SUMMARY RECORD OF THE FOURTH MEETING

WHO Conference Hall, Manila
Wednesday, 10 September 1980 at 2.30 p.m.

CHAIRMAN: Mr J. Jaminan (Papua New Guinea)

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1. STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000: REVIEW OF PROGRESS TOWARDS DEVELOPMENT OF NATIONAL STRATEGIES AND PLANS OF ACTION AND DEVELOPMENT OF REGIONAL STRATEGIES: Item 16 of the Agenda (Documents WPR/RC31/15, WPR/RC31/15 Add.1, WPR/RC31/15 Corr.1) (continued from the third meeting, section 10)

Dr KAWAGUCHI (Japan) expressed appreciation of document WPR/RC31/15 Add.1; it was extremely important to improve indicators for monitoring health status both at national and regional levels. He would, however, suggest that the subject be further considered by an appropriate group such as the Sub-Committee on the General Programme of Work. It was important that, in considering the question of health indicators, Member States should also give attention to the development of the health system; if there were no system for collecting accurate data, the health indicators could not be used effectively.

Dr MINNERS (United States of America) said that the excellent documentation before the Committee was an indication of the amount of work done. The effort for health for all should be a forward-looking effort - a force having both magnitude and direction.

Regarding document WPR/RC31/15 Add.1, he referred to paragraphs 21, 24, 25 and 26 - in particular the reference to indicators of political commitment to health for all. It was quite right to emphasize from the outset the importance of commitment at the higher political level. On the other hand, it must be admitted that the ultimate success was the outreach to the people, and therefore the commitment at political levels other than the higher level would become of increasing importance.

Referring to Annex 2 to document WPR/RC31/15, he noted that in Chapter 1 the last paragraph of section 1.4 referred to the socioeconomic environment. There had been considerable discussion on that subject, but much work remained to be done on the development of socioeconomic indicators. The real goal was a change in both socioeconomic and health status. Chapter 2 quite rightly referred to the need for a multisectoral approach and to the fact that little had so far been achieved in that respect. In Chapter 4, the objectives outlined in section 4.2.1 were excellent; it was going to be very difficult, however, to develop indicators for measuring the progress made regarding items (g) and (h) (the promotion of lifestyle and habits conducive to health, and the promotion of psychosocial wellbeing). He considered that the health status targets set out in the table on pages 19 to 24 would provide useful indicators; the question was whether they should be planned out over a period of time. The last paragraph of section 5.5, in Chapter 5, referred to the importance of the use of national expertise through WHO expert advisory panels; the recent organizational study of the Executive Board on the role of expert advisory panels, committees and collaborating centres contained valuable material in that respect. In Chapter 10, point 5 referred to extrabudgetary resources identified through joint planning; he asked to what extent and in how much detail WHO collaborated with other organizations in joint planning, and the degree of importance of the planning cycles of the other organizations: in other words, was WHO's six-year planning cycle an advantage or a disadvantage?
In the United States there was a lively interest in health for all; a national strategy had been developed, its elements including access to health services for all, through federal health service programmes, primary care for the underserved, national health insurance, cost containment, disease prevention and health promotion, environmental health, and scientific efforts. It was recognized that some of the objectives and indicators would have to be changed according to the success achieved and problems encountered.

The Government of the United States of America fully supported the goal of health for all; it had cooperated in the drafting of United Nations General Assembly resolution 34/58, had participated in a conference on health for all in developed countries, and looked forward to a sustained effort that would increase in strength over the coming years.

The CHAIRMAN expressed appreciation to the Government of the United States' support of the goal of health for all and its cooperation in the Western Pacific Region.

Dr WANG JIAN (China) remarked that, as a result of the combined efforts of Member States and the Regional Office, the Committee now had before it a set of regional policies and strategies for the attainment of health for all by the year 2000. It was a great achievement, considering the arduous task of preparing, in a relatively short time, a regional strategy covering a 20-year period. Although it had not been possible, in the limited time available, to consider document WPR/RC31/15 in detail, he approved it in principle. He expressed appreciation, in particular, of the fact that primary health care was accepted as the key to the implementation of the regional strategy, and that more attention was being paid to the distribution of manpower, funds and resources in kind. In view of the different situations in various countries, difficulties would certainly be encountered in the implementation of strategies; regional strategies should therefore be periodically reviewed and revised, modifications being made according to new developments.

