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#### PROVISIONAL VERBATIM RECORD OF THE THIRTY-EIGHTH MEETING

Held at Headquarters, New York,  
on Thursday, 27 October 1988, at 10 a.m.

President:

Mr. MOUSHOUTAS (Vice-President)

(Cyprus)

- Report of the Economic and Social Council: [12] (continued)
  - (a) Observance of the fortieth anniversary of the World Health Organization
  - (b) Report of the Second Committee (Part II)
- Report of the International Atomic Energy Agency [14]

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In the absence of the President, Mr. Moushoutas (Cyprus), Vice-President, took the Chair.

The meeting was called to order at 10.30 a.m.

AGENDA ITEM 12 (continued)

REPORT OF THE ECONOMIC AND SOCIAL COUNCIL:

- (a) OBSERVANCE OF THE FORTIETH ANNIVERSARY OF THE WORLD HEALTH ORGANIZATION
- (b) REPORT OF THE SECOND COMMITTEE (PART II) (A/43/750/Add.1)

The PRESIDENT: In accordance with the decision taken at its 3rd plenary meeting, the Assembly this morning will devote this meeting to the observance of the fortieth anniversary of the World Health Organization, which is considered under item 12. It will also consider under item 12, part II of the report of the Second Committee concerning the prevention and control of acquired immunodeficiency syndrome (AIDS).

Forty years in the life of an organization is a milestone. When that organization happens to be one of the important specialized agencies of the United Nations family dealing with health, these 40 years represent a number of concrete achievements, progress and benefits to the human society.

The roots of the World Health Organization (WHO) go back to the year 1851, when the first International Sanitary Conference was held in Paris. Later, in the year 1902, the International Sanitary Bureau was established. International co-operation in health matters was further consolidated when the Health Organization of the League of Nations was created in 1923 - which lasted until 1948 when the World Health Organization came into existence. During the past 40 years, WHO has provided leadership in international health co-operation, working with sister bodies of the United Nations system like the United Nations Children's Fund (UNICEF), the United Nations Fund for Population Activities (UNFPA), the United

(The President)

Nations High Commissioner for Refugees (UNHCR), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and others. It has been responsible for launching a movement for improvement of health all over the world, a movement that has been popularly known as Health for All by the Year 2000.

The world in 1948 did not present a healthy scene. Communicable and other diseases took a heavy toll in life; plague, malaria, tuberculosis, smallpox and other diseases were responsible for millions of deaths and disabilities. Malnutrition was widespread. In developing countries there was an unacceptably high level of infant mortality. The average expectancy of life after birth was low. It was in such a challenging environment that the World Health Organization commenced its work. It brought to bear on these formidable problems scientific and technical expertise, fostering international co-operation, mobilizing human and other resources and slowly but steadily progressing towards improving the world health scene.

WHO has many outstanding achievements to its credit. One of the foremost is the conquest of smallpox and its total elimination from this planet. We all know what a terrible disease smallpox was. It literally affected millions. Millions succumbed year after year and many others were disfigured for life. WHO, in co-operation with its member States, launched its campaign against smallpox in 1967. In just 10 years the campaign ended in total triumph with the eradication of the disease for ever. The world knows how cost-effective this effort was. I understand that WHO's total efforts to eradicate smallpox cost some \$US 330 million, an average cost of just about \$US 25 million per year. The savings to the countries of the world, however, have been more than \$US 1 billion each year in financial terms alone. The savings, of course, in terms of human suffering and misery can never be calculated.

(The President)

Equally important, though less spectacular, has been WHO's initiative in conceptualizing and disseminating the primary health care approach: that is, to bring affordable health care to where people live and work. This concept, which holds true for both developed and developing countries, is leading to a virtual health revolution by emphasizing individual and community responsibility in relying more on health care and trained health workers of all categories, on essential drugs, on nutrition, on adoption of proper life styles - in short, on the preventive and promotive aspects of health rather than the curative approach.

There have been many more important programmes in other fields as well. It is gratifying to know, for example, that 50 per cent of the world's children have been immunized and that the goal of universal immunization for all is likely to be attained by 1990. WHO and UNICEF, which are working hand in hand with member States, deserve our congratulations in this regard.

On behalf of all members here, let me warmly congratulate WHO, through Doctor Nakajima, for its good work and ask him to convey to the World Health Assembly our hope that it will continue to espouse the cause of health vigorously and to face with determination not only the present but also the future challenges confronting mankind in the field of health and disease.

(The President)

One of the challenges which has emerged in recent years is the question of AIDS. It will be recalled that this subject was discussed by the General Assembly last year, when it adopted resolution 42/8 and invited the Director-General of the World Health Organization to submit a report on the programme's achievements. It is of the utmost concern that this terrible disease continues unabated, as there is no vaccine or efficient drug for its prevention or cure at this time. In the short period of only one year international co-operation has been mobilized under the leadership of the World Health Organization, and we shall soon have an opportunity to hear more on the present situation regarding this epidemic informally from the Director-General of the World Health Organization.

I now call on the Secretary-General.

The SECRETARY-GENERAL: Since its establishment 40 years ago the World Health Organization (WHO) has made an outstanding contribution to human welfare. Its long list of achievements includes promulgating health regulations which now constitute a universal health code, eradicating smallpox from the face of the earth and developing an expanded programme of immunization which attacks the leading killer diseases, saving a million lives every year. I should like to congratulate the World Health Organization, through its Director-General, Dr. Hiroshi Nakajima, who is with us today. I wish him all success in his new responsibilities.

WHO's impressive record is a cause for hope that we shall eventually find a way to deal effectively with the deadly disease of acquired immunodeficiency syndrome (AIDS). It is a disease with increasingly serious economic, social, legal and humanitarian implications, as well as its more obvious health aspects.

Last year the General Assembly decided that WHO should continue to direct and co-ordinate the urgent global battle against AIDS and requested me to ensure a co-ordinated response by the United Nations system. Accordingly, I have taken the

(The Secretary-General)

necessary steps to establish a co-ordinating structure within which the many different ongoing and planned activities of various departments and agencies can be related to the global strategy against AIDS. The organizations of the United Nations system are also developing new plans of action in support of the global strategy within the machinery of the Administrative Committee on Co-ordination (ACC).

But with each minute that passes another person is infected. We must therefore intensify our efforts to find ways to control and eventually conquer this terrible disease.

There are four areas where I believe the United Nations itself has a particularly crucial role to play in guiding the world's response to the AIDS pandemic.

The first is our responsibility to be a voice for those who may not otherwise be heard: the poor, the weak, the vulnerable - whether nations or individual persons. This is particularly the case with respect to the vast international efforts in research and development for the public health aspects of AIDS. The second area of responsibility for the United Nations is to look beyond the immediate tragedy of the situation, to help countries assess the likely impact of AIDS in terms of its effect on societies as a whole and to use our analytical and conceptual tools to work out possible scenarios and appropriate policy alternatives. Our third area of responsibility involves the need to preserve the human rights of the victims of AIDS. The fourth area relates to the dependence of AIDS prevention and care upon progress in development for all countries and communities, which is a fundamental endeavour of the United Nations system.

We know that health is not just a medical matter. It concerns all sectors of society. AIDS has shown us clearly that threats to global health are also threats to societies and cultures. But AIDS has shown us more than this. It has shown us

(The Secretary-General)

a side of humanity which is seldom revealed. In countries and communities throughout the world - despite, and often in defiance of, the baser instincts of ignorance and fear - people have joined together in extraordinarily innovative ways to respond to this crisis. Medical scientists have co-operated to an unprecedented degree. Governmental and non-governmental organizations have undertaken tremendous efforts for public education. People in every walk of life have developed self-reliant organizations, services and campaigns. They have educated; they have provided care; and they have offered comfort. Often they are those who are themselves infected with AIDS or the human immunodeficiency virus (HIV). Often they are members of high-risk groups. But they are also people motivated only by a simple instinct of decency and community. Those who serve on the front lines of this global struggle deserve our utmost respect, support and solidarity.

As we commemorate the fortieth anniversary of the World Health Organization let us pledge our determination to solve the AIDS pandemic.

We have a responsibility to respond to the collective call for action by the international community and to join in the world-wide struggle against this new and different threat to our health and the health of our societies.

The PRESIDENT: As members are aware, Dr. Hiroshi Nakajima, the new Director-General of the World Health Organization, has generously offered to brief the Assembly on the current situation regarding AIDS. Accordingly, I shall suspend the meeting so that the briefing may take place.

May I now invite Dr. Nakajima to come to the rostrum and brief the delegations on the question of AIDS.

The meeting was suspended at 10.50 a.m. and resumed at 11.15 a.m.

The PRESIDENT: I call on the Rapporteur of the Second Committee, Mr. Walter of Czechoslovakia, to introduce Part II of the report of that Committee (A/43/750/Add.1).

Mr. WALTER (Czechoslovakia), Rapporteur of the Second Committee (interpretation from Spanish): I have the honour to submit to the Assembly the report of the Second Committee (Part II) (A/43/750/Add.1), on item 12, "Report of the Economic and Social Council".

The report deals solely with the Committee's consideration of the resolution entitled "Prevention and control of acquired immunodeficiency syndrome (AIDS)". As soon as consideration of item 12 as a whole is concluded, other parts of the Second Committee's report will be issued in documents A/43/750 and Add.2.

Paragraph 1 of the report is introductory in nature. Paragraphs 2 through 5 give an account of the Committee's consideration of draft resolution A/C.2/43/L.10, entitled "Prevention and control of acquired immunodeficiency syndrome (AIDS)", introduced by the United Kingdom delegation on behalf of a group of sponsors. As a result of informal consultations on the text of the draft resolution the Vice-Chairman of the Second Committee, Mr. Fernandez, introduced a new draft resolution (A/C.2/43/L.12), with the same title. At its 20th meeting the Second Committee adopted, without a vote, draft resolution A/C.2/43/L.12, as orally revised by the Vice-Chairman.

