Chapter V

World Health Organization (WHO)

The thirty-seventh World Health Assembly, which met at Geneva from 7 to 17 May 1984, reviewed the first progress report on the implementation of strategies towards achieving health for all by the year 2000, in conformity with the plan of action approved in 1982.[a] The report indicated that the political will to achieve health for all existed in most countries and that many had already formulated health policies, strategies and plans. The Assembly urged member States to accelerate their action, especially the reorientation of health systems towards primary health care, and to strengthen further the managerial capacity of those systems. It also called for support by the World Health Organization (WHO) to be intensive and target-oriented.

Concern that pharmaceuticals should be cost-effective as well as acceptably safe was reflected in an Assembly resolution requesting the Director-General to convene in 1985 a conference of experts on the rational use of drugs and the role of marketing practices.

The organizations's financial position, infant and young child nutrition, prevention of xerophthalmia and intensified co-operation with member States affected by natural and man-made disasters were among other issues dealt with by the Assembly.

Four countries became members of WHO during 1984—Antigua and Barbuda on 12 March, the Cook Islands on 9 May, Kiribati on 26 July and Saint Christopher and Nevis on 3 December-which brought its membership to 165 and one associate member.

Co-ordination with other organizations

During 1984, WHO continued its collaboration with bilateral agencies, funding agencies within the United Nations system, the World Bank, regional banks and other institutions to mobilize resources for health for all. Activities included the fourth meeting of the Committee of the Health Resources Group for Primary Health Care (Geneva, November) and the first overall review and appraisal of the implementation of the International Development Strategy for the Third United Nations Development Decade (see also p. 391). WHO also responded to the appeal of the United Nations to deal urgently with socio-economic problems facing sub-Saharan Africa by establishing an emergency standing committee in the regional office for Africa.

Research promotion and development

Following its 1983 decision to concentrate on broad health research policy issues instead of reviewing specific technical programmes, the Advisory Committee on Medical Research (ACMR) established, in co-operation with its regional committees, three sub-committees, to deal with health research strategy for health for all, health manpower research, and the transfer of health technology to developing countries. ACMR also decided to involve national medical research councils whenever feasible.

With regard to drugs in use or in an advanced stage of development, work at various collaborating centres had resulted in a new antimalarial drug effective against strains of plasmodium falciparum resistant to chloroquine and other drugs, and another promising compound for the control of filariasis was undergoing field tests.

Primary health care

The Declaration of Alma-Ata (USSR, 1978)[b] set forth the eight elements of primary health care through which the goal of health for all by the year 2000 was to be achieved. Activities of WHO during 1984 in respect of these elements are set out below, followed by a ninth section on other health concerns.

Health education

Efforts by countries to inform and educate people to promote healthy life-styles and practices encouraging self-reliance were supported by WHO at country, regional and global levels through an exchange of experiences, technical co-operation, training, research and dissemination of information.

In South-East Asia, a workshop on integration of public information and education for health examined strategies and suggested plans to strengthen them. At another workshop supported by WHO, the first Caribbean strategy and plan of action for community participation was adopted. The first symposium on smoking and health in southern Europe led to the creation of the Mediterranean Committee on Health Promotion and Smoking Control, and an inter-country meeting at Riyadh, Saudi Arabia, formulated guidelines

[a] YUN 1982, p. 1538.
[a] YUN 1978, p. 1107.

on the integration of health education within primary health care and on collaboration between the ministries of health and education.

The 1984 slogan for World Health Day, "Children's health-tomorrow's wealth", was used to convey the message that children were a priceless resource and that any nation which neglected them (and their health) did so at its peril. Many countries used the slogan to promote related health education and information activities. In Europe, a system linking government departments, universities, research and training centres and experts in a network for the exchange of education technology and information was established. Similar networks were also considered in the Americas and the Western Pacific.

A draft manual on health education in primary health care for use by health workers was circulated for review and field-testing to WHO member States, collaborating institutions and technical experts.

Food and nutrition

Food and nutrition projects, supported by the WHO/UNICEF Joint Nutrition Support Programme and funded by Italy, were launched in eight countries in Asia, Africa and the Caribbean. A joint UNICEF/UNDP/IFAD programme, aided by the Belgian Third World Survival Fund, was implemented in Kenya and Uganda. Nutrition education began in four African countries; health systems research on nutrition was the subject of projects in seven African countries, and research on breast-feeding was supported in five others.

A Central American health plan, adopted in Costa Rica in March, identified food and nutrition as a priority area, and the regional office, in collaboration with the Institute of Nutrition of Central America and Panama, formulated project proposals for submission to donors. Several countries of the Western Pacific participated in infant and young child nutrition studies and national nutrition surveys.