In China, a summary had now been made of the health work done since the establishment of the People's Republic. On the basis of that summary, and taking into account the actual situation and the experience gained both in China and in other countries, a health programme for the next 20 years had already been formulated; a report on the subject had been submitted to the Regional Director.

China was anxious to collaborate with other countries in the effort to achieve the goal of health for all, and supported the draft resolution contained in Annex 3 to document WPR/RC31/15.

Dr KHALID (Malaysia) said the Government of Malaysia was now preparing its development plan for 1981-85, and thus the document under consideration was of direct interest. Firstly, because the strategy outlined was regional and not country-specific, it should have sufficient flexibility to allow for variations in investment. Secondly, because the strategy would span a period of twenty years, during which the health problems, as well as the economic circumstances, of countries would change, it should also have
flexibility in terms of content. The representative of China had pointed out that the strategy might need revision from time to time, in order to adapt it to changing circumstances. Thirdly, there would be need to upgrade managerial expertise in such areas as problem-solving, team-building, communication and supervision. Fourthly, programmes should be developed which were problem-based rather than sector-based. Inter-sectoral linkage could not be achieved unless there was willingness to share and to coordinate information for planning purposes. Lastly, in view of the difficulty of obtaining funds for health programmes without being able to demonstrate that such programmes would bring clear socioeconomic benefits, there would be need to develop social impact indicators in addition to medical indicators.

Dr BANZON (Philippines) said her country had developed a national strategy for the achievement of health for all by the year 2000 which included a research and development component. She would make available to representatives documentation on that strategy which she was sure they would find useful.

Dr RIDINGS (Samoa) said the whole subject of indicators was exceedingly complex. There was no doubt that yet more sets of indicators would be needed to keep pace with changing needs in both developed and developing countries. Nevertheless, a start had to be made somewhere; if that were to be done, priorities would have to be fixed in order to establish criteria for the allocation of funds for primary health care. The most important indicators for the developing countries were, firstly, health status indicators, and secondly, health care provision indicators. Although those were simple concepts, he felt they would be more useful than more complex ones that attempted also to take into account social and economic factors.

The CHAIRMAN drew attention to the draft resolution set out in Annex 3 to document WPR/RC31/15, and invited comments.

Dr MINNERS (United States of America) thought that operative paragraph 3 should be made more positive. He suggested it should be reworded along the following lines: "RECOGNIZES that such strategies will grow in substance and strength as countries reach out towards health for all through new knowledge and the application of existing knowledge". That would make the paragraph less of an escape clause and more of a firm statement.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland), returning to the subject of indicators, said that in the present climate of recession, when the health sector was competing with other sectors for scarce resources, there was a need for more aggressive indicators which would show Member States how improved health could be a positive benefit to the economy.

Noting that there were no further comments, the CHAIRMAN asked the Rapporteurs to prepare a revised draft resolution, taking into account the points that had been made. (For consideration of the draft resolution, see the fifth meeting, section 1.9).
2. WHO'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS: Item 17 of the Agenda (Documents WPR/RC31/16, WPR/RC31/16 Add.1, and WPR/RC31/16 Corr.1)

The REGIONAL DIRECTOR said that Part III of the Sub-Committee's report related to resolution WHA33.17 adopted by the World Health Assembly on WHO's structures in the light of its functions, and also to resolution WHA33.19 on the proposal to hold biennial health assemblies. As the Regional Committee had agreed, it should be introduced by Dr Koh, the Sub-Committee Rapporteur.

Document WPR/RC31/16 contained the Sub-Committee's report and document WPR/RC31/16 Add.1 a plan of action prepared by the Global Programme Committee for the implementation of resolution WHA33.17. Annotations on the action taken at regional level were given in Annex 1 of document WPR/RC31/16 Add.1. The Sub-Committee had met again on 8 September 1980 to consider the implications of biennial health assemblies for the work of the Regional Committee. It had decided to recommend some revisions to the draft resolution contained in the report of its meeting in June 1980. The text of the revised resolution was contained in document WPR/RC31/16 Corr.1.