In paragraph 6 of the report, the Second Committee recommends the adoption by the General Assembly of the draft resolution entitled "Prevention and control of acquired immunodeficiency syndrome (AIDS)", the text of which is reproduced therein.



Mr. CLARKE (United Kingdom): I am honoured to address the General Assembly in this important debate during the fortieth anniversary year of the World Health Organization (WHO). We hope that at the end of the debate the Assembly will be able to adopt the draft resolution on the prevention and control of acquired immunodeficiency syndrome (AIDS) which has been put forward by the United Kingdom and others.

My country is proud of its long association with the World Health Organization and, indeed, of the fact that the United Kingdom was one of the first two members to ratify the constitution setting up WHO. We have felt privileged to assist with its development over the past 40 years and proud that many of our leading lights in the field of health have been able to contribute to its work. It would be invidious on an occasion like this to single out individuals. Nevertheless, I should like to pay a tribute to previous Directors-General for the enormous contribution which they have made to the work of WHO, and to wish every success to Dr. Nakajima. We certainly pledge our continuing support to him as he takes over this challenging role.

(Mr. Clarke, United Kingdom)

I understand that it is unusual for the United Nations General Assembly to debate health subjects, and it is a clear measure of the seriousness of the AIDS issue that this distinguished Assembly is discussing it for the second successive year.

Last year my predecessor, Mr. John Moore, spoke about the United Kingdom's approach to the threat posed by AIDS and urged the need for international co-operation and debate. I am pleased to demonstrate by my presence today my Government's continuing commitment to encouraging that international effort.

A good deal has happened in the last year, and this debate represents a valuable opportunity to take stock, not only of the spread of the pandemic but also of the advances that have been made in the international fight against it. As we all know, the picture remains very serious indeed. AIDS continues to spread, and as we have just heard, the World Health Organization (WHO) now estimates that between 5 million and 10 million people world-wide could be infected with human immunodeficiency virus (HIV), while over 300,000 people have AIDS itself.

Nor is there any sign that a cure or vaccine will be available in the near future. Some vaccine trials are now under way, but I understand that many scientists throughout the world feel that the scientific problems are even more complex than was first thought. So probably the best we can hope for, at least in the short term, is the further development of drugs which could limit the progress of infection. In the face of this, we in the United Kingdom are more than ever convinced of the vital importance of information and education. They are surely our best weapons to hand at the moment in fighting the pandemic.

But no less important in slowing the spread of AIDS is the need for international co-operation. The United Kingdom was therefore particularly proud to have the opportunity to join with WHO in sponsoring the World Summit of Ministers

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of Health on Programmes for AIDS Prevention. The summit meeting took place in London earlier this year, and we were delighted that it attracted such a distinguished and representative audience. One hundred and forty-eight countries attended, of which more than three quarters were represented by Ministers. I believe that that summit meeting established a vital political consensus on the need for urgent national and international action. The concrete expression of that consensus came in the adoption of the "London Declaration" on AIDS prevention.

That important Declaration, which I am pleased to say is cited in the draft resolution before us today, sets out a broad framework for future action, in which public education and information are given the central emphasis. The Declaration also underlines an important general message. It is that stigmatizing persons who are infected with HIV or who have AIDS - and discriminating against them - is not only socially and morally wrong but also counterproductive in health terms, driving the disease underground and undermining efforts to contain the spread of infection.

The United Kingdom Government feels strongly about the need to encourage open debate and exchange of information about AIDS and is taking every opportunity to promote this view. Apart from hosting the World Summit which I have mentioned, we have co-sponsored resolutions on AIDS at the last two World Health Assemblies and at this year's meeting of the Economic and Social Council, as well as in this General Assembly. We believe that these various resolutions have played a valuable part in keeping the AIDS issue at the forefront of international attention. The United Kingdom has also played an active role in discussion of the problem in other international arenas such as the European Community, the Council of Europe and the Commonwealth.

In many ways, I would suggest, the picture today is fortunately more one of hope than of total gloom. We are now much better aware than we were this time last

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year of the full magnitude of the AIDS problem. As a result, the global response to it is growing in strength as the international community increases the extent and pace of its actions. I think it is no exaggeration to say that the past year has seen an unprecedented amount of international co-operation in response to this major health problem, as well as the development of a probably unique global consensus on the principles which should guide both national and international action.

A key role in all this has been played by WHO. Its Global Programme on AIDS has achieved an impressive amount in a short space of time. Working with over 150 countries throughout the world, WHO has developed a Global Strategy for AIDS prevention and control and is helping those countries to develop and strengthen their own national programmes. The Global Programme has the full support of the United Kingdom Government, and we are giving nearly \$8 million to it this year from our Overseas Aid Programme.

Let me now turn to the future. We shall all have another important opportunity to promote the message of AIDS prevention on 1 December, which is the WHO-sponsored World AIDS Day. In the United Kingdom we shall be marking the Day with a wide range of national and local events. I have been enormously encouraged by the good response we have had from our health authorities and voluntary organizations. I have every expectation that World AIDS Day will be a success not only in my own country but throughout the world.

It is an especially important Day, in my view, because its theme once again underlines the importance of education, information and open communication. They have made possible the progress achieved so far in limiting the spread of the disease. I firmly believe they represent the best hope for the future.

Sadly, I have to say that the adoption of worthwhile principles at international gatherings may not always be translated into action within individual

(Mr. Clarke, United Kingdom)

countries. For example, I am well aware that in many countries there have been calls for the creation of new criminal offences related to the transmission of the virus and for legal retribution against those persons infected with it. Such measures may well prove very damaging in the long run because they are likely to drive those infected with the disease underground, discouraging them from coming forward for counselling and help.

That is why we in the United Kingdom have stressed co-operation rather than coercion. We have set up a programme whereby anyone can come forward for counselling and, if they wish, a free and confidential HIV test. Such testing is done on a wholly voluntary basis because we believe it is the only way to avoid turning away the very people we want to educate, particularly those whose own behaviour puts them at high risk of contracting HIV infection.

Our belief in the importance of counselling has also led us recently to introduce proposals which, if our Parliament passes them into law, would restrict the sale of testing kits which can be sold to individuals to test themselves. We consider that expert counselling is needed before a test is carried out in order to explain a number of crucial things: for example, exactly what the test will determine, what the result might mean, what changes in personal behaviour may be necessary in the light of it and what are the serious medical and social consequences of a positive result.

Medical evidence now indicates that HIV infection will probably lead in the majority of cases to the development of AIDS and subsequently to death. So a test which produces a positive result in an individual case can have a very severe psychological effect on the person concerned, as well as leading to social and economic discrimination. Therefore it is much better that, where practical, individuals should be given advice before undergoing testing at all so that they

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can make an informed decision about whether to go ahead with the test and can also be ready to receive the proper support should the result prove positive.

Looking further ahead, there are a number of things I should like to see happen. Some of them are mentioned in the draft resolution before us today. First, I should like to see continuing support for the efforts of WHO in tackling AIDS.

I should also like to see all countries launching sustained education campaigns which reflect local circumstances and cultures. I have stressed our view that public education remains our best defence against the spread of HIV infection and AIDS. That is why the United Kingdom Government remains firmly committed to a long-term effort to give our people, and especially those groups most at risk, the information they need and the encouragement to act upon it. The next phase of our national campaign will be launched in a month's time.

(Mr. Clarke, United Kingdom)

But we are also aware of the great importance of local educational and preventive activities, particularly for those groups who are hard to reach through the mass media. So we intend to complement our national campaign with locally based schemes aimed at encouraging people to modify their sexual and other behaviour, and to help them sustain such changes.

There is some recent evidence that the rate of increase of AIDS cases in homosexuals is slowing down in the United Kingdom and in several other countries. But there is, I am afraid, no evidence that this is the case for heterosexuals or those who inject drugs. In fact in many countries drug misusers who share infected injecting equipment are being seen as an increasingly important group responsible for the transmission of the infection.

I should therefore like to see much more provision, both financial and social, to fight drug misuse across the world. In the United Kingdom, in addition to publicity warning misusers of the dangers they face, we have set up special schemes where misusers can both receive counselling and exchange their used needles and syringes for clean equipment. Early evaluation shows that, where needles and syringes have been in short supply, such schemes may encourage misusers to come forward for help. We have just announced a further \$5.25 million programme to reinforce our programme of advice, treatment and care to prevent the spread of human immunodeficiency virus (HIV) infection and reduce drug misuse. Next month there will be further publicity in the United Kingdom to reinforce the warning we are already giving publicly about the dangers of injecting.

Finally, I would like to see more international co-operation in both bio-medical and social science research, where WHO has itself already initiated some programmes. In the United Kingdom we have a large-scale directed research programme on the medical and scientific aspects of AIDS and HIV, co-ordinated by our Medical Research Council. A number of important sociological and behavioural

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research programmes are also under way. They include evaluation of the needle exchange schemes, to which I referred a few moments ago, research into sexual behaviour and attitudes, costing various types of care for those with AIDS and continuing evaluation of our public health education campaign. Our Economic and Social Research Council has set aside \$2.6 million over the next three years for research in these fields. We will be pleased to share our experience from these research programmes with other countries.

