 and 146

Recognizing the immense contribution immunization has made to the control of many of the common communicable diseases in the countries where it has been effectively applied;

Noting that in extensive regions of the world immunization is available for only a small proportion of children in the susceptible age-groups;

Aware of the potential for disease control when a well-planned and well-co-ordinated programme is instituted;

Reaffirming the importance of systematic immunization programmes in all countries; and

Expressing its satisfaction at the readiness of the World Health Organization to further promote measures to assist countries in extending their immunization programmes to cover the greatest possible percentage of the susceptible populations,

1. RECOMMENDS that Member States develop or maintain immunization and surveillance programmes against some or all of the following diseases: diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis, smallpox and others, where applicable, according to the epidemiological situation in their respective countries;

2. REQUESTS the Director-General

(a) to intensify at all levels of the Organization its activities pertaining to the development of immunization programmes, especially for the developing countries;

(b) to assist Member States (i) in developing suitable programmes by providing technical advice on the use of vaccines and (ii) in assuring the availability of good-quality vaccines at reasonable cost;

(c) to study the possibilities of providing from international sources and agencies an increased supply of vaccines, equipment and transport and developing local competence to produce vaccines at the national level;

(d) to continue to support research on the efficacy of vaccines and on as yet unsolved practical problems encountered in immunization procedures;

(e) to arrange seminars and other educational activities on the design and execution of programmes; and

3. FURTHER REQUESTS the Director-General

(a) to establish a special account under the Voluntary Fund for Health Promotion to be credited with the values of gifts intended for the expanded programme on immunization and to ensure that vaccines donated to the programme conform with the relevant WHO requirements;

(b) to report progress annually to the World Health Assembly.

II RESOLUTIONS OF GENERAL INTEREST

The attention of the delegations is also drawn to some other resolutions which are of general importance in our health programme:

WHA27.27	Health Education
WHA27.28	Health Education of Children and Young People
WHA27.43	Infant Nutrition and Breast-Feeding
WHA27.44	Promotion of National Health Services
WHA27.49	WHO's Human Health and Environment Programme
WHA27.50	WHO's Human Health and Environment Programme: Co-ordination on Programmes and Action in the Field of the Environment
WHA27.52	Intensifaction of Research on Tropical Parasitic Diseases
WHA27.53	Psychosocial Factors and Health
WHA27.58	Co-ordination and Strengthening of Leprosy Control
WHA27.62	Standardization of Diagnostic Materials
WHA27.63	Long-term Planning of International Co-operation in Cancer Research
EB53.R38	Programme Review: Health Education
EB53.R44	Interrelationships between the Central Technical Services of WHO and Programmes of Direct Assistance to Member States

A N N E X

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

A27/24 Add.1

18 March 1974

TWENTY-SEVENTH WORLD HEALTH ASSEMBLY

Provisional agenda item 3.15.1

UNITED NATIONS SYSTEM: GENERAL MATTERS

Least developed among developing countries

The Director-General has the honour to submit for the information of the Twenty-seventh World Health Assembly the appended report on "The least developed among developing countries" presented to the Executive Board at its fifty-third session.[1]

The Executive Board, having considered the report, adopted resolution EB53.R49.[2]

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[1] Document EB53/28 Add.1, Rev.1

[2] Off. Rec. Wld Hlth Org., No. 215

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

A27/24 Add.1

EXECUTIVE BOARD

15 March 1971

Fifty-third Session

Agenda item 7.1.1

UNITED NATIONS SYSTEM: GENERAL MATTERS

Least developed among developing countries

1. Introduction

1.1 The Director-General has been reporting to the Executive Board and the Health Assembly on the developments which resulted in the introduction of the concept of "least developed among developing countries" in the United Nations system, and the action pursued to develop and implement special measures in their favour.

1.2 The problem of the least developed among the developing countries is now coming to the forefront of international development issues, and the Economic and Social Council in resolution 1754 (LIV) requested each of the specialized agencies and programmes in the United Nations system, including the regional economic commissions and regional banks, "to submit a written report to the Secretary-General and the Economic and Social Council at its fifty-sixth session setting forth in detail what special measures each has taken over the previous eighteen months in favour of the least developed countries, with special attention to measures to improve their co-ordination with one another and to adapt policy guidelines, operational rules, terms and conditions and institutional frameworks to the special problems of the least developed countries, and any such further measures they project taking over the next twelve-month period".