Safe water and basic sanitation

Progress reports on the implementation of the objectives of the International Drinking Water Supply and Sanitation Decade (1981-1990) were received from some 80 member States and territories representing three quarters of the developing world's population. In co-operation with UNDP, the World Bank and other agencies, WHO reviewed the mobilization of external resources for improving water supplies and sanitation in the Decade.

An agreement for strengthening human resources in Central America, the Dominican Republic and Panama was concluded with the Inter-American Development Bank and the Agency for Technical Co-operation (Gesellschaft für Tehnische Zusammenarbeit) of the Federal Republic of Germany. The Pan American Centre for Sanitary Engineering and Environmental Sciences organized an international seminar at Brasilia, Brazil, on water system losses. Fifty participants from 10 countries in the Americas developed strategies for prevention of wastage and drew up an agreement on intercountry co-operation through a network of centres. In the Eastern Mediterranean region, WHO decided to establish in Jordan a regional centre for environmental health activities aimed at developing human resources and disseminating technical information. The Arab Gulf Programme for United Nations Development Organizations approved a $1 million funding to meet the cost of fellowships, equipment and personnel for the centre.

Maternal and child health, including family planning

WHO provided in 1984 technical and managerial support to some 90 countries to improve their health care services for mothers and children. To strengthen national managerial capabilities, WHO and UNFPA jointly initiated workshops for national programme managers and WHO/UNFPA country staff to improve programme formulation, problem-solving and evaluation skills. Two workshops were held during the year: one for English-speaking countries of Africa and the other for countries of the European and Eastern Mediterranean regions.

Several countries initiated studies on perinatal, infant, early childhood and maternal mortality and morbidity to identify priority areas for action and develop appropriate preventive measures. A regional meeting in the Americas on infant mortality and primary health-care strategies (Mexico, May) highlighted the advances made in reducing infant and child mortality and the relationship between those advances and the implementation of such strategies.

An international task force worked closely with WHO collaborating centres, research institutes in developing countries and interested non-governmental organizations (NGOs). Research activities included: evaluation of equipment and methods for home deliveries; development of birthweight surrogates; evaluation and quality control of supplies and equipment for use in maternal and child health programmes-including family planning-in health systems based on primary health; appraisal of various means of temperature control in relation to the new-born; and evaluation of environments in which deliveries and care of the new-born take place.

As part of its participation in preparations for the International Youth Year (1985), WHO convened in June a study group on young people and health for all by the year 2000 to review adolescent and youth health and health-related issues, and to analyse health systems on the basis of their relevance, resources and service gaps in the specific needs of that age group.

Immunization against major infectious diseases

During 1984, improvements in immunization services and coverage were made in all regions. Reductions in the incidence of diseases-diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis-covered by the Expanded Programme on Immunization (EPI) were also reported. In the Americas, all countries had set national coverage targets for immunization against these diseases; in its health-for all strategy, the European region specified that by the year 2000 those diseases would have been eliminated.

WHO supported immunization services in member States through the implementation of a five-point action programme: promotion of EPI within primary health care; development of human resources; mobilization and investment of financial resources; continuous monitoring and evaluation to increase the programme's effectiveness; and research. Training of health workers in immunization continued to be a priority, with a shift from training of managers using materials developed at the global level to training of middle- and peripheral-level health workers, often in national languages, using materials adapted for national use.

Further development of the "cold-chain" monitor and of solar-powered refrigeration was notable, as well as the evaluation of sterilizable plastic syringes and pressure-cooker sterilizers for use in rural health centres. Vaccine availability and the cold-chain situation generally improved during the year.

The Bellagio Conference (Italy, March), co-sponsored by UNDP, UNICEF, WHO and the World Bank and supported by the United States Rockefeller Foundation, created a child-survival task force to reduce childhood morbidity and mortality through the acceleration of key primary health-care activities. Support concentrated on Colombia, India and Senegal.

Prevention and control of locally endemic diseases

Locally endemic diseases continued to affect a large number of people in developing countries where diarrhoeal diseases, acute respiratory infections and EPI-covered diseases were major causes of death and illness among young children. WHO reported that, with recent advances in technology for diagnosis and treatment, the control and prevention of malaria, tuberculosis and parasitic and tropical diseases (such as schistosomiasis, leprosy and filariasis) had improved, and member States were taking further steps to strengthen that element of primary health care.

Progress was made in diarrhoeal disease control. WHO provided technical co-operation to member States for the development of national plans, training of managerial and supervisory personnel and programme evaluation. the the end of 1984, 88 developing countries had operation plans for controlling diarrhoeal diseases and 62 of them had begun implementing their plans. In collaboration with UNICEF, WHO also supported countries in the local production and supply of oral rehydration salts.

