



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



132nd SESSION OF THE EXECUTIVE COMMITTEE

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CE132/10 (Eng.)

4 June 2003

ORIGINAL: ENGLISH

RESOLUTIONS AND OTHER ACTIONS OF THE FIFTY-SIXTH WORLD HEALTH ASSEMBLY OF INTEREST TO PAHO EXECUTIVE COMMITTEE

The 56th World Health Assembly took place in Geneva, Switzerland, from 19 to 28 May 2003. Delegations from 187 Member States, including those from 34 countries of the Americas, participated in the Assembly. After debating an extensive agenda, the Assembly approved 35 resolutions—10 more than those approved by the 55th World Health Assembly in 2002.

In addition, the 56th World Health Assembly appointed Dr. Jong-Wook Lee as Director-General of WHO and approved the Organization's Program Budget for 2004-2005.

This document summarizes the work of the 56th World Health Assembly and the 20 resolutions that, according to the Regional Director for the Americas, have a special interest for the countries of this Region and for the PAHO/WHO Secretariat.

The Executive Committee is requested to review these resolutions and to express its views about the relevance of the decisions taken by the 56th World Health Assembly for the Region of the Americas.

Introduction

1. The 56th World Health Assembly took place in Geneva, Switzerland, from 19 to 28 May 2003. Delegations from 187 Member States participated in the Assembly, including those from 34 countries of the Americas. Representatives of more than 100 international and nongovernmental organizations also attended the Assembly. Dr. Javier Torres Goitia, Minister of Health of Bolivia was elected Vice-Chairman of the Assembly, while Dr. J. Larivière from Canada was appointed Chairman of Committee A, and Mrs. C. Velasquez from Venezuela was appointed Rapporteur of Committee B.

2. The agenda of the 56th World Health Assembly (Annex A) covered more than 50 items, related to a large variety of policy, managerial, and institutional matters, which were dealt with by a sequence of committee and plenary sessions. Through this process the Assembly approved 35 resolutions—10 more than those approved in 2002. These resolutions can be found at the following site of WHO's web page: www.who.int/gb/.

3. Special reference should be made to Resolutions WHA56.2 and WHA56.4, respectively appointing Dr. Jong-Wook Lee as the new Director-General of WHO for the 2003-2008 period and declaring Dr. Gro Harlem Brundtland as Director-General Emeritus of WHO. Also of particular importance were Resolutions WHA56.1 on the WHO Framework Convention on Tobacco Control and WHA56.32 approving WHO's Program Budget for the 2004-2005 biennium.

4. According to the Regional Director for the Americas, 20 of the resolutions of the Assembly (Annex B) have a special relevance both for Member States of the Region of the Americas and the Secretariat. Thirteen of these resolutions deal with health policy matters (Table 1), and the remaining seven refer to resources and management matters (Table 2).

5. The above-mentioned tables present a summary of the implications that these resolutions have for Member States of the Americas and for the Secretariat. For the resolutions that correspond to agenda items of the 132nd Session of the Executive Committee of PAHO, the respective item and document are indicated.

6. The Executive Committee is requested to review these resolutions and express its views about their relevance for the Region of the Americas.

Annexes



WORLD HEALTH ORGANIZATION

FIFTY-SIXTH WORLD HEALTH ASSEMBLY
Geneva, Switzerland
19-28 May 2003

A56/1 Rev.1
19 May 2003

CE132/10 (Eng.)
Annex A

Agenda

PLENARY

1. Opening of the Assembly¹

Document A56/1

2. Reports of the Executive Board on its 110th and 111th sessions

Document A56/2

3. Address by Dr Gro Harlem Brundtland, Director-General

Document A56/3

4. Director-General

Documents EB111/2003/REC/1, resolution EB111.R17, and A56/INF.DOC./8

4.1 Appointment

Document EB111/2003/REC/1, resolution EB111.R15

4.2 Approval of contract

Documents EB111/2003/REC/1, resolution EB111.R16, and A56/4

5. [deleted]

6. Executive Board: election

7. Awards

¹ 1.1 Appointment of the Committee on Credentials
1.2 Election of the Committee on Nominations
1.3 Reports of the Committee on Nominations
• Election of the President
• Election of the five Vice-Presidents, the Chairmen of the main committees, and establishment of the General Committee
1.4 Adoption of the agenda and allocation of items to the main committees.