I have sought today to look at AIDS with an international perspective. But when we talk of the number of cases worldwide and even of the problems we face in our own countries, it is very easy to lose sight of the fact that we are talking about real people trying to come to terms with very real and frightening health problems. Our efforts are directed at human beings with families and friends into whose lives has come a devastating disease. So I hope that, above all, we will remember this when we return to our various countries and I hope that it is uppermost in our minds when we consider what action to take in our continuing fight against AIDS.

In conclusion, I should like to say how grateful my delegation has been for the co-operation of the other delegations from all the regional groups in drafting the draft resolution before us today. We have been greatly encouraged by the wide measure of agreement that has been possible. The struggle against AIDS is one in which the United Nations must play its full part. The draft resolution before us gives a further impetus to the work of the United Nations system and represents a valuable political declaration by the Member States. We look forward to its adoption by this Assembly.

Mr. ZEPHOS (Greece): On behalf of the member States of the European Community, I welcome this opportunity to refer to the celebration of the fortieth



(Mr. Zepos, Greece)

anniversary of the World Health Organization (WHO) and, in particular, to emphasize our concern over the continuing acquired immunodeficiency syndrome (AIDS) pandemic.

I should like first to express our deep appreciation to Dr. H. Mahler, Director-General of WHO until July of this year, for his constant and untiring efforts in promoting and achieving the objectives of the Organization. At the same time, we congratulate the new Director-General, Dr. Nakajima, for his assignment and wish him success in his important and difficult task ahead.

Forty years ago, in a war-weary and disease-ridden world, a fledgling World Health Organization began tackling the enormous challenge of finding solutions to the numerous health problems afflicting mankind. Today, four decades later, we can look back with great satisfaction at the achievements of international co-operation in the field of public health. Under the guiding and co-ordinating role of WHO, we have been able to take great steps forward in combating and eradicating many deadly diseases, like smallpox.

We are convinced that, in the coming decades, WHO will demonstrate the same resolve and efficiency in achieving international health and mounting an effective response to health threats that might arise.

The AIDS pandemic is a case in point. Especially today, in the year 1988, which has been named by WHO as the Year of National and International Communication and Co-operation on AIDS, I wish to pay a special tribute to the prompt reaction of the organization and its leading role in co-ordinating and streamlining the efforts of more than 140 countries in our common fight for controlling and preventing AIDS. We hope that the holding of important events will give to the day of 1 December 1988, which has been set as the World AIDS Day, the significance it deserves.

There is no need to repeat the gravity of the AIDS problem, which is not only scientific and epidemiological, but also involves a complex range of humanitarian,

(Mr. Zepos, Greece)

political, economic, social, cultural, educational and other factors. It is really worth noting that, although mankind has made spectacular breakthroughs in many fields of science, it still lacks the knowledge to penetrate all the mysteries of the human organism and find antidotes to many diseases which have so far been incurable. Of course we do not underestimate the brilliant work already accomplished by doctors and researchers. In a very short time scientists have developed an understanding of the complex nature of the disease, which was virtually unknown 10 years ago. Still it is evident that it will take more time and much effort before we can hope to control AIDS through medical techniques.

Being a global problem, AIDS calls for a global effort based on a common strategy. The disease does not distinguish between its victims on the basis of their culture, material wealth or origin. The AIDS pandemic knows no borders, nor can it distinguish the nationality of people. Our strategy to fight the disease has to include leadership, co-ordination, education, information and the elaboration of guidelines at the global level. It can only succeed if national programmes are strong and complete. Bilateral and multilateral collaboration should be further developed.

(Mr. Zepos, Greece)

The member States of the European Community fully support WHO's guiding and co-ordinating role with respect to the global struggle against AIDS. In this context we would like to mention that we welcome and endorse General Assembly resolution 42/8 of 26 October 1987 on the prevention and control of AIDS, the report of the Director-General of WHO on global strategy and Economic and Social Council resolution 1988/55 on the prevention and control of AIDS. We further welcome the recent WHO/United Nations Development Programme (UNDP) alliance to combat AIDS, and the contributions, of the United Nations Children's Fund (UNICEF) and the United Nations Fund for Population Activities (UNFPA), as a pragmatic expression of the growing awareness of the need to pool forces within the United Nations system. We also welcome resolution 41.24 of the World Health Assembly of 13 May 1988 on the avoidance of discrimination in relation to HIV-infected people and people with AIDS.

We also wish to express our strong support for the conclusions reached at the World Summit of Ministers of Health held in London this year. During that meeting it was emphasized that information and education programmes, which took full account of social and cultural patterns, should be aimed at the general public. The need for the necessary human and financial resources was agreed upon by all participants. Further, the member States of the European Community firmly supported the latest initiative on the prevention and control of AIDS, contained in document A/C.2/43/L.12, sponsored by several delegations of all groups. We hope that this draft resolution, adopted by consensus in the Second Committee on 21 October, will help better to implement and co-ordinate the global strategy to combat the disease.

I now wish to elaborate on the efforts of the European Community and its member States in the same field. At a Health Ministers meeting held on 31 May this year, it was noted with satisfaction that all member States are pursuing

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homogeneous policies in their fight against AIDS, in accordance with the common approach outlined in their conclusions of 15 May 1987. They noted in particular that all member States are ensuring complete freedom of movement of persons and equal treatment, as laid down in the treaties, and they reaffirmed their commitment to the following principles, especially the following: since AIDS is a public health problem, the fight against the disease must be based on national health policy; in combating AIDS, absolute priority is to be given to prevention through health information and education; in terms of prevention, any policy of systematic and compulsory screening is ineffective; any discrimination against or stigmatization of persons infected by HIV, particularly as regards employment, must be avoided.

AIDS is more than a disease; it is a threat to the socio-economic development of mankind and imperils the stability of our societies by generating fear, ignorance and intolerance. We should make every effort not only to defeat the virus scientifically but also to reduce the social impact of this terrible pandemic.

Before concluding, allow me to assure the Assembly of the strong and continuing support of the member States of the European Community in order to achieve positive results in our common struggle.

Mr. MORTENSEN (Denmark): The year 1988 marks the fortieth anniversary of the World Health Organization, and on behalf of the Nordic countries I should like to express my sincere congratulations to the World Health Organization on this occasion and to pay a tribute to its important and widely varied contributions to better health for all. In this context, the Nordic countries would also like to welcome the newly elected Director-General, Dr. Nakajima. We wish him the best of success in his future work.

The World Health Organization has certainly proved its importance during its 40 years of existence. Suffice it to mention the fight against smallpox, which

(Mr. Mortensen, Denmark)

finally resulted in the complete eradication of this horrible disease - an excellent example of what can be done when all nations of the world pull together in a venture that will benefit not only our generation but that of our children and our children's children. Now the international effort which made that achievement possible is harnessed to bring about "Health for All by the year 2000". We fully support this inspiring and ambitious "Health for All" strategy, which has given health administrations all over the world a valuable framework for their health policies. The Nordic countries are convinced that the World Health Organization in the years to come will continue to be the guiding organization in the field of health with as much energy and enthusiasm as shown in the first 40 years of the organization's life.

The year 1988 has been one of celebration for the World Health Organization - not only with respect to its fortieth anniversary but also with respect to the tenth anniversary of the International Conference on Primary Health Care held in Alma Ata. It was a major historic breakthrough and laid the foundation of a collective framework for primary health care. The Nordic countries welcome the reaffirmation of the Alma Ata Declaration by the World Health Organization experts at a meeting in Riga earlier this year.

The World Health Organization has always been an organization with strong principles, and the Nordic countries would like to stress some of the principles to which we attach particular importance: health as a concept is not limited to the absence of disease or infirmity; emphasis should be given to preventive activities, to preserving health rather than focusing too narrowly on curing diseases; health services should be provided on an egalitarian basis, and accordingly should not increase the gap between the haves and the have-nots; emphasis should also be given to measures to improve environmental and social conditions making better health

(Mr. Mortensen, Denmark)

possible; the establishment and strengthening of a sustainable primary health-care system is vital.

I will also take this opportunity to address the issue of acquired immunodeficiency syndrome (AIDS). Last year the Director General of the World Health Organization, Dr. Mahler, addressed the Economic and Social Council and the General Assembly on the threatening disease of AIDS - a disease affecting all regions of the world. Unfortunately, the gloomy prospects with respect to the dissemination of the disease have been confirmed and more than ever we must join forces to combat this pandemic. Especially in this context it is with great pleasure that the Nordic countries endorse the initiative in this session of the General Assembly on the prevention and control of AIDS.

(Mr. Mortensen, Denmark)

As stated on earlier occasions, the Nordic countries support the World Health Organization as the international co-ordinating agency with respect to the global struggle against AIDS. The World Health Organization enjoys the competence and world-wide respect that is imperative if we are to deal effectively with the problem.

The World Health Organization is facing considerable challenges with respect to implementation of the national AIDS programmes. The Nordic countries strongly support the establishment of the World Health Organization/United Nations Development Programme alliance and its emphasis on a multisectoral approach. This is an example of co-operation between multilateral programmes which we hope will be emulated, and we trust that the alliance will contribute to a successful implementation of the national AIDS programmes. Dissemination of information on AIDS and on measures to avoid this disease is of paramount importance.

As we have stated on previous occasions, however, it is necessary not to panic and to continue working solidly and tirelessly towards eradicating not only AIDS but also the many other diseases that threaten mankind.

The World Health Organization is an ambitious organization and the Nordic countries would like to pay tribute to it for that characteristic. We think that it is necessary and valuable for an organization like the World Health Organization to have vision, goals and strategies.

The World Health Organization plays the leading role in formulating standards in the medical field as well as in health development. Its work is for the benefit of all and should receive adequate financial support from all Member States.

