



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



97th Meeting
June 1986
Washington, D.C.

Provisional Agenda Item 7.1

CE97/27 (Eng.)
5 June 1986
ORIGINAL: ENGLISH

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

The Director of the Pan American Sanitary Bureau, Regional
Director of the World Health Organization for the Americas, brings to the
attention of the Executive Committee the resolutions adopted by the
Thirty-ninth World Health Assembly:

- | | |
|----------|---|
| WHA39.1 | Assignment of Morocco to the Eastern Mediterranean Region |
| WHA39.2 | Financial Report and Audited Financial Statements for the
Financial Period 1 January 1984 - 31 December 1985 and
Reports of the External Auditor to the World Health Assembly |
| WHA39.3 | Status of Collection of Assessed Contributions and Status
of Advances to the Working Capital Fund |
| WHA39.4 | Review of the Financial Position of the Organization |
| WHA39.5 | Real Estate Fund |
| WHA39.6 | Amendments to Articles 24 and 25 of the Constitution |
| WHA39.7 | Evaluation of the Strategy for Health for All by the Year
2000. Seventh Report on the World Health Situation |
| WHA39.8 | Additional Support to National Strategies for Health for
All in the Least Developed among Developing Countries |
| WHA39.9 | Amendment to the Scale of Assessments to be Applied to the
Second Year of the Financial Period 1986-1987 |
| WHA39.10 | Health Conditions of the Arab Population in the Occupied
Arab Territories, including Palestine |
| WHA39.11 | Collaboration within the United Nations System: Health
Assistance to Refugees and Displaced Persons in Cyprus |
| WHA39.12 | Collaboration within the United Nations System: Health and
Medical Assistance to Lebanon |
| WHA39.13 | Amendment of the Statute of the International Agency for
Research on Cancer |
| WHA39.14 | Tobacco or Health |
| WHA39.15 | Global Strategy for Health for All by the Year 2000:
Repercussions of the World Economic Situation |

- WHA39.16 Members in Arrears in the Payment of their Contributions to an Extent which May Invoke Article 7 of the Constitution: Romania
- WHA39.17 Members in Arrears in the Payment of their Contributions to an Extent which May Invoke Article 7 of the Constitution: Burkina Faso, Dominica, Dominican Republic, Equatorial Guinea, Guatemala and Guinea-Bissau
- WHA39.18 Collaboration within the United Nations System - General Matters: Implementation Requirements of the Nairobi Forward-looking Strategies for the Advancement of Women in the Health Sector
- WHA39.19 Collaboration within the United Nations System - General Matters: Contribution of WHO to the International Year of Peace
- WHA39.20 International Drinking Water Supply and Sanitation Decade
- WHA39.21 Elimination of Dracunculiasis
- WHA39.22 Intersectoral Cooperation in National Strategies for Health
- WHA39.23 The Impact on Health of the Situation of Tension in Central America
- WHA39.24 Collaboration within the United Nations System - Liberation Struggle in Southern Africa: Assistance to the Front-line States, Lesotho and Swaziland
- WHA39.25 Prevention of Mental, Neurological and Psychosocial Disorders
- WHA39.26 Abuse of Narcotic and Psychotropic Substances
- WHA39.27 The Rational Use of Drugs
- WHA39.28 Infant and Young Child Feeding
- WHA39.29 Acquired Immunodeficiency Syndrome
- WHA39.30 Expanded Programme on Immunization
- WHA39.31 Prevention and Control of Iodine Deficiency Disorders

The Director will discuss those resolutions of particular interest to the Region of the Americas during the presentation of this item to the Executive Committee.

Annexes

THIRTY-NINTH WORLD HEALTH ASSEMBLY

WHA39.1

Supplementary agenda item 1

12 May 1986

ASSIGNMENT OF MOROCCO TO THE EASTERN MEDITERRANEAN REGION

The Thirty-ninth World Health Assembly,

Having considered the request from the Government of Morocco for the inclusion of that country in the Eastern Mediterranean Region;

RESOLVES that Morocco shall form part of the Eastern Mediterranean Region.

Eleventh plenary meeting, 12 May 1986
A39/VR/11

= = =

THIRTY-NINTH WORLD HEALTH ASSEMBLY

WHA39.2

Agenda item 32.1

12 May 1986

FINANCIAL REPORT AND AUDITED FINANCIAL STATEMENTS
FOR THE FINANCIAL PERIOD 1 JANUARY 1984 - 31 DECEMBER 1985
AND REPORTS OF THE EXTERNAL AUDITOR TO THE
WORLD HEALTH ASSEMBLY

The Thirty-ninth World Health Assembly,

Having examined the financial report and audited financial statements for the financial period 1 January 1984 - 31 December 1985 and the reports of the External Auditor to the World Health Assembly;¹

Having noted the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Thirty-ninth World Health Assembly;²

ACCEPTS the Director-General's financial report and audited financial statements for the financial period 1 January 1984 - 31 December 1985 and the reports of the External Auditor to the World Health Assembly.

Eleventh plenary meeting, 12 May 1986
A39/VR/11

¹ Document A39/20.

² Document A39/33.

STATUS OF COLLECTION OF ASSESSED CONTRIBUTIONS AND STATUS OF
ADVANCES TO THE WORKING CAPITAL FUND

The Thirty-ninth World Health Assembly,

Noting with concern that as at 31 December 1985:

(a) the rate of collection of contributions in respect of the effective working budget amounted to 90.90%, being the second lowest rate achieved in the 10-year period 1976 to 1985; and

(b) only 83 Members had paid their current year contributions to the effective working budget in full, representing the lowest number of such Members during that 10-year period, and 48 Members had made no payment towards their current year contributions;

Noting further that 27 Members systematically made no payment towards their current year contributions in each of the three years 1983, 1984 and 1985;

Further noting that, as at 30 September 1985, 43.84% of current year contributions for the effective working budget remained unpaid;

1. EXPRESSES concern at the deteriorating trend in the payment of contributions over the 10-year period 1976 to 1985;
2. CALLS THE ATTENTION of Members to the importance of paying their contributions as early as possible in the year to which they relate;
3. REQUESTS Members that have not yet done so to provide in their national budgets for the payment to the World Health Organization of their contributions when due, in accordance with Financial Regulation 5.6, which provides that instalments of contributions and advances shall be considered as due and payable in full by the first day of the year to which they relate;
4. URGES Members that systematically make a practice of late payment of contributions to take whatever steps may be necessary to ensure earlier payment;
5. REQUESTS the Director-General to draw the contents of this resolution to the attention of all Members.

Eleventh plenary meeting, 12 May 1986
A39/VR/11

= = =

REVIEW OF THE FINANCIAL POSITION OF THE ORGANIZATION

Use of casual income to reduce adverse effects
of currency fluctuations on the programme budget

The Thirty-ninth World Health Assembly,

Having considered the proposals of the Director-General on the use of casual income to reduce adverse effects of currency fluctuations on the programme budget for the financial period 1986-1987;

Recognizing the need for a short-term solution to the problems caused by the adverse effects of currency fluctuations in the particular circumstances of the structure of the WHO and the need to avoid prejudicing possible alternative longer-term arrangements;

1. AUTHORIZES the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the Appropriation Resolution for the financial period 1986-1987, to charge against available casual income the net additional costs to the Organization under the regular programme budget resulting from differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange with respect to the relationship between the US dollar and the CFA franc, the Danish krone, the Egyptian pound, the Indian rupee, the Philippine peso and the Swiss franc prevailing during this financial period, provided that such charges against casual income shall not exceed US\$ 31 000 000 in 1986-1987;

2. REQUESTS the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the Appropriation Resolution for the financial period 1986-1987, to transfer to casual income the net savings under the regular programme budget resulting from differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange with respect to the relationship between the US dollar and the CFA franc, the Danish krone, the Egyptian pound, the Indian rupee, the Philippine peso and the Swiss franc prevailing during this financial period;

3. FURTHER REQUESTS the Director-General to report such charges or transfers in the financial report for the financial period 1986-1987;

4. STRESSES the importance of Members' paying their contributions to the Organization's budget in accordance with Financial Regulations 5.3 and 5.6, that is, not later than the first day of the year to which they relate, in order that the approved programme may be carried out as planned;

5. DECIDES that this resolution cancels and supersedes resolution WHA38.4.

THIRTY-NINTH WORLD HEALTH ASSEMBLY

WHA39.5

Agenda item 36

12 May 1986

REAL ESTATE FUND

The Thirty-ninth World Health Assembly,

Having considered resolution EB77.R9 and the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1986 to 31 May 1987;

Recognizing that certain estimates must necessarily remain provisional because of the fluctuation of exchange rates;

1. AUTHORIZES the financing from the Real Estate Fund of the expenditures summarized in part III of the Director-General's report, at the estimated cost of US\$ 1 812 500;
2. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US\$ 196 000.