8. Reports of the main committees

9. Closure of the Assembly

ROUND TABLES

10. Round tables: Healthy environments for children

Document A56/DIV/4

COMMITTEE A

11. Opening of the Committee¹

12. Programme budget

12.1 Proposed programme budget for 2004-2005

Documents PB/2004-2005, A56/INF.DOC./1, and A56/51
Documents EB111/2003/REC/1, resolution EB111.R3, A56/5, and A56/50
Document A56/6

12.2 Miscellaneous income 2002-2003

Document A56/7

16.6 Assessments for 2004-2005

Documents A56/35, A56/INF.DOC./3, and A56/51
Document EB111/2003/REC/1, decision EB111(3)

13. WHO framework convention on tobacco control

Documents A56/8, A56/8 Rev.1, A56/INF.DOC./2, A56/INF.DOC./7,
and A56/INF.DOC./7 Rev.1

14. Technical and health matters

14.1 Tropical diseases, including Pan African tsetse and trypanosomiasis eradication campaign

Document A56/9

¹ Including election of Vice-Chairmen and Rapporteur.

14.2 Control of neurocysticercosis

Document A56/10

14.3 WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration

Document A56/11

14.4 WHO's contribution to the follow-up of the United Nations General Assembly special session on HIV/AIDS

Documents EB111/2003/REC/1, resolution EB111.R4, A56/12, and A56/12 Appendix Rev.1

14.5 World Summit on Sustainable Development

Document A56/13

14.6 Smallpox eradication: destruction of *Variola virus* stocks

Document A56/14

14.7 Strategy for child and adolescent health and development

Documents EB111/2003/REC/1, resolutions EB111.R5 and EB111.R11, and A56/15

14.8 WHO medicines strategy

Document A56/16

14.9 Intellectual property rights, innovation and public health

Document A56/17

14.10 Traditional medicine

Documents EB111/2003/REC/1, resolution EB111.R12, and A56/18

14.11 Strengthening nursing and midwifery

Document A56/19

14.12 Eradication of poliomyelitis

Document A56/20

14.13 Strengthening health systems in developing countries

Documents A56/21 and A56/22

14.14 Influenza

Documents EB111/2003/REC/1, resolution EB111.R6, and A56/23

14.15 Implementing the recommendations of the *World report on violence and health*

Documents EB111/2003/REC/1, resolution EB111.R7, and A56/24

14.16 Revision of the International Health Regulations

Documents EB111/2003/REC/1, resolution EB111.R13, A56/25, A56/25 Add.1, and A56/48

14.17 Elimination of avoidable blindness

Document A56/26

14.18 International Conference on Primary Health Care, Alma-Ata: twenty-fifth anniversary

Document A56/27

14.19 Joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission

Document A56/34

COMMITTEE B

15. Opening of the Committee¹

16. Financial matters

16.1 Reports

- Unaudited interim financial report on the accounts of WHO for 2002 and comments thereon of the Administration, Budget and Finance Committee

Documents A56/28, A56/28 Add.1, and A56/47

- Interim report of the External Auditor

Documents A56/29 and A56/49

¹ Including election of Vice-Chairmen and Rapporteur.

- Report of the Internal Auditor

Document A56/30

16.2 Appointment of the External Auditor

Documents A56/31, A56/31 Add.1, A56/31 Add.2, A56/31 Annex 10 Rev.1, A56/31 Annex 10 Rev.2, and A56/31 Annex 10 Rev.3

16.3 Status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution

Document A