

*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



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Provisional Agenda Item 16

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16 June 1980

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RESOLUTIONS OF THE THIRTY-THIRD WORLD HEALTH ASSEMBLY OF INTEREST TO THE
EXECUTIVE COMMITTEE

The Director of the Pan American Sanitary Bureau submits to the attention of the Executive Committee the following resolutions approved by the Thirty-third World Health Assembly:

- WHA33.3 Declaration of Global Eradication of Smallpox
- WHA33.4 Global Smallpox Eradication
- WHA33.7 Members in Arrears in the Payment of their Contributions to an Extent which May Invoke the Provisions of Article 7 of the Constitution
- WHA33.14 Amendment to the Scale of Assessments to be Applied to the Second Year of the Financial Period 1980-1981
- WHA33.17 Study of the Organization's Structures in the Light of Its Functions
- WHA33.19 Periodicity of Health Assemblies
- WHA33.20 Organizational Study on the "Role of WHO Expert Advisory Panels and Committees and Collaborating Centres in Meeting the Needs of WHO Regarding Expert Advice and in Carrying out Technical Activities of WHO"
- WHA33.24 Formulating Strategies for Health for All by the Year 2000: Health as an Integral Part of Development and of the New International Economic Order
- WHA33.25 Development and Coordination of Biomedical and Health Services Research
- WHA33.26 Tuberculosis Control
- WHA33.27 Action in Respect of International Conventions on Narcotic and Psychotropic Substances: Abuse of Narcotic and Psychotropic Substances
- WHA33.30 Recruitment of International Staff in WHO
- WHA33.31 Workers' Health Programme
- WHA33.32 Infant and Young Child Feeding

8 May 1980

DECLARATION OF GLOBAL ERADICATION OF SMALLPOX

The Thirty-third World Health Assembly, on this the eighth day of May 1980;

Having considered the development and results of the global programme on smallpox eradication initiated by WHO in 1958 and intensified since 1967;

1. DECLARES SOLEMNLY THAT THE WORLD AND ALL ITS PEOPLES HAVE WON FREEDOM FROM SMALLPOX, WHICH WAS A MOST DEVASTATING DISEASE SWEEPING IN EPIDEMIC FORM THROUGH MANY COUNTRIES SINCE EARLIEST TIMES, LEAVING DEATH, BLINDNESS AND DISFIGUREMENT IN ITS WAKE AND WHICH ONLY A DECADE AGO WAS RAMPANT IN AFRICA, ASIA AND SOUTH AMERICA;
2. EXPRESSES ITS DEEP GRATITUDE TO ALL NATIONS AND INDIVIDUALS WHO CONTRIBUTED TO THE SUCCESS OF THIS NOBLE AND HISTORIC ENDEAVOUR;
3. CALLS THIS UNPRECEDENTED ACHIEVEMENT IN THE HISTORY OF PUBLIC HEALTH TO THE ATTENTION OF ALL NATIONS, WHICH BY THEIR COLLECTIVE ACTION HAVE FREED MANKIND OF THIS ANCIENT SCOURGE AND, IN SO DOING, HAVE DEMONSTRATED HOW NATIONS WORKING TOGETHER IN A COMMON CAUSE MAY FURTHER HUMAN PROGRESS.

Eighth plenary meeting, 8 May 1980
A33/VR/8

14 May 1980

GLOBAL SMALLPOX ERADICATION

The Thirty-third World Health Assembly,

Having reviewed the report of the Global Commission for the Certification of Smallpox Eradication prepared in December 1979;

Mindful that smallpox was a most devastating disease, sweeping in epidemic form through many countries since earliest times, and leaving death, blindness and disfigurement in its wake; that despite the existence of a vaccine since the beginning of the last century, the disease had persisted in many parts of the world; and that only a decade ago the disease was rampant in Africa, Asia and South America;

Affirming that the commitment of the Health Assembly to the worldwide eradication of smallpox, first initiated, in accordance with resolution WHA11.54, in 1958, and intensified, in accordance with resolution WHA20.15, in 1967, has now been met;

Expressing appreciation of the efforts made by all nations to achieve global smallpox eradication, either through their national programmes or through the assistance which they provided, with the wholehearted support of multilateral, bilateral and voluntary agencies and with the constant encouragement of the world's news media;

1. ENDORSES the conclusions of the Global Commission that smallpox eradication has been achieved throughout the world, as proclaimed in resolution WHA33.3, and that there is no evidence that smallpox will return as an endemic disease;
2. FURTHER ENDORSES the recommendations of the Global Commission on the policy for the post-eradication era, annexed to this resolution;
3. REQUESTS Member States to cooperate fully in the implementation of the Commission's recommendations;
4. URGES, in particular, the immediate implementation of the recommendations on the discontinuation of smallpox vaccination except for investigators at special risk and the termination of the requirement for international certificates of vaccination against smallpox in Member States which have not already taken this measure; the continued epidemiological surveillance of suspected smallpox cases; the monitoring of safety measures in laboratories retaining variola virus and further reduction in the number of such laboratories; and the promotion of research on orthopoxviruses;
5. REQUESTS the Director-General to ensure the production, within a reasonable period of time, of appropriate publications describing smallpox and its eradication, in order to preserve the unique historical experience of eradication and thereby contribute to the development of other health programmes;
6. INVITES all Member States, as well as multilateral, bilateral and voluntary agencies, to ensure that the cooperation and support which has brought about the global eradication of smallpox is continued in other fields, and to invest the resources saved as a result of smallpox eradication in other priority health programmes, so as to maintain the struggle towards better health for all mankind;
7. CALLS ON the Director-General to promote and coordinate the implementation of the Global Commission's recommendations on policy for the post-eradication era, so that the world may remain permanently free of this disease and to report on this matter to future Health Assemblies as necessary.

RECOMMENDATIONS OF THE GLOBAL COMMISSION FOR THE CERTIFICATION
OF SMALLPOX ERADICATION REGARDING POLICY FOR THE POST-ERADICATION ERA

Vaccination policy

Recommendation 1. Smallpox vaccination should be discontinued in every country except for investigators at special risk.

Recommendation 2. An international certificate of vaccination against smallpox should no longer be required of any traveller.

Reserve stocks of vaccine

Recommendation 3. Sufficient freeze-dried smallpox vaccine to vaccinate 200 million people should be maintained by WHO in refrigerated depots in two countries, together with stocks of bifurcated needles.

Recommendation 4. The stored vaccine should be periodically tested for potency.

Recommendation 5. Seed lots of vaccinia virus suitable for the preparation of smallpox vaccine should be maintained in designated WHO collaborating centres.

Recommendation 6. National health authorities that have vaccine stocks should be asked to inform WHO of the amount of vaccine maintained.