Eleventh plenary meeting, 12 May 1986
A39/VR/11

= = =

AMENDMENTS TO ARTICLES 24 AND 25 OF THE CONSTITUTION

The Thirty-ninth World Health Assembly,

Recalling resolution WHA38.14 concerning the number of members of the Executive Board;

Considering that the membership of the Executive Board should be increased from 31 to 32, so that the number of Members of the Western Pacific Region entitled to designate a person to serve on the Executive Board be increased to four;

1. ADOPTS the following amendments to Articles 24 and 25 of the Constitution, the texts in the Arabic, Chinese, English, French, Russian and Spanish languages being equally authentic:

Article 24

The Board shall consist of thirty-two persons designated by as any Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the members entitled to designate a person to serve on the Board, provided that, of such Members, not less than three shall be elected from each of the regional organizations established pursuant to Article 44. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

Article 25

These Members shall be elected for three years and may be re-elected, provided that of the members elected at the first session of the Health Assembly held after the coming into force of the amendment to this Constitution increasing the membership of the Board from thirty-one to thirty-two the term of office of the additional Member elected shall, insofar as may be necessary, be of such lesser duration as shall facilitate the election of at least one Member from each regional organization in each year."

2. DECIDES that two copies of this resolution shall be authenticated by the signatures of the President of the Thirty-ninth World Health Assembly and the Director-General of the World Health Organization, of which one copy shall be transmitted to the Secretary-General of the United Nations, depositary of the Constitution, and one copy retained in the archives of the World Health Organization;

3. DECIDES that the notification of acceptance of these amendments by Members in accordance with the provisions of Article 73 of the Constitution shall be effected by the deposit of a formal instrument with the Secretary-General of the United Nations, as required for acceptance of the Constitution by Article 79(b) of the Constitution.

EVALUATION OF THE STRATEGY FOR HEALTH FOR ALL BY THE YEAR 2000
SEVENTH REPORT ON THE WORLD HEALTH SITUATION

The Thirty-ninth World Health Assembly,

Reaffirming resolutions WHA30.43, WHA34.36, WHA35.23, WHA36.35 and WHA37.17 concerning the policy, strategy and plan of action for attaining the goal of health for all by the year 2000;

Recalling resolution WHA36.35 concerning the preparation of the Seventh Report on the World Health Situation on the basis of the first evaluation of the Strategy for Health for All by the Year 2000, at national, regional and global levels;

Noting with appreciation that 86% of the Member States submitted reports on the evaluation of their national strategies;

Mindful of the persistent deficiencies in the information support required to back the national managerial process for health development and of the consequent difficulties experienced by some Member States in generating relevant information and using it for the monitoring and evaluation of the Strategy;

Stressing that the real value of the evaluation can only be realized if Member States use all available information to the fullest extent for accelerating the implementation of their strategies for health for all;

Emphasizing that the achievement of the goal of health for all by the year 2000 requires continuing political commitment and is intimately linked to socioeconomic development, and to the preservation of peace;

1. APPROVES the global report on the evaluation of the Strategy for Health for All by the Year 2000;
2. NOTES with satisfaction the efforts made by Member States to evaluate the effectiveness of their strategies and transmit their reports to WHO and calls upon Member States which have not done so to undertake such action urgently;
3. CONGRATULATES Member States which have made progress in the implementation of their strategies for health for all;
4. DECIDES to modify the plan of action for implementing the Global Strategy for Health for All,¹ as recommended by the regional committees, by instituting reporting on monitoring of the Strategy every three years instead of every two, to allow more time to strengthen the national monitoring and evaluation process and the related information support;

¹ Plan of action for implementing the Global Strategy for Health for All. Geneva, World Health Organization, 1982 ("Health for All" Series, No. 7).

5. URGES Member States:

- (1) to make use of their evaluation reports to guide further their national health policies and health development processes towards the achievement of the goal of health for all, and to involve decision-makers, community leaders, health workers, nongovernmental organizations and people from all walks of life in the attainment of national health goals;
- (2) to maintain high-level political commitment to social equity and leadership for the further implementation of national strategies, including the reduction of socioeconomic and related health disparities among people, thus fulfilling a fundamental requisite for the achievement of health for all;
- (3) to pursue vigorously actions aimed at strengthening the management of their health system based on primary health care, including the information support required for its monitoring and evaluation;
- (4) to accelerate efforts to obtain the collaboration of all health-related sectors and develop effective mechanisms for their coordinated support to achieve health goals;
- (5) to strengthen further the health system infrastructure based on primary health care in order to make full use of all available health resources;
- (6) to lay particular emphasis on district health systems based on primary health care defining targets for the integrated delivery of essential elements of primary health care until all districts and all elements are covered;
- (7) to promote relevant research and the use of appropriate health technology in their national health system;
- (8) to investigate all feasible means of financing the implementation of their national strategies for health for all, including the rational and optimal use of national resources and external funding;

6. URGES the regional committees:

- (1) to give appropriate attention to the dissemination and use of findings of the evaluation report to support the implementation of national and regional strategies and to make the best use of WHO resources at regional and national levels;
- (2) to promote mutual cooperation and exchange of experience among countries with regard to national health development based on primary health care;
- (3) to intensify further the mobilization of resources for the Strategy;
- (4) to carry out the next monitoring of the regional strategies in 1988;

7. REQUESTS the Executive Board:

- (1) to continue to monitor and evaluate actively the progress in the implementation of the Global Strategy, in order to identify critical issues and areas requiring action by Member States and the Secretariat;
- (2) to explore other practical and effective economic approaches for financing the national health strategies, including the mobilization of support from other sectors;
- (3) to carry out the next review of the monitoring of the Global Strategy for Health for All in January 1989 and to report to the Forty-second World Health Assembly;

8. DECIDES that the Forty-second World Health Assembly will review the report on the second monitoring of the Global Strategy for Health for All, in accordance with the revised plan of action;

9. REQUESTS the Director-General:

- (1) to publish the Seventh Report on the World Health Situation, prepared on the basis of the report on the evaluation of the Strategy, in accordance with resolution WHA36.35, in the six official languages;
- (2) to disseminate the report widely to governments, organizations and agencies of the United Nations system, and other intergovernmental, nongovernmental and voluntary organizations;
- (3) to use the national, regional and global reports to guide WHO's cooperation for health development and, in particular, as the basis for WHO's response to the needs of Member States in the Eighth General Programme of Work;
- (4) to intensify technical cooperation with Member States to strengthen the management of health systems, including information support mechanisms;
- (5) to continue to support Member States in developing and implementing their strategies to reach the goal of health for all by the year 2000 and their alternative economic strategies for the attainment of that goal;
- (6) to support Member States in particular in establishing or strengthening district health systems based on primary health care;
- (7) to intensify support to the least developed countries, with particular emphasis on rationalizing the use of available resources and mobilizing additional financial resources for strengthening their health infrastructure from national, international, bilateral and nongovernmental sources;
- (8) to support the monitoring and evaluation of the Strategy at national, regional and global levels.

Twelfth plenary meeting, 13 May 1986
A39/VR/12

= = =

ADDITIONAL SUPPORT TO NATIONAL STRATEGIES FOR HEALTH FOR ALL IN THE
LEAST DEVELOPED AMONG DEVELOPING COUNTRIES

The Thirty-ninth World Health Assembly,

Recalling resolution WHA38.16;

Having considered the report of the Director-General on additional support to national strategies for health for all in the least developed among developing countries,¹ and the Executive Board's recommendation thereon;

Noting with satisfaction the efforts of the Director-General to mobilize additional resources for priority programmes of technical cooperation with and support to developing countries, especially the least developed among them;

Noting further with appreciation the growth in extrabudgetary resources available to the Organization and to developing countries for activities in the health field;

Reiterating its deep concern over the deteriorating health situation in the least developed among developing countries;

1. EXPRESSES its appreciation for the support given by governments and other donors through their contributions of additional resources for the Organization's work;
2. THANKS the Director-General for his report, and requests him to continue his efforts to mobilize additional contributions from external sources for support to priority health activities in the least developed among developing countries, using all existing mechanisms for the mobilization and application of those financial resources;
3. URGES Member States to cooperate with the Director-General in his efforts and to provide additional resources to meet the pressing and priority needs of the least developed among developing countries in support of their strategies for health for all.

Twelfth plenary meeting, 13 May 1986
A39/VR/12

¹ Document EB77/1986/REC.1 Annex 1.

AMENDMENT TO THE SCALE OF ASSESSMENTS TO BE APPLIED TO THE
SECOND YEAR OF THE FINANCIAL PERIOD 1986-1987

The Thirty-ninth World Health Assembly,

Noting that the United Nations General Assembly, in resolution 40/248, adopted the scale of assessments for the contributions of Member States to the United Nations budget for the financial years 1986, 1987 and 1988 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 1986, 1987 and 1988 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 WHA38.7 the Thirty-eighth World Health Assembly adopted a scale of assessments for 1986-1987;

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;

1. DECIDES to amend the scale of assessments to be applied to 1987, subject to the provisions of paragraph 2, to be as follows:

<u>Member</u>	<u>Assessment (percentage)</u>
Afghanistan	0.01
Albania	0.01
Algeria	0.14
Angola	0.01
Antigua and Barbuda	0.01
Argentina	0.61
Australia	1.63
Austria	0.72
Bahamas	0.01
Bahrain	0.02
Bangladesh	0.02
Barbados	0.01
Belgium	1.16
Benin	0.01
Bhutan	0.01
Bolivia	0.01
Botswana	0.01