Over the last 40 years the Nordic countries have been strong supporters of the World Health Organization, morally as well as financially. We have in our voluntary contributions - for example, to the programmes of essential drugs, human reproductive health, tropical diseases research - supported an overall health

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development based on primary health care. The Nordic countries attach great importance to the continuation of programmes based on these principles. At the same time we support a development in which regular contribution to the World Health Organization will be assured to the extent that the organization can consider a gradual incorporation of the special programmes into the regular budget of the World Health Organization.

On behalf of the Nordic countries, let me conclude by repeating our sincere congratulations on the anniversary of the World Health Organization and expressing our trust in its will and ability to continue and intensify its valuable work for better health throughout the world.

Dr. KOOP (United States of America): As Surgeon General I regard it as both a privilege and a great personal pleasure to represent my country at today's events honouring the World Health Organization (WHO).

For most of my career I have been involved in international health work. But it has only been in the past eight years, during my tenure as Surgeon General of the United States Public Health Service, that I have had the opportunity to work closely with the leadership and the staff of the World Health Organization.

The experience has reinforced many times over my belief that WHO is not only an agency whose existence is essential to world health but also an organization whose accomplishments over the past 40 years have even exceeded the great hopes that attended its birth.

WHO was founded in the aftermath of the Second World War in a time of great economic and social upheaval. The health systems of many nations were devastated or non-existent. Communicable diseases took a heavy toll: smallpox, tuberculosis, malaria and other diseases were so prevalent that few countries were spared; many millions of infants and children died each year before the age of five.

The need for an international health organization was appallingly evident.



(Dr. Koop, United States)

And now we know that the organization that emerged during that period has surpassed our greatest expectations. It had a powerful concept "that health, good or ill, could never again be purely a national phenomenon". That concept has stimulated and guided the World Health Organization.

The health status of all the people of the world, whether they live in developed or developing countries, affects everyone. It was therefore in the interest of all nations to work together to address the totality of world health problems. No vehicle was better suited to the task than WHO.

As we look at our world today we see that enormous progress has been made in the four decades during which WHO evolved from a technical assistance agency, primarily concerned with communicable diseases control, to a partner of all nations in the support of national goals for health for all.

We have improved our health care systems and made health services available to a degree unknown 40 years ago. We have made great strides in dealing with communicable diseases, especially malaria, diarrheal diseases and diseases that can be prevented by vaccination. Life expectancy has risen from a world-wide average of 41 years in 1950 to 61 years today. And while far too many children still die before the age of five, the world is certainly a safer place for children. The number of infants and children who die before the age of five is many millions less today than the number who died during the 1950s, even though the total child population of the world has substantially increased.

While this progress could not have been made without a genuine commitment on the part of national Governments, the leadership, guidance, assistance and inspiration provided by WHO were essential ingredients in our collective success.

Today, thanks to a very active and successful WHO expanded programme on immunization, there is excellent vaccination coverage against poliomyelitis, diphtheria, tetanus, whooping cough, measles and tuberculosis. At the request of

(Dr. Koop, United States)

member nations, WHO has now launched a special effort to eliminate polio everywhere. Polio may well become the second disease to be eradicated through the efforts of mankind.

The success story of that first eradication effort against smallpox has been recounted many times, and why not? The human race had never before been able to achieve such a medical miracle as the elimination of a specific disease from our planet.

The eradication of smallpox under WHO leadership will for ever remain a testimony to the kind of achievements that can be realized when the nations of the world work together towards a common goal.

Oral rehydration therapy is well on its way to becoming another success story. It is becoming so effective that the lives of countless infants and children are being spared. The therapy, of course, is based upon a simple solution of water, sugar and salts, a formula devised by WHO scientists.

(Dr. Koop, United States)

The work on malaria also continues to hold promise that this disease, too, will one day be conquered. From its creation WHO has targeted this disease, and despite the difficulties of malaria control we can remain optimistic about the future.

WHO's special programme for research and training in tropical diseases has already shown that concerted scientific efforts can produce remarkable achievements in developing methods and tools for reducing or eliminating communicable diseases, including malaria. The Tropical Diseases Research Programme uniquely exemplifies the achievements that can come about when different groups, even those with diverse philosophies, join hands and work together.

With urging and guidance from WHO we have also seen dramatic changes in health manpower utilization and a courageous reorientation of medical education towards primary health care, to provide a more realistic approach to the health needs of large populations.

These success stories are impressive, but if anything they should serve as a stimulus to us to do better. They must not be used as an excuse for complacency. We know all too well that victory over disease is often counterbalanced by the appearance of new threats and new diseases.

We are now experiencing this with acquired immunodeficiency syndrome (AIDS).

AIDS threatens every nation and presents an unprecedented challenge to international public health. Each affected country that confronts this new health problem may discover it may need to respond with resources of so great a magnitude that it could devastate the very health system it is trying to strengthen. This threat exists for developed and developing nations alike. But, as I stated a year ago in this same Assembly, AIDS is potentially more destructive to developing nations than to the developed or industrialized world.

(Dr. Koop, United States)

AIDS tends to impact most often on the most productive members of society, the breadwinners in the prime of their lives; hence developing nations hit by AIDS could lose an irreplaceable generation of engineers, health workers, teachers and government officials, as well as workers in agriculture, industry and trade. AIDS has the potential to devastate a country's plans for development.

A year ago, in my remarks here, I called upon WHO and the nations of the world to give a high priority to making the world's blood supply safe for transfusion. I expressed the hope that by working together we might do this by 1991. A safe blood supply is important everywhere - that goes without saying - but in the developing world it has particular significance for tourism, for business and for foreign investment.

Over the past year, the screening of blood donors for the human immunodeficiency virus (HIV) has been initiated in many countries. In some countries it is now mandatory and I understand that all African countries may be able to do complete HIV screening of blood donors by the end of this year. Appropriate policies to ensure safe blood donors have been implemented in most countries and the need to limit transfusions to the number absolutely necessary is another strategy being pursued. WHO is co-ordinating a global blood supply initiative, supported by several organizations, including WHO's global programme on AIDS and the WHO laboratory testing unit, the League of Red Cross and Red Crescent Societies, the International Society for Blood Transfusion and the United Nations Development Programme.

These beginnings must be sustained and supported by all Member nations. Because the United States has the largest experience with AIDS, we are able to share our national experience for the benefit of other nations.

AIDS is a risk to all society and not just to one or more narrow groups. AIDS is still spreading in the United States, both geographically and numerically, and

(Dr. Koop, United States)

we must still consider it a risk to all of society. Hence in 1987 the United States mounted the largest, most comprehensive educational campaign in the history of public health to tell the public the facts about AIDS. It is difficult to measure the behavioural changes that take place after education.

The homosexual population has indeed heard us, and the fact that they have changed their behaviour is evidenced by the decline not only in other sexually transmitted diseases among homosexual men but also in the actual drop in the incidence of new cases of AIDS among this group. But we are concerned that all of our young people receive and understand that educational message and the challenge for us is to find innovative and creative ways of getting the message across so that these young people do not experience a decade of self-destruction.

The global fight against AIDS will take many years and it will require political and health leaders alike to have the strength of commitment necessary to make difficult decisions, to stand firm against unreasonable fear and to maintain the consistency and unity of action that are absolutely vital for a global fight against this global threat.

No country can fight AIDS on its own. The leadership necessary to co-ordinate our efforts can come only from the World Health Organization. WHO is the linchpin holding together our individual efforts and guiding them into a genuinely unified global attack on AIDS.

I commend WHO for its efforts against AIDS thus far. I am confident that under its new Director-General, Dr. Hiroshi Nakajima, WHO will continue to provide us with the leadership and guidance that will some day bring us victory.

After all, only united action by all countries can bring about real and lasting improvements in the health of all the world's people. And that includes united action against AIDS, the greatest potential catastrophe on today's horizon of health.

Mrs. DARLING (Australia): At the forty-second session of the General Assembly, last year, Australia took the opportunity to introduce the first ever General Assembly resolution on the prevention and control of acquired immunodeficiency syndrome (AIDS). As an early and active supporter of the necessity for an effective global strategy to combat AIDS, Australia had earlier in 1987 co-sponsored World Health Assembly resolution 40/26 on the AIDS virus. Having achieved through this resolution the commitment of policy- and decision-makers in health ministries around the world to the concerted, co-operative action necessary to combat AIDS, we, together with many other States, wished to see this commitment reaffirmed also at the international, political level.

(Mrs. Darling, Australia)

The consensus adoption of General Assembly resolution 42/8 demonstrated the serious concern felt by all Member States about the threat posed by the AIDS pandemic, and the crucial need for international co-operation and co-ordination, through the Global Strategy established by the World Health Organization, to contain the spread of AIDS.

Today, almost one year later, while continuing to be deeply concerned about the seriousness of the situation, Australia welcomes the opportunity to reaffirm our commitment to continued co-ordinated international efforts to combat this disease by expressing our support for the draft resolution which is before us now.

In supporting this text, we wish also to place on the record our thanks to the United Kingdom for proposing the draft resolution on AIDS this year and thereby continuing the momentum of activity on this vital issue.

As the proposer of last year's AIDS resolution, we have been gratified by the way in which the international community and Member States have responded over the past year to the World Health Organization's Global Strategy on AIDS. Certainly, I have been impressed and encouraged by the positive contributions made by representatives of Member States in this forum today.

It is clear that Member States have risen to the challenge posed by the pandemic and that efforts to contain the spread of AIDS have benefited greatly from the international consensus and co-operation which have developed on this issue. Political leaders, and indeed the whole international community, are now very much alert to the implications of AIDS and have placed their support firmly behind health-care agencies and health workers in their efforts to contain the disease.