1.3 Under another Economic and Social Council resolution 1753 (LIV), a study on institutional arrangements for the implementation of special measures in favour of the least developed among the developing countries, including the need for the creation of a special fund for these countries, was considered by the twenty-eighth United Nations General Assembly, which consequently adopted resolution A/RES/3174 (XXVIII), attached as an annex to this document.

1.4 In order to enable the Board to formulate its views on this subject, the Director-General provides in the following paragraphs relevent background information on the concept and identification of these countries, the measures of direct interest to WHO that have been taken so far within the United Nations system, the action of WHO to date, and some proposed measures WHO could contemplate for its future action in this domain.

2. Background information

2.1 The foundation for international action in favour of the least developed countries was laid down by the Second United Nations Conference on Trade and Development held in 1968 in resolution 24 (II). This resolution recognized the special problems confronting the least developed among the developing countries, the need to provide effective and concrete measures to ensure their sustained economic growth and enhance their ability to benefit fully from the general measures in favour of all developing countries, and to enable them to derive equitable benefits from the International Development Strategy for the Second United Nations Development Decade.

2.2 Subsequently, the identification of the least developed among the developing countries was considered by the United Nations General Assembly to be a basic prerequisite for the formulation of a concrete action programme. Both UNCTAD and the Economic and Social Council

Committee for Development Planning, through several expert and working groups, carried out studies relative to the identification of the least developed among the developing countries. Among a number of characteristics which were considered as a basis for identifying this group of countries were: low per capita income, predominance of subsistence agriculture, low level of industrialization, low level of education, shortage of skills, weak administrative and governmental organization, inadequate or rudimentary economic infrastructure, high transport costs, inadequate health services and, finally, the smallness of size of most of these countries, with corresponding limits of their internal markets.

2.3 The above characteristics eventually were grouped in three basic indicators: per capita gross domestic product of US$ 100 or less; share of manufacturing in total gross domestic product of 10% or less; and literacy rate - proportion of the literate persons in the age-group of 15 years and more - of 20% or less. On the basis of these indicators, the Committee for Development Planning suggested the following list of 25 countries, to be classified as the "hard core" least developed among the developing countries:

Africa (16)

Botswana, Burundi, Chad, Dahomey, Ethiopia, Guinea, Lesotho, Mali, Malawi, Niger, Rwanda, Somalia, Sudan, Uganda, United Republic of Tanzania, Upper Volta.

Asia and Oceania (8)

Afghanistan, Bhutan, Laos, Maldives, Nepal, Sikkim, Western Samoa, Yemen.

Latin America (1)

Haiti.

2.4 In proposing this list, the Committee for Development Planning was careful to note its tentative character. It recognized that the list was based on indicators which were neither wholly reliable nor sufficient in themselves to provide a complete picture. While it suggested that the list should be reviewed and, if necessary, revised, the Committee from the outset did not rule out the use of different classifications for special purposes; it suggested that in specific areas the competent intergovernmental organizations should elaborate their own criteria and procedures for identification and that this might be especially appropriate in the regional context. The Committee stressed, however, that by any set of classification criteria the "hard core" countries should be considered as least developed.

2.5 At its twenty-sixth session the United Nations General Assembly concurred with the views of the Committee for Development Planning and in resolution 2768 (XXVI) approved the list of "hard core" least developed countries established by the Committee for Development Planning. The General Assembly requested the international organizations within the United Nations system to take fully into account the special needs of the least developed countries when formulating their programme of activities or selecting the projects to finance.

3. Special measures adopted in favour of the least developed countries in the United Nations system

3.1 Among the special measures adopted so far in the United Nations system in favour of the least developed countries of most direct interest to WHO are those taken by UNDP. As already reported to the Executive Board and the Health Assembly, the Governing Council of UNDP in January 1973 authorized the Administrator to use a figure of US$ 35 million as a basis for programming special measures in favour of the least developed countries during the period 1973-1976.

3.2 The report which the Administrator has prepared for the forthcoming session of the UNDP Governing Council in January 1974 on the action taken and proposed for the period 1973-1976 indicates that project proposals were received from practically all the governments of the least developed countries. The majority of the proposals were identified jointly by the governments and the "overall country programming missions" which were sent to the least developed countries to assist them in identifying projects uniquely responsive to their development needs.