In introducing Part III of the report of the Sub-Committee on the General Programme of Work, Dr Koh (Singapore), Rapporteur, Sub-Committee on the General Programme of Work, Part III, drew the Regional Committee's attention to resolution WHA33.17, entitled "Study of the Organization's structures in the light of its functions". That resolution emphasized Member States' commitments to concentrate WHO's activities on supportive regional and global strategies for attaining health for all by the year 2000 and, in so doing, strengthening all roles, functions, and structures within the Organization so as to ensure their optimum use as a means for the escalated coordination and technical cooperation activities required to reach the goal of health for all.

In reviewing resolution WHA33.17, the Sub-Committee had focused its attention on the recommendations addressed to Member States and to the regional committees. To individual Member States, the resolution urged a clearer definition of the role of the ministry of health as the coordinating authority for national health workers. It also emphasized the strengthening and development of national mechanisms to facilitate further cooperation and coordination of health activities within the government, with WHO, and with other Member States of the Organization in implementing individual national strategies for achieving health for all by the year 2000.

The Sub-Committee had recommended that Member States should strengthen existing national mechanisms that could act as multisectoral councils dealing with health matters. It had also recommended that, at its thirty-first session, the Regional Committee should consider further the role of ministries of health as directing and coordinating authorities for future national health work.
The recommendations directed to the regional committees in resolution WHA33.17 might be characterized as urging the current session of the Regional Committee to be more active in managing a regional strategy, by defining regional policies and programmes in support of national health-for-all strategies and by strengthening mechanisms for multisectoral involvement, including the channelling of external funds into priority activities.

Under agenda item 16, the Regional Committee had reviewed and approved the regional strategy for achieving health for all by the year 2000. The Sub-Committee felt that the Regional Committee's approval of that strategy would allow it to make clearer commitments regarding its collective work at the regional level. In its review of operative paragraph 3(2) of resolution WHA33.17, the Sub-Committee had felt that some consideration should be given to strengthening the Regional Committee through its sub-committees. For purposes of managing the regional strategy and programme, it was considered that the two existing subcommittees of the Regional Committee might, if strengthened, fulfil such functions adequately. A proper balance in membership and the possibility of expanding the sub-committees' terms of reference should be studied carefully.

Furthermore, the Sub-Committee expressed its concern at the apparently limited representation of the Western Pacific Region on the Executive Board. It thought that the mechanism for appointing members of the Board should be reviewed. The Sub-Committee believed that the title "WHO Programme Coordinator" did not adequately describe the functions and responsibilities of WHO at the country level, and that the former title, "WHO Representative", appeared to be more appropriate.

Mr BOYER (United States of America) observed that the structures of WHO in the light of its functions had been under discussion for two years. He himself found the subject difficult to grasp. However, the Sub-Committee on the General Programme of Work had pin-pointed some important issues and the Regional Committee ought to consider the matter in terms of dealing with the problem. WHO might be improved in various ways. For instance, the Regional Committee needed to be strengthened as Member States themselves became stronger, and to play a stronger role in the Executive Board and World Health Assembly by transmitting to them its creative ideas, reports on regional projects, and suggestions for new priorities. His own impression was that many of the resolutions adopted by the Regional Committee usually were not transmitted to or considered by the Health Assembly. A notable exception had been the resolution on travel costs, which - though he had not supported it - provided a principle that needed to be emulated. Members of the Regional Committee who were also members of the Executive Board, as well as the Regional Director, might play a more important role in the Board, and the presence at the Board's sessions of the Chairman of the Regional Committee would provide another voice to speak of the Region's concerns.

It was important to coordinate representation on WHO's governing bodies and to send the same people to the Regional Committee as to the Executive Board and the Health Assembly, so that they might better understand the issues involved and help to translate them into action at
national level. Mechanisms for evaluation also required to be strengthened. In the field of technical cooperation among developing countries, which was already a reality in the Region, still stronger mechanisms were possible. Also, more needed to be done to ensure that national programmes were consistent with regional and global priorities.

The expertise of the Regional Advisory Committee on Medical Research might be utilized to greater effect in helping with programme priorities.

