



REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

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RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE
TWENTY-FOURTH WORLD HEALTH ASSEMBLY

The following resolutions of the World Health Assembly are
submitted for action or information to the Committee:

1 FOR ACTION

1.1 Occupational Health Programmes (resolution WHA24.30)

Operative paragraph one of this resolution recommends that the
"regional committees undertake at their meetings in 1971 analyses of
the means by which occupational health services can be expanded in
countries undergoing industrialization". A separate document
(WPR/RC22/4 Add.1) has been prepared as a basis for the Committee's
discussion.

1.2 Community Water Supply: Report on the Financial Consequences
of the Programme for WHO (resolution WHA24.55)

Your attention is drawn to operative paragraph two of this
resolution.

2 FOR INFORMATION

WHA24.26 - Situation of the Cholera Pandemic

/WHA24.31 ...

- WHA24.31 - The Development of the Medical Use of Ionizing Radiation
- WHA24.36 - Disinsection of Aircraft
- WHA24.45 - Smallpox Eradication
- WHA24.47 - Problems of the Human Environment
- WHA24.48 - Health Consequences of Smoking
- WHA24.49 - Strategy for Health during the Second United Nations
Development Decade
- WHA24.57 - Drug Dependence
- WHA24.59 - Training of National Health Personnel

Copies of these resolutions, with the exception of resolution
WHA24.30 (see document WPR/RC22/4 Add.1), are annexed to this document.



RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

TWENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA24.55

20 May 1971

COMMUNITY WATER SUPPLY:
REPORT ON THE FINANCIAL CONSEQUENCES OF THE PROGRAMME FOR WHO

The Twenty-fourth World Health Assembly,

Having considered the report of the Director-General entitled "Community Water Supply - Report on the Financial Consequences of the Programme for WHO";¹

Considering the present rate of urban and rural water supply development, the present WHO programme of assistance to Member governments, the targets proposed for the United Nations Second Development Decade and the financial consequences of an accelerated programme to meet these targets; and

Noting with satisfaction the increased rates at which the United Nations Development Programme is providing assistance for pre-investment surveys for the production of acceptable projects both rural and urban, and the increase of loans for the construction of water supplies from international, regional and bilateral sources,

1. NOTES the report of the Director-General¹ and recognizing that implementation of the accelerated programme proposed in the report would greatly assist governments in meeting national targets within the United Nations Second Development Decade;

2. RECOMMENDS to Member States:

- (i) that they consider adoption of the rational approach to the problems of both urban and rural water supplies contained in the Director-General's report;
- (ii) that ministries responsible for health continue efforts of promotion and stimulation for the improvement of community water supply and sewerage programmes;
- (iii) that in national economic development plans and in country programming for UNDP and other types of co-operation full consideration be given to needs for public water supply and sewerage;

3. REQUESTS the Director-General:

- (i) to continue to accord high priority to assistance to developing Member countries in improving their urban and rural water supplies, including education and training of personnel;
- (ii) to intensify efforts to promote research and development activities leading to more efficient and economical methods for the planning, design and operation of both urban and rural community water supply systems;

¹ Document A24/B/12

(iii) to continue to assist Member governments to identify and mobilize all possible sources of technical and financial co-operation to enable them to achieve national targets for the improvement of both urban and rural water supplies within the United Nations Second Development Decade;

(iv) to report on the progress to the Twenty-fifth World Health Assembly.