Investigation of suspected smallpox cases

Recommendation 7. In order to maintain public confidence in the fact of global eradication, it is important that rumours of suspected smallpox, which can be expected to occur in many countries, should be thoroughly investigated. Information should be provided to WHO, if requested, so that it can be made available to the world community.

Recommendation 8. WHO should maintain an effective system to coordinate and participate in the investigation of suspected smallpox cases throughout the world. The international smallpox-rumour register should be maintained.

Laboratories retaining variola virus stocks

Recommendation 9. No more than four WHO collaborating centres should be approved as suitable to hold, and handle, stocks of variola virus. A collaborating centre would be approved only if it had adequate containment facilities. Each such centre should provide WHO annually with relevant information on its safety measures and should be inspected periodically by WHO.

Recommendation 10. Other laboratories should be asked to destroy any stocks of variola virus that they hold, or transfer them to an approved WHO collaborating centre.

Human monkeypox

Recommendation 11. In collaboration with country health services WHO should organize and assist a special surveillance programme on human monkeypox, its epidemiology, and its ecology in areas where it is known to have occurred. The programme should continue until 1985, when a further assessment of the situation should be made.

Laboratory investigations

Recommendation 12. WHO should continue to encourage and coordinate research on orthopoxviruses.

Recommendation 13. WHO should maintain the system of WHO collaborating centres for carrying out diagnostic work and research on orthopoxviruses.

Recommendation 14. Research workers who do not work in a WHO collaborating centre and who wish to carry out experiments with variola or whitepox virus that are approved by the appropriate WHO committee should be offered the use of the special facilities in a WHO collaborating centre.

Recommendation 15. Research on poxviruses other than variola or whitepox viruses should not be performed under circumstances where there is any possibility of cross-contamination with these two agents.

Documentation of the smallpox eradication programme

Recommendation 16. WHO should ensure that appropriate publications are produced describing smallpox and its eradication and the principles and methods that are applicable to other programmes.

Recommendation 17. All relevant scientific, operational and administrative data should be catalogued and retained for archival purposes in WHO headquarters and perhaps also in several centres interested in the history of medicine.

WHO headquarters staff

Recommendation 18. An interregional team consisting of not less than two epidemiologists with past experience in the smallpox eradication campaign, plus supporting staff, should be maintained at WHO headquarters until at least the end of 1985. At least one additional field officer should be assigned to cover areas where human monkeypox is under investigation.

Recommendation 19. WHO should set up a committee on orthopoxvirus infections.

Eleventh Plenary Meeting, 14 May 1980
A33/VR/11

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16 May 1980

MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS
TO AN EXTENT WHICH MAY INVOKE THE PROVISIONS OF ARTICLE 7
OF THE CONSTITUTION

The Thirty-third World Health Assembly,

Having considered the report¹ of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Thirty-third World Health Assembly on Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution;

Having noted that the Central African Republic, Chad, the Dominican Republic and Grenada are in arrears to such an extent that it is necessary for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended;

Noting the communication received from the Dominican Republic with respect to the settlement of its arrears;

1. DECIDES

- (1) not to suspend the voting privileges of the Central African Republic, Chad, the Dominican Republic and Grenada at the Thirty-third World Health Assembly;
- (2) to accept the proposal of the Dominican Republic for the settlement of its arrears and to cancel the arrangements for such settlement previously accepted by the Health Assembly in resolution WHA25.6;
- (3) to apply the payment of US\$ 65 295 received in May 1980 from the Dominican Republic first to the additional advance to the Working Capital Fund, then to the 1979 contribution, notwithstanding the provisions of Financial Regulation 5.8, and the balance to the consolidated arrears;
- (4) to agree to the liquidation of the balance of the consolidated arrears of the Dominican Republic in nine equal annual instalments of US\$ 25 683 beginning in 1980 and a final instalment of US\$ 25 682, subject to the provisions of Financial Regulation 5.6;
- (5) that, if the arrangements specified above are fulfilled by the Dominican Republic, it will be unnecessary for future Assemblies to invoke the provisions of paragraph 2 of resolution WHA8.13 and that, notwithstanding the provisions of Financial Regulation 5.8, payments of contributions of the Dominican Republic for the financial period 1980-1981 and future financial periods shall be credited to the financial period concerned;

2. URGES the Members concerned to regularize their position;

¹ Document A33/38.

WHA33.7

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3. CONSIDERS that, should the position of these four Members still be unsatisfactory as concerns arrears and the possible application of Article 7 of the Constitution at the time the Thirty-fourth World Health Assembly meets, that Assembly should consider suspending the voting privileges of these Members;
- 4 REQUESTS the Director-General to communicate this resolution to the Members concerned.

Fourteenth plenary meeting, 16 May 1980
A33/VR/14

16 May 1980

AMENDMENT TO THE SCALE OF ASSESSMENTS TO BE
APPLIED TO THE SECOND YEAR OF THE FINANCIAL PERIOD 1980-1981

The Thirty-third World Health Assembly,

Noting that the United Nations General Assembly, in resolution 34/6, adopted the scale of assessments for the contributions of Member States to the United Nations budget for the financial years 1980, 1981 and 1982 and established the rates at which States which are not Members of the United Nations but which participate in certain of its activities shall be called upon to contribute towards the 1980, 1981 and 1982 expense of such activities;

Recalling the principle, established in resolution WHA8.5 and reaffirmed in resolution WHA24.12, that the latest available United Nations scale of assessments shall be used as a basis for determining the scale of assessments to be used by WHO;

Recalling further that the Twenty-sixth World Health Assembly, in resolution WHA26.21, expressed the opinion that the scale of assessments in WHO should follow as closely as possible that of the United Nations, and confirmed the principles laid down in resolutions WHA8.5 and WHA24.12 for the establishment of the scale of assessments of WHO;

Noting that by resolution WHA32.8 the Thirty-second World Health Assembly adopted a scale of assessments for 1980-1981;

Noting also that Financial Regulation 5.3 provides that in the first year of the financial period the Health Assembly may decide to amend the scale of assessments to be applied to the second year of the financial period;

Taking into account the accession to membership of Equatorial Guinea, San Marino, Seychelles and Zimbabwe;

Noting that the assessment of Southern Rhodesia has been deleted from the Undistributed Reserve;

1. DECIDES to amend the scale of assessments to be applied to 1981, subject to the provisions of paragraph 2, to be as follows:

<u>Member</u>	<u>Assessment</u> (percentage)
Afghanistan	0.01
Albania	0.01
Algeria	0.12
Angola	0.01
Argentina	0.77
Australia	1.80
Austria	0.70
Bahamas	0.01
Bahrain	0.01
Bangladesh	0.04
Barbados	0.01
Belgium	1.20
Benin	0.01
Bolivia	0.01
Botswana	0.01
Brazil	1.25
Bulgaria	0.16
Burma	0.01
Burundi	0.01
Byelorussian Soviet Socialist Republic	0.38
Canada	3.22
Cape Verde	0.01
Central African Republic	0.01
Chad	0.01
Chile	0.07
China	1.59
Colombia	0.11
Comoros	0.01
Congo	0.01
Costa Rica	0.02
Cuba	0.11

<u>Member</u>	<u>Assessment</u> (percentage)
Cyprus	0.01
Czechoslovakia	0.82
Democratic Kampuchea	0.01
Democratic People's Republic of Korea	0.05
Democratic Yemen	0.01
Denmark	0.73
Djibouti	0.01
Dominican Republic	0.03
Ecuador	0.02
Egypt	0.07
El Salvador	0.01
Equatorial Guinea	0.01
Ethiopia	0.01
Fiji	0.01
Finland	0.47
France	6.15
Gabon	0.02
Gambia	0.01
German Democratic Republic	1.37
Germany, Federal Republic of	8.17
Ghana	0.03
Greece	0.34
Grenada	0.01
Guatemala	0.02
Guinea	0.01
Guinea-Bissau	0.01
Guyana	0.01
Haiti	0.01
Honduras	0.01
Hungary	0.32
Iceland	0.03
India	0.59
Indonesia	0.16
Iran	0.64
Iraq	0.12
Ireland	0.16
Israel	0.24
Italy	3.39

<u>Member</u>	<u>Assessment</u> (percentage)
Ivory Coast	0.03
Jamaica	0.02
Japan	9.42
Jordan	0.01
Kerya	0.01
Kuwait	0.20
Lao People's Democratic Republic	0.01
Lebanon	0.03
Lesotho	0.01
Liberia	0.01
Libyan Arab Jamahiriya	0.22
Luxembourg	0.05
Madagascar	0.01
Malawi	0.01
Malaysia	0.09
Maldives	0.01
Mali	0.01
Malta	0.01
Mauritania	0.01
Mauritius	0.01
Mexico	0.75
Monaco	0.01
Mongolia	0.01
Morocco	0.05
Mozambique	0.01
Namibia	0.01
Nepal	0.01
Netherlands	1.60
New Zealand	0.26
Nicaragua	0.01
Niger	0.01
Nigeria	0.16
Norway	0.49
Oman	0.01
Pakistan	0.07
Panama	0.02
Papua New Guinea	0.01
Paraguay	0.01
Peru	0.06

<u>Member</u>	<u>Assessment</u> (Percentage)
Philippines	0.10
Poland	1.22
Portugal	0.19
Qatar	0.03
Republic of Korea	0.15
Romania	0.20
Rwanda	0.01
Samoa	0.01
San Marino	0.01
Sao Tome and Principe	0.01
Saudi Arabia	0.57
Senegal	0.01
Seychelles	0.01
Sierra Leone	0.01
Singapore	0.08
So-malia	0.01
South Africa	0.41
Spain	1.67
Sri Lanka	0.02
Sudan	0.01
Suriname	0.01
Swaziland	0.01
Sweden	1.29
Switzerland	1.03
Syrian Arab Republic	0.03
Thailand	0.10
Togo	0.01
Tonga	0.01
Trinidad and Tobago	0.03
Tunisia	0.03
Turkey	0.29
Uganda	0.01
Ukrainian Soviet Socialist Republic	1.44
Union of Soviet Socialist Republics	10.91
United Arab Emirates	0.10
United Kingdom of Great Britain and Northern Ireland	4.38
United Republic of Cameroon	0.01
United Republic of Tanzania	0.01

<u>Member</u>	<u>Assessment</u> (Percentage)
United States of America	25.00
Upper Volta	0.01
Uruguay	0.04
Venezuela	0.49
Viet Nam	0.03
Yemen	0.01
Yugoslavia	0.41
Zaire	0.02
Zambia	0.02
Zimbabwe	0.01

2. REQUESTS the Director-General, in the event that assessments are fixed provisionally or definitively by the present Health Assembly for any new Members, to adjust the scale as set forth in paragraph 1;

3. DECIDES to amend the Appropriation Resolution for the financial period 1980-1981 (resolution WHA32.28) as follows:

- (1) in paragraph A, decrease appropriation section 10 (Undistributed Reserve) by US\$ 243 100;
- (2) decrease the total shown in the same paragraph by US\$ 243 100;
- (3) decrease the amount under paragraph D of the resolution relating to assessments on Members by US\$ 243 100.

Fourteenth plenary meeting, 16 May 1980
A33/VR/14

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21 May 1980

STUDY OF THE ORGANIZATION'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS

The Thirty-third World Health Assembly,

Recalling that the main social target of governments and WHO in the coming decades is the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

Guided by the Declaration and recommendations of the International Conference on Primary Health Care held in Alma-Ata, and by resolution WHA32.30 concerning the formulation of strategies for health for all by the year 2000;

Noting with satisfaction the United Nations General Assembly resolution 34/58 on health as an integral part of development, which reinforces the responsibilities entrusted to WHO in connexion with the attainment of health for all by the year 2000;

Recalling that, in accordance with its Constitution WHO is an organization of Member States cooperating among themselves and with others to promote the health of all people, and that this cooperative action embodies the truly international nature of the Organization;

Mindful of WHO's constitutional functions of acting as the directing and coordinating authority on international health work and of entering into technical cooperation with its Member States and facilitating technical cooperation among them;

Convinced that through its international health work the Organization can be a powerful instrument in helping to reduce international tension, to overcome racial and social discrimination, and to promote peace;

Realizing that, in consequence of the above, unprecedented efforts will be required in the health and related socioeconomic sectors throughout the world;

1. DECIDES:

- (1) to concentrate the Organization's activities over the coming decades, as far as is possible in the light of all its constitutional obligations, on support to national, regional and global strategies for attaining health for all by the year 2000;
- (2) to focus the Organization's cooperative activities within the United Nations system on joint efforts to support health as part of development, to devise the New International Development Strategy and to establish the New International Economic Order;
- (3) to strengthen the roles of the Organization in promoting action for health in addition to indicating how such action might be carried out, and in developing health technologies that are effective, socially acceptable and economically feasible, and ensuring that they are available to Member States;
- (4) to take all possible measures to maintain the unity of the Organization within its complex structures, to harmonize policy and practice throughout the Organization, and to ensure a proper balance between centralized and decentralized activities;

(5) to ensure that the Organization's directing, coordinating and technical cooperation functions are mutually supportive and that the work of the Organization at all levels is properly interrelated;

(6) to influence the channelling of all available health resources, including those of other relevant sectors and nongovernmental organizations, into support for national, regional and global strategies for health for all;