Programme Coordinators were key persons, acting as links between governments and WHO. They needed to be excellent: well selected, well trained, and well supported. It was important to ensure that the best people possible were recruited for such positions.

The Sub-Committee on the General Programme of Work had done a fine job and its services might well be extended in order to strengthen the regional organization. Also, the Western Pacific Region deserved a more important role in the Executive Board: it currently had only three seats at the Board and was perhaps not fairly represented in relation to the rest of the world given its extensive population.

It was both important and useful for WHO to switch from annual to biennial health assemblies - a proposal that had received strong support from delegates from the Western Pacific Region at the 1980 Health Assembly. To achieve that change, the WHO Constitution would need to be revised at the next Health Assembly, and that required a two-thirds majority. He called on all Western Pacific delegates to the Health Assembly to support that initiative.

The CHAIRMAN said that the representative of the United States of America had raised some important points, particularly that concerning the number of Executive Board members.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) stressed the importance of WHO representation at the country level. The regions, and in particular the regional committees, might well assume greater responsibilities, but he did not think that it had been intended to turn the Organization into a federation of six regions. It would be desirable for the Executive Board to play a stronger executive role, resembling that of a board of directors, with an enhanced monitoring role at the global level.

He urged caution in altering the basic structure of WHO; in making such a change the morale of the staff needed to be taken into account.

Dr ACOSTA (Philippines) was of the opinion that members of the Executive Board did not represent their countries but were designated on a personal basis.
Dr VIGNES (Director, Legal Division, WHO Headquarters) confirmed that members of the Executive Board did not represent their countries. The WHO Constitution did not mention the region as a basis for representation on the Board. However, Article 24 stated that "The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board". Thus an equitable geographical distribution appeared to be the only criterion applied. The wording used in Rule 102 of the Health Assembly's Rules of Procedure was slightly different, the criterion being "a balanced distribution of the Board as a whole". In fact, neither the Constitution nor the Rules of Procedure of the Health Assembly mentioned the participation of regions as such regarding election to the Executive Board. The way in which the regions were represented on the Board was merely the practice of the Health Assembly, and was based on the number of States within a region pro-rated against the total membership of WHO.

Dr CHRISTMAS (New Zealand) said he believed that Executive Board members elected according to the terms of Article 24 of the Constitution were entitled to designate some other persons to serve in their stead, and he asked how many members had exercised that right. Though he did not wish to question the legal interpretation of "geographical distribution" - a term that had not been defined - the criterion of membership seemed to be the number of political states and not the geographical distribution of the population. The Western Pacific was entitled to question the concept of "equitable geographical distribution", despite the historic origins of the term. The Health Assembly had adopted the principle of health for all, which placed great emphasis on achieving, during the next two decades, the health of the people. It was therefore important to ensure that the Executive Board represented people and not merely geographical areas.

In reply to the points raised by Dr Christmas, Dr VIGNES said that the current procedure was for the Health Assembly to designate Member States, which, in turn, nominated the persons whom they considered to be the best qualified to sit on the Board, whether or not such a person was a national of the country that nominated him. That situation had occasionally arisen - e.g., where there had been political arrangements between Member States, as in the case of the Benelux group of countries.

He agreed that the wording "equitable geographical distribution" used in the WHO Constitution might be interpreted variously. For some thirty years, the Health Assembly had considered that it meant distribution by Member States, and had taken the number of Member States into account to determine the level of representation of the regions. Without altering the Constitution, another interpretation was possible. In line with the principle of "one country, one vote" applied in the Health Assembly, all countries had been placed on the same level for the purpose of determining representation on the Executive Board. With some rare exceptions (which took into account criteria other than the number of Member States) that principle was applied throughout the United Nations system.
Mr VAUGHN (Australia) expressed his delegation's appreciation of the very valuable report presented by Dr Koh and noted the comments made by the representatives of the Philippines, United Kingdom of Great Britain and Northern Ireland and United States of America. He wished to discuss only the question of the periodicity of World Health Assemblies. As there was now biennial budgeting throughout WHO, he could see no logical objection to biennial Health Assemblies, from a date to be determined and subject to ratification by the World Health Assembly. Members of the Western Pacific Region had not manifested any opposition at the Thirty-third World Health Assembly. A resolution could therefore appropriately be put forward by the Committee and he wished to submit a text. The problem should be placed high on the agenda of the next World Health Assembly.