(Mrs. Darling, Australia)

In striving to maintain this impetus, Australia is not blinkered in regard to other major health threats to the global community, particularly in areas where health care is not readily accessible. In this context, we support Dr. Nakajima's pertinent statement on the burden of disease borne by a large portion of the world's population, particularly the poor. We believe that AIDS should be kept high on the international agenda, because disease is no respecter of persons. AIDS should be in the forefront of our thinking and our planning as one of the major threats to all peoples.

For the fight to control AIDS is by no means over. As we are all aware, the number of cases of AIDS worldwide continues to increase and there is as yet no prospect of a cure. Given these circumstances, Australia continues to believe that AIDS remains a global issue requiring urgent and concerted attention by all Member States and by the wider multilateral system.

In that context, Australia wishes to reaffirm its support for the excellent work of the World Health Organization (WHO) over the past year in its role as the central co-ordinating authority in the global battle against AIDS. On this, the fortieth anniversary of the World Health Organization, we wish to congratulate it on the prompt and effective way in which it has responded to the threat to world health posed by the AIDS pandemic. Without the strong leadership shown by WHO in the development of the Global Strategy, and through its work in developing and implementing national plans in many Member States, it is unlikely that the global battle against AIDS would have come this far.

Australia's commitment to international co-operation in combating the AIDS virus is reflected in the Australian Government's support for the Global Programme on AIDS. In addition to the widespread programme of public education initiated to foster an informed understanding of the disease within our own nation, Australia



(Mrs. Darling, Australia)

will contribute 2 million Australian dollars to WHO by 1990-1991 for national plans for AIDS prevention and management in the Asia-Pacific region.

In the absence of a vaccine or cure for AIDS, behavioural change represents the only effective way in which the spread of this disease can be contained. Public information and education of our citizens therefore have become our most important weapons. This is not to say that medical research on AIDS is not of the utmost importance. It is. But, concurrently, people in all countries must be given the advantage of the most up-to-date information on modes of transmission of the disease, to enable them to modify behavioural patterns.

In that regard, WHO's Global Programme on AIDS plays a crucial role in encouraging the effective communication of information about Member States' initiatives, as well as highlighting significant developments in research and other technical aspects of the disease. The ready accessibility of this information is, in Australia's view, a key factor in improving community understanding of the nature of the AIDS virus, its effects on both individuals and nations, and the various options available for its effective management.

In Australia, the education of our citizens to the threat posed by the spread of AIDS is seen as the most effective first line of defence in dealing with the virus. Knowledge of what is taking place in other countries has reinforced our belief in that approach. Australia therefore commends the World Health Organization on its initiative for World AIDS Day, which is to take place on 1 December. With the assistance of all sections of the world media, World AIDS Day has the potential to convey to the widest possible audience the facts about the AIDS pandemic and efforts to overcome it. We believe that this is an absolutely essential base for coming to grips with this disease and its ramifications. We cannot afford to become complacent. An expression of goodwill towards and support

(Mrs. Darling, Australia)

for World AIDS Day by the General Assembly would be a clear indication that control of AIDS remains a high priority for all Member States.

In addition to education and public information, Australia wishes to commend to the Assembly an equally important initiative which warrants the urgent attention of all Member States: the development of a safe global blood supply. With the development of a safe global blood supply, we would effectively remove a primary risk factor in the spread of AIDS throughout the world. In addition, there would be complementary spin-offs for the fight against other major infectious diseases, such as hepatitis B. Australia considers that the establishment and management of safe national blood supplies is possible with a relatively modest allocation of resources, particularly when compared with the significant social and economic costs inherent in the continued spread of the AIDS virus. In this context, Australia has already provided bilateral assistance to Papua New Guinea and the Philippines to assist in the establishment of safe blood supplies in those countries. Australia therefore commends to all Member States the global blood safety initiative launched by WHO and urges Governments to give priority attention to the development of safe national blood supplies.

As a co-sponsor of this year's draft resolution on the AIDS pandemic, Australia looks forward to the consensus adoption of this text by the General Assembly as a clear signal of the resolve of Member States to continue to forge ahead in the global fight against AIDS.

Mr. KAGAMI (Japan): It is a great pleasure to speak on behalf of my Government in celebration of the fortieth anniversary of the World Health Organization (WHO), a specialized agency of the United Nations responsible mainly for providing technical assistance and for co-ordinating and guiding activities undertaken at various levels in the field of health and sanitation.

During the four decades since its establishment, WHO has made a tremendous contribution to human health and well-being.

I believe it is appropriate on this occasion to take a brief look at the history of the World Health Organization so that we may truly appreciate its remarkable accomplishments and adequately assess the tasks that lie ahead.

In 1948, when the international community was still reeling from the effects of the Second World War, the Member States of the United Nations declared, in the Constitution of the World Health Organization, that it is a fundamental right of every human being, regardless of race, religion, political philosophy or socio-economic system, to enjoy the highest attainable standard of health. WHO immediately set to work to build up health care systems in war-torn areas and to combat epidemic diseases that were threatening the health and lives of people all over the globe. Providing sanitation facilities and securing clean water sources were given priority in this effort.

In its second decade, starting from 1958, WHO concentrated chiefly on extending emergency assistance to newly independent African States. The prevention and treatment of tuberculosis, which was said to infect almost 60 per cent of the world's population, was another major focus of WHO efforts at that time.

In its third decade, WHO pursued a programme totally to eradicate smallpox - a goal that in 1979 was certified as having been achieved, saving more than 100 million people from this dread disease. Further, WHO continued its fight against such tropical diseases as malaria and leprosy, while at the same time

(Mr. Kagami, Japan)

continuing, in co-operation with other United Nations agencies, special programmes in such fields as family planning.

In 1976, the World Health Organization adopted its Expanded Programme on Immunization, which aims at ensuring that by 1990 all children in the world will have access to immunization services against the six diseases of diphtheria, tetanus, pertussis, tuberculosis, polio and measles. The United Nations Children's Fund (UNICEF), individual governments and non-governmental organizations eventually joined this immunization programme, which has already saved the lives of millions of children, particularly in developing regions.

In 1977, just before embarking on its fourth decade, the World Health Organization, under its programme popularly referred to as "Health for all by the year 2000", emphasized that the primary social target of its own efforts, as well as those of individual governments, should be the attainment of health standards that will permit people everywhere to lead economically and socially productive lives. Towards that end, in 1978 the World Health Organization, with the co-sponsorship of UNICEF and the participation of a number of Governments, non-governmental organizations and other relevant United Nations agencies, held an International Conference at Alma-Ata, in the Soviet Union, reaffirming the importance of providing the essential elements for primary health care. Subsequently, in 1981, WHO adopted a global strategy for the attainment of that goal.

Today, the World Health Organization touches the lives of all of us through its programmes in such fields as disease prevention, family planning, maternal and child health care, procurement of essential drugs, technical and emergency assistance, and health and hygiene services, as well as through its study and research efforts, information services and publications. These are all crucial elements in its efforts to realize its target of "Health for all by the year 2000".

(Mr. Kagami, Japan)

The vital role WHO is playing has gained world-wide recognition and support, as reflected in its membership roster, which now includes 166 States.

Its considerable achievements are directly attributable to the commitment, wisdom and idealism which its executive officers and staff members have brought to their tasks.

Permit me to note in this regard that the World Health Organization has this year appointed Dr. Hiroshi Nakajima as its new Director General. I am confident that, under his leadership, WHO will continue its vigorous efforts to raise the health standards of all the world's citizens.

I wish also to take this opportunity to comment briefly on Japan's relationship with the World Health Organization. Since becoming a member in 1951, my Government has steadily expanded its financial and technical co-operation with WHO. In addition to its assessed contributions, Japan has increased its voluntary contributions each year; in 1988 alone, its contributions for certain specific programmes amount to approximately \$US 4.6 million. My Government also maintains, in co-operation with WHO, a fellowship programme under which it invites every year about 100 fellows from all over the world to engage in research activities at Japanese hospitals, universities and other institutions.

Experts and consultants from Japan also take part in WHO technical assistance projects, and the Government of Japan has hosted international conferences and workshops to provide administrators and experts from various countries with the opportunity to exchange views and information in health-related fields.

While paying tribute to WHO's achievements over the past four decades, we must bear in mind that much remains to be done. The international community is still confronted with numerous health and sanitation problems, some of which cross national borders. Recurrent natural disasters, infectious diseases and food shortages continue to take their tragic toll, particularly among children. These

(Mr. Kagami, Japan)

problems seem to be most prevalent in developing regions, where almost three fourths of the world's population resides. Thus we must sadly conclude that the need for efforts by the World Health Organization in the various fields of human health will be ongoing for many years to come.

A particularly serious problem, and one which will be the focus of increased attention at this session, is acquired immunodeficiency syndrome (AIDS), for which there is as yet no adequate means of treatment. We must tackle this dreadful disease at the national, regional and international levels with every intellectual, scientific and medical resource available before it truly explodes. It is anticipated that at this session the General Assembly will reaffirm, subsequent to the resolution it adopted last year, that international efforts, and particularly those of WHO, for dealing with AIDS must be strengthened.

(Mr. Kagami, Japan)

It is encouraging in this regard that last January the World Summit of Ministers of Health adopted the London Declaration on AIDS Prevention and that WHO has recently designated 1 December this year World AIDS Day. Both these measures will give an added impetus to the fight against AIDS. Further, WHO is continuing to develop and implement its global programme for the prevention and control of AIDS. In support of these efforts, the Government of Japan is determined to continue to extend financial and technical assistance to WHO. Last year, as a demonstration of that determination and to share Japan's latest technology and experiences, my Government, jointly with WHO, convened in Tokyo a Conference on an Integrated Strategy for the control of AIDS and other Human Retroviral Infections and Hepatitis B.