(7) to maintain to the full the Health Assembly's constitutional authority as the supreme organ for determining WHO's policies as well as the other powers vested in it and to increase its monitoring and control functions with respect to the work of the Organization, including the follow-up and review of the implementation of resolutions adopted by it;

(8) to improve further the Health Assembly's work methods and in particular to consider carefully the practicability of resolutions and other policies before adopting them, and to promote greater initiative by the regional committees in proposing resolutions to the Health Assembly;

2 URGES Member States, in the spirit of the policies, principles and programmes they have adopted collectively in WHO:

(1) to review the role of their ministries of health, strengthening them as necessary so that they can fully assume the function of directing and coordinating authority on national health work, and to establish or strengthen multisectoral national health councils;

(2) to mobilize all possible resources in their countries that can contribute to health development, including those of other relevant sectors and nongovernmental organizations,

(3) to tighten their coordinating mechanisms so as to ensure the mutual relevance and support of their own health development strategy on the one hand and their technical cooperation with WHO and with other Member States of WHO on the other;

(4) to ensure that WHO's action in their countries reflects adequately resolution WHA31.27 concerning the conclusions and recommendations of the Executive Board's organizational study on "WHO's role at the country level, particularly the role of WHO representatives", and in particular the shift from technical assistance to technical cooperation;

(5) to consider the possibility of increasing the use of their Organization as an effective agent to facilitate cooperation among them;

(6) to establish or strengthen mechanisms for ensuring continuing dialogue and cooperation with their Organization with a view to making sure that national and international health programmes are well coordinated;

(7) to coordinate their representation at regional committees and the Health Assembly, and to designate representatives to the regional committees and delegates to the Health Assembly who will later be in a position to influence national health policy so as to make it consistent with collective health policy adopted in WHO;

(8) to take into account as far as possible the multidisciplinary nature of health activities when establishing their delegations to the Health Assembly and the regional committees;

(9) to bring their national health policies to the attention of the regional committees;

(10) to coordinate their representation in WHO and in the United Nations and the specialized agencies on all matters relating to health, and particularly the role of health in development;

3. URGES the regional committees:

(1) to take a more active part in the work of the Organization and to submit to the Executive Board their recommendations and concrete proposals on matters of regional and global interest;

(2) to intensify their efforts to develop regional health policies and programmes in support of national, regional and global strategies for health for all, and to consider establishing or strengthening appropriate subcommittees to this end;

(3) to promote greater interaction in the regions between the activities of WHO and those of all other bodies concerned, including bodies of the United Nations system and nongovernmental organizations, in order to stimulate common efforts for attaining health for all by the year 2000;

(4) to support technical cooperation among all Member States, particularly for attaining health for all;

(5) to provide support for the establishment or strengthening of multisectoral national health councils to Member States who so desire;

(6) to foster the channelling of external funds for health into priority activities in the strategies for health for all of the countries most in need;

(7) to extend and deepen their analysis of the interregional, regional and national implications of Health Assembly and Board resolutions, and to provide such analyses to Member States;

(8) to increase their monitoring, control and evaluation functions so as to ensure the proper reflection of national, regional and global health policies in regional programmes and the proper implementation of these programmes, and to include in their programmes of work the review of WHO's action in individual Member States within the regions;

4. REQUESTS the Executive Board:

(1) to strengthen its role in giving effect to the decisions and policies of the Health Assembly and in providing advice to it, particularly with respect to ways of attaining health for all by the year 2000, among other things by ensuring that the Organization's general programmes of work, medium-term programmes, and programme budgets are optimally oriented towards supporting the strategies for health for all of Member States;

(2) to become increasingly active in presenting major issues to the Health Assembly and in responding to the comments of delegates;

(3) to foster the correlation of its work with that of the regional committees and the Health Assembly, among other things by reviewing carefully and drawing conclusions from the policy proposals of the regional committees in matters of worldwide interest, particularly in preparation for the ensuing Health Assembly;

(4) to monitor on behalf of the Health Assembly the way the regional committees reflect the Assembly's policies in their work, and the manner in which the Secretariat provides support to Member States individually, as well as collectively in the regional committees, Executive Board and Health Assembly;

(5) to review regularly measures taken by the relevant bodies of the United Nations system in the areas of health and development, and to ensure the coordination of WHO's activities with the activities of those bodies in order to promote an inter-sectoral approach to health development, thus facilitating the attainment of the goal of health for all by the year 2000;

5 REQUESTS the Director-General and Regional Directors to act on behalf of the collectivity of Member States in responding favourably to government requests only if these are in conformity with the Organization's policies;

6. REQUESTS the Director-General:

(1) to continue to exercise to the full all the powers entrusted to him by the Constitution in his capacity as chief technical and administrative officer of the Organization, subject to the authority of the Board and the Health Assembly;

(2) to ensure the provision of timely, adequate and consistent Secretariat support to the Organization's Member States, individually and collectively, and to this end to take all the measures within his constitutional prerogatives that he considers necessary;

(3) to expand the engagement of national staff of the country concerned in the execution of collaborative projects, to review the engagement of international WHO field staff, and to take any measures required so that such WHO staff become fully involved with the collaborative national programmes;

(4) to redefine the functions of the regional offices and of headquarters in such a way as to ensure that they provide adequate and consistent support to Member States in their cooperation with WHO and among themselves, and to adapt accordingly the organizational structures and staffing of the regional offices and of headquarters, reporting to the regional committees, the Executive Board and the Health Assembly as appropriate on his projects and plans in conformity with the constitutional functions of these bodies;

(5) to monitor the implementation of the decisions in this resolution and to keep the regional committees, the Executive Board and the Health Assembly fully informed on progress.

Sixteenth plenary meeting, 21 May 1980

A33/VR/16

23 May 1980

PERIODICITY OF HEALTH ASSEMBLIES

The Thirty-third World Health Assembly,

Having considered the Director-General's report on the study of WHO's structures in the light of its functions,¹ prepared in response to resolution WHA31.27, and in particular the Director-General's report on the periodicity of Health Assemblies,² and resolution EB65.R12,

Having also considered the Executive Board's review of the periodicity of Health Assemblies, in response to resolution WHA32.26;³

Having in mind the need to preserve and strengthen the influence of the Member States in the Organization;

Recognizing that the principle of biennial programming and budgeting has been implemented in WHO;

Understanding that a change from annual to biennial Health Assemblies would necessitate changing the text of Articles 13, 14, 15 and 16 of the Constitution as set out in the Director-General's report;²

Considering that action by the Health Assembly to amend the Constitution under Article 73 is not possible until the Members have had at least six months in advance of the Health Assembly to consider the text of any proposed amendment to the Constitution:

Appreciating that many advantages could be obtained by shortening the Assemblies in alternate years;

1. REQUESTS the Director-General, within the provisions of Article 73 of the Constitution, to transmit this resolution, as well as the text of the proposed constitutional amendments, to Member States for their consideration.
2. URGES Member States to give careful attention over the coming year to the necessary constitutional changes as set out in the Director-General's report;²
3. REQUESTS the regional committees to consider the implications for their work of biennial Health Assemblies and report these to the Executive Board at its sixty-seventh session;
4. REQUESTS the Executive Board to examine the consequences of the introduction of biennial Health Assemblies for the work and functioning of all bodies of the Organization in particular, the Executive Board and the regional committees, with the aim of strengthening these, and to make appropriate recommendations to the Thirty-fourth World Health Assembly;
5. RECOMMENDS that the Thirty-fourth World Health Assembly in 1981, under Articles 73 and 60 of the Constitution, and on the basis of recommendations and conclusions of the Executive Board consider amending the texts of Articles 13, 14, 15 and 16 of the Constitution in order to permit the change from annual to biennial Health Assemblies, and at the same time consider taking other decisions relating to the structure.
6. BELIEVES that, as soon as possible, in the meantime Assemblies in the even years (when there is not a full Programme Budget to consider) should be limited to not more than two weeks' duration.

¹ Documents A33/2 and EB65/1980/REC/1, Annexes 8-10.

² Document EB65/1980/REC/1, Annex 8.

³ Document EB65/1980/REC/2, pp. 173-188.

23 May 1980

ORGANIZATIONAL STUDY ON THE "ROLE OF WHO EXPERT ADVISORY PANELS AND
COMMITTEES AND COLLABORATING CENTRES IN MEETING THE NEEDS OF WHO
REGARDING EXPERT ADVICE AND IN CARRYING OUT
TECHNICAL ACTIVITIES OF WHO"

The Thirty-third World Health Assembly,

Having considered the Executive Board's organizational study on the role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO;¹

Recalling resolutions EB59.R34 and WHA30.17;

Believing that the organizational study provides a constructive basis for the future use of experts and institutions in support of WHO's work;

Believing further that the study positively contributes to the review of WHO's structures in the light of its functions and will have important implications for the formulation and implementation of national, regional and global strategies for health for all by the year 2000;

1. CONGRATULATES the Executive Board on its study on the role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO;
2. NOTES with appreciation and concurs with its findings, conclusions and recommendations, especially with regard to
 - (a) the broader definition of the WHO expert and the enlarged conception of the role of the WHO collaborating centre;
 - (b) the wider selection of experts and institutions being called upon to cooperate with the Organization to ensure an adequate scientific, technical and international balance of the WHO system of expertise as a whole, and
 - (c) the major role being devolved upon the WHO Regions in the building up and operation of the system through the active collaboration of the Member countries themselves;
3. URGES Member States to give every possible support to the Organization in the development of its expert resources, by making available to it national health staff and institutions able to contribute to its activities;
4. REQUESTS the Director-General to take the action required to give effect to the conclusions and recommendations of the study, especially concerning
 - (a) the drawing up of new regulations, to be adopted by the Health Assembly, to govern WHO's mechanisms of expert consultation and institutional collaboration as a whole,
 - (b) the formulation of a plan of action to adjust the system as now envisaged to the needs of WHO's programme and in particular to programme priorities as determined under the Sixth General Programme of Work, and to the medium- and long-term development of biomedical and health services research;
5. FURTHER REQUESTS the Director-General to report to the Executive Board and to the Health Assembly, as appropriate, on the progress made in following up on the organizational study.

¹ Document EB65/1980/REC/1, Annex 6, p. 84.

23 May 1980

FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000:
HEALTH AS AN INTEGRAL PART OF DEVELOPMENT
AND OF THE NEW INTERNATIONAL ECONOMIC ORDER

The Thirty-third World Health Assembly,

Recalling resolutions WHA30.43, WHA32.24 and WHA32.30, and convinced that primary health care as an integral part both of the country's health system and of the overall social and economic development of the community, is the key to health for all, equally valid for all countries, whatever their state of social and economic development;

Recognizing the efforts being made by all countries and WHO in formulating strategies for health for all by the year 2000 in response to the Declaration of Alma-Ata;

Recalling resolutions of the United Nations General Assembly 3201 (S-VI), 3202 (S-VI), 3281 (XXIX) and 3362 (S-VII) relating to the establishment of a New International Economic Order;

Welcoming resolution 34/58 of 29 November 1979 of the United Nations General Assembly concerning health as an integral part of development, which endorsed the Declaration of Alma-Ata, welcomed the efforts of WHO and UNICEF to attain health for all by the year 2000, and called upon the relevant bodies of the United Nations system to coordinate with and support the efforts of WHO by appropriate actions within their respective spheres of competence, and in connexion with the preparation for the International Development Strategy to be considered during the Special Session of the United Nations General Assembly to be held in 1980, called for careful attention to be given to WHO's contribution, which will reflect the global strategy for health for all;

Reaffirming that health is a powerful lever for socioeconomic development and for peace and that in turn a genuine policy of peace, détente and disarmament could and should release additional resources for attaining health for all by the year 2000, which is essential for raising the quality of human life; and stressing the role of WHO in promoting such a process;

Bearing in mind the fundamental nature of the New International Economic Order and that its effective establishment will be greatly facilitated if due attention is paid to health and related social development as well as economic development in view of their reciprocally supportive nature;

Concerned by the progressive deterioration of the economies of many developing countries and the consequent stagnation of their social development, including health, and solemnly proclaiming that for the establishment of a just and equitable New International Economic Order and the formulation of an International Development Strategy with tangible and positive results for the developing countries, increased efforts of the international community in health and related social fields are vital;

Welcoming the fruitful outcome of the technical discussions at the Thirty-third World Health Assembly on the contribution of Health to the New International Economic Order;

1. CALLS on Member States

(1) to respond in concrete terms to the substance and the spirit of the resolutions mentioned in the preamble, as adopted, and to use them constructively in order to promote health and development in the spirit of the Alma-Ata Declaration, including the principles of national political commitment and self-reliance in health matters;

(2) to urge their delegates to the Preparatory Committee for the International Development Strategy to take active steps to ensure that, in the light of resolution 34/58 of the United Nations General Assembly, health receives prominent attention in the debate, in the final document and in resulting programme activities;

2. THANKS the Executive Board for its progress report on "Formulating Strategies for Health for All by the Year 2000",¹ welcoming the cooperation that is taking place among Member States and between WHO and its Member States for the development of these strategies;

3. REQUESTS the Executive Board

(1) to ensure that the Organization's programmes constantly support the formulation and refinement of national, regional and global strategies for health for all as well as the monitoring of their implementation;

(2) to ensure that the programmes of WHO in the fields of its competence are formulated and implemented in the spirit of the New International Economic Order wherever applicable, with due regard to activities in national, multinational and international trade and industry in the health sector, the transfer of resources and technology, as well as other factors relating to health, that would contribute to accelerated harmonious and balanced human development in developing countries.