Health systems research and clinical studies on acute respiratory infections were being carried out in over 20 countries in all WHO regions, mainly to test the feasibility of a standard plan for case management at the primary health-care level. A working group on case management in developing countries evaluated methods of diagnosis and treatment in children, identifying those most suitable for rural areas and recommending training materials.

Brazil and the Republic of Korea joined other countries participating in the evaluation of the effectiveness of the Bacillus Calmette-Guérin vaccination against tuberculosis in infants and young children. The first national prevalence survey in the Philippines was completed in April. A global survey of mycobacterial resistance to antituberculosis drugs was started with WHO collaborating centres in bacteriology of tuberculosis to determine regional and global levels of initial and acquired drug resistance.

Leprosy remained a major public health problem in many developing countries. WHO activities concentrated mainly on research and development, including clinical trials with multodrug therapy, training and promoting community involvement, and integration of leprosy control services into primary health care.

Little change was reported in the world malaria situation. Information on a number of cases in the preceding 10 years was published, together with a map of the distribution of chloroquine-resistant plasmodium falciparum, in the World Health Statistics Quarterly. Member States continued searching for effective means to implement malaria control strategies within primary health care and for new and simpler technologies, and WHO provided technical support in programme planning and evaluation, training and research and promoted inter-country co-

operation. The report of the Study Group on Malaria Control as Part of Primary Health Care was published.

Progress in vector biology and control included: the development of impregnated bed-nets for malaria mosquito control in the African and Western Pacific regions and simple tsetse-fly traps in West Africa; the elimination of larval habitats of filariasis vectors in southern India; and a large-scale trial of control of aedes aegypti vectors of dengue and dengue haemorrhagic fever, employing students and schoolteachers with other volunteers, in Thailand. Field trials of new insecticides against anopheles vectors of malaria were carried out in Indonesia, and against simulium vectors under the Onchocerciasis Control Programme in West Africa.

Treatment of common diseases and injuries

In several countries, the health care delivery infrastructure needed strengthening to provide treatment of common diseases and injuries. In collaboration with WHO, member States searched for simple technologies and practical approaches to prevent and control common non-communicable diseases and promote oral health, mental health, and health of workers and of the elderly. To further those aims, WHO supported information exchange among countries, training, transfer of technology, research-especially on appropriate technology-and dissemination of information. A guide on managing services for the disabled in the community was prepared to improve the competence of health and community workers in this field.

WHO supported training activities in rehabilitation at national and inter-country levels. Financial resources were provided by the Norwegian Red Cross, the Norwegian Agency for International Development and the Swedish International Development Authority for inter-country and global activities. Member States, mainly in South-East Asia and the Western Pacific, strengthened their eye care services within primary health care.

There was an increase in 1984 of non-communicable diseases-particularly cancer and cardiovascular diseases-among adult populations in both developed and developing countries. Many countries took steps to accelerate health activities aimed at prevention through changes in life-styles and behaviour, early detection and treatment, and promotion of self-care. WHO further supported research, training and exchange of experience in technology. An estimate of the effects of 12 major cancers on the live continents was published in the 1984 Bulletin of the World Health Organization. Guiding principles for the formulation of national cancer programmes in developing countries, prepared by WHO, were used to identify priorities in a number of countries, including India and Sri Lanka.

A WHO expert committee on prevention and control of cardiovascular diseases in the community, convened in December, reviewed health problems such as hypertension (including cerebrovascular stroke), coronary heart disease, and rheumatic fever/rheumatic heart disease.

Essential drugs

WHO reported that many countries had accelerated actions towards the development of drug legislation, policies and implementation plans along the lines of the Action Programme on Essential Drugs and Vaccines. A review of progress in live regions showed that some 90 member States had established a list of essential drugs, 36 were in various stages of establishing or implementing measures in accordance with the Action Programme, and another 27 were developing national policies. Most countries already implementing essential drug programmes were making good progress with or without international collaboration. WHO assistance included the formulation of national plans and programmes, drug legislation, training, exchange of experience and dissemination of information, procurement and production of essential drugs, and quality control. Inter-country co-operation and co-ordination at the international level was particularly promoted.

A four-day international conference on essential drugs in primary health care, sponsored by UNICEF, WHO, the United States Agency for International Development and member companies in the International Federation of Pharmaceutical Manufacturers Associations, held at the Harvard University School of Public Health (Boston, United States, April 1984), attracted over 160 participants, including 60 from developing countries. The purpose of the conference was to develop problem-oriented teaching and training material for use in public-health schools.

Opportunities for promoting consolidated procurement within individual countries, as well as among groups of countries through pool procurement schemes, were explored in Africa, the Americas and the Western Pacific. In Central America and Panama, high priority was placed on promoting and developing national and sub-regional programmes, and a revolving fund for the joint procurement of essential drugs, based on studies undertaken by the Pan American Health Organization and the Central American Bank, was in the process of being established.