I strongly urge that all appropriate organizations, both governmental and non-governmental, join WHO in the global struggle against AIDS. In this regard, I welcome the establishment of regional and national programmes in the past year to combat AIDS around the world. Japan, for its part, established last year the Ministerial Committee on AIDS to ensure close communication and co-ordination among the Government agencies concerned and to promote various measures to combat the disease. At its first meeting the Committee adopted a national plan for AIDS control, which identified the five following major areas in which measures would be taken. First, dissemination of accurate knowledge on AIDS; secondly, strengthening of the surveillance system; thirdly, strengthening of primary and secondary prevention measures and of counselling services; fourthly, promotion of international co-operation in research; and lastly, provision of appropriate legislative arrangements.

In closing, I should like to take this opportunity to reiterate that Japan will continue to make every effort to raise health and social welfare standards by

(Mr. Kagami, Japan)

providing both bilateral and multilateral assistance, and in particular, by co-operating vigorously with the World Health Organization.

Mr. TEEHANKEE (Philippines): On behalf of the Republic of the Philippines, I take great pleasure in joining in the celebration of the fortieth anniversary of the World Health Organization (WHO).

The World Health Organization is one of the reasons why we need the United Nations. Prior to the recent positive developments in the international political and security fields, the United Nations had often been unfairly criticized and maligned for alleged inaction. Such an unfair judgement ignored the good work undertaken by such subsidiary organs as WHO, which have persevered throughout all the years of modest budget and little recognition to bring forward the aims and objectives of the United Nations. As we celebrate today's important milestone, I would recall briefly some of the achievements of WHO.

None of us need be reminded of the work done in eradicating smallpox, considered not too long ago to be the scourge of the Earth. Through innovative efforts, WHO has checked the spread of such contagious diseases as yaws, malaria and cholera. Its immunization campaign against the so-called children's killer diseases - polio, measles, diphtheria, whooping cough, tetanus and tuberculosis - has been, on the whole, successful. In fact, WHO expects to eradicate polio by the year 2000. It has embarked on programmes to improve nutrition, housing and sanitation, and working conditions and other aspects of environmental hygiene in underdeveloped and developing countries, with encouraging results.

A lesser-known but equally important WHO initiative is a special programme on tropical disease research, which it manages in collaboration with the World Bank and the United Nations Development Programme. This is a very important project in my country. The results of 10 years of recruitment and international scientific



(Mr. Teehankee, Philippines)

network development are now bearing fruit. Vaccines, drugs, diagnostic tests and other disease-control tools are beginning to appear. More scientists from tropical countries are being trained by WHO to increase self-reliance in the affected countries.

The World Health Organization is also involved in combating diarrhoea-related deaths among our children. Some 4 million children under five years of age die from diarrhoeal diseases each year in developing countries. In collaboration with the United Nations Children's Fund (UNICEF), WHO is developing new technology to reduce this number. These two agencies have collaborated with member countries in the introduction of oral rehydration salts, a new procedure developed in this field. It is estimated that this new procedure has already prevented about half a million deaths. We understand that through WHO more than 112 countries now have plans for national diarrhoeal control programmes and most of them are operational.

The World Health Organization has made significant contributions in the field of food safety. In collaboration with the Food and Agriculture Organization of the United Nations, it has established a food standards programme that has developed almost 200 international safety standards for food commodities.

Acute respiratory infections continue to be a major cause of death among children in developing countries. The World Health Organization has developed a simple procedure to detect bacterial pneumonia, the major culprit in respiratory-infection-related deaths. This new procedure has proved its effectiveness in countries where the disease has been prevalent.

On tuberculosis control, WHO has worked out a strategy that could be used by health workers in all countries, poor and rich. The mortality has gone down and there is growing confidence that the disease will finally be conquered.

(Mr. Teehankee, Philippines)

These are but a few examples of what WHO, with the support of the international community, has accomplished and has undertaken to alleviate mankind's suffering in the last 40 years.

The World Health Organization in spite of its many achievements cannot afford to rest on its laurels. The campaign against disease and the enhancement of health are a continuing effort. The World Health Organization has already joined the battle against that most dreaded disease, the acquired immunodeficiency syndrome (AIDS).

With the Director-General's briefing earlier this morning, and the other fine reports that have been given by previous speakers, I will confine my remarks to noting that the Second Committee has proposed the adoption by the General Assembly of a consensus resolution on AIDS which would, among other things, reaffirm the leadership of WHO in the prevention and control of AIDS. My delegation has the honour of being a sponsor of this draft resolution. We anticipate unanimous endorsement of that draft resolution and hope that it will provide an added impetus to the campaign against this latest scourge of the Earth.

(Mr. Teehankee, Philippines)

Allow me to congratulate Dr. Hiroshi Nakajima, the new Director-General of WHO. He joins a distinguished line of Directors-General. Dr. Nakajima is well known and highly respected in my country. Before his elevation to his present position he served for nine years as Regional Director of WHO for the Western Pacific, with Headquarters in Manila. I am confident that the dedication, discipline and professional competence he displayed in his former post will serve him and the organization well.

Finally, let me also express my country's appreciation to Dr. Mahler for his selfless and dedicated service for the welfare of mankind during his tenure as Director-General of WHO.

Mr. FORTIER (Canada): A year ago this Assembly for the first time adopted a resolution on the prevention and control of acquired immunodeficiency syndrome (AIDS). It was a bold and timely step, signalling a genuine commitment by the United Nations to acknowledging the AIDS pandemic, commending the World Health Organization (WHO) for its efforts towards global AIDS prevention and inviting the appropriate organizations of the United Nations system, bilateral and multilateral agencies and non-governmental organizations to support the world-wide struggle against AIDS.

Now, in this fortieth year of WHO, we can further commend the co-ordinated efforts of the United Nations and its Member States to combat such deadly diseases as AIDS. Indeed a central theme underlying many of the presentations made at this session of the General Assembly has been that the growing interdependence of nation States in the contemporary international setting increasingly demands integrated, multilateral solutions to the issues which shape our destiny - be they political, economic or environmental. Member States have been virtually unanimous in welcoming the recent improvements that have taken place in the international political atmosphere, rightfully drawing the conclusion that, where nations join together in a spirit of constructive co-operation to address common concerns, real

(Mr. Fortier, Canada)

progress is possible. Perhaps no single development could have come as a more convincing illustration of our mutual interdependence than the rise and spread of the AIDS pandemic around the world. This disease recognizes no class distinctions or racial barriers, nor any national borders. Unheard of just a short decade ago, this fatal disease has now spread at an alarming rate to virtually every corner of our planet, with potentially catastrophic consequences for mankind. If the threat is great, however, so too is our collective potential to rise to this challenge. The growing death toll and the truly global nature of the AIDS phenomenon demand an urgent, sustained and co-ordinated international response, and it is to this task that we, as Member States of the United Nations, must remain dedicated.

We in Canada are well acquainted with the tragic consequences of this terrible disease. Indeed, Canada faces one of the highest rates of AIDS infections in the world. The first cases were reported in my country in 1982. As of the beginning of this month, there have been some 2,030 diagnosed cases of AIDS and over 1,100 AIDS-related deaths. By the end of 1991 there may be as many as 6,700 AIDS cases. Furthermore, despite our relatively small population base, it is estimated that between 50,000 and 100,000 Canadians are now carrying the human immunodeficiency virus (HIV) that causes AIDS - many of them unaware of the fact. World-wide, WHO reports approximately 117,000 AIDS cases, and estimates of the number of people that have already been exposed to the virus run into the millions. While these figures alone cannot convey the true enormity of the human suffering that AIDS has already inflicted, they do highlight the magnitude of the human, social and economic disruption that will occur in our societies if this pandemic is not brought under control.

For our part, Canada has not backed away from the need to respond to the AIDS menace. Between 1982 and 1986 the Canadian Government spent \$2.6 million on AIDS research. In May 1986 the Canadian Minister of Health and Welfare launched a

(Mr. Fortier, Canada)

\$39 million five-year programme to combat AIDS. In June of this year, the Minister announced the intention of the Canadian Government to spend a further \$129 million over the next five years, which will bring our total financial contribution to the effort against AIDS to \$168 million through 1993.

Canadian research has concentrated on diagnostic and testing techniques, the development of an effective vaccine, studies to determine the extent of progression of AIDS infection, immunological studies of AIDS victims and socio-economic and behavioural studies of the effects of AIDS. Underpinning our national AIDS programme is the recently established federal centre for AIDS, which has harnessed all the AIDS-related scientific and medical expertise within the Federal Government. The centre also performs a co-ordinating function to ensure an integrated and united federal and provincial approach to AIDS, as provincial Governments in Canada have primary delivery responsibility for health and education programmes.

Despite our best efforts, Canada recognizes that a cure for AIDS is a long way off. Perhaps the most unsettling aspect of the AIDS pandemic is that we still do not know the full scope of the disease. Given the exponential growth rate in reported AIDS cases to date, however, we must all recognize that this disease has the potential to wreak havoc on our economic and social fabric, particularly as the virus strikes directly at the most economically productive members of our societies. Moreover, as the number of AIDS victims mounts, so too does the cost of providing for their care, which imposes increasing economic burdens and strains limited health-care resources. In our effort to combat the spread of this vicious disease, we must not lose sight of other serious health-care problems for which there will be a continuing need for adequate resources.