Seventeenth plenary meeting, 20 May 1971
A24/VR/17



TWENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA24.26

15 May 1971

SITUATION OF THE CHOLERA PANDEMIC

The Twenty-fourth World Health Assembly,

I

Having noted resolution EB47.R31 of the forty-seventh session of the Executive Board;¹

Having reviewed the report by the Director-General on the present problems caused by the spread of cholera;²

Noting the action taken by the Organization in response to the requests of governments during the pandemic; and

Realizing that cholera is a long-term socio-economic problem, in addition to being a public health problem;

1. CONGRATULATES the Director-General on the action taken;
2. REQUESTS the Director-General:

- (i) to take appropriate measures so that the Organization can continue to respond rapidly and effectively to the continuing needs caused by the cholera pandemic;
- (ii) in view of the fact that there is clear evidence that the present available cholera vaccine is of little use in preventing the spread of the disease, to give high priority to long-term programmes aimed at the improvement of water supplies and environmental sanitation and personal hygiene, which will prevent cholera from becoming endemic in newly invaded areas and will ultimately lead to its elimination from endemic foci;
- (iii) to undertake further studies for the development of more effective methods for prevention and control of cholera, including research in the vaccine prophylaxis and treatment of cholera making use of the experience acquired by countries in this domain;
- (iv) to undertake a study of the implications of the removal of cholera from the International Health Regulations and to report to the next meeting of the Committee on International Surveillance of Communicable Diseases;
- (v) to further strengthen national efforts in the production of rehydration fluids, antibiotics and effective vaccines;

¹ Off. Rec. Wld Hlth Org., 189, 20.

² Document A24/A/11.

3. INVITES the countries that have the necessary means to contribute to the Voluntary Fund for Health Promotion in order to develop its activities.

II

Noting that some countries imposed unjustified embargo on the importation of foodstuffs from countries which reported cholera cases;

Taking into account the negative results of multiple and long-term studies on the possibility of importation of cholera by contaminated foodstuffs;

CALLS on Member States not to apply such embargo on the importation of alimentary products.

Fourteenth plenary meeting, 15 May 1971
A24/VR/14



TWENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA24.31

18 May 1971

THE DEVELOPMENT OF THE MEDICAL USE OF IONIZING RADIATION

The Twenty-fourth World Health Assembly,

Noting the Director-General's Annual Report on the activities of the World Health Organization in 1970;¹

Being aware of the concern manifested at the continuous growth of radiation exposure of the population due to the increasing use of ionizing radiation for medical diagnostic and therapeutical purposes;

Considering that to this growing medical radiation exposure other sources of irradiation may be added as a result of increasing peaceful uses of nuclear energy, including radioisotopes,

Recognizing that a rise in the radiation exposure of the population results in a higher probability of deleterious biological effects affecting both the present and future generations

Considering, on the other hand, the important role of ionizing radiation in preventive medicine and medical care and the resulting improvement of health and saving of lives;

Desirous of improving the present situation and of obtaining the best possible relation between benefits and risks of the medical use of ionizing radiation,

1. INVITES Member States:

- (i) to co-operate in the development of epidemiological studies aimed at providing a better knowledge of the effects of ionizing radiation applied to medicine;
- (ii) to promote studies on and introduce in medical practice improved methods and techniques for the medical use of ionizing radiation from the point of view of both effectiveness and the reduction of radiation exposure of the population; and
- (iii) to set up radiation protection services related to the medical as well as to other uses of ionizing radiation, for advisory purposes as well as for the purposes of supervision and inspection.

2. REQUESTS the Director-General:

- (i) to study the question of the optimum use of ionizing radiation in medicine and the risks to health induced by the excessive or improper use of radiation;

¹ Off. Rec. Wld Hlth Org., 188.

- (ii) to draw up a programme of activities based on the rationalization of the medical use of ionizing radiation and on the improvement of related diagnostic and therapeutical techniques and equipment, including clinical dosimetry and radiological protection; and
- (iii) to report to the Twenty-fifth World Health Assembly on the results of his study and on this programme of activities.

Sixteenth plenary meeting, 18 May 1971
A24/VR/16



TWENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA24.36

18 May 1971

DISINSECTION OF AIRCRAFT

The Twenty-fourth World Health Assembly,

Having considered the report of the Director-General on the investigations which are being carried out on a vapour disinsection system;¹

Commending the effort which has been made to resolve the technical problems involved; and

Recognizing that the final report will not be available until the current series of tests has been completed,

1. DECIDES that the effective date for implementation of a vapour disinsection system be further postponed until such time as the tests have been completed and the technical problems resolved; and
2. REITERATES its recommendation to Member States, as contained in resolution WHA23.58,² that in the interim period the "blocks-away" disinsection method and disinsection on the ground on arrival be the approved methods for aircraft disinsection and that every effort be made by health administrations to ensure that during this interim period the "blocks-away" method is applied effectively.