<u>Member</u>	<u>Assessment</u> (percentage)
Brazil	1.37
Brunei Darussalam	0.04
Bulgaria	0.16
Burkina Faso	0.01
Burma	0.01
Burundi	0.01
Byelorussian Soviet Socialist Republic	0.33
Cameroon	0.01
Canada	3.00
Cape Verde	0.01
Central African Republic	0.01
Chad	0.01
Chile	0.07
China	0.77
Colombia	0.13
Comoros	0.01
Congo	0.01
Cook Islands	0.01
Costa Rica	0.02
Côte d'Ivoire	0.02
Cuba	0.09
Cyprus	0.02
Czechoslovakia	0.69
Democratic Kampuchea	0.01
Democratic People's Republic of Korea	0.05
Democratic Yemen	0.01
Denmark	0.71
Djibouti	0.01
Dominica	0.01
Dominican Republic	0.03
Ecuador	0.03
Egypt	0.07
El Salvador	0.01
Equatorial Guinea	0.01
Ethiopia	0.01
Fiji	0.01
Finland	0.49
France	6.25
Gabon	0.03
Gambia	0.01
German Democratic Republic	1.30
Germany, Federal Republic of	8.10
Ghana	0.01
Greece	0.43
Grenada	0.01
Guatemala	0.02
Guinea	0.01
Guinea-Bissau	0.01
Guyana	0.01
Haiti	0.01
Honduras	0.01
Hungary	0.21
Iceland	0.03
India	0.34
Indonesia	0.14
Iran (Islamic Republic of).	0.62
Iraq	0.12

<u>Member</u>	<u>Assessment</u> <u>(percentage)</u>
Ireland	0.18
Israel	0.21
Italy	3.72
Jamaica	0.02
Japan	10.64
Jordan	0.01
Kenya	0.01
Kiribati	0.01
Kuwait	0.28
Lao People's Democratic Republic	0.01
Lebanon	0.01
Lesotho	0.01
Liberia	0.01
Libyan Arab Jamahiriya	0.25
Luxembourg	0.05
Madagascar	0.01
Malawi	0.01
Malaysia	0.10
Maldives	0.01
Mali	0.01
Malta	0.01
Mauritania	0.01
Mauritius	0.01
Mexico	0.87
Monaco	0.01
Mongolia	0.01
Morocco	0.05
Mozambique	0.01
Namibia	0.01
Nepal	0.01
Netherlands	1.71
New Zealand	0.23
Nicaragua	0.01
Niger	0.01
Nigeria	0.19
Norway	0.53
Oman	0.02
Pakistan	0.06
Panama	0.02
Papua New Guinea	0.01
Paraguay	0.02
Peru	0.07
Philippines	0.10
Poland	0.63
Portugal	0.18
Qatar	0.04
Republic of Korea	0.19
Romania	0.19
Rwanda	0.01
Saint Christopher and Nevis	0.01
Saint Lucia	0.01
Saint Vincent and the Grenadines	0.01
Samoa	0.01
San Marino	0.01
Sao Tome and Principe	0.01
Saudi Arabia	0.95
Senegal	0.01
Seychelles	0.01
Sierra Leone	0.01

<u>Member</u>	<u>Assessment (percentage)</u>
Singapore	0.10
Solomon Islands	0.01
Somalia	0.01
South Africa	0.43
Spain	1.99
Sri Lanka	0.01
Sudan	0.01
Suriname	0.01
Swaziland	0.01
Sweden	1.23
Switzerland	1.10
Syrian Arab Republic	0.04
Thailand	0.09
Togo	0.01
Tonga	0.01
Trinidad and Tobago	0.04
Tunisia	0.03
Turkey	0.33
Uganda	0.01
Ukrainian Soviet Socialist Republic	1.25
Union of Soviet Socialist Republics	10.01
United Arab Emirates	0.18
United Kingdom of Great Britain and Northern Ireland	4.77
United Republic of Tanzania	0.01
United States of America	25.00
Uruguay	0.04
Vanuatu	0.01
Venezuela	0.59
Viet Nam	0.01
Yemen	0.01
Yugoslavia	0.45
Zaire	0.01
Zambia	0.01
Zimbabwe	0.02

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 1986-1987 (resolution WHA38.32) as follows:

- (1) decrease the total amount appropriated for the financial period 1986-1987 by US\$ 75 300, from US\$ 605 327 400 to US\$ 605 252 100;
- (2) in paragraph A, decrease appropriation section 7 (Undistributed Reserve) by US\$ 75 300;
- (3) decrease the amount under paragraph D, relating to assessments on Members, by US\$ 75 300.

HEALTH CONDITIONS OF THE ARAB POPULATION IN THE OCCUPIED
ARAB TERRITORIES, INCLUDING PALESTINE

The Thirty-ninth World Health Assembly,

Mindful of the basic principle established in the WHO Constitution, which affirms that the health of all peoples is fundamental to the attainment of peace and security;

Aware of its responsibility for ensuring proper health conditions for all peoples who suffer from exceptional situations, including foreign occupation and especially settler colonialism;

Affirming the principle that acquisition of territories by force is inadmissible and that any occupation of territories by force has serious repercussions on the health and psychosocial conditions of the people under occupation, including mental and physical health, and that this can be rectified only by the complete and immediate termination of the occupation;

Mindful of the struggle that the Palestinian people, led by the Palestine Liberation Organization, their sole legitimate representative, have waged and are waging for their rights to self-determination, to return to their homeland and to establish their independent state in Palestine, and calling upon Israel to end its occupation of the occupied Arab territories including Palestine;

Recalling and reaffirming its previous resolutions regarding the health conditions of the Arab population in the occupied Arab territories including Palestine, especially resolutions WHA36.27, WHA37.26 and WHA38.15;

Considering the rights of the peoples to organize for themselves, and through their institutions, the provision of their own humanitarian health and social services;

1. CONDEMNS Israel for its continuing occupation of Arab territories, its arbitrary practices against the Arab populations, and its continuing establishment of Israeli settlements in the occupied Arab territories, including Palestine and the Golan; and for its illegal exploitation of the natural wealth and resources of the Arab inhabitants in those territories, especially the appropriation of water resources and their diversion for the purpose of occupation and settlement, all of which have devastating and long-term effects on the mental and physical health conditions of the population under occupation;

2. CONDEMNS Israel for its policy aiming at the annexation of the occupied Arab territories, its attempt at linking the Arab population in Palestine and the Golan to the Israeli health system, its hindering the normal development of the Arab health institutions and its closure of some of these institutions such as the Hospice Hospital in the city of Jerusalem;

3. CONDEMNS Israel for its refusal to allow the Special Committee of Experts to visit the occupied Arab territories including Palestine and the Golan, and its refusal to implement resolution WHA38.15;
4. AFFIRMS the need for continuously informing the World Health Assembly of the health conditions of the Arab population under occupation, through regular reporting by the Special Committee of Experts, and the need for the Committee to continue its mission and to submit its report to the Fortieth World Health Assembly concerning the effects of occupation, the policies of the Israeli occupying forces and their various practices which have adverse effects on the health conditions of the Arab population under occupation;
5. THANKS the Director-General for his efforts to implement the resolutions of the World Health Assembly and requests that he pursue the implementation of resolution WHA38.15 especially regarding the visit of the Special Committee of Experts to the occupied Arab territories;
6. REAFFIRMS the right of the Palestinian people to have their own institutions which provide health and social services, and requests the Director-General:
 - (1) to collaborate and coordinate further with the Arab States concerned and with the Palestine Liberation Organization regarding the provision of the necessary assistance to the Palestinian people;
 - (2) to help the Palestinian people and their health institutions to promote primary health care inside and outside the occupied Palestinian territories, by developing adequate health and social services, and by the training of additional health personnel, in order to achieve health for all by the year 2000;
 - (3) to monitor the health conditions of the Arab population in the occupied Arab territories, including Palestine, and report to the Fortieth World Health Assembly;
 - (4) to strengthen the health centres in the occupied Arab territories that are under the direct supervision of WHO, and further to increase the services they provide;
 - (5) to provide financial and moral support to all local and international institutions, societies and organizations that seek to establish hospitals and health units in the occupied Arab territories.

Fourteenth plenary meeting, 15 May 1986
A39/VR/14

= = =

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM:
HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS
IN CYPRUS

The Thirty-ninth World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolutions WHA28.47, WHA29.44, WHA30.26, WHA31.25, WHA32.18, WHA33.22, WHA34.20, WHA35.18, WHA36.22, WHA37.24 and WHA38.25;

Noting all relevant United Nations General Assembly and Security Council resolutions on Cyprus;

Considering that the continuing health problems of the refugees and displaced persons in Cyprus call for further assistance;

1. NOTES with satisfaction the information provided by the Director-General¹ on health assistance to refugees and displaced persons in Cyprus;
2. EXPRESSES its appreciation for all the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus to obtain the funds necessary for the Organization's action to meet the health needs of the population of Cyprus;
3. REQUESTS the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus, in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus, and to report to the Fortieth World Health Assembly on such assistance.

Fourteenth plenary meeting, 15 May 1986
A39/VR/14

¹ Document A39/26.