Dr VIGNES (Director, Legal Division, WHO Headquarters) assured Mr Vaughn that the matter would be discussed at the next Health Assembly and, on 24 July 1980, the Director-General had sent out a circular letter to Member States on the subject (C.L.17.1980) so that they could be prepared for the discussion.

Mr VAUGHN (Australia) said that his proposed resolution was aimed at strengthening the case for discussions on periodicity at the following year's Health Assembly.

Dr CHRISTMAS (New Zealand) expressed the view that a resolution by the Regional Committee would unduly tie the hands of individual countries in the Region when the matter was discussed at the Health Assembly.

Mr BOYER (United States of America) rejoined that the resolution would only urge a course of action on the governments. It was essential that Health Assembly delegates should be made aware of the importance of the subject, since a two-thirds majority would be needed to make any change.

The REGIONAL DIRECTOR, on a point of procedure, stated that any resolution put forward must be translated into the working languages, circulated among the representatives and then considered in due time.

The CHAIRMAN said he would accept the draft text proposed by the representative of Australia for consideration by the Regional Committee; the procedure outlined by the Regional Director would be followed. Meanwhile he invited the Committee to consider the draft resolution contained in document WPR/RC31/16 Corr.1.

Decision: The draft resolution was adopted (see resolution WPR/RC31.R4).

(For consideration of the draft resolution on biennial health assemblies, see the fifth meeting, section 1.11 and the seventh meeting, section 1.11).
3. MEMBERSHIP OF THE SUB-COMMITTEE ON THE GENERAL PROGRAMME OF WORK: Item 15.2 of the Agenda

The REGIONAL DIRECTOR stated that the members of the Sub-Committee on the General Programme of Work were the representatives of China, Japan, New Zealand, Samoa, Singapore, Tonga and Viet Nam. The three-year period of tenure of the representatives of Japan and Viet Nam would end at the present session of the Regional Committee. The Committee had to decide which Member States should appoint representatives to replace them. It might wish to consider designating Malaysia and the Republic of Korea.

In the absence of any comment the CHAIRMAN instructed the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.10).

4. HEALTH 2000 RESOURCES GROUP: ELECTION OF A MEMBER TO SEND A REPRESENTATIVE TO MEETINGS OF THE GROUP: Item 18 of the Agenda (Document WPR/RC31/17)

The REGIONAL DIRECTOR reminded representatives of the discussion at the thirtieth session of the Regional Committee on the subject of a proposed Health 2000 Resources Group, or international health funding group as it had then been called. The Committee had postponed nomination of a representative from the Region as a member of the Group until sufficient background information had been provided to enable it to make a decision. Document WPR/RC31/17 presented the complete background to the establishment of the Group, its composition, its terms of reference and the conclusions and recommendations of its first meeting.

It was hoped that the Committee would agree that a representative of the Western Pacific Region, as proposed by the Health Resources Group itself, would have much to contribute as a member. The Committee might then wish to consider which Member State should be selected to designate the member for a period of three years, retroactive from 1 January 1980, until 31 December 1982. The Regional Director proposed that the Member State should be Papua New Guinea.

Dr GENTILE (France) expressed his astonishment that the subject should be on the agenda at all. A resolution from the Executive Board or the Health Assembly would be more appropriate. Anyone whom the Regional Director wanted then to send could be sent. It was not for the Committee to make the decision.

Dr CHRISTMAS (New Zealand), concurring, said that it seemed to him that the tasks were so demanding that the Director-General might want a consultant group to deal with them, in which case he should appoint its members himself. If a body with authority was to be set up, it was clearly for the World Health Assembly to decide on the way it should be constituted.

The REGIONAL DIRECTOR said that the position was very ambiguous. The Regional Office had been requested by the Director-General to select a representative from a recipient country as a member of the Group. Because of the lack of information in 1979 the Committee had decided not to consider the subject and when he had reported that decision to the Health
Resources Group and the Director-General, the Director-General had again asked that the Committee should designate a representative. If the Committee wished to leave the decision to the Regional Director, he was quite willing to assume that responsibility.