3.3 In the 20 country programmes of the least developed countries approved or under consideration are projects related to the strengthening of general planning and administrative machinery, training of national cadres and the strengthening of statistical services, which would, no doubt, be of indirect benefit to health development. Two projects are exclusively health projects (Tuberculosis Control Programme in Bhutan and Assistance for Basic Health Services in Burundi); two others on nutrition and rural development and a coordination of water master planning project have pronounced health components. Further, a large regional project for emergency work on groundwater has been approved for the drought stricken least developed countries in the Sahel.

3.4 Also at its sixteenth session (June 1973) the UNDP Governing Council in the course of reviewing the criteria for setting indicative planning figures for the period 1977-1981 decided as a guideline that the least developed countries should obtain as a whole at least 25% of the total resources available for country indicative planning figures.

4. WHO position and past action

4.1 The concept that some developing countries in view of their particular socioeconomic disabilities need special measures to ensure their progress and to enhance their capacity to benefit fully and equitably from international cooperation, is inherent in WHO's definition of health and its constitutional functions. In fact, over the years, in different contexts and under various initiatives, the Organization has been endeavouring to overcome the basic structural and operational handicaps in the health field of individual countries and their deficiency of health manpower through forms of assistance especially adapted to their needs and conditions.

4.2 In 1961, the World Health Assembly initiated a series of activities in favour of the newly independent and emerging States, most of which were subsequently identified as the least developed countries, and, in 1962, the Fifteenth World Health Assembly adopted resolution WHA15.22[1] under which the Director-General was authorized "to implement an accelerated programme for assisting those States concentrating on:

(a) national health planning and related training;

(b) expanding and accelerating medical education and training of national staff; and

(c) providing operational assistance

4.3 Operative paragraph 5 of the resolution requested the Director-General "to study the question of WHO serving as a co-ordinator in the provision of assistance to newly independent States with a view primarily to assisting them in the basic training and higher education of their national medical staff".

4.4 The programme inaugurated in that resolution became one of the primary concerns of the Organization. Its evolution, under constant review of the World Health Assembly and the Executive Board, was characterized by attempts at continuing refinement and addition of the measures required to meet the deficiencies in the health sector of the developing world, and by the expansion of relevant assistance to all the developing countries requiring it.

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[1] Handbook of Resolutions and Decisions, Vol. I, 1948-1972, p. 9.

4.5 The Twentieth World Health Assembly in 1967, realizing that for the implementation of their national programmes the requirements of some of the developing countries exceeded their resources, adopted resolution WHA20.50[1] in which it requested the Director-General, inter alia, "to study the measures which could be taken to assist developing countries, with particular reference to the means by which, within the limits of the budget and making the best use of all other available resources:

(1) material assistance to the programmes of those countries could be increased;

(2) the organizational resources available to States for the execution of their programmes could be supplemented to the fullest possible extent; and

(3) further assistance to the operating expenses of priority national or regional programmes could be obtained".

4.6 This study led to decisions of particular relevance to special health measures in favour of the least developed countries. In resolution WHA21.47,[2] the Twenty-first World Health Assembly endorsed the Report of the Director-General[3] outlining new features in the traditional forms of assistance - consisting of advisory staff, fellowship awards, and limited quantities of equipment and supplies - and proposing more flexibility in the provision of the Organization's assistance to meet the differing and evolving needs of developing countries.

4.7 The new forms of WHO assistance, as inaugurated in that resolution, included, inter alia, the provision of international advisory personnel on long- and short-term assignments with the possibility of fulfilling in addition to their advisory and education responsibilities some executive functions, as well as the provision of operational staff to work within the national health administration with executive instead of advisory functions. Experience having shown that unsatisfactory results obtained in some WHO-assisted projects were often due to the lack of proper administrative management and logistic support at national, intermediate and local levels, it was also considered useful to provide appropriate advisory personnel to assist national health administrations in these aspects of the programme.

4.8 In the field of fellowships and other educational activities, the extension of WHO's fellowship programmes to include local awards, i.e. training within the fellow's own country, was introduced, the development of manuals and textbooks adapted to local conditions, and the use of well-developed institutions in a given country as a "centre of excellence" on which training activities for the country as a whole could be based.

4.9 While it was emphasized that every effort must be made to adapt the assistance provided by the Organization to the particular requirements of developing countries who do not possess the necessary matching resources, this assistance should remain primarily technical in nature, in keeping with Article 2 of the WHO Constitution. Some increase in the provision of equipment and supplies was admitted under the conditions to be stipulated in the plan of operation and without disrupting the balance of the programmes. In addition, developing countries were afforded the possibility of purchasing with their national currencies, teaching and laboratory equipment under the provision of a revolving fund created for this purpose by Health Assembly resolution WHA19.7,[4] further extended by resolution WHA26.25[5] to cover also the purchase of medical literature.