Sixteenth plenary meeting, 18 May 1971
A24/VR/16

¹ Document A24/B/13.

² Handbook of Resolutions and Decisions, 11th ed., p. 69.



TWENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA24.45

20 May 1971

SMALLPOX ERADICATION

The Twenty-fourth World Health Assembly,

Having considered the Director-General's report on the Smallpox Eradication Programme;¹

Having noted that significant progress is being made in the eradication effort throughout the world to the extent that endemic smallpox is now present in less than 10 countries;

Believing that a renewed and intensified effort is now required in order to reach the objective of global eradication in the shortest possible period of time; and

Noting that improved reporting, as well as surveillance and containment measures have been of vital importance in the interruption of smallpox transmission;

1. REQUESTS all countries to give priority attention to the further improvement of case reporting and the immediate investigation and effective containment of all outbreaks of smallpox; and
2. URGES Member governments to provide the requisite additional assistance to those countries where the disease is still endemic to permit them to intensify current programmes;
3. REQUESTS the Director-General to report to the Twenty-fifth World Health Assembly on the development of the smallpox eradication programme.

Seventeenth plenary meeting, 20 May 1971
A24/VR/17

¹ Document A24/A/12.



RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
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TWENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA24.47

20 May 1971

PROBLEMS OF THE HUMAN ENVIRONMENT

The Twenty-fourth World Health Assembly,

Recalling resolution WHA23.60 that requested the Director-General to develop and submit to the Twenty-fourth World Health Assembly a long-term programme for environmental health,

Taking into account the discussions at the forty-seventh session of the Executive Board on this subject, and the resultant resolution EB47.R30,

Having examined document A24/A/3 prepared in implementation of resolutions WHA23.60 and EB47.R30,

Emphasizing WHO's concern and responsibility with respect to adverse effects of the environment on human health, a problem which should be of central importance in the United Nations Conference on the Human Environment to be held in Stockholm in June 1972,

Taking note of the loss of life and health imposed on hundreds of millions of people by preventable diseases that originate in the environment in which they live,

Stressing the need for the World Health Organization to maintain and strengthen its leading constitutional role in securing the protection of human health from adverse environmental factors of the present as well as the future,

Noting that one major difficulty encountered by many Member States in their efforts to control pollution of the environment is the lack of internationally agreed qualitative and quantitative criteria and guides to be embodied in codes of practice for environmental quality that must be taken into account in measures for the protection of people's health,

Recognizing that such criteria, guides and codes of practice must be flexible according to local conditions and be subject to review and adjustment as scientific information accumulates,

Believing nonetheless that a degree of harmonization is needed in order to avoid discrepancies which may arise from decisions, bearing on similar conditions, that give too much weight to short-term economic factors and too little to considerations of health,

Believing further that agreement could be reached amongst experts on codes of practice which would include some provisional criteria and guides,

1. THANKS the Director-General, and endorses the report and proposals submitted for a long-term programme by WHO on the human environment, with particular emphasis on the following needs:

- (a) to improve basic environmental health and sanitation in all countries, and notably developing countries, with special emphasis on the provision of adequate quantities of potable water and the sanitary disposal of wastes;

(b) to establish and to promote international agreement on criteria, guides and codes of practice with respect to known environmental influences on health, with particular emphasis on occupational exposure, and water, food, air and waste, and to obtain further information on levels and trends on these;

(c) to stimulate the development and co-ordination of epidemiological health surveillance by methods including environmental monitoring systems, in collaboration with other national and international efforts, in order to provide basic information on actual and suspected adverse effects on human health attributable to the environment;