Other health concerns

WHO also supported member States in developing health policies for the care of the elderly as an integral part of primary health care. The role of

NGOs and voluntary organizations in this area was promoted. An NGO/WHO collaborating group on aging provided manuals for community workers on self-care and health promotion, suitably adapted to particular regional and cultural groups.

Field trials of various models of primary health-care delivery to underserved working people in agriculture and small industries were made in several countries, including Burkina Faso, Chile, China, Egypt, Nigeria, the Republic of Korea, the Sudan, Thailand, the United Republic of Tanzania and Zimbabwe. Countries exchanged experiences through regional workshops in the Americas and South-East Asia.

Regarding mental health, a major study on the epidemiology of schizophrenia and related disorders was completed in 13 geographically defined areas in Colombia, Czechoslovakia, Denmark, India, Ireland, Japan, Nigeria, the USSR, the United Kingdom and the United States. This was the first investigation of the incidence of this group of disorders in which uniform instruments and research techniques were employed, allowing direct comparisons of areas in different countries. The findings provided a basis for long-term forecasts of treatment needed and for the planning of appropriate services, as well as clues to aetiologically oriented research.

Neuro-epidemiological studies co-ordinated by WHO in China, Ecuador and Nigeria were completed, providing information for programmes for the prevention and control of neurological disorders and for application, after suitable adaptation, in Chile, India, Italy, Peru, Senegal, Tunisia and Venezuela. A related training programme included seminars co-sponsored by WHO at Quito, Ecuador, and Bombay, India.

Responding to an alarming global increase in drug abuse-particularly cocaine-WHO launched a project to study the adverse health consequences of cocaine and coca-paste smoking. In that context, an advisory group (Bogotá, Colombia, September) reviewed the methodology of problem assessment and treatment approaches.

Secretariat

As at 31 December 1984, the total number of full-time staff employed by WHO stood at 4,449 on permanent and fixed-term contracts. Of these, 1,454 staff members, drawn from 122 nationalities, were in the Professional and higher categories and 2,995 were in the General Service category. Of the total number of staff, 122 were in posts financed by UNDP, UNEP, UNFDAC and UNFPA.

Budget

The thirty-sixth (1983) World Health Assembly had approved a working budget of‘ $520,100,000 for 1984-1985. [c]

INTEGRATED INTERNATIONAL HEALTH PROGRAMME OBLIGATIONS By SOURCE OF FINANCING FOR THE TWO-YEAR PERIOD 1984-1985

Source	Amount (in US dollars)
Regular budget	520,100,000
Pan American Health Organization	139,095,000
International Agency for Research on Cancer	20,960,000
Other sources	
Voluntary Fund for Health Promotion	95,490,900
Tropical Diseases Research	64,136,000
Onchocerciasis Control Programme	41,000,000
Sasakawa Health Trust Fund	6,499,700
United Nations sources	
UNICEF	60,000
UNDP	36,718,100
UNEP	965,000
UNFDAC	596,200
UNFPA	39,332,500
UNHCR	142,000
Trust funds	14,739,900
Special Account for Servicing Costs	10,295,700
Total	990,131,000

[c] TUN 1983, p. 1250.

SERVICES AND CO-OPERATION EXTENDED BY WHO IN THE TWO-YEAR PERIOD 1984-1985, BY REGION AND COUNTRY OR TERRITORY
(in US dollars)

	Regular budget	Other sources	Total
Africa			
Angola	1,399,400	-	1,399,400
Benin	986,300	-	986,300
Botswana	684,300	15,200	699,500
Burkina Faso	1,363,100	2590,400	3,953,500
Burundi	1,237,500	143,700	1,381,200
Cameroon	807,300		807,300
Cape Verde	888,800		888,800
Central African Republic	1,158,200	741,900	1,900,100
Chad	1,245,000		1,245,000
Comoros	1,319,800	-	1,319,800
Congo	853,200	366,500	1,219,700
Africa (cont.)			
Equatorial Guinea	824,600	479,000	1,303,600
Ethiopia	2,831,300	1,500,000	4,331,300
Gabon	750,000	636,000	1,386,000
Gambia	869,500	300,000	1,169,500
Ghana	981,700	-	981,700
Guinea	1,346,400	730,000	2,076,400
Guinea-Bissau	999,600	730,000	1,729,600
Ivory Coast	789,700	-	789,700
Kenya	1,161,900		1,161,900
Lesotho	944,800	-	944,800
Liberia	1,120,200		1,120,200