4. REQUESTS the Director-General

(1) to take full advantage of the international climate of support at all levels and in all sectors for achieving the health goals of the Organization, through the recognition by all Member States and the whole United Nations system of the essential role of health in development and their endorsement of the declaration of Alma-Ata and of WHO's main goal of Health for All by the year 2000;

(2) in particular, to respond effectively to the request of the United Nations General Assembly in resolution UN/GA34/58 concerning WHO's contribution to the International Development Strategy and the work of international organizations with primary responsibilities in other sectors;

(3) to continue to support Member States both individually, and collectively in the Regional Committees and the Health Assembly, in their efforts to formulate, implement and monitor strategies for health for all;

(4) to report to the Thirty-fourth World Health Assembly in 1981 on steps taken for the implementation of the United Nations General Assembly resolution 34/58 and resolution WHA32.24.

¹ Document A33/5.

23 May 1980

DEVELOPMENT AND COORDINATION OF BIOMEDICAL AND HEALTH SERVICES RESEARCH

The Thirty-third World Health Assembly

Having considered the Director-General's progress report on the development and coordination of biomedical and health services research;¹

Recalling resolutions WHA25.60, WHA27.61, WHA28.70, WHA29.64, WHA30.40 and WHA32.15;

Affirming that biomedical, health service and health promotion research in particular, and science in general, should be a major accelerator of the progress of all Member States towards Health for All by the Year 2000;

Recognizing that such research can only be effective if it relies on both strengthened national capabilities and international coordination;

Noting with concern that the achievements of biomedical and medicosocial sciences have not been accompanied by a decrease of the gap between the developed and developing countries in generating and applying scientific knowledge relevant to health development and promotion; that most developing countries still lack the resources, manpower and infrastructure necessary for health research; and that in many developed countries also the efforts and resources devoted to health research are inadequate;

1. URGES Member States to:

(1) ensure that biomedical, psychosocial and health service research is included in their national policies, plans and budget allocations related to the goal of Health for All by the Year 2000;

(2) intensify their cooperation, and particularly the cooperation between developed and developing countries in:

(a) building up or upgrading the health research capability of developing countries in its various forms, including separate research institutes, research arms of universities, components of specific health programmes or projects, and creation of national coordinating mechanisms;

(b) ensuring that an effective strengthening of national research capability of developing countries is the net result of every collaborative research activity;

(3) give high priority to research training and to measures that encourage scientists from developing countries completing their studies in developed countries to return home and apply their skills and knowledge there through:

(a) developing countries offering appropriate incentives, and

(b) countries providing the training refraining both from encouraging such scientists to remain there and from offering them facilities that could act as disincentives to their return to their own country;

2. DECIDES that the World Health Assembly and the Executive Board shall monitor and evaluate the effectiveness of the Organization's programmes in biomedical and health services research, as well as policies aiming to improve the research capabilities of developing countries;

3. REQUESTS the Director-General

(1) to strengthen the global leadership of the Organization in the worldwide coordination and steering of research necessary for the attainment of Health for All by the Year 2000, by:

(a) intensifying the coordinating functions of WHO and reinforcing the actual implementation of research activities by Member States and institutions and individuals, particularly in developing countries, and utilizing, inter alia, the medium-term programmes for research promotion and development to this end;

(b) creating and maintaining within the Organization at all levels and especially at the global level a blend of scientific expertise of highest quality, which should be at the disposal of Member States in their efforts to harness research to national strategies for health development;

(c) expanding the involvement of scientists from developing and developed countries in the Organization's research programmes and utilizing fully the Global and Regional Advisory Committees on Medical Research;

(d) studying the possibility of setting up multidisciplinary groups of experts to evaluate progress in research and to examine ways and means of ensuring the speedy application of the results within programmes so that the benefits facilitate the attainment of the target of health for all by the year 2000;

(2) to cooperate with Member States in carrying out a thorough assessment of their current capabilities and needs regarding research and in mobilizing the intellectual and material resources of the Organization to improve such capabilities and meet needs;

(3) to take vigorous measures to increase extrabudgetary support for health research that is coordinated or sponsored by WHO and to concentrate both the Organization's regular budget and its extrabudgetary funds for research on programmes that are most relevant for attaining health for all by the year 2000;

(4) to improve the mechanisms for the dissemination of biomedical and health services research information;

(5) to submit to the Thirty-fifth World Health Assembly a report on the progress achieved in the implementation of this resolution.

23 May 1980

TUBERCULOSIS CONTROL

The Thirty-third World Health Assembly,

Noting with concern that tuberculosis remains one of the most important health problems in developing countries, and that efforts in control programmes and resources for research on the application of tuberculosis control measures are still inadequate or have been sharply reduced in the last decade;

Emphasizing that technology in tuberculosis control has been simplified to such a degree that it is applicable under practically any circumstances and thus is eminently applicable at the community and individual levels as part of primary health care;

Recognizing that the discovery of new, potent, bactericidal drugs facilitates a considerable shortening of the duration of antituberculosis chemotherapy, though the danger of drug resistance remains;

Noting that the Indian Council for Medical Research and WHO were currently reviewing the varying results of the various controlled BCG trials, in particular the Tuberculosis Prevention Trial at present in progress in the South of India,

1. URGES Member States to give earliest attention to the application of tuberculosis control as an integral component of primary health care;
2. REQUESTS the Director-General:
 - (a) To present a review of the tuberculosis situation in the world and of the implementation of national tuberculosis control programmes, to the Thirty-fifth World Health Assembly in 1982;
 - (b) To revive and promote new interest in research on the actual delivery of the tuberculosis control programme at the primary health care level and on the further simplification, if possible, of the diagnostic and treatment procedures, as well as on the effectiveness of the preventive measures;
 - (c) To take adequate steps to ensure that antituberculosis drugs become more widely available in developing countries, within the programme of essential drugs, at the lowest possible cost;
 - (d) To take appropriate measures to increase the extrabudgetary support for health research on integrated tuberculosis control programmes and to secure adequate allocations from the Organization's regular budget for promoting national programmes in developing countries.