(d) to extend the knowledge of effects of environmental factors on human health by collection and dissemination of information, stimulation, support and co-ordination of research, and assisting in the training of personnel;

2. RECOMMENDS to Member States that health considerations be a major concern of governments in preparing their contributions for the Conference on the Human Environment in Stockholm in 1972;

3. REQUESTS the Director-General to

(a) implement this programme as fully as possible within the regular programme of the Organization;

(b) submit to the United Nations Conference on the Human Environment to be held in Stockholm in 1972 the programme capabilities of WHO in the field of the environment on the lines of Annex 9 of document A24/A/3 so that any funds made available as a result of the Conference and allocated to WHO would enable the Organization to carry out the work required;

(c) report to the forty-ninth session of the Executive Board and to the Twenty-fifth World Health Assembly on progress achieved, and any further financial implications;

(d) invite voluntary contributions from governments and other sources to accelerate the pace of effort and to extend the scope of activities now being limited by lack of sufficient funds, for example with respect to criteria and guides for air and water quality.



RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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TWENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA24.48

20 May 1971

HEALTH CONSEQUENCES OF SMOKING

The Twenty-fourth World Health Assembly,

Having considered the report of the Director-General,¹

Recalling the resolutions on this subject adopted by the Twenty-third World Health Assembly,² the Executive Board,^{3,4,5} and the respective Regional Committees;

Recognizing the relationship between smoking and the development of pulmonary and cardiac disease, including lung cancer, ischaemic heart disease, chronic bronchitis, and emphysema;

Believing that a sustained effort by health and education authorities and others is needed to reduce tobacco smoking and to prevent the extension of the habit, with special attention to young people and pregnant women;

1. THANKS the Director-General for his report;
2. ENDORSES the recommendations contained therein;
3. CALLS UPON all Member and Associate Member States to give all possible consideration to putting these recommendations into effect; and
4. REQUESTS the Director-General:
 - (i) to continue to assemble information on the health effects of tobacco smoking and the action being taken by countries to reduce the habit;
 - (ii) to place emphasis on the control and prevention of smoking as an integral part of operating programmes as and when feasible;
 - (iii) to continue in co-operation with the United Nations, the specialized agencies and the appropriate non-governmental organizations to foster a greater awareness of the health hazards of smoking and to take whatever action is deemed necessary to reduce them, and particularly to draw the attention of the Food and Agriculture Organization to the necessity of undertaking a study on crop diversification in tobacco growing areas in view of the expected decrease in tobacco consumption;

¹ Document A24/A/2.

² Off. Rec. Wld Hlth Org., 184, 15.

³ Off. Rec. Wld Hlth Org., 181, 7.

⁴ Off. Rec. Wld Hlth Org., 189, 24.

⁵ Annexed to document A24/A/2.

(iv) to stimulate the strengthening of health education activities, including the production, dissemination and exchange of educational materials to discourage the habit of smoking;

(v) to produce a code of practice that can guide governments in the formulation of legislative action relevant to health consequences of smoking.

Seventeenth plenary meeting, 20 May 1971

A24/VR/17



TWENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA24.49

20 May 1971

STRATEGY FOR HEALTH DURING THE SECOND UNITED NATIONS DEVELOPMENT DECADE

The Twenty-fourth World Health Assembly,

Having considered the report of the Director-General on co-ordination with the United Nations, the specialized agencies and the IAEA on programme matters;¹

Recognizing the importance of the decision taken by the General Assembly in its resolution 2626 (XXV) setting forth the international development strategy for the Second United Nations Development Decade (1971-1980);

Noting the steps which the Director-General has taken to collaborate with the other members of the United Nations system in the development of the international strategy for the Decade;

Recognizing the necessity of ensuring balanced socio-economic development;

Underlining the vital role of health programmes in contributing to such development;

Noting further that for this purpose the volume of resources available through multi-lateral institutions for financial and technical assistance will be increased to the fullest extent possible;

Bearing in mind the adoption by the World Health Assembly of the General Programme of Work Covering a Specific Period;² and