	Regular budget	Other sources	Total
Africa (cont.)			
Madagascar	869,900	1,583,000	2,452,900
Malawi	927,9000	1,372,200	2,300,100
Mali	1,332,100	20,500	1,352,600
Mauritania	1,051,400	198,000	1,249,400
Mauritius	400,600	-	400,600
Mozambique	1,325,200	2,542,300	3,867,500
Namibia	547,500		547,500
Niger	1,334,500	313,000	1,647,500
Nigeria	2,471,400		2,471,400
Réunion	67,400	-	67,400
Rwanda	1,464,200	-	1,464,200
St. Helena	58,500	-	58,500
Sao Tome and Principe	541,800	600,000	1,141,800
Senegal	911,000	-	911,000
Seychelles	455,400		455,4000
Sierra Leone	920,900	-	920,900
Swaziland	586,700	211,100	797,800
Togo	928,900	-	928,900
Uganda	1,283,900	-	1,283,900
United Republic of Tanzania	1,373,600	-	1,373,600
Zaire	1,741,600		1,741,600
Zambia	1,408,000	785,000	2,193,000
Zimbabwe	1,669,000	-	1,669,000
Inter-country programmes	27,660,700	46,563,900	74,224,600
Subtotal	75,894,700	62,421,700	138,316,400
The Americas			
Argentina	1,271,200	957,600	2,228,800
Bahamas	360,000	317,000	677,000
Barbados	86,400	481,900	568,300
Belize	471,300	43,200	514,500
Bolivia	358,100	2,094,000	2,452,100
Brazil	1,407,600	13,142,900	14,550,500
Canada	45,000	45,000	90,000
Chile	783,500	856,200	1,639,700
Colombia	1,230,700	1,831,700	3,062,400
Costa Rica	741,800	964,700	1,706,500
Cuba	777,200	739,000	1,516,200
Dominica	-	173,400	173,400
Dominican Republic	526,600	1,323,000	1,849,600
Ecuador	1,733,800	724,200	2,458,000
El Salvador	984,200	715,900	1,700,100
French Guiana	-	52,900	52,900
Grenada	-	110,500	110,500
Guatemala	737,900	1,334,800	2,072,700
Guyana	973,800	1,644,100	2,617,900
Haiti	990,800	23,500	1,014,300
Honduras	688,200	1,256,600	1,944,800
Jamaica	783,400	907,400	1,690,800
Mexico	829,200	4,186,400	5,015,600
Netherlands Antilles	65,600	21,100	86,700
Nicaragua	508,000	748,700	1,256,700
Panama	876,700	217,900	1,094,600
Paraguay	287,600	1,543,400	1,831,000
Peru	605,500	1,905,200	2,510,700
Saint Lucia	-	110,500	110,500
Saint Vincent and the Grenadines	-	110,500	110,500
Suriname	337,900	649,500	987,400
Trinidad and Tobago	807,300	506,200	1,313,500
United States	417,500	340,400	757,900
Uruguay	489,400	492,400	981,800
Venezuela	854,500	3,115,800	3,970,300
West Indies	553,500	557,300	1,110,800
Inter-country programmes	21,990,400	90,745,300	112,735,700
Subtotal	43,574,600	134,990,100	178,564,700
South-East Asia			
Bangladesh	6,348,000	277,500	6,625,500
Bhutan	642,000	413,300	1,055,300
Burma	4,123,000	5,376,300	9,499,300
Democratic People's Republic of Korea	1,327,400		1,327,400
India	9,920,000	6,525,400	16,445,400
Indonesia	7,113,000	433,900	7,546,900
Maldives	770,500	45,000	815,500
Mongolia	1,491,100	270,000	1,761,100
Nepal	4,492,000	414,300	4,906,300
Sri Lanka	3,264,000	190,400	3,454,400
Thailand	3,824,000	10,900	3,834,900
Inter-country programmes	11,351,300	4,902,300	16,253,600
Subtotal	54,666,300	18,859,300	73,525,600
Europe			
Albania	33,100	-	33,100
Algeria	396,000	2,137,500	2,533,500
Austria	24,800		24,800
Belgium	20,600		20,600
Bulgaria	92,400	-	92,400
Czechoslovakia	24,800	-	24,800
Denmark	20,600	-	20,600
Finland	20,600	-	20,600
France	27,600	-	27,600
German Democratic Republic	30,400	-	30,400
Germany. Federal Republic of	27,600	-	27,600
Greece	30,400	-	30,400
Hungary	36,000	-	36,000
Iceland	20,600		20,600
Ireland	24,800		24,800
Italy	30,400	-	30,400
Luxembourg	15,100	-	15,100
Malta	24,800	-	24,800
Monaco	3,000	-	3,000
Morocco	462,000	1,823,000	2,285,000
Netherlands	24,800		24,800
Norway	20,600	-	20,600
Poland	45,600		45,600
Portugal	72,600	206,800	278,800
Romania	45,600	-	45,600
San Marino	3,000		3,000
Spain	30,400	-	30,400
Sweden	20,600	-	20,600
Switzerland	20,600	-	20,600
Turkey	525,800	201,300	727,100
USSR	60,700	-	60,700
United Kingdom	27,600		27,600
Yugoslavia	37,200	-	37,200
Inter-country programmes	18,869,700	7,901,700	26,771,400
Subtotal	21,169,800	12,270,300	33,440,100
Eastern Mediterranean			
Afghanistan	4,534,100	1,307,600	5,841,700
Bahrain	139,500	31,700	171,200
Cyprus	568,000	-	568,000
Democratic Yemen	3,313,000	1,941,900	5,254,900
Djibouti	708,300	120,000	828,300
Egypt	1,898,600	390,800	2,289,400
Iran	469,000	-	469,000
Iraq	687,300	187,900	875,200
Israel	453,000	-	453,000
Jordan	1,140,900	1,642,600	2,783,500
Kuwait	126,400	107,400	233,800
Lebanon	1,140,000	206,600	1,346,600
Libyan Arab Jamahiriya	109,000	2,036,300	2,145,300
Oman	864,600	1,163,200	2,027,800
Pakistan	2,930,300	270,200	3,200,500
Qatar	64,000	67,800	131,800
Saudi Arabia	165,700	5,637,000	5,802,700
Somalia	4,167,600	759,500	4,927,100
Sudan	3,138,600	538,500	3,677,100
Syrian Arab Republic	1,749,400	-	1,749,400
Tunisia	1,700,000	182,500	1,882,500
United Arab Emirates	55,300	104,000	159,300
Yemen	3,180,100	8,491,500	11,671,600
Inter-country programmes	14,843,000	3,119,300	17,962,300
Subtotal	48,145,700	28,306,300	76,452,000