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[1] Handbook of Resolutions and Decisions, Vol. I, 1948-1972, p. 10.

[2] Handbook of Resolutions and Decisions, Vol. I, 1948-1972, p. 11.

[3] Off. Rec. Wld Hlth Org., No. 168, Annex 11.

[4] Handbook of Resolutions and Decisions, Vol. I, 1948-1972, p. 404.

[5] Off. Rec. Wld Hlth Org., No. 209, p. 13.

4.10 Since financial limitations of some developing countries often represent the main obstacle to the implementation of WHO-assisted projects, it was envisaged that the Organization might participate in local costs in order to alleviate the burden on developing countries in connexion with partial payment of salaries of national staff involved in eradication programmes; the travel expenses of national medical personnel to attend courses within their own country; the running costs and costs of repair and maintenance of vehicles used in malaria and smallpox eradication campaigns; and in arranging for grants-in-aid to undergraduate medical students to help them meet their living expenses while studying in their own country, or to cover part or all of the salaries of staff appointed by the national administration as professors in medical schools.

4.11 The variety of the forms and the flexibility in their application made it possible for the countries at various levels of development, including those with minimum resources and facilities, to benefit from WHO assistance. An interim report[1] sent to the Secretary-General of the United Nations in compliance with the Economic and Social Council resolution 1754 (LIV), contains some illustrations of different forms of WHO activities financed from its regular budget during the period 1971-1974 in a number of countries identified by the United Nations General Assembly as "least developed". As to the possible future action, the Director-General will inform the United Nations Secretary-General and the Economic and Social Council of it following the Executive Board's consideration of this matter and the decisions it may wish to take.

5. Proposed future action

5.1 The Director-General considers that the "hard core" 25 countries identified by the United Nations General Assembly as the least developed among the developing countries are also the most deficient with regard to their health situation. However, it should be recognized that the health sector or some specific health problems in other countries may be of the same nature as in the "hard core" least developed countries. Under such conditions, and within the limits of the resources available, any relevant health measures that may be developed for the least developed countries should be available to these other countries upon their request. This would be fully in accordance with the principle that for special purposes and sector-wise the competent organizations should identify the least developed countries according to their own criteria and procedures.

5.2 The types of assistance so far developed by the Organization remain fundamentally valid and, in pursuing its constitutional functions, the Organization will continue to furnish them upon the request of governments. However, based on the experience gained and the improved understanding of the most important constraints limiting the absorptive capacity of the least developed countries, the methodologies of delivery of the Organization's assistance should be further refined and conditions of assistance made more flexible.

5.3 The Director-General therefore proposes to seek innovative and unconventional forms of approaches in consultation with the countries concerned, taking into account the results of the "Organizational study on methods of promoting the development of basic health services" and the relevant decisions of the Health Assembly embodied in resolution WHA26.35.[2] This would, inter alia, include assistance to countries in their identification of major health problem areas in a given country, the definition of realistic short- and medium-term objectives in such areas, the formulation of health programmes designed to meet these objectives, and the preparation of detailed plans for their implementation with full consideration of the special constraints prevailing in the country. Depending on the available resources, the Organization might endeavour to make arrangements for projects implemented in the least developed countries as flexible as possible, liberally interpreted, concentrated on major priority areas, and periodically reviewed so as to adapt them to new circumstances which may arise. Concurrently, the Director-General also proposes to study further streamlining of procedural requirements for the provision of special assistance.

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[1] Copies of this report are available in its original English version.

[2] Off. Rec. Wld Hlth Org., No. 209, p. 18.

5.4 Planning and implementation of WHO forms of assistance to those countries should be made in a more coordinated way at the country and international levels, the latter implying not only coordination with the United Nations system but also between the developed, developing and least developed countries. Joint health endeavours of the least developed and developing countries if properly conceived and pursued could prove useful. It is through an evolved and improved coordination that WHO would be in a position to help governments to use the international, as well as bilateral resources, in the most rational way for priority health problems.

5.5 Regarding a coordinated approach within the United Nations system towards the problem of the least developed countries, the rationale of it is evident. The mounting by the UNDP of the overall country missions to identify action uniquely responsive to a country's development needs is no doubt a positive approach, provided that all interested components of the United Nations system take part in such missions. This is particularly important with regard to WHO, the health aspect of overall socioeconomic development being still insufficiently understood in many instances.