Dr Christmas (New Zealand) said that he had understood selection was by the Director-General. If the Director-General had asked Regional Directors to have Members of the Group elected by the Regional Committee, then that procedure should of course be followed. He just felt some concern with regard to the actual functions of the Group.

The Regional Director said that the procedure had been established by a decision of the Executive Board, which had been endorsed by the Health Assembly.

Dr Christmas (New Zealand) asked to see a copy of the relevant resolution.

The Regional Director, supported by Dr Acosta (Philippines) proposed adjournment of the debate to the following day in order to allow time for preparation for further discussion on the item.

It was so agreed.

(For continuation of the discussion, see the fifth meeting, section 5 and the sixth meeting, section 1).

5. SEVENTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD
(1984-1989): Item 19 of the Agenda (Documents WPR/RC31/18 and WPR/RC31/18 Add.1)

The Regional Director said that, at its thirtieth session in 1979, the Regional Committee had briefly discussed the nature, objectives, structure and method of preparation of the Seventh General Programme of Work, as had the Programme Committee of the Executive Board at its meeting in November 1979. The timetable had originally allowed for review of preliminary material by the regional committees in 1980. The Executive Board had decided, however, that work on developing the Programme of Work should continue in 1980 and that proposals on its nature, method of preparation and programme structure should be reviewed by Member States individually, and collectively in the regional committees. A proposed outline would be submitted to the sixty-seventh session of the Executive Board in January 1981.

Three documents had been sent to Member States; one containing a proposed outline of the Programme of Work, one giving a summary of the issues raised by the Programme Committee of the Executive Board, and the third providing clarification of the issues raised. The three documents were attached to document WPR/RC31/18.
Representatives' comments would be very welcome on the proposed programme structure and on the issues raised by the Programme Committee of the Executive Board. It had to be borne in mind that the general programme of work, being the WHO programme for delivery of technical cooperation, should identify the areas where cooperation could be most effective. The national health programme structure need not be the same. It therefore had to be asked whether the proposed Seventh General Programme of Work was relevant to national strategies for health for all by the year 2000. A few of the questions that came to mind were: (1) whether the proposed three major programme areas — development of comprehensive health systems, health technology programmes, and promotional and support programmes — were considered appropriate; (2) what was considered to be the role of the research programme in assisting ministries of health to implement their various programmes; should it be included as a separate programme under "Development of comprehensive health services", for example as item 1.5, and should it be clearly identified in the other two programmes? (3) to what extent should item 1.4 be broken down to identify manpower planning and career development, manpower preparation and education technology? Was education technology in the right place under the first programme area, or should it be under the second, "Health technology"?

To assist the Committee in considering proposals for the outline of the Seventh General Programme of Work, a brief general assessment of the implementation of the Sixth General Programme of Work had been prepared in Geneva. It was submitted to the Committee as document WPR/RC31/18 Add.1, to which representatives could refer in making their comments.

Dr MINNERS (United States of America) said that there were interesting comparisons to be made between the Sixth General Programme of Work and the preparations for the Seventh. The main feature of the Seventh was its obvious relation to the goal of health for all by the year 2000, which could be said to have overtaken the Sixth by setting goals for the next 20 years. He suggested that an "executive summary" would be a useful or even necessary feature of the Seventh General Programme of Work.

He felt that discussion of the research element in the programme of WHO during the current session of the Committee had justified the presentation of research as a feature permeating each programme area, and it must be remembered that WHO research was intended not to serve itself, but rather to promote health. Furthermore, an integrated overview of WHO's research efforts was provided in the context of the ACMR.

The relevant headings in the Seventh General Programme of Work might usefully follow the tentative classification structure given in document DGO/80.2 (attached to document WPR/RC31/18), section III.2 of which was "Research promotion and development". But it should include an important indicator to training and career patterns to ensure that the training of research workers was reciprocated by countries through the provision of career opportunities for their research workers.
The effectiveness of the Seventh General Programme of Work would depend primarily on how it was related to budgetary provisions. Without proper financial support specifically allocated to its purposes, the impact would not be commensurate with the aims.

(For continuation of the discussion, see the fifth meeting, section 3).

The meeting rose at 4.55 p.m.