Western Pacific	Regular budget	Other sources	
American Samoa	115,000	-	115,000
Australia	100,000		100,000
China	4,242,800	1,142,800	5,385,600
Cook Islands	452,300	96,100	548,400
Democratic Kampuchea	500,000	-	500,000
Fiji	1,004,900		1,004,900
French Polynesia	70,000	-	70,000
Guam	80,000	-	80,000
Hong Kong	110,000		110,000
Japan	100,000	-	100,000
Kiribati	622,300	207,400	829,700
Lao People's Democratic Republic	1,430,000	433,000	1,863,000
Macau	50,000		50,000
Malaysia	1,159,100	-	1,159,100
New Zealand	60,000	-	60,000
Niue	58,000	-	58,000
Papua New Guinea	2,205,800	963,700	3,169,500
Philippines	1,758,400	100,000	1,858,400
Republic of Korea	1,544,300	-	1,544,300
Samoa	824,700	155,100	979,800
Singapore	552,000	292,800	844,800
Solomon Islands	849,700	457,000	1,306,700
Tokelau	20,000	-	20,000
Tonga	824,300	137,700	962,000
Trust Territory of the Pacific Islands	672,300	36,500	708,800
Tuvalu	75,000	-	75,000
Vanuatu	904,800	400,000	1,304,800
Viet Nam	3,751,400	57,400	3,808,800
Inter-country programmes	14,483,000	6,409,300	20,892,300
Subtotal	38,620,100	10,888,800	49,508,900
Total	282,071,200	267,736,500	549,807,700

ASSISTANCE RENDERED BY WHO IN 1984-1985, BY SECTOR AND REGION

(in US dollars)

SECTOR	REGION							
	Global and interregional activities	Africa	The Americas	South-East Asia	Europe	Eastern Mediter-ranean	western Pacific	Total
Direction, cc-ordination and management	35,095,100	7,285,400	2,820,300	2,183,500	5,947,400	3,341,000	4,265,900	60,938,600
Health system infrastructure	21,302,500	46,755,100	21,800,100	28,380,100	7,774,500	23,726,000	20,487,700	170,226,000
Health science and technology-health promotion and care	24,195,300	15,089,400	9,497,500	15,635,300	6,930,900	10,640,400	9,587,900	91,576,700
Health science and technology-disease prevention and control	27,480,200	11,431,600	9,584,900	10,174,900	1,792,900	11,131,200	6,930,000	78,525,700
Programme support	70,456,900	13,348,500	7,131,200	4,935,200	13,137,300	4,970,400	4,853,500	118,833,000
Total	178,530,000	93,910,000	50,834,000	61,309,000	35,583,000	53,809,000	46,125,000	520,100,000

Annex I. MEMBERSHIP OF THE WORLD HEALTH ORGANIZATION AND CONTRIBUTIONS

(Membership as at 31 December 1984; contributions as assessed for 1984-1985)