Recalling resolutions WHA20.52, WHA20.53, WHA22.55 and WHA23.43,

1. NOTES with satisfaction the report of the Director-General on co-operation with other organizations of the United Nations system on programme matters;¹
2. REAFFIRMS the need for Member States to ensure for health its proper place in socio-economic development and for the efforts of the developing countries to raise their levels of health being supported to the maximum feasible extent by developed countries;
3. REQUESTS the Director-General:
 - (1) to work out, on the basis of the fifth General Programme of Work, a broad outline for a sectoral strategy, in the field of health consistent with the basic objectives and concepts of the International Development Strategy and by making efforts to allocate adequate resources to well-defined areas in the field of health;

¹ Document A24/B/4.

² Resolution WHA24.58.

(2) to continue, in consultation with the governments concerned, to develop and refine targets and indicators to be utilized in evaluating the progress made in the field of health, such evaluation to be utilized if necessary to adapt the strategy in the course of the Decade in the light of new developments;

(3) to continue to co-operate with the Secretary-General of the United Nations, the Economic and Social Council and the General Assembly of the United Nations and particularly within the Administrative Committee on Co-ordination with regard to the biennial overall reviews of the implementation of the Strategy; and

(4) to report to the Executive Board and to the World Health Assembly on the action pursued and the progress made in the implementation of the health aspects of the Strategy.

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世界衛生大會 決議

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RESOLUTION DE L'ASSEMBLEE MONDIALE DE LA SANTE
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TWENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA24.57

20 May 1971

DRUG DEPENDENCE

The Twenty-fourth World Health Assembly,

Observing that the phenomenon of abuse and addiction to narcotic and non-narcotic dependence producing drugs is rapidly becoming a major world health problem, adversely affecting the social, cultural, political, economic and educational fabric of the world community;

Recognizing that effective solutions require the co-ordinated efforts of international organizations and agencies, the Member States, regional and local authorities, and the world citizenry;

Declaring that the World Health Organization has a responsibility to provide leadership, guidance, and technical assistance to the world community and the Member States in the fields of treatment, rehabilitation, education, prevention and research;

Urging that the Member States respond and co-operate by promoting new and improved treatment, rehabilitation, education and prevention programmes at the local and national level;

Recalling resolution WHA23.42;

Recalling further resolution A/RES/2719 (XXV) of the United Nations General Assembly and welcoming the establishment of the United Nations Fund for Drug Abuse Control;

Welcoming the adoption in Vienna of a new international Convention on Psychotropic Substances;¹ and

Having reviewed the report by the Director-General on drug dependence and the activities of the Organization in this area;²

1. CONGRATULATES the Director-General for this report and approves the programme expansion proposed therein especially the collection and exchange of data, the analysis of all medical, social, cultural and economic factors contributing to drug dependence, the conduct of research

¹ United Nations document E/CONF.58/6, 19 February 1971

² Document A24/A/7.

and training programmes, and the evaluation of existing programmes and the recommendation of new programmes;

2. AFFIRMS that because of the serious public health aspects and implications of drug dependence the World Health Organization has an important role to play in any concerted international action against drug abuse;
3. RECOMMENDS continued World Health Organization co-operation and collaboration with other organizations and agencies within the United Nations system in planning and implementing international programmes, in particular with UNESCO in regard to the most effective methods of informing and educating the public and especially the young, and FAO in regard to a study in crop substitution and the economic aspects, among others, of marketing;
4. RECOMMENDS that WHO assist Member governments upon their request, in developing procedures for co-ordination of their national drug abuse control programmes;
5. REQUESTS that the Director-General submit as soon as possible projects and programmes consistent with the programmes and policies as approved by the World Health Assembly to the United Nations Fund for Drug Abuse Control, seeking financial assistance for programme expansion both at headquarters and in the regions;
6. REQUESTS the Director-General to report on these matters to the forty-ninth session of the Executive Board and to the Twenty-fifth World Health Assembly;
7. URGES Member States that have not already done so to accede to the Convention on Psychotropic Substances; and
8. INVITES Member States, to the extent that they are able to do so, to apply provisionally the measures of control provided in the Convention on Psychotropic Substances pending its entry into force.