5.6 As the inadequacy of administrative support services in general, and in the health sector in particular, represents the overwhelming limitation to development efforts of the least developed countries and their capacity to utilize adequately external assistance, the Organization should, in the first instance, concentrate its efforts and increase its investments to assist those countries to improve their health planning and administrative machinery. It is therefore proposed to provide to the countries, at their request, advisory and other personnel specifically qualified in health planning and health management and to initiate special training schemes for training nationals in the least developed countries in health administrative techniques, planning and coordination.

5.7 Finally, the strengthening of WHO Representatives' Offices in the least developed among the developing countries and supporting their staffing with experienced planning and coordination officers would seem particularly desirable.

6. Sources of financing special measures

6.1 WHO's regular budget for 1974 has already been adopted and the Director-General's Proposed Programme and Budget Estimates for 1975[1] are before the Executive Board. As in the past, the greatest percentage of the budgetary provision is for operational activities in the field. While the intensification of the WHO activities to tackle more effectively the unique problems of the least developed countries is expected by the United Nations General Assembly and the Economic and Social Council as a matter of urgency, it should be realized that any such expansion is contingent on the provision of additional and/or extrabudgetary funds.

6.2 At present the most immediate source for financing special measures is the allocation, referred to in paragraph 3.1, of US$ 35 million by UNDP for the least developed countries envisaged as an interim arrangement until it becomes possible from the commencement of the Second United Nations Development Co-operation Cycle to take into account the special needs of the least developed countries within the framework of the country programmes, based on new indicative planning figures (IPF). The Director-General welcomes this allocation and believes that every effort should be made to secure an increased portion of this amount for the health sector, commensurate to the importance of health for overall development.

6.3 Recognizing the limitation of the Organization's resources, the Fifteenth World Health Assembly in its above-mentioned resolution WHA15.22,[2] authorized the establishment of a Special Account for Accelerated Assistance to Newly Independent and Emerging States to receive voluntary contributions for intensifying and accelerating assistance to those countries.

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[1] Off. Rec. Wld Hlth Org., No. 212.

[2] Handbook of Resolutions and Decisions, Vol. I, 1948-1972, p. 9.

Should the Board agree, the terms of reference of this Special Account could be adapted to meet the new situation, in the hope that the countries in a position to do so would increase their contributions to it.

6.4 The recent development of the United Nations Capital Development Fund opens also possibilities for financing some health projects in the least developed countries. According to the decision of the UNDP Governing Council, welcomed by the Economic and Social Council and the United Nations General Assembly, the Capital Development Fund will be used primarily to finance in the "hard core" countries small-scale projects, including small-scale plants that do not easily attract financing from conventional resources. The Fund has so far accumulated the equivalent of about US$ 6 million, mostly in nonconvertible currencies, out of which the equivalent of somewhat over US$ 3 million has been made available, and recently some comparatively large contributions have been pledged to this Fund. The Director-General would hope that the resources of the Capital Development Fund could be used to finance the establishment of small plants for the production of rehydration fluids, vaccines or other medicaments, and similar projects, which would increase the possibility for the improvement of health in the beneficiary country, while at the same time enhancing its economy.

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ANNEX

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GENERAL ASSEMBLY

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5 February 1974

Twenty-eighth session
Agenda item 12

RESOLUTION ADOPTED BY THE GENERAL ASSEMBLY

[on the report of the Second Committee (A/9400)]

3174 (XXVIII). Special measures in favour of the least developed countries

The General Assembly,

Recalling resolution 62 (III) of 19 May 1972, of the United Nations Conference on Trade and Development, 1/ in which the Conference recommended, inter alia, that developed countries should give urgent consideration to the modalities for increasing flows of multilateral and bilateral assistance to the least developed countries and, for this purpose, spelt out certain measures for the implementation of which the Conference called for the study of ways and means for establishing institutional arrangements, including a study on the principle of establishing a special voluntary fund for the least developed countries,

Recalling Trade and Development Board decision 100 (XIII) of 8 September 1973, 2/

Noting the resolution adopted by the Fourth Conference of Heads of State or Government of Non-Aligned Countries at Algiers on 9 September 1973, 3/ in which the Conference recommended that in international economic action top priority should be given to the urgent implementation of the programmes of special measures in favour of the least developed countries adopted by the United Nations Conference on Trade and Development, at its third session and by other specialized international institutions,

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1/ See Proceedings of the United Nations Conference on Trade and Development, Third Session, vol. I, Report and Annexes (United Nations publication, Sales No.: E.73.II.D.4), annex I.A.