We must also ensure that the manner in which we respond to the AIDS crisis is governed by reason and compassion rather than fear and prejudice. Every effort

(Mr. Fortier, Canada)

must be made to provide factual data regarding AIDS in order to avoid the rise of groundless fear and panic. Accurate information about AIDS is also essential to equip our citizens with the knowledge they need to minimize the risk of infection. In the absence of both a cure and a vaccine, it is clear that effective public education programmes will remain our best line of defence against the spread of AIDS for the foreseeable future.

(Mr. Fortier, Canada)

Above all, the message I wish to leave today on behalf of my delegation is, that in Canada's view, the World Health Organization and its global programme on AIDS must remain the focal point of the international community's efforts against AIDS. Time is not on our side in this struggle, and we cannot afford to allow duplication of effort and competing national programmes to dissipate the energy we collectively can muster. Our commitment to a concerted global campaign to rid the world of the AIDS scourge is reflected in our decision to host the fifth international conference on AIDS, in Montreal, in June 1989, as well as in our ongoing financial support for WHO and the Global Programme on AIDS. Canada has been a major contributor to the Global Programme, providing some \$16 million to international programmes and scientific initiatives to fight AIDS over the last two years. This explains our decision to sponsor the draft resolution on AIDS at this session, and we urge others to support it as well. We strongly hope that the draft resolution will be adopted by consensus, thereby building on the political momentum initiated in this forum.

Daunting as the present prospects may appear, we are convinced that with the collective resolve and commitment of the international community we will ultimately be able to overcome the AIDS pandemic. We Canadians have a deep and abiding faith in the capacity of the United Nations system to resolve global problems when Member States demonstrate the will to act in concert. When it comes to the global fight against AIDS, we believe that the co-ordinated response of the international community, guided by WHO, represents the last, best hope for mankind.

Miss WILLBERG (New Zealand): One year ago yesterday the Assembly adopted by consensus resolution 42/8, entitled "Prevention and control of acquired immunodeficiency syndrome", or AIDS, as it has come to be known. In doing so we,

(Miss Willberg, New Zealand)

the Members of this Organization, acknowledged the serious threat which the AIDS pandemic poses for all the peoples of the world. We also expressed a commitment to work together to control this scourge and seek the means to eradicate it. Such a commitment is in the finest tradition of the United Nations. I am honoured to be able to reaffirm my country's continued support for this vital work.

The past 12 months have not seen major progress in the search for a cure for AIDS. We know all too well that such a breakthrough is likely to be some considerable way in the future. The year has, however, seen a major upsurge in public understanding of the nature of the pandemic. No longer is it so common to hear the wildly exaggerated prejudices and misconceptions about AIDS which were so prevalent even a year or so ago. But much remains to be done. Myths and prejudices still remain. Understanding the causes of AIDS is the best known method of preventing its spread. We are encouraged by the public education work in this area being undertaken at all levels and in all regions of the world.

Within New Zealand considerable efforts are under way in the establishment of a comprehensive national strategy for the prevention and management of human immunodeficiency virus (HIV) infection and AIDS. These include initiatives on blood-donor screening, support for programmes of AIDS education and prevention targeted at specific groups within the community, and a needles and syringes exchange scheme.

New Zealand is pleased to be a sponsor of the draft resolution which is before this Assembly today. We see it as an important means of maintaining momentum in the global fight against AIDS. We believe that it represents a balanced assessment of the respective responsibilities of the international community and of individual Member States. And of particular importance is the recognition which it gives to



(Miss Willberg, New Zealand)

the leadership role of the World Health Organization (WHO). In this regard, it is most fitting that we are at this session of the Assembly honouring the fortieth anniversary of the founding of the World Health Organization. Its record over this period in the promotion of health for all is one of the finest tributes to the Organization of which it is part. The responsibilities of WHO are many and varied. Today, we are focusing on the AIDS pandemic. It is important to remember on occasions such as this the other major health threats and the suffering which they cause to millions of men, women and, especially, children. We must use this opportunity to renew our commitment to the goal of the World Health Organization: the attainment by all peoples of the highest possible level of health.

Mr. KRYZHANOVSKY (Ukrainian Soviet Socialist Republic) (interpretation from Russian): I have the honour to speak on behalf of the delegations of the People's Republic of Bulgaria, the Byelorussian Soviet Socialist Republic, the Czechoslovak Socialist Republic, the German Democratic Republic, the Hungarian People's Republic, the Mongolian People's Republic, the Polish People's Republic, the Socialist Republic of Romania, the Union of Soviet Socialist Republics, and the Ukrainian Soviet Socialist Republic.

The fortieth anniversary of the World Health Organization (WHO), which we are observing today provides us with an excellent opportunity to refer yet again to its action, the purpose of which is the preservation and improvement of the health and life of man. As a specialized agency of the United Nations, WHO has made a strong contribution in the 40 years of its existence to the development and intensification of international co-operation with regard to public health and medical science, training, the preparation of new medication, the fight against old diseases and the spread of new diseases, and immunization. The record of WHO shows

(Mr. Kryzhanovsky, Ukrainian SSR)

that the joint efforts of member States directed at the solution of public health problems at various levels yield tangible results. The conquest of smallpox, which had taken millions of human lives, was due precisely to international co-operation. Now we can see how, under the auspices of WHO and in a very short time, the countries of the world have concentrated their efforts in the struggle against a new and dreadful danger threatening mankind - acquired immunodeficiency syndrome (AIDS).

(Mr. Kryzhanovsky, Ukrainian SSR)

The noble tasks and purposes the organization has set itself in the goal of "Health for All by the Year 2000" were strengthened in its respective programmes and in the Alma Ata Declaration, whose tenth anniversary we are now celebrating, together with the fortieth anniversary of WHO. We are firmly convinced that these objectives can be fulfilled only if peace and security are assured, the disarmament process is intensified and the equitable economic and social development of all countries is guaranteed.

The socialist countries, on whose behalf I am speaking, continue to attach great importance to the work of WHO in organizing broad international co-operation; they have taken an active part in various forms in its work. We will in future continue to co-operate with WHO's efforts to solve the current medical problems facing mankind and to help WHO in the continued fulfilment of its mission.

Mr. DING Yuanhong (China) (interpretation from Chinese): The General Assembly is holding a special meeting today to observe the fortieth anniversary of the World Health Organization (WHO). On behalf of the Chinese Government, please allow me to express our warmest congratulations.

I notice that Dr. Hiroshi Nakajima, the new Director-General of WHO, is in the Hall. We have known Dr. Nakajima ever since he served as Regional Director of the Western Pacific Region of WHO. May I warmly congratulate him on his assumption of the important post of Director-General of WHO, and express the hope that under his leadership WHO will be able to solve some of the formidable health problems facing the world today.

In the past 40 years WHO has made significant contributions to, and achieved universally recognized results in, directing and co-ordinating international health efforts, advancing the health development of all countries, promoting the

(Mr. Ding Yuanhong, China)

prevention and treatment of all kinds of diseases that threaten mankind and improving the health standard of human society.

The strategic objective of "Health for All by the Year 2000", adopted by WHO at the thirtieth session of its general conference, was a new and major policy decision in world health work. It has evoked world-wide repercussions and given a powerful impetus to health work in many countries of the world. As a result of its effective work, some diseases, particularly contagious diseases, in many countries, are in general decline.

In 1980, WHO solemnly declared that smallpox had been eliminated from the Earth, thus opening up a bright prospect that contagious diseases can be eliminated. At the forty-first session of the WHO General Conference, held this year, a draft resolution entitled "The elimination of osteomyelitis from the Earth by the year 2000" was adopted. Thus, the elimination of osteomyelitis will, as that of smallpox, become another significant event in world health history.

Co-operation between the Chinese Government and WHO has been successful and fruitful. Over the past 10 years or so, WHO has sent experts to China on nearly 200 occasions for lectures and seminars. It has set up co-operation centres in 53 health research units, providing substantial support in technology and resources and promoting technological exchanges between China and the other member States of WHO, thus playing a positive role in helping the development of China's medical science and health work. We hope that this excellent relationship of co-operation will continue and expand in the future.

As is known to all, China is a developing country with a vast territory and a large population. Since its founding, the People's Republic of China has maintained the health policy guideline of "prevention first", attached importance to the development of health work at the grass-roots level in both urban and rural areas, and carried out the prevention and treatment of diseases in a planned way,

(Mr. Ding Yanzhong, China)

thus achieving significant results in the field of health. However, on the whole, the medical and health work in China has not been able to keep up with the growing needs of the people. Faced with this situation, how will China develop its health undertaking? How will it attain the goal of "Health for All by the Year 2000"? The answer to these questions requires that we find a better strategy and approach through deepening reform in the field of public health.

In recent years, WHO has responded resolutely to the challenge of controlling the rapid spread of acquired immunodeficiency syndrome (AIDS) throughout the world in order to ensure the well-being of mankind. It formulated a global plan on AIDS, with emphasis on supporting and strengthening information sharing and international co-operation. These fruitful endeavours have proved useful to the efforts made by China and other countries in preventing and controlling AIDS. WHO has already assisted China in formulating its short-term plan on controlling AIDS. Medium-term and long-term plans are now under consideration.

Judging from the present situation, China is one of the countries with a very low rate of human immunodeficiency virus (HIV) infection. However, with the increase in international exchange and development of tourism, there is still the possibility of AIDS being brought into China and even spreading in the country. The Chinese Government has already set up a State plan on the prevention of AIDS, which is now being implemented. The Chinese strategy on AIDS prevention emphasizes publicity, education and information sharing, with a view to raising public consciousness for self-protection, as well as development of AIDS monitoring and efforts to reduce the number of AIDS cases and deaths.

Finally, we would like to take this opportunity to express our sincere gratitude to WHO for the many-sided support and technological co-operation it has extended to the Chinese Government.