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TWENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA24.59

20 May 1971

TRAINING OF NATIONAL HEALTH PERSONNEL

The Twenty-fourth World Health Assembly,

Having examined the report of the Director-General¹ on the problems of training national health personnel, prepared in pursuance of resolution WHA23.35 and in the light of the discussion at the forty-seventh session of the Executive Board;

Confirming once again the conclusions of the Twenty-first, Twenty-second and Twenty-third sessions of the World Health Assembly in its resolutions WHA21.20, WHA21.47, WHA22.51, WHA22.55 and WHA23.35 to the effect that extreme shortage of health personnel is one of the major obstacles to the development of effective health services in many countries of the world, and that the training of national health personnel and its rational utilization can have a decisive effect upon the progress of national systems of protection and promotion of health of the population.

1. CONSIDERS that, despite the existing difficulties, the problem of training the necessary health personnel, particularly for the developing countries, can and should be solved within a considerably shorter span of time than has been the case in the developed countries.
2. BELIEVES A NECESSARY CONDITION for attaining this goal to be the greatest possible co-operation and co-ordination of efforts of all Member States and of the relevant international organizations, on a bilateral, multilateral, regional and world-wide basis, for the purpose of securing the most effective utilization in the interests of the developing countries of all the existing means and resources and of the accumulated experience of training national health personnel of different levels and categories;
3. STRESSES THE IMPORTANCE:

Firstly, of current and long-term planning of the training of national health personnel in accordance with each country's objective needs and existing social and economic resources;

Secondly, of the top priority development and strengthening of State and other educational institutions as an integral part of public health and educational systems, offering optimum conditions for the training of health personnel drawn from all strata and social groups of the population, with the object of satisfying as fully as possible the needs of the urban and the rural population for health care; and

Thirdly, of the development of a flexible system for the training of health personnel that takes into account on the one hand the contemporary achievements of science and technology together with the most recent methods for organizing the teaching process; which combines in the best possible manner, the learning of the basic science of medicine and biology with the

¹ Document A24/A/9.

vocational and specialized training of personnel; and which takes into account also both fundamental international standards in medical education and local circumstances that reflect the specific character of the state of health of the population and of the public health services in different countries and regions;

4. CALLS upon all Member States to give priority attention in their social and economic development plans to the problems of training and utilizing national health personnel for their own needs and where possible for the needs of other countries, and also to the correct social orientation of such personnel towards active participation in the activities of the public health services and institutions and towards serving the interests of their own peoples and of the whole of society;

5. INVITES the Director-General to intensify study of the criteria for assessing the equivalence of medical degrees and diplomas in different countries in which WHO has been engaged for five years and to suggest the definition of the term "physician", pursuant to resolution WHA22.42 to the Twenty-fifth World Health Assembly;

6. ALSO INVITES the Director-General:

(a) to proceed with the study, summarizing and publication of the existing information on the curricula and syllabuses of medical schools, faculties and institutes in different countries with a view subsequently to drawing up basic models of curricula, which can be of great help to new medical education institutions, particularly in the developing countries;

(b) to proceed in compliance with resolution WHA22.51 with study of the phenomenon of the outflow of trained professional and technical personnel from developing to the developed countries ("brain drain") which can be detrimental to the training of national health personnel and to the health services of the developing countries and to the prospects of international co-operation in that field;

(c) to pay further special attention, in the current and long-term plans and programmes of WHO in the field of the training of national health personnel, to the problems of the continuing education of such personnel and to the training of teachers for the medical education institutions of the developing countries;

(d) to continue and further extend co-operation with the governments of all Member States, with the international organizations and particularly with UNICEF, UNDP and UNESCO, on the problems of training national health personnel for the developing countries;

(e) to report on the progress of this work regularly to the sessions of the Executive Board and the World Health Assembly.