2/ See A/9015 (Part III), annex I.

3/ A/9330, p. 81.

Recalling Economic and Social Council resolution 1710 (LIII) of 28 July 1972, in which the Council, inter alia, called upon developed countries and multilateral institutions and agencies to respond favourably to the needs of the least developed countries in the different fields of trade and development,

Recalling General Assembly resolution 3036 (XXVII) of 19 December 1972, in which the Assembly recognized that the relevant provisions of resolution 62 (III) of the United Nations Conference on Trade and Development and those of the International Development Strategy for the Second United Nations Development Decade 4/ must be applied in practice as soon as possible,

Also recalling Economic and Social Council resolution 1753 (LIV) of 16 May 1973, in which the Council recommended, inter alia, that the General Assembly should review at its twenty-eighth session the institutional arrangements for the implementation of the special measures in favour of the least developed countries and consider ways and means of further employing sizable sums of the resources of the United Nations Capital Development Fund, as well as other sources and arrangements, for assisting the least developed countries in overcoming their basic handicaps,

Further recalling Economic and Social Council resolution 1754 (LIV) of 16 May 1973, in which the Council recognized that the organizations of the United Nations system should take further concerted measures, including the adaptation of their operational rules, the terms and conditions under which assistance is provided, and their institutional arrangements, for according priority and co-ordinated attention to the particular problems and needs of the least developed countries,

Noting with appreciation the concern of and reporting by different United Nations bodies, particularly the Trade and Development Board and the Governing Council of the United Nations Development Programme, in response to General Assembly resolution 3036 (XXVII) under which they were requested to initiate and accelerate the implementation of their respective action programmes in favour of the least developed countries in the areas within their competence,

Taking note of the note by the Secretary-General 5/ on the desirability and feasibility of establishing a special fund for the least developed and the developing countries and the note by the Secretary-General 6/ on institutional arrangements for the implementation of special measures in favour of the least developed among the developing countries, including the need for the creation of a special fund for these countries,

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4/ General Assembly resolution 2626 (XXV).

5/ E/5269.

6/ E/5416.

1. Calls upon the developed countries to give the highest priority to the urgent implementation of the special measures in favour of the least developed countries as envisaged in resolution 62 (III) of the United Nations Conference on Trade and Development, and to evolve innovative measures in different fields of assistance to the least developed countries with a view to enhancing their capacity to derive equitable and effective benefits from the policy measures of the International Development Strategy for the Second United Nations Development Decade;

2. Urges the organizations concerned within the United Nations system and the bilateral and multilateral sources of development financing to expedite action on Economic and Social Council resolutions 1753 (LIV) and 1754 (LIV), and to introduce the necessary ways and means for increasing their capacity to participate more effectively in the implementation of the measures for assisting the least developed countries as spelt out in resolution 62 (III) of the United Nations Conference on Trade and Development.

3. Requests all developed countries to respond favourably to the trend for reactivating and reorienting the United Nations Capital Development Fund by contributing to it and enforcing its operational activities through the annual pledging conferences;

4. Decides to consider further at its twenty-ninth session the question of the creation of a special development fund for the least developed countries in order to complement the services accorded them by existing financial institutions and, for this purpose, requests the Secretary-General to prepare for submission to the General Assembly, through the Economic and Social Council at its fifty-sixth session, a summary of the studies already made, together with any additional information, on the need for creating a special fund for the least developed countries and the institutional arrangements for that purpose;

5. Further decides that a comprehensive evaluation of the implementation of the special measures in favour of the least developed countries, together with a decision on the principles and possible mode of operation of a special development fund for the least developed countries, should be undertaken by the General Assembly, at its twenty-ninth session, and that, on the basis of the reports and studies requested by the Economic and Social Council from the organizations concerned within the United Nations system, a review of the special measures in favour of the least developed countries should be conducted with the purpose of enhancing the capacity of the organizations in the United Nations system to carry out all the provisions of resolution 62 (III) of the United Nations Conference on Trade and Development and of adapting policy guidelines, operational rules, terms and conditions, and institutional frameworks suitable to the conditions and problems of the least developed countries.

2203rd plenary meeting
17 December 1973