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23 May 1980

**ACTION IN RESPECT OF INTERNATIONAL CONVENTIONS ON NARCOTIC AND
PSYCHOTROPIC SUBSTANCES: ABUSE OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES**

The Thirty-third World Health Assembly,

Acknowledging the role and responsibilities of WHO in relation to the abuse of narcotic and psychotropic substances;

Noting reports concerning the growing incidence of abuse of heroin and other opiates, cocaine, coca paste, cannabis, barbiturates and non-barbiturate sedative hypnotics, tranquillizers, and other psychoactive drugs;

Noting the increase in drug-related deaths, particularly as a result of overdoses, combinations of drugs with other drugs and with alcohol, and dangerous impurities; the increasing drug abuse especially among young people and women; and the severe health and social problems related to its abuse;

Recognizing that drug abuse is a serious obstacle to socioeconomic progress and has a particularly negative impact on public health;

Reaffirming resolutions WHA26.52 and WHA28.80 concerning, respectively, the epidemiology of drug dependence and the need for programmes of prevention, treatment and rehabilitation in the field of drug dependence at the community level;

Noting with appreciation the work done by WHO in cooperation with the United Nations Fund for Drug Abuse Control, in particular regarding epidemiological research and reporting, the holding of seminars on the safe use of psychotropic and narcotic substances, and the convening of an expert committee on the assessment of untoward consequences for public health of drug dependence and abuse;

Having noted the request of the United Nations General Assembly in resolution 32/124 (1977) that, in the effort to reduce drug abuse, WHO and other appropriate agencies and bodies of the United Nations design models for prevention, treatment and rehabilitation;

Acknowledging United Nations General Assembly resolution 34/177 (1979), urging greater action by WHO and other United Nations agencies to implement drug abuse control programmes within their mandates, and requesting that they make drug abuse control a regular item on the agendas of their governing bodies;

1. AFFIRMS that drug abuse constitutes a serious health hazard of steadily growing proportions in developing nations as well as industrialized countries;
2. URGES Member States to devote more attention to the incidence of drug abuse in their own societies, their regions and the world community, and particularly to the disruptive effect that drug abuse has on the lives and future careers of young people, to its negative impact on socioeconomic well-being, to the increasing difficulties in enforcing the law, and to measures aimed at reducing the incidence of illicit supply of drugs of abuse in their societies;

3. ENCOURAGES Member States, as they develop their national strategies for health for all by the year 2000, and their biennial programmes of cooperation with WHO, to give serious consideration to the inclusion of components that can deal effectively with the growing incidence of drug abuse;
4. INVITES Member States to make voluntary contributions to support work in the field of drug abuse control by WHO and other international bodies, particularly the United Nations Fund for Drug Abuse Control;
5. URGES Member States that have not done so to become parties to the international drug control treaties as soon as possible;
6. RECOMMENDS that WHO continue to assess the impact of primary health care on the reduction of local dependence on opium as a panacea, particularly in opium-producing countries;
7. REQUESTS the Director-General:
 - (1) to foster the collection, processing and dissemination through publication and other means of information relating to the detrimental effects of drug abuse on health and social development;
 - (2) to collaborate with Member States in integrating drug abuse control into their primary health care programmes and national strategies for health for all by the year 2000;
 - (3) to promote the initiation and strengthening of national and international programmes for the assessment, scheduling, control and appropriate use of narcotic and psychotropic substances, including those of plant origin, and to support such programmes by the development of appropriate guidelines in consultation with the United Nations Division of Narcotic Drugs, International Narcotics Control Board and other United Nations organs concerned;
 - (4) to seek additional funds from multilateral, governmental and nongovernmental sources for the support of new projects and WHO programmes in drug abuse control;
 - (5) to further develop activities concerned with the prevention and control of health problems related to human behaviour, such as those linked to drug abuse;
 - (6) to maintain WHO's capacity to deal with this pressing health issue;
 - (7) to strengthen the coordination between the WHO programmes relating to narcotic and psychotropic substances, those dealing with drug policy and management, and other related programmes, and to strengthen collaboration with interested nongovernmental organizations;
 - (8) to report to the Health Assembly whenever appropriate on progress in implementing the provisions of this resolution.

23 May 1980

RECRUITMENT OF INTERNATIONAL STAFF IN WHO

The Thirty-third World Health Assembly,

Having considered the Director-General's report on the recruitment of international staff in WHO¹ submitted to the Executive Board pursuant to resolution WHA32.37, and the comments made thereon by the members of the Executive Board;²

Recalling resolutions WHA28.40, WHA29.43 and WHA32.37, Executive Board resolutions EB5.R64, EB23.R25, EB57.R52, EB59.R51 and EB63.R25 and resolution 31/26 of the United Nations General Assembly;

Considering also resolution 34/219 of the United Nations General Assembly;

1. NOTES with appreciation the continued efforts made by the Director-General to achieve a more balanced and equitable geographical distribution of professional and higher graded staff, and the progress he has made towards achieving the targets approved by the Executive Board at its sixty-third session;
2. REQUESTS the Director-General to continue to pursue that goal in recruiting staff, in accordance with his prerogatives under Article 35 of the Constitution;
3. REAFFIRMS that the principle of recruiting on as wide a geographical basis as possible, with due regard to quality, efficiency, and integrity, in pursuance of Article 35 of the Constitution and Staff Regulation 4.2, should apply to all appropriate internationally recruited staff posted throughout the world, regardless of the source of funding of the posts involved;
4. CONCURS in the Executive Board's decision³ to defer its re-examination of the concept of desirable ranges until after consideration by the United Nations General Assembly of the information called for in its resolution 34/219, including the principle of weighting;
5. REQUESTS the Executive Board to report on this matter to the Thirty-fourth World Health Assembly.

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¹ Document EB65/1980/REC/1, Annex 11.

² Document EB65/1980/REC/2, pp. 315-320.

³ Document EB65/1980/REC/1, decision (17).

23 May 1980

WORKERS' HEALTH PROGRAMME

The Thirty-third World Health Assembly,

Having examined the summary of the Programme of Action on Workers' Health, contained in the Director-General's report¹ on this subject;

Confirming the importance and validity of resolution WHA32.14 which views with much concern the magnitude of health problems suffered by the "underserved working populations", mainly workers in agriculture, small industries and construction, as well as migrant workers, who constitute the majority of working populations throughout the world;

Aware of the growing health problems related to child labour where applicable, as well as to mining;

Stressing the particular obligations of all those responsible in the government, the economy and other sectors of society for the establishment and maintenance of safe working conditions and thus for meeting the requirements of workers' health protection;

Convinced that there is a growing need for a new perspective integrating occupational health in the primary health care of "underserved" working populations, particularly in the developing countries;

Recalling that, for setting and implementing strategies for Health for All by the Year 2000, it is necessary to promote occupational health services and to strengthen institutions, training and research in this field;

Noting that the response to the call for voluntary contributions to this field has so far been limited;

1. ENDORSES the Programme of Action on Workers' Health summarized in the progress report and requests the Director-General to implement it;
2. URGES Member States to pay special attention to the provision of health care to working populations, particularly "underserved workers", including migrant workers, miners and working children, where applicable, and to contribute financially and/or otherwise to WHO's Programme of Action in this field;
3. INVITES industries, voluntary agencies, nongovernmental organizations and individuals to contribute, both in funds and in kind, to WHO's work in this field;
4. REQUESTS the Director-General:
 - (a) to implement in decisive steps the Programme of Action on Workers' Health, taking into account the proposals for the Organization's future activities made during the discussions and allocate necessary funds in the regular budget for this purpose,

¹ Document A33/12.