MEMBER	CONTRIBUTION		MEMBER	CONTRIBUTION		MEMBER	CONTRIBUTION	
	Percent-age	Amount* (in US dollars)		Percent-age	Amount* (in us dollars)		Percent-age	Amount* (in US dollars)
Afghanistan	0.01	47,020	Bolivia	0.01	47,020	Colombia	0.11	517,270
Albania	0.01	47,020	Botswana	0.01	47,020	Comoros	0.01	47,020
Algeria	0.13	611,320	Brazil	1.36	6,395,270	Congo	0.01	76,020
Angola	0.01	47,020	Bulgaria	0.18	846,440	Cook Islands	(0.01)†	(31,347)†
Antigua and Barbuda	(0.01)†	(31,347)†	Burkina Faso	0.01	47,020	Costa Rica	0.02	94,050
Argentina	0.70	3,291,680	Burma	0.01	47,020	Cuba	0.09	423,220
Australia	1.54	7,241,700	Burundi	0.01	47,020	Cyprus	0.01	47,020
Austria	0.74	3,479,780	Byelorussian SSR	0.35	1,645,840	Czechoslovakia	0.75	3,526,800
Bahamas	0.01	47,020	Cameroon	0.01	47,020	Democratic Kampuchea	0.01	47,020
Bahrain	0.01	47,020	Canada	3.02	14,241,250	Democratic People's Republic of Korea	0.05	235,120
Bangladesh	0.03	141,080	Cape Verde	0.01	47,020	Democratic Yemen	0.01	52,020
Barbados	0.01	47,020	Central African Republic	0.01	47,020	Denmark	0.74	3,479,780
Belgium	1.26	5,925,030	Chad	0.01	47,020	Djibouti	0.01	47,020
Benin	0.01	47,020	Chile	0.07	329,170	Dominica	0.01	47,020
Bhutan	0.01	47,020	China	0.86	4,044,070			

MEMBER	CONTRIBUTION Percentage	CONTRIBUTION Amount* (in US dollars)
Dominican Republic	0.03	141,080
Ecuador	0.02	94,050
Egypt	0.07	329,170
El Salvador	0.01	47,020
Equatorial Guinea	0.01	47,020
Ethiopia	0.01	47,020
Fiji	0.01	47,020
Finland	0.47	2,210,130
France	6.39	30,998,330
Gabon	0.02	94,050
Gambia	0.01	47,020
German Democratic Republic	1.36	6,395,270
Germany, Federal Republic of	8.39	39,453,130
Ghana	0.02	94,050
Greece	0.39	1,833,940
Grenada	0.01	47,020
Guatemala	0.02	94,050
Guinea	0.01	47,020
Guinea-Bissau	0.01	47,020
Guyana	0.01	47,020
Haiti	0.01	47,020
Honduras	0.01	47,020
Hungary	0.22	1,034,530
Iceland	0.03	141,080
India	0.35	1,645,840
Indonesia	0.13	611,320
Iran	0.57	2,680,370
Iraq	0.12	564,290
Ireland	0.18	846,440
Israel	0.22	1,034,530
Italy	3.67	17,257,810
Ivory coast	0.03	141,080
Jamaica	0.02	94,050
Japan	10.14	47,682,340
Jordan	0.01	47,020
Kenya	0.01	47,020
Kiribati	(0.01)†	(31,347)†
Kuwait	0.24	1,128,580
Lao People's Democratic Republic	0.01	47,020
Lebanon	0.02	94,050
Lesotho	0.01	47,020
Liberia	0.01	47,020
Libyan Arab Jamahiriya	0.25	1,175,600
Luxembourg	0.06	282,150
Madagascar	0.01	47,020
Malawi	0.01	47,020
Malaysia	0.09	423,220
Maldives	0.01	47,020
Mali	0.01	47,020
Malta	0.01	47,020
Mauritania	0.01	47,020
Mauritius	0.01	47,020
Mexico	0.86	4,044,070
Monaco	0.01	47,020
Mongolia	0.01	47,020
Morocco	0.05	235,120
Mozambique	0.01	47,020
Nepal	0.01	47,020
Netherlands	1.75	8,229,200
New Zealand	0.25	1,175,600
Nicaragua	0.01	47,020
Niger	0.01	47,020
Nigeria	0.19	893,460
Norway	0.50	2,351,200
Oman	0.01	47,020
Pakistan	0.06	282,150
Panama	0.02	94,050
Papua New Guinea	0.01	47,020
Paraguay	0.01	47,020
Peru	0.07	329,170
Philippines	0.09	423,220
Poland	0.71	3,338,710
Portugal	0.18	846,440
Qatar	0.03	141,080
Republic of Korea	0.18	846,440
Romania	0.19	893,460
Rwanda	0.01	47,020
Saint Christopher and Nevis	(0.01)†	(23,510)†
Saint Lucia	0.01	47,020
Saint Vincent and the Grenadines	(0.01)†	(47,020)†
Samoa	0.01	47,020
San Marino	0.01	47,020
Sao Tome and Principe	0.01	47,020
Saudi Arabia	0.84	3,950,020
Senegal	0.01	47,020
Seychelles	0.01	47,020
Sierra Leone	0.01	47,020
Singapore	0.09	423,220
Solomon Islands	0.01	47,020
Somalia	0.01	47,020
South Africa	0.40	1,880,940
Spain	1.90	8,934,560
Sri Lanka	0.01	47,020
Sudan	0.01	47,020
Suriname	0.01	47,020
Swaziland	0.01	47,020
Sweden	1.30	6,113,120
Switzerland	1.08	5,078,590
Syrian Arab Republic	0.03	141,080
Thailand	0.08	376,190
Togo	0.01	47,020
Tonga	0.01	47,020
Trinidad and Tobago	0.03	141,080
Tunisia	0.03	141,080
Turkey	0.31	1,457,750
Uganda	0.01	47,020
Ukrainian SSR	1.30	3,113,120
USSR	10.35	48,669,840
United Arab Emirates	0.16	752,390
United Kingdom	4.59	21,584,010
United Republic of Tanzania	0.01	47,020
United States	25.00	122,291,980
Uruguay	0.04	188,100
Vanuatu	0.01	47,020
Venezuela	0.54	2,539,300
Viet Nam	0.02	94,050
Yemen	0.01	47,020
Yugoslavia	0.45	2,116,080
Zaire	0.01	47,020
Zambia	0.01	47,020
Zimbabwe	0.02	94,050
ASSOCIATE MEMBER		
Namibia	0.01	47,020
Total	100.00	475,995,900