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM:
HEALTH AND MEDICAL ASSISTANCE TO LEBANON

The Thirty-ninth World Health Assembly,

Recalling resolutions WHA29.40, WHA30.27, WHA31.26, WHA32.19, WHA33.23, WHA34.21, WHA35.19, WHA36.23, WHA37.25 and WHA38.26 on health and medical assistance to Lebanon;

Taking note of United Nations General Assembly resolutions 33/146 of 20 December 1978, 34/135 of 14 December 1979, 35/85 of 5 December 1980, 36/205 of 16 December 1981, 37/163 of 17 December 1982, 38/220 of 20 December 1983, 39/197 of 17 December 1984 and 40/229 of 17 December 1985 on international assistance for the reconstruction and development of Lebanon, calling on the specialized agencies, organs and other bodies of the United Nations to expand and intensify programmes of assistance within the framework of the needs of Lebanon;

Having examined the Director-General's report¹ on the action taken by WHO, in cooperation with other international bodies, for emergency health and medical assistance to Lebanon in 1984-1985 and the first quarter of 1986;

Aware that the situation arising from the increase in the numbers of wounded, handicapped and displaced persons and the paralysis of economic activities requires urgent health and medical assistance;

Aware that the increased financial burden upon the State, coinciding with the alarming drop in budgetary revenue requires assistance to the health services that are the responsibility of the State;

Noting the health and medical assistance provided by the Organization to Lebanon during 1985-1986;

1. EXPRESSES its appreciation to the Director-General for his continuous efforts to mobilize health and medical assistance for Lebanon;
2. EXPRESSES also its appreciation to all the international agencies, organs and bodies of the United Nations, and to all governmental and nongovernmental organizations, for their cooperation with WHO in this regard;
3. CONSIDERS that the growing health and medical problems in Lebanon, which have recently reached a critical level, constitute a source of great concern and necessitate thereby a continuation and substantial expansion of programmes of health and medical assistance to Lebanon;
4. REQUESTS the Director-General to continue and to expand substantially the Organization's programmes of health, medical and relief assistance to Lebanon and to allocate for this purpose, as far as possible, funds from the regular budget and other financial resources;

¹ Document A39/27.

5. CALLS UPON the specialized agencies, organs and bodies of the United Nations, and on all governmental and nongovernmental organizations, to intensify their cooperation with WHO in this field, and in particular to put into operation the recommendations of the report on the reconstruction of the health services of Lebanon;

6. CALLS ALSO UPON Member States to increase their technical and financial support for relief operations and the reconstruction of the health services of Lebanon in consultation with the Ministry of Health and Social Affairs in Lebanon;

7. CALLS UPON donors, as far as possible, to direct their assistance in cash or in kind to the Ministry of Health, which has responsibility for the hospitals, dispensaries and public health services;

8. REQUESTS the Director-General to report to the Fortieth World Health Assembly on the implementation of this resolution.

Fourteenth plenary meeting, 15 May 1986
A39/VR/14

= = =

AMENDMENT OF THE STATUTE OF THE INTERNATIONAL AGENCY
FOR RESEARCH ON CANCER

The Thirty-ninth World Health Assembly,

Considering the amendments to paragraphs 1 and 3 of Article VI of the Statute of the International Agency for Research on Cancer, adopted by the Governing Council at its twenty-seventh session;

Considering the provisions of Article X of the Statute of the Agency;

ACCEPTS the following amendments to the Statute:

Article VI - The Scientific Council

1. The Scientific Council shall be composed of a minimum of twelve and a maximum of fifteen highly qualified scientists, selected on the basis of their technical competence in cancer research and allied fields.

2. ...

3. The members of the Scientific Council shall serve for a term of four years. However, the Governing Council may make appointments for a shorter term if this is necessary to maintain balanced annual rotation of members of the Scientific Council.

Any member leaving the Scientific Council, other than a member appointed for a reduced term, may be reappointed only after at least one year has elapsed.

Should any vacancies occur, a new appointment shall be made for the remainder of the term to which the member would have been entitled.

4. ...

Fourteenth plenary meeting, 15 May 1986
A39/VR/14

TOBACCO OR HEALTH

The Thirty-ninth World Health Assembly,

Recalling resolutions WHA31.56 and WHA33.35 on the health hazards of tobacco smoking and the WHO action programme on smoking and health;

Deeply concerned by the current pandemic of smoking and other forms of tobacco use, which results in the loss of the lives of at least one million human beings every year and in illness and suffering for many more;

Believing that the battle between health and tobacco must and can be won for the sake of human health;

Encouraged by the existence of total bans, restrictions or limitations on tobacco advertising in several countries;

1. AFFIRMS:

(1) that tobacco smoking and the use of tobacco in all its forms is incompatible with the attainment of health for all by the year 2000;

(2) that the presence of carcinogens and other toxic substances in tobacco smoke and other tobacco products is a known fact; and that the causal link between tobacco and a range of fatal and disabling diseases has been scientifically proven;

(3) that passive, enforced or involuntary smoking violates the right to health of non-smokers, who must be protected against this noxious form of environmental pollution;

2. CALLS for a global public health approach and action now to combat the tobacco pandemic;

3. DEPLORES all direct and indirect practices the aim of which is to promote the use of tobacco, as this product is addictive and dangerous even when used as promoted;

4. URGES those Member States which have not yet done so to implement smoking control strategies; these, as a minimum, should contain the following:

(1) measures to ensure that non-smokers receive effective protection, to which they are entitled, from involuntary exposure to tobacco smoke, in enclosed public places, restaurants, transport, and places of work and entertainment;

(2) measures to promote abstention from the use of tobacco so as to protect children and young people from becoming addicted;

(3) measures to ensure that a good example is set in all health-related premises and by all health personnel;

(4) measures leading to the progressive elimination of those socioeconomic, behavioural, and other incentives which maintain and promote the use of tobacco;

- (5) prominent health warnings, which might include the statement that tobacco is addictive, on cigarette packets, and containers of all types of tobacco products;
- (6) the establishment of programmes of education and public information on tobacco and health issues, including smoking cessation programmes, with active involvement of the health professions and the media;
- (7) monitoring of trends in smoking and other forms of tobacco use, tobacco-related diseases, and effectiveness of national smoking control action;
- (8) the promotion of viable economic alternatives to tobacco production, trade and taxation;
- (9) the establishment of a national focal point to stimulate, support, and coordinate all the above activities;

5. APPEALS to other organizations of the United Nations system:

- (1) to support WHO in all ways possible within their fields of competence;
- (2) to show solidarity with WHO's efforts to stem the spread of tobacco-induced diseases by protecting the health of non-smokers on their premises, as this action would have a major exemplar role;
- (3) to help Member States in identifying and implementing economic alternatives to tobacco cultivation, production and trade;

6. REQUESTS the Director-General:

- (1) to strengthen the present programme on smoking and health without waiting for its official introduction in the Eighth General Programme of Work, as a visible and resolute attitude on the part of WHO would provide Member States with encouragement and support, which are necessary prerequisites to abating the smoking pandemic before the year 2000;
- (2) to mobilize support for the present programme on smoking and health in terms of funds and manpower which would ensure adequate programme continuity on a long-term basis;
- (3) to coordinate activities in support of WHO's action on smoking and health with other organizations of the United Nations system at the highest executive level;
- (4) to continue and strengthen collaboration with nongovernmental organizations as appropriate;
- (5) to ensure that WHO plays an effective global advocacy role in tobacco and health issues and that, in common with other health institutions, it plays an exemplar role in non-smoking practices;
- (6) to provide support to national smoking control efforts;
- (7) to report on progress to the Executive Board at its eighty-first session and to the Forty-first World Health Assembly.

Fourteenth plenary meeting, 15 May 1986
A39/VR/14

= = =

GLOBAL STRATEGY FOR HEALTH FOR ALL BY THE YEAR 2000:
REPERCUSSIONS OF THE WORLD ECONOMIC SITUATION

The Thirty-ninth World Health Assembly,

Bearing in mind resolution WHA38.20;

Recalling that the basic principle stated in the preamble of the Constitution of the World Health Organization that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity";

Recalling further that in the light of the constitutional objective of WHO, the Declaration of Alma-Ata and resolutions WHA30.43, WHA32.30 and WHA33.24, the World Health Assembly approved the Global Strategy for Health for All by the Year 2000 in resolution WHA34.36 and adopted all relevant resolutions on TCDC/ECDC;

Having considered the provisional report of the Director-General on the repercussions of the world economic situation;¹

Noting that the report, however provisional, recognizes that the widespread economic crisis has resulted in a fall in the living standards in many countries and provoked serious unemployment and formidable austerity policies which in some countries have resulted in a generalized increase of poverty and substantial cuts in health budgets;

Aware that the crisis facing the world economy adversely affecting the developing countries is aggravated by the persistent rise in the foreign debt and the deterioration of the balances of trade, among other factors, and endangers the possibility of reaching the goal of health for all by the year 2000;

Recalling the importance of the New International Economic Order in overcoming the effects of the current economic crisis;

Concerned at the present trends in both multilateral and bilateral external cooperation noted in the report of the Director-General, indicating that the health sector is not given the necessary importance;

1. URGES Member States:

(1) to deploy all their efforts to avoid the reduction in the national budgets provided for health services and health-related activities with a view to achieving the objectives laid down in the Global Strategy for Health for All by the Year 2000;

(2) to develop further their national strategies for health for all by the year 2000, inter alia, by producing whenever feasible costed plans in the most realistic way within the resources expected to be available, in particular focusing on primary health care;

(3) to explore all possible sources of finance, including the redeployment of existing resources;

¹ Document A39/4.