- (b) to support the developing countries in ensuring safe working conditions and effective protective measures for workers' health in agriculture, in mining and in industrial enterprises which already exist or which will be set up in the process of industrialization by using the experience available in this field by both industrialized and developing countries and by designating more WHO collaborating centres for occupational health in the developing countries;
- (c) to approach governments and other potential donors to seek extrabudgetary funds for the Voluntary Fund for Health Promotion to be used for implementing this programme;
- (d) to continue his dialogue with ILO and other United Nations agencies with a view to developing mechanisms of coordination and strengthening cooperation in this field;
- (e) to study, in cooperation with ILO and other United Nations agencies concerned, different examples of the role of various ministries in the field of occupational health and control of the working environment, and to cooperate with Member States upon request by offering guiding principles based on these studies;
- (f) to submit progress reports to future Health Assemblies on the implementation of this Programme of Action.

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23 May 1980

INFANT AND YOUNG CHILD FEEDING

The Thirty-third World Health Assembly,

Recalling resolution WHA27.43 of the Twenty-seventh World Health Assembly on "Infant nutrition and breast-feeding" and resolution WHA31.47 which in particular reaffirmed that breastfeeding is ideal for the harmonious physical and psychosocial development of the child, that urgent action is called for by governments and the Director-General in order to intensify activities for the promotion of breastfeeding and development of actions related to the preparation and use of weaning foods based on local products, and that there is an urgent need for countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation, as well as to take appropriate supportive social measures for mothers working away from their homes during the lactation period;

Recalling further resolutions WHA31.55 and WHA32.42 which emphasized maternal and child health as an essential component of primary health care, vital to the attainment of health for all by the year 2000;

Recognizing that there is a close interrelationship between infant and young child feeding and social and economic development, and that urgent action by governments is required to promote the health and nutrition of infants, young children and mothers, inter alia through education, training and information in this field;

Noting that a Joint WHO/UNICEF Meeting on Infant and Young Child Feeding was held from 9 to 12 October 1979, and was attended by representatives of governments, the United Nations system and technical agencies, nongovernmental organizations active in the area, the infant food industry and other scientists working in the field;

1. ENDORSES in their entirety the statement and recommendations made by the joint WHO/UNICEF meeting namely on the encouragement and support of breastfeeding; the promotion and support of appropriate weaning practices; the strengthening of education, training and information; the promotion of the health and social status of women in relation to infant and young child feeding; and the appropriate marketing and distribution of breastmilk substitutes. This statement and these recommendations also make clear the responsibility in this field incumbent on the health services, health personnel, national authorities, women's and other nongovernmental organizations, the United Nations agencies and the infant food industry, and stress the importance for countries to have a coherent food and nutrition policy and the need for pregnant and lactating women to be adequately nourished. The joint meeting also recommended that "There should be an international code of marketing of infant formula and other products used as breastmilk substitutes. This should be supported by both exporting and importing countries and observed by all manufacturers. WHO/UNICEF were requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible";
2. RECOGNIZES the important work already carried out by the World Health Organization and UNICEF with a view to implementing these recommendations and the preparatory work done on the formulation of a draft international code of marketing of breastmilk substitutes;
3. URGES countries which have not already done so to review and implement resolution WHA27.43 and resolution WHA32.42;

4. URGES women's organizations to organize extensive information dissemination campaigns in support of breastfeeding and healthy habits;

5. REQUESTS the Director-General

(1) to cooperate with Member States on request in supervising, or arranging for the supervision of the quality of infant foods during their production in the country, concerned as well as during their importation and marketing;

(2) to promote and support the exchange of information on laws, regulations, and other measures concerning marketing of breastmilk substitutes,

6. FURTHER REQUESTS the Director-General to intensify his activities for promoting the application of the recommendations of the joint WHO/UNICEF meeting and, in particular:

(1) to continue efforts to promote breastfeeding as well as sound, supplementary feeding and weaning practices as a prerequisite to healthy child growth and development;

(2) to intensify coordination with other international and bilateral agencies for the mobilization of the necessary resources for the promotion and support of activities related to the preparation of weaning foods based on local products in countries in need of such support and to collate and disseminate information on methods of supplementary feeding and weaning practices successfully used in different cultural settings;

(3) to intensify activities in the field of health education, training and information on infant and young child feeding, in particular through the preparation of training and other manuals for primary health care workers in different regions and countries;

(4) to prepare an international code of marketing of breastmilk substitutes in close consultation with Member States and with all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate, bearing in mind that:

(a) the marketing of breastmilk substitutes and weaning foods must be viewed within the framework of the problems of infant and young child feeding as a whole;

(b) the aim of the code should be to contribute to the provision of safe and adequate nutrition for infants and young children, and in particular to promote breastfeeding and ensure, on the basis of adequate information, the proper use of breastmilk substitutes, if necessary;

(c) the code should be based on existing knowledge of infant nutrition;

(d) the code should be governed inter alia by the following principles:

(i) the production, storage and distribution, as well as advertising of infant feeding products should be subject to national legislation or regulations, or other measures as appropriate to the country concerned;

(ii) relevant information on infant feeding should be provided by the health care system of the country in which the product is consumed;

(iii) products should meet international standards of quality and presentation in particular those developed by the Codex Alimentarius Commission and their labels should clearly inform the public of the superiority of breastfeeding;

(5) to submit the code to the Executive Board for consideration at its sixty-seventh session and for forwarding with its recommendations to the Thirty-fourth World Health Assembly, together with proposals regarding its promotion and implementation, either as a regulation in the sense of Articles 21 and 22 of the Constitution of the World Health Organization or as a recommendation in the sense of Article 23, outlining the legal and other implications of each choice;

(6) to review the existing legislation for enabling and supporting breastfeeding, especially by working mothers in different countries, and to strengthen the Organization's capacity to cooperate on the request of Member States in developing such legislation;

(7) to submit to the Thirty-fourth World Health Assembly, in 1981, and thereafter in even years, a report on the steps taken by WHO to promote breastfeeding and to improve infant and young child feeding, together with an evaluation of the effect of all measures taken by WHO and its Member States.

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