Mr. MORAGA (Chile) (interpretation from Spanish): When one analyses the work done by the United Nations in various spheres, one usually concludes that there are many obstacles to the full realization of the objectives the Organization has pursued since its foundation as goals for human coexistence and understanding.

But when we examine the vast amount of work of immense value achieved by a body such as the World Health Organization (WHO), we readily discover that its mere existence would justify the functioning of the entire Organization. The contributions made by the World Health Organization to the human species are so immense and so profound, and its benefits so great in the prevention, detection, treatment and care provided in respect of diseases that have afflicted enormous segments of the world's population in various parts of the world, that it is in fact difficult to gauge its accomplishments.

The Republic of Chile fully concurs with the internationally endorsed principles which have accorded high priority to health and has, as indicated by the United Nations, organized this sphere of concern, into two basic areas.

The first is the promotion and protection of health, concerning which, through free programmes for the prevention of diseases and through periodic check-ups, we strive principally to reach children and pregnant women. We also have vaccination programmes against various types of diseases, as well as health and nutritional education.

The second area, which we may refer to as the recovery of health, encompasses all care provided for hospital and maternity home patients, including care involving great technical complexity. This care is provided free of charge to the poorer segments of the population not covered by insurance, State or private.

In this context the Government of Chile has modernized the public health structure in substantial ways, giving the Ministry of Health supervisory powers and decentralizing the public health care system. It has also set up the National

(Mr. Moraga, Chile)

Health Fund and extended primary health care through more than 2,500 doctors' offices throughout the country.

With regard to child health care, in 1975 we set up a system to monitor the nutritional status of children up to the age of six, and we have worked to improve and strengthen the national programme for complementary nourishment, by means of which health is checked and food provided to pregnant women and children up to the age of six.

Similarly, as regards environmental health, we have made vast investments in drinking water and sewage systems and brought about great changes. In 1985, 94.5 per cent of the urban population had piped drinking water supplies, compared with 66.5 per cent in 1970. The corresponding figure for sewage systems, 31 per cent in 1970, rose to 74.5 per cent in 1985.

The mortality rate for infants below the age of one year, regarded as the major index of social development, improved from 65.8 per thousand live births in 1973 to 19.4 per thousand in 1986, which places Chile high on the list in this regard.

The rate of malnutrition among children below the age of six was 15.5 per cent in 1975; it had dropped to 9.1 per cent in 1986.

These figures, together with many others too numerous to list here, demonstrate the permanent interest and concern shown by the Government of Chile, which reflect the basic objectives of the organization whose fortieth anniversary we are celebrating today.

We view health as part of the exercise of fundamental human rights, both individually and collectively.

Concern for the well-being of mankind, which the World Health Organization has sought to foster with great success through its dedicated efforts, has earned it the well deserved tribute of my Government and people.

(Mr. Moraga, Chile)

In closing let me share a brief thought. We have recently, through the media, been closely following the praiseworthy joint efforts to try to save the lives of three whales that found themselves dramatically trapped in the ice. Very profoundly and sincerely, we should like similar and greater efforts to be made ever more strenuously in the future for the benefit of the human species. We should thus strengthen the fundamental objectives of the World Health Organization.

Mr. LEMERLE (France) (interpretation from French): The representative of Greece, speaking on behalf of the countries of the European Economic Community, has set forth our views and common intentions. I am speaking to support everything he said, and I should like to add a few words prompted by France's experience and plans.

Nearly a year ago my country's representative told the General Assembly he was happy that for the first time an item on acquired immunodeficiency syndrome (AIDS) had been placed on its agenda. Today we can assess how far we have come in mobilizing resources and energy, in raising consciousness on all continents and in facing the dangers of AIDS.

First of all, I see eloquent testimony of our collective will in the participation in our debate of Dr. Nakajima, recently elected to head the World Health Organization (WHO). We welcome his presence here and are convinced that under his leadership WHO will meet the many challenges facing it today.

My country is more than ever determined to give the World Health Organization our support. We have not forgotten that this year marks the fortieth anniversary of WHO, and we should like to pay tribute to that organization for its tireless efforts, in particular the wonderful work done by Dr. Mahler. The challenges



(Mr. Lemerle, France)

already met by WHO, such as the eradication of smallpox, give us hope that further challenges will be met. Even so, despite the rapidity of scientific progress, AIDS continues to spread without our having any new means with which to combat it.

(Mr. Lemerle, France)

That is what the French Minister for Foreign Affairs stated when in October 1987, in Paris, he opened an international symposium on AIDS. At that time he recalled the complexity of the problems posed and stressed that

"the situation which has been created internationally by the spread of AIDS goes beyond the limits of scientific research".

and that

"the problems we are all faced with today more than ever require international thought in an effort to achieve a consensus on balanced measures to be adopted in the areas of co-operation, education, ethics, legislature and economic resources".

That consensus should emerge particularly here in the United Nations.

I shall not return to the complexity and diversity of the problems posed by AIDS. A number of other speakers have dwelt on that subject and our thoughts are proceeding apace. Before specifying how we plan to support international action in this area I should like to remind the Assembly briefly of what France plans to do.

In a few weeks, a new programme of action will be launched in my country to strengthen the means at our disposal to make it possible for our teams to meet national and international needs more effectively. The desire for effectiveness and co-operation and the desire to respect the rights of each and everyone remains our overriding concern. Evaluation of the results achieved, and achieved gradually, should make it possible for us to reorient our programmes and bring them speedily into line with whatever needs are detected. Mobilization of the scientific community in the public and industrial sectors should make it possible for us to form new teams and retrain research workers in new areas.

(Mr. Lemerle, France)

Turning to the subject of co-operation, in the area of fundamental research we are devoted to the principle of ongoing co-operation with various teams throughout the world. We share the desire of the World Health Organization to intensify research efforts in the areas of virology, immunology, diagnostics and therapeutics.

As regards the subject of respect for the rights of all, information disseminated must be of quality, and there must be programmes for health co-operation and the protection of ethical considerations in whatever we do, at all stages. We are attached to respect for the dignity of the patient and protection of individual freedoms. Detection must be voluntary and anonymous. Sero-positive patients and other sick persons must not be subject to any kind of exclusion. AIDS, like any other illness, must be combated with strict respect for medical ethics, and the unique relationship between patient and doctor must be carefully preserved. In preparing strategies to educate the public effectively and in a socially acceptable manner, respect for the rights of all must be a constant concern.

On the subject of international co-operation, I might make a preliminary comment. It should be clear that efforts to combat AIDS should not divert Governments from other health priorities. Moreover, the energy devoted to this struggle should make it possible to improve and significantly accelerate the development of health systems. France wishes to stress that as part of its international co-operative effort it plans to continue to respond to other health problems, as, for instance, in the campaign against major epidemics. It must not be forgotten that tens of thousands of men, women and children die every year as a result of illnesses for which there already exist well known and highly effective remedies.

Having made that preliminary observation, I would stress the importance my country attaches to the anti-AIDS efforts of the European Community. The

(Mr. Lemerle, France)

representative of the Twelve has referred to this matter at length and I shall not return to it.

As regards Europe, but in a different area, work being done by the Council of Europe is particularly important. In 1983 the Parliamentary Assembly of the Council adopted a recommendation on AIDS aimed at condemning the discrimination this illness had already brought about. As part of its global strategy, a year ago the Council of Europe adopted a recommendation made by the Committee of Ministers regarding a European programme aimed at promoting a public health policy. It has greatly helped us to overcome our initial hesitations.

As regards the World Health Organization, we repeat our firm and comprehensive support for the world programme. What does this support really mean? It means a financial contribution to the programme which will be increased by 50 per cent in 1989, and that, with the cost of experts supplied by France, will make our global effort \$1 million. Secondly, we would like to continue to give our active support to texts on non-discrimination regarding persons affected by the virus and those with AIDS. I refer in particular to the resolution adopted at the forty-first Assembly of the World Health Organization. Finally, we plan to give increased material support to national programmes and to participate more actively in national evaluation efforts.

My Government is prepared, when countries so request, to send to them epidemiologists, educators, anthropologists and administrators, to help carry out concrete actions in the areas of evaluation, training, prevention and health education. France is particularly anxious to diversify its capacities in order to improve the quality of these outside interventions.

In conclusion I would remind the Assembly of the decisive importance of unfailing co-ordination. Locally, co-ordination between non-governmental organizations, bilateral assistance and multilateral assistance is often delicate.

(Mr. Lemerle, France)

Once again the efforts of the World Health Organization and the United Nations to co-ordinate to mobilize means and skills can only be welcomed, particularly this year when we must lay special stress on information and co-operation regarding AIDS. May I express the hope that those efforts will be developed further.

The PRESIDENT: The Assembly will now take a decision on the draft resolution which the Second Committee recommends for adoption in paragraph 6 of its report (A/43/750/Add.1).

May I take it that the Assembly adopts that draft resolution?

The draft resolution was adopted (resolution 43/15).

The PRESIDENT: I wish to announce that a message of congratulations on the occasion of the fortieth anniversary of the World Health Organization, addressed to the President of the General Assembly, has been received from the Minister for Foreign Affairs of the Mongolian People's Republic.

#### AGENDA ITEM 14

#### REPORT OF THE INTERNATIONAL ATOMIC ENERGY AGENCY

The PRESIDENT: I should like to propose that the list of speakers in the debate on item 14 be closed today at 4 p.m. I request those representatives wishing to participate in the debate to inscribe their names on the list of speakers as soon as possible.

If there is no objection, I shall take it that the Assembly agrees to that proposal.

It was so decided.

The meeting rose 1.30 p.m.