*Adjusted to take into account the actual amounts paid to staff as reimbursement for taxes levied by member countries on the WHO emoluments of their nationals.

†The figures shown in parentheses, and not included in the totals, represent the assessments on countries that became members in 1983 or 1984, but were not included in the total assessments for the 1984-1985 budget.

Annex II. OFFICERS AND OFFICES OF THE WORLD HEALTH ORGANIZATION

(As at 31 December 1984)

OFFICERS OF THE THIRTY-SEVENTH WORLD HEALTH ASSEMBLY

President: Dr. G. Soberon Acevedo (Mexico).
Vice Presidents: Dr. S. H. Alwash (Iraq), P. D. Boussoukou-Boumba (Congo), Dr. A. Grech (Malta), Dr. M. Shamsul Haq (Bangladesh), M. P. To Vadek (Papua New Guinea).
Chairman, Committee A: Dr. K. Al-Ajlouni (Jordan).
Chairmen, Committee B: Dr. N. Rosdahl (Denmark).

MEMBERS OF THE EXECUTIVE BOARD*

Chairman: Professor J. Roux (France).
Vice-Chairmen: Professor B, Jazbi (Pakistan), Dr. A. Khalid Bin Sahan (Malaysia), Dr. G. Tadesse (Ethiopia).
Rapporteurs: Professor A. Lafontaine (Belgium), Dr. Elizabeth S. M. Quamina (Trinidad and Tobago).

Members were designated by: Argentine, Belgium, Chile, Chine, Djibouti, Egypt, Equatorial Guinea, Ethiopia. France, Ghana, Guinea, Hungary, Iceland. Indonesia, Iraq, Ivory Coast. Kenya, Malaysia,. Morocco. Nepal, Pakistan. Panama. Republic of Korea, Syrian Arab Republic, Thailand, Trinidad and Tobago, USSR, United Kingdom, United States, Venezuela, Zimbabwe.

'The Board consists of 31 persons designated by as many member States which have been elected For such purpose by WHO.

SENIOR OFFICERS OF THE SECRETARIAT

Director-General: Dr. Halfdan Mahler.

Deputy Director-General: Dr. T. Adeoye Lambo.
Assistant Directors-General: Warren W. Furth, Dr. J. Hamon, Dr. S. K. Litvinov. Dr. Lu Rushan, Dr. F. Partow, Dr. David Tejada-de-Rivero.
Director, Regional Office for Africa: Dr. G. L. Monekosso.
Director, Regional Office for the Americas (Pan American Sanitary Bureau): Dr. C. Guerra de Macedo.
Director, Regional Office for South-East Asia: Dr. U Ko Ko.
Director. Regional Office for Europe: Dr. J. E. Asvall.
Director, Regional Office for the Eastern Mediterranean: Dr. Hussein A. Gezairy.
Director, Regional Office for the Western Pacific: Dr. Hiroshi Nakajima.

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