2. CALLS UPON all developing countries to intensify their efforts for the further promotion of TCDC/ECDC with a view to overcoming the present grave economic situation and thereby contributing inter alia to the implementation of their national strategies for health for all;
3. APPEALS to the developed countries to increase their cooperation with and assistance to developing countries through bilateral and multilateral channels, including WHO, in implementing their health plans;
4. CALLS UPON organizations and agencies for international cooperation to increase their assistance to the national health strategies of developing countries;
5. DRAWS the attention of the international financial organizations to the need to take into account the specific conditions in each particular case as well as to apply criteria of social justice in formulating adjustment policies in order to avoid a deterioration in the health of the people.
6. REQUESTS the Director-General:
 - (1) to continue to study the repercussions of the economic crisis on health in order to complete the present provisional report and make recommendations to the Fortieth World Health Assembly;
 - (2) to monitor trends in external cooperation for the health sector of developing countries from all sources and, in this regard, to call upon countries and bilateral donors, nongovernmental organizations and agencies or organizations for multilateral cooperation to increase their support for national health strategies within the general plans for development of the developing countries;
 - (3) to continue to support countries in their financial planning for health through both technical cooperation and the promotion of training.

Fourteenth plenary meeting, 15 May 1986
A39/VR/14

= = =

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

The Thirty-ninth World Health Assembly,

Having considered the report of the Committee of the Executive Board to consider Certain Financial Matters prior to the Thirty-ninth World Health Assembly on Members in arrears to an extent which may invoke Article 7 of the Constitution;

Having noted that Romania was in arrears at the time of the opening of the World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of this Member should be suspended;

Having considered the recommendation of the Committee of the Executive Board on Romania's proposal for the settlement of its outstanding contributions as contained in the Committee's report;

1. DECIDES:

(1) not to suspend the voting privileges of Romania at the Thirty-ninth World Health Assembly;

(2) as an interim measure to accept the proposal of Romania for the settlement of its outstanding contributions, i.e., to pay a further amount totalling US\$ 220 000 prior to the end of 1986 and to liquidate the contributions which remain outstanding in respect of the period 1982-1986 inclusive, totalling US\$ 2 229 580, in 10 equal annual instalments of US\$ 222 958 payable in each of the years 1987 to 1996, subject to the provisions of Financial Regulation 5.6, in addition to the annual contributions due during the period;

(3) that, for as long as the arrangements specified above persist and are fulfilled by Romania, 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, payment of the 1987 instalment of the contribution for the financial period 1986-1987 and contributions for subsequent periods shall be credited to the financial period concerned;

2. URGES Romania to reexamine the interim repayment plan set out in paragraph 1 (2) above in the course of the coming year with a view to offering improved arrangements, involving a shorter repayment period and to communicate a revised repayment plan to the Director-General;

3. REQUESTS the Director-General to report to the Fortieth World Health Assembly on the then current situation and on any proposals that will have been submitted by Romania in respect of settlement of their arrears;

4. REQUESTS the Director-General to communicate this resolution to the Government of Romania.

Fourteenth plenary meeting, 15 May 1986
A39/VR/14

MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS
TO AN EXTENT WHICH MAY INVOKE ARTICLE 7 OF THE CONSTITUTION: BURKINA FASO,
DOMINICA, DOMINICAN REPUBLIC, EQUATORIAL GUINEA, GUATEMALA AND GUINEA-BISSAU

The Thirty-ninth World Health Assembly,

Having considered the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Thirty-ninth World Health Assembly on Members in arrears to an extent which may invoke Article 7 of the Constitution;

Having been informed that Cape Verde, Mauritania, Niger and Zaire have in the meantime made payments sufficient to exclude them from being considered under Article 7 of the Constitution;

Having noted that Burkina Faso, Dominica, Dominican Republic, Equatorial Guinea, Guatemala and Guinea-Bissau were in arrears at the time of the opening of the World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended, and that they have communicated with the Director-General since the closure of the seventy-seventh session of the Executive Board indicating their intention to settle their arrears;

1. EXPRESSES serious concern at the number of Members in recent years which have been in arrears to an extent which may invoke Article 7 of the Constitution;
2. DECIDES not to suspend at the Thirty-ninth World Health Assembly the voting privileges of Burkina Faso, Dominica, Dominican Republic, Equatorial Guinea, Guatemala and Guinea-Bissau;
3. URGES the Members concerned to regularize their position at the earliest possible date,
4. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Fourteenth plenary meeting, 15 May 1986
A39/VR/14

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Implementation requirements of the Nairobi Forward-Looking
Strategies for the advancement of women in the health sector

The Thirty-ninth World Health Assembly,

Having considered the Director-General's report on "Collaboration within the United Nations System - General matters";¹

Noting resolution 40/108 adopted by the General Assembly at its Fortieth session in particular paragraph 10 urging all specialized agencies to take the necessary measures to ensure a concerted and sustained effort for the implementation of the provisions of the Forward-Looking Strategies (FLS) with a view to achieving a substantial improvement in the status of women by the year 2000;

Recalling resolution WHA38.27 requesting the Director-General to ensure the Organization's active participation in the Nairobi World Conference;

Taking account of ECOSOC resolution 1985/46 and noting the contribution which the system-wide, medium-term plan for women and development in particular the proposed subprogramme entitled "Health, nutrition and family planning" could make to the comprehensive implementation of the Nairobi FLS;

Recalling resolution WHA38.12 raising to 30% the target set for the proportion of all professional and higher-graded posts in established offices to be occupied by women in the Organization;

Aware that the Nairobi FLS, in particular paragraphs 148 to 162, have considerable implications for the work of the Organization;

1. TAKES NOTE with satisfaction of the report of the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace and ENDORSES the Nairobi Forward-Looking Strategies for the Advancement of Women as providing a comprehensive policy framework for advancing the status of women to the year 2000;

2. DECIDES that WHO will take all appropriate measures to ensure cooperation with other organizations of the United Nations system in the implementation of the Nairobi FLS;

3. REQUESTS the Director-General:

(1) to ensure the participation of the Organization, on an intersectoral and interdisciplinary basis, in the follow-up to the Conference;

¹ Document A39/25.

(2) to take account of the programme implications of the Nairobi FLS in preparing the proposed programme budget 1988-1989 and the Eighth General Programme of Work of the Organization;

(3) to submit to the Fortieth World Health Assembly a report on activities undertaken and proposed by the Organization to implement the Nairobi Forward-Looking Strategies for the Advancement of Women.

Fourteenth plenary meeting, 15 May 1986
A39/VR/14

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM: GENERAL MATTERS

Contribution of WHO to the International Year of Peace

The Thirty-ninth World Health Assembly,

Noting United Nations General Assembly resolution 40/3, which declares 1986 to be the International Year of Peace;

Taking into account Health Assembly resolutions WHA13.56, WHA13.67, WHA15.51, WHA17.45, WHA20.54, WHA23.53, WHA32.24, WHA32.30, WHA33.24, WHA34.38 and WHA36.28 and other resolutions pertaining to the role of physicians in preserving and promoting peace;

Recalling the provisions of the WHO Constitution concerning the close relationship of health with the promotion of peace and international security as well as the provisions of United Nations General Assembly resolution 34/58 stating that peace and security, in their turn, are important for the preservation and improvement of the health of all people and that cooperation among nations on vital health issues can contribute significantly to peace;

Bearing in mind the affirmation in the Declaration of Alma-Ata that a genuine policy of peace, international détente and disarmament should release additional resources required among other things for the achievement of health for all by the year 2000;

1. URGES Member States:

(1) to continue their efforts for the attainment of health for all including the preservation and promotion of peace;

(2) to strive for the cessation of the arms race, with particular regard to nuclear weapons, and for the utilization of the resources thus released to finance national programmes of social and economic development, including programmes related to health and medical sciences;

2. REQUESTS the Director-General:

(1) to continue to take appropriate measures to implement resolution WHA36.28 and to submit a report to the Fortieth World Health Assembly;

(2) to inform the Secretary-General of the United Nations of the action taken by the World Health Organization within the framework of the International Year of Peace.

Fourteenth plenary meeting, 15 May 1986
A39/VR/14

= = =

INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE

The Thirty-ninth World Health Assembly,

Noting with appreciation the report of the Director-General on the International Drinking Water Supply and Sanitation Decade: mid-Decade progress review;¹

Recalling the recommendations in resolution WHA36.13 and particularly its recognition that safe drinking-water supply and sanitation are essential for the success of the Global Strategy for Health for All;

Noting that progress with the Decade programme so far has fallen short of expectations in spite of the considerable efforts by Member States to improve water supply and sanitation services since it began;

Noting further that, if present trends continue, many countries will not meet the targets they have set;

Endorsing the recommendations in the Director-General's report for the more active participation of national health authorities in water supply and sanitation programmes through intersectoral collaboration and for the continued effective cooperation of the external support agencies involved,

1. CALLS for more determined efforts during the second half of the Decade, so that the Decade targets which Member States have established can be achieved;

2. URGES Member States:

- (1) to reduce imbalances in levels and quality of service between urban and rural areas and between water supply and sanitation;
- (2) to ensure that the national health authorities include support to water supply and sanitation programmes among their primary health care activities;
- (3) to ensure intersectoral collaboration among national and international agencies with operational responsibility for and/or involvement in water supply and sanitation and other agencies;
- (4) to ensure direct community involvement, including women, in the choice of sites of facilities, and their installation, management and maintenance;
- (5) to seek and support ways in which resources can be increased through the fullest possible participation of consumers;
- (6) to provide for adequate operation and maintenance, as well as rehabilitation and surveillance, to ensure satisfactory services;

¹ Document A39/11 and Corr.1.

3. URGES external support agencies:

- (1) to continue the high priority given to water supply and sanitation and increase the proportion of resources made available for underserved populations and poor areas;
- (2) to increase likewise the proportion of resources allocated for institutional and human resources development, operation, maintenance and rehabilitation, public information, health and hygiene education, and community participation;
- (3) to continue their efforts to improve their coordination and exchange of programme information at country and international levels with the national and other external agencies concerned;

4. REQUESTS the Director-General:

- (1) to implement the proposals contained in his mid-Decade report, giving particular emphasis to the fullest possible advocacy of health, intersectoral action, promotion of research in health aspects of water and sanitation programmes, exchange of relevant information, coordination with other organizations of the external support community, and increased involvement of the national health authorities in the development of water supply and sanitation;
- (2) to continue to monitor progress in water supply and sanitation and support Member States in strengthening their own monitoring systems as part of management;
- (3) to submit an interim progress report on Decade implementation as part of the second evaluation of the Global Strategy for Health for All by the Year 2000 and to report to the Forty-fifth World Health Assembly in 1992 following the conclusion of the Decade.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

= = =

ELIMINATION OF DRACUNCULIASIS

The Thirty-ninth World Health Assembly,

Deploping the considerable adverse effects of dracunculiasis (Guinea-worm disease) on health, agriculture, education, and the quality of life in affected areas of Africa and southern Asia, where over 50 million persons still remain at risk of the infection;

Recognizing the special opportunity afforded by the International Drinking Water Supply and Sanitation Decade (1981-1990) to combat dracunculiasis, as noted in resolution WHA34.25;

Stressing the importance of maximizing the benefits to health by using an intersectoral approach in the context of primary health care during the remainder of the Decade;

Aware of the progress achieved to date by the Indian Guinea-worm eradication programme, the increasing awareness and actions beginning to be taken against the disease in Africa, and the successful elimination of the disease in several countries;

1. ENDORSES the efforts to eliminate this infection, country, by country, in association with the International Drinking Water Supply and Sanitation Decade;
2. ENDORSES a combined strategy of provision of safe drinking water sources, active surveillance, health education, vector control, and personal prophylaxis, for eliminating the infection;
3. CALLS on all affected Member States:
 - (1) to establish as quickly as possible, within the context of primary health care, plans of action for eliminating dracunculiasis, giving high priority to endemic areas in providing safe sources of drinking-water;
 - (2) to intensify national surveillance of dracunculiasis, and report the resulting information regularly to WHO;
4. INVITES bilateral and international development agencies, private voluntary organizations, foundations, and appropriate regional organizations:
 - (1) to assist countries' efforts to add, within the context of primary health care, a dracunculiasis control component to ongoing or new water supply, rural development, health education and agricultural programmes in endemic areas by providing required support;
 - (2) to provide extrabudgetary funds for this effort;

5. URGES the Director-General:

(1) to intensify international surveillance so as to monitor trends in prevalence and incidence of this disease, and encourage cooperation and coordination between adjacent endemic countries;

(2) to submit a report on the status of these activities in the regions concerned to the Forty-first World Health Assembly.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

= = =

INTERSECTORAL COOPERATION IN NATIONAL STRATEGIES FOR HEALTH

The Thirty-ninth World Health Assembly,

Recognizing that factors which influence health are found in all major sectors of development;

Appreciating the active participation and support through cosponsorship of the Technical Discussions by the United Nations Office for Development and International Economic Cooperation, UNEP, HABITAT, FAO and UNESCO in the preparation and conduct of the Technical Discussions during the Thirty-ninth World Health Assembly,

Recalling that existing inequalities in health between socioeconomic groups are - as stated in the Declaration of Alma-Ata on primary health care - politically, socially and economically unacceptable;

Having considered the report on the evaluation of the strategy for health for all - Seventh Report on the World Health Situation,¹ which emphasizes the importance of intersectoral actions for health, and the background documents for the Technical Discussions on the role of intersectoral cooperation in national strategies for health for all, as well as the report of the Technical Discussions on this issue,

1. CALLS ON Member States:

- (1) to identify and develop health objectives as an integral part of sectoral policies for agriculture, the environment, education, water, housing and other health-related sectors and to include health impact analyses in all feasibility studies of health-related programmes and projects;
- (2) to include in their health for all strategy specific equity-oriented targets expressed in terms of improved health among disadvantaged groups such as women, the rural poor, the inhabitants of urban slums, and people engaged in hazardous occupations;
- (3) to use the health status within the population, and in particular its changes over time among disadvantaged groups, as an indicator for assessing the quality of development and its impact on the environment;
- (4) to ensure, in cooperation with international financing institutions, that the health and nutritional status of the most disadvantaged social groups are protected when economic adjustment policies are designed and implemented;
- (5) to encourage and support action-oriented multidisciplinary research focusing on socioeconomic and environmental determinants of health in order to identify cost-effective intersectoral actions for improving the health status of disadvantaged groups;

¹ Document A39/3.

- (6) to review the training of economic planners, agricultural extension workers, water engineers, teachers, environmental specialists, and other professional groups who are to work in health-related fields, in order to secure an adequate understanding of intersectoral relationships with health within their sphere of competence;
 - (7) to strengthen the capacity within the health sector at national and local levels to identify vulnerable groups, assess health hazards as experienced by different groups, monitor health conditions within the population and assist other health-related sectors to formulate and evaluate intersectoral actions for health;
 - (8) to ensure that the training of health professionals at all levels encompasses an adequate awareness of the relationships between environment, living conditions, life-styles and local health problems in order to enable them to establish a meaningful collaboration with professionals in other health-related sectors;
 - (9) to develop appropriate mechanisms within the overall development process to promote intersectoral actions for health at national and local levels in order to facilitate an efficient use of existing resources for achieving multisectoral health-for-all targets;
2. CALLS ON the relevant United Nations agencies and organizations to follow up their collaboration with WHO and Member States through concrete intersectoral activities, in particular at country level to ensure that socioeconomic development promotes the well-being of the people;
 3. CALLS ON national and international nongovernmental organizations to promote and support intersectoral action for health, particularly at the community level, e.g., as carried out by local self-help groups;
 4. REQUESTS the regional committees to further develop specific regional health-for-all strategies fostering intersectoral actions in order to achieve equity-oriented health targets and to strengthen their support to Member States in formulating, implementing and evaluating country-specific intersectoral health policies;
 5. REQUESTS the Director-General:
 - (1) to develop and strengthen the Organization's activities as regards:
 - (a) support to Member States in their efforts to formulate, implement and evaluate intersectoral actions for health at national and local levels and to establish effective national intersectoral mechanisms that will ensure that development initiatives in any sector will not have adverse effects on health;
 - (b) the promotion of equity-oriented health targets within the context of the Strategy for Health for All and the use of health indicators - in particular as related to disadvantaged groups - in assessments of socioeconomic development and quality of life;
 - (c) the role of universities and nongovernmental organizations in promoting intersectoral actions for health in accordance with resolutions WHA37.31 and WHA38.31;
 - (d) support to action-oriented research focusing on socioeconomic determinants of health and the coordination of such activities, for example, through the establishment of a scientific working group on intersectoral actions for health;
 - (e) the further development of interagency cooperation at international, national and local levels, as envisaged in the Global Strategy for Health for All, and in pursuit of the implementation of activities recommended by the Technical Discussions;
 - (2) to mobilize available resources and develop an appropriate organizational structure within WHO in order to secure firm support to Member States as regards intersectoral action for health, particularly as related to the improvement of health conditions among vulnerable groups;

(3) to include in progress reports on the Health for All Strategy in-depth reviews of achievements within countries in formulating and implementing country-specific equity-oriented intersectoral health strategies and thus to reduce inequities in health between different socioeconomic groups;

(4) to report to the Forty-first World Health Assembly on the implementation of these activities.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

= = =

THE IMPACT ON HEALTH OF THE SITUATION OF TENSION
IN CENTRAL AMERICA

The Thirty-ninth World Health Assembly,

Cognizant of the concerted efforts deployed by the Central American countries and the Pan American Health Organization/WHO Regional Office for the Americas with a view to attaining the goal of Health for All through implementation of the health priorities plan for Central America and Panama supported by the World Health Assembly in its Resolution WHA37.14,

Aware that the situation of tension and violence that exists in the Central American region has unfavourable effects on the health of the population and is an obstacle to the objective set of Health for All by the Year 2000,

Bearing in mind the principle laid down in the WHO Constitution according to which the health of all peoples is fundamental to the attainment of peace and security,

Recalling that the United Nations General Assembly at its 40th Session proclaimed 1986 as the Year of Peace,

1. CONGRATULATES the governments of the countries of the Central American isthmus for the effort of cooperation that has found expression in the "Plan of Priority Health Needs - a Bridge to Peace" and urges them to extend the principles of that initiative to all domains so as to establish peace and cooperation between the countries of the Region,
2. URGES the Member States to unite their efforts in the search for negotiated solutions for the establishment of peace in the Region and to assign resources to support development and contribute to the wellbeing and health of the peoples of the Central American isthmus,
3. REITERATES the request contained in Resolution WHA37.14 to Member States and international organizations to provide technical and financial assistance with a view to overcoming the negative effects of the situation and thus helping to make health a bridge to peace and solidarity among the peoples, and
4. REQUESTS the Director-General to collaborate in finding such funds and channelling them through the WHO Regional Office and to report to the Fortieth World Health Assembly on the matter.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

Liberation struggle in southern Africa: Assistance to the
front-line States, Lesotho and Swaziland

The Thirty-ninth World Health Assembly,

Considering that the front-line States continue to suffer from the consequences of military, political and economic destabilization by South Africa which hamper their economic and social development;

Considering that the front-line States have to accept enormous sacrifices to rehabilitate and develop their health infrastructure which has suffered as a result of destabilization by South Africa;

Considering also resolutions AFR/RC31/R12 and AFR/RC32/R9 of the Regional Committee for Africa, which call for a special programme of health cooperation with the People's Republic of Angola;

Bearing in mind that the consequences of these destabilization activities still force the countries concerned to divert large amounts of financial and technical resources from their national health programmes to defence and reconstruction:

1. THANKS the Director-General for his report;¹
2. RESOLVES that WHO shall:
 - (1) continue to take appropriate and timely measures to help the front-line States, and Lesotho and Swaziland solve the acute health problems of the Namibian and South African refugees;
 - (2) continue to provide countries which are or have been targets of destabilization by South Africa with technical cooperation in the health field, for the rehabilitation of their damaged health infrastructures;
3. CALLS UPON the Member States according to their capabilities to continue to provide adequate health assistance to liberation movements recognized by the Organization of African Unity and to the front-line States (Angola, Botswana, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe) and Lesotho and Swaziland;
4. REQUESTS the Director-General:
 - (1) to intensify humanitarian assistance to National Liberation movements recognized by the Organization of African Unity;

¹ Document A39/28.

(2) to make use, when necessary, of funds from the Director-General's Development Programme to assist the countries concerned to overcome the problems arising both from the presence of the Namibian and South African refugees and displaced persons and from destabilization activities, as well as for the rehabilitation of their damaged health infrastructure.

(3) to report to the Fortieth World Health Assembly on the progress made in the implementation of this resolution.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

= = =

PREVENTION OF MENTAL, NEUROLOGICAL AND PSYCHOSOCIAL DISORDERS

The Thirty-ninth World Health Assembly,

Aware of the severity, magnitude and major public health importance of mental, neurological and psychosocial problems;

Noting the existence of measures which can prevent the occurrence of a significant proportion of these problems, and thus reduce their negative social impact and human suffering;

Convinced that health for all can only be achieved if action to reduce such problems and promote mental health is given high priority and undertaken urgently;

Recalling resolutions WHA28.84 and EB61.R28 on the promotion of mental health, resolution WHA29.21 on psychosocial factors and health, resolutions WHA32.40, WHA33.27 and EB69.R9 on drug- and alcohol-related problems, and resolution WHA30.38 on mental retardation;

1. CALLS on Member States to apply the preventive measures identified in the report of the Director-General on the prevention of mental, neurological and psychosocial disorders,¹ and to include these activities in their strategies to achieve health for all by the year 2000;
2. REQUESTS Regional Committees to discuss ways in which the activities described in the Director-General's report on this subject, and directed towards the prevention of mental, neurological and psychosocial disorders, could best be implemented at regional and national levels;
3. REQUESTS the Director-General to take appropriate action to enhance the Organization's collaboration with Member States in the conduct of activities to prevent these disorders, including:
 - (1) the development and dissemination of materials and technical guidance on the application of measures to prevent mental and neurological disorders and psychosocial problems;
 - (2) the organization of training programmes that will help to ensure that available knowledge and experience reaches all those concerned, both professional and non-professional health workers;
 - (3) the stimulation, coordination and conduct of research to develop further methods of prevention and explore ways in which these can be most effectively used;
4. FURTHER REQUESTS the Director-General to report on the progress made to the Forty-second World Health Assembly.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

¹ Document A39/9.

ABUSE OF NARCOTIC AND PSYCHOTROPIC SUBSTANCES

The Thirty-ninth World Health Assembly,

Recalling resolutions WHA37.23 and WHA33.27 on the abuse of narcotic and psychotropic substances, adopted by the Thirty-seventh and Thirty-third World Health Assemblies, and resolution EB73.R11 on the same subject;

Having examined the Director-General's progress report¹ on WHO activities in 1985 and 1986 on the abuse of narcotic and psychotropic substances, and the Director-General's report² on the Conference of Ministers of Health on Narcotic and Psychotropic Drug Misuse, held in London, United Kingdom, from 18 to 20 March 1986;

Noting with grave concern the dramatic increase of serious health and social problems related to misuse of narcotic and psychotropic substances;

Affirming that health concerns in relation to the misuse of narcotic and psychotropic substances need to be given greater prominence and emphasis within the international drug control system;

Considering that there is an urgent need to intensify efforts and programme activities concerned with the individual and community health aspects of problems related to the misuse of narcotic and psychotropic substances, including prevention, treatment, training and research;

Noting with satisfaction the continued development of WHO's activities in this field, including its response to international treaty obligations;

1. URGES Member States to continue to:

- (1) develop and implement national policy to address the health problems related to the misuse of narcotic and psychotropic substances through prevention, treatment, and rehabilitation, and including training programmes and research, and to evolve mechanisms which will promote the coordination of the work of relevant government sectors and community organizations concerned with tackling drug abuse;
- (2) develop ways to assess and monitor trends in the development of these problems and evaluate the effectiveness of programmes launched to combat them;
- (3) promote social and educational measures and encourage and support community action so as to reduce the inappropriate demand for narcotic and psychotropic substances;
- (4) encourage the establishment and development of appropriate services to provide for the treatment of patients with drug-related problems, and their integration within existing health and mental health services, particularly at the primary health care level, and with social services and those provided by nongovernmental organizations;

¹ Document A39/10.

² Document A39/10 Add.1.

- (5) cooperate in activities under International Conventions on narcotic and psychotropic substances, and any other programmes directed towards the control of health problems related to the misuse of such substances.
2. REQUESTS the Regional Committees to review the extent and nature of health problems related to the abuse of narcotic and psychotropic substances in their respective regions and to decide on ways of ensuring cooperation among countries in this area;
3. REQUESTS the Director-General to:
- (1) further develop the Organization's activities aiming to control health problems related to the misuse of narcotic and psychotropic substances, and to formulate a plan of action.
 - (2) facilitate cooperation in this field among different WHO regions;
 - (3) consider devoting a World Health Day to this topic;
 - (4) convey to the Secretary-General of the United Nations the need to increase the proportion of the financial support provided by the United Nations budget for the whole field of control of drug abuse given for activities and programmes dealing with health and related social problems caused by the misuse of narcotic and psychotropic substances.
 - (5) report to the United Nations Conference in 1987 on drug abuse and illicit traffic, WHO's activities and plans to combat health problems related to the abuse of narcotic and psychotropic substances.
4. REQUESTS the Executive Board to consider selecting the theme of Public Health Problems Related to the Abuse of Narcotic and Psychotropic Substances as a subject for Technical Discussion during a World Health Assembly at the earliest opportunity.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

= = =

THE RATIONAL USE OF DRUGS

The Thirty-ninth World Health Assembly,

Recalling resolution WHA37.33 on the rational use of drugs;

Having considered the reports by the Director-General on the conference of experts on the rational use of drugs held in Nairobi in November 1985¹ and on WHO's revised drug strategy;²

Noting that the Director-General's summing up of the Conference³ forms the basis of this revised drug strategy;

1. THANKS the participants in the conference for their valuable suggestions;
2. DECIDES that WHO will assume its responsibilities as listed in the Director-General's summing up of the conference;³
3. URGES all concerned parties - governments, the pharmaceutical industry, health personnel involved in prescription, dispensing, supply and distribution, universities and other teaching institutions, professional nongovernmental organizations, the public, patients' and consumer groups and the mass media - to assume their responsibilities as listed in the Director-General's summing up of the conference;³
4. URGES all Member States in a position to do so to support developing countries technically and financially in fulfilling responsibilities mentioned above, and thanks those Member States already doing so;
5. INVITES United Nations agencies, programmes and funds concerned, development agencies and voluntary organizations to support developing countries to the same end, and thanks those already doing so;
6. ENDORSES the WHO revised drug strategy, annexed to this resolution;
7. REQUESTS the Executive Board to monitor its implementation;
8. REQUESTS the Director-General:
 - (1) to publish the report on the Nairobi conference in all official languages and ensure its wide dissemination;
 - (2) to implement the WHO revised drug strategy as endorsed by this Health Assembly by making optimal use of all available resources to this end, seeking extrabudgetary resources in addition to those in the regular budget;

¹ Document A39/12.

² Document A39/13.

³ Document A39/12 Part I.

(3) to report to the Executive Board and the Forty-first World Health Assembly on progress made and problems encountered in implementing the WHO revised drug strategy, including suggestions for modifying it if necessary in the light of experience.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

= = =

INFANT AND YOUNG CHILD FEEDING

The Thirty-ninth World Health Assembly,

Recalling resolutions WHA27.43, WHA31.47, WHA33.32, WHA34.22, WHA35.26 and WHA37.30 which dealt with infant and young child feeding;

Having considered the Progress and Evaluation Report on Infant and Young Child Nutrition;¹

Recognizing that the implementation of the International Code of Marketing of Breast-milk Substitutes is an important contribution to healthy infant and young child feeding in all countries;

Aware that today, five years after the adoption of the International Code, many Member States have made substantial efforts to implement it, but that many products unsuitable for infant feeding are nonetheless being promoted and used for this purpose; and that sustained and concerted efforts will therefore continue to be necessary to achieve full implementation of and compliance with the International Code as well as the cessation of the marketing of unsuitable products and the improper promotion of breast-milk substitutes;

Noting with great satisfaction the Guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes,² in the context of Article 6, paragraph 6, of the International Code;

Noting further the statement in the Guidelines, paragraph 47: "Since the large majority of infants born in maternity wards and hospitals are full term, they require no nourishment other than colostrum during their first 24-48 hours of life - the amount of time often spent by a mother and her infant in such an institutional setting. Only small quantities of breast-milk substitutes are ordinarily required to meet the needs of a minority of infants in these facilities, and they should only be available in ways that do not interfere with the protection and promotion of breast-feeding for the majority.";

1. ENDORSES the report of the Director-General;¹

2. URGES Member States:

(1) to implement the Code if they have not yet done so;

(2) to ensure that the practices and procedures of their health care systems are consistent with the principles and aim of the International Code;

¹ Document A39/8.

² Document A39/8 Add.1.

(3) to make the fullest use of all concerned parties - health professional bodies, nongovernmental organizations, consumer organizations, manufacturers and distributors - generally, in protecting and promoting breast-feeding and, specifically, in implementing the Code and monitoring its implementation and compliance with its provisions;

(4) to seek the cooperation of manufacturers and distributors of products within the scope of Article 2 of the Code, in providing all information considered necessary for monitoring the implementation of the Code;

(5) to provide the Director-General with complete and detailed information on the implementation of the Code;

(6) to ensure that the small amounts of breast-milk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement channels and not through free or subsidized supplies;

3. REQUESTS the Director-General

(1) to propose a simplified and standardized form for use by Member States to facilitate the monitoring and evaluation by them of their implementation of the Code and reporting thereon to WHO, as well as the preparation by WHO of a consolidated report by each of the articles of the Code;

(2) to specifically direct the attention of Member States and other interested parties to the facts that:

(a) any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breast-feeding and therefore should neither be promoted nor encouraged for use by infants during this period;

(b) the practice being introduced in some countries of providing infants with specially formulated milks (so-called "follow-up" milks) is not necessary.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

ACQUIRED IMMUNODEFICIENCY SYNDROME

The Thirty-ninth World Health Assembly,

Having considered the report of the Director-General on WHO activities for the prevention and control of acquired immunodeficiency syndrome;¹

Concerned with the continued increase of LAV/HTLV-III infection and AIDS in many parts of the world;

Mindful of the long-term requirements for action in this area and of the need for additional resources as well as international cooperation;

Expressing its support for resolution EB77.R12 concerning this important public health problem and the intense international interest and concern;

Noting with satisfaction that WHO has rapidly invested funds from its regular 1986-1987 budget for this serious public health problem, despite current financial constraints;

1. ENDORSES the Director-General's report;

2. URGES Member States:

(1) to cooperate fully in controlling the epidemic of AIDS and LAV/HTLV-III infection, with WHO acting as coordinator for both multilateral and bilateral assistance;

(2) to share all relevant information on AIDS and LAV/HTLV-III infection with the Organization and with other Member States;

(3) to implement immediately appropriate public health strategies for the prevention and control of AIDS and LAV/HTLV-III infection, calling upon WHO for required support, if necessary;

3. REQUESTS the Director-General:

(1) to cooperate with Member States in assessing the problem of LAV/HTLV-III infection and implementing national and collective programmes for the prevention and control of AIDS;

¹ Document A39/16.

(2) to explore ways and means of increasing the extent and types of WHO's cooperation with Member States in combating this infection; to seek, for that purpose, the necessary extrabudgetary resources and, subject to the present constraints, to continue to provide support from the Organization's regular budget for the prevention and control of this public health problem beyond 1987;

(3) to report progress in this area to the Fortieth World Health Assembly.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

= = =

EXPANDED PROGRAMME ON IMMUNIZATION

The Thirty-ninth World Health Assembly,

Noting the report of the Director-General on the Expanded Programme on Immunization¹ and the Executive Board's discussion on the report;

Noting further the general recommendations for action contained in the Director-General's report, which emphasize the need to accelerate progress, furthering the five-point action programme endorsed by the Thirty-fifth World Health Assembly by: promoting the achievement of the 1990 goal through collaboration among ministries, organizations and individuals in both the public and private sector to create effective consumer demand and ensure that this demand is met; adopting a mix of complementary strategies for programme acceleration; and ensuring that rapid increases in coverage can be sustained through mechanisms which strengthen the delivery of other primary health care interventions;

Noting also the recommendations for specific actions contained in the Director-General's report, which call for: providing immunization at every contact point, reducing drop-out rates between first and last immunizations, improving immunization services to the disadvantaged in urban areas and increasing the priority for the control of measles, poliomyelitis and neonatal tetanus;

Recognizing that continued efforts are also required to strengthen disease surveillance and outbreak control, reinforce training and supervision, ensure the quality of vaccine production, management and administration, and pursue research and development;

1. AFFIRMS that the Expanded Programme's goal of reducing morbidity and mortality by providing immunization for all children of the world by 1990 remains a global priority and represents a milestone toward achieving health for all by the year 2000;
2. WARNS that the goal will not be achieved without continuing acceleration of national programmes;
3. URGES Member States to pursue vigorously the recommendations for action contained in the Director-General's report and to commit themselves fully to achieving the 1990 immunization goal as part of their strategies for achieving health for all by the year 2000 through primary health care;
4. CALLS on organizations of the United Nations system to support the Expanded Programme on Immunization in the context of United Nations General Assembly resolution 34/58, 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 cooperate with WHO and support its efforts by appropriate actions within their respective spheres of competence;

¹ Document A39/15.

5. NOTES with appreciation the increased international support for immunization programmes being provided particularly by the United Nations Children's Fund and by national development agencies, private and voluntary organizations and individuals, whose collective efforts are helping to bring the immunization goal within reach;

6. URGES that such international support should be further increased;

7. REMINDS Member States and collaborating organizations that the 1990 goal establishes a basis for immunization coverage, which must be sustained indefinitely;

8. REQUESTS the Director-General:

(1) to strengthen WHO's coordinating role to help to ensure that immunization programmes continue to be carried out in consonance with the relevant policies of the World Health Assembly, and in particular the policy of attaining health for all through primary health care;

(2) further to increase collaboration with Member States in order to meet the 1990 goal, with special emphasis on achieving reductions in the target diseases and on training, evaluation and the improvement of national, regional and global systems for monitoring progress;

(3) to pursue basic and applied research relevant to the field of immunization and to make the results known in good time to Member States;

(4) to continue to keep the Health Assembly informed of the progress of the Expanded Programme and to propose the necessary means to achieve the 1990 goal.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

= = =

PREVENTION AND CONTROL OF IODINE DEFICIENCY DISORDERS

The Thirty-ninth World Health Assembly,

Noting the high prevalence of iodine deficiency disorders, affecting more than 400 million people in Asia alone as well as millions in Africa and South America;

Concerned that iodine deficiency disorders include not only goitrous enlargement of the thyroid gland but also stillbirths, abortions and congenital anomalies; endemic cretinism characterized most commonly by mental deficiency, deaf mutism and spastic diplegia and lesser degrees of neurological defect related to fetal iodine deficiency; and impaired mental function in children and adults with reduced levels of circulating thyroxine;

Aware that low cost effective technology, including use of iodized salt and iodized oil (by injection or mouth), is available for the prevention and control of iodine deficiency disorders;

Considering that prevention and eradication of iodine deficiency disorders, which will result in improved quality of life, and productivity, and improved educability of children and adults suffering from iodine deficiency disorders, is feasible within the next 5-10 years;

Aware that the United Nations Administrative Committee on Coordination's Sub-Committee on Nutrition had called for a global strategy by governments and United Nations agencies to prevent and control iodine deficiency disorders; and that this recommendation had been endorsed by the Administrative Committee on Coordination for immediate and high priority action;

1. URGES all Member States to give high priority to the prevention and control of iodine deficiency disorders, wherever these problems exist through appropriate nutritional programmes as part of primary health care;

2. REQUESTS the Director-General:

(1) to give all possible support to Member States, as and when requested, in assessing the most appropriate approaches, in the light of national circumstances, needs and resources to preventing and controlling iodine deficiency disorders;

(2) to collaborate with Member States in the monitoring of the incidence and prevalence of iodine deficiency disorders;

(3) to prepare suitable materials for adaptation and use at national level for training health and development workers in the early identification and treatment of iodine deficiency disorders and the implementation of appropriate public health preventive programmes in iodine deficient areas;

(4) to coordinate with other intergovernmental agencies and appropriate nongovernmental agencies, the launching and management of intensive and extensive international action to combat iodine deficiency disorders including the mobilization of financial and other resources required for such actions;

WHA39.31

page 2

(5) to report to the World Health Assembly on progress in this area, including the financial aspects.

Fifteenth plenary meeting, 16 May 1986
A39/VR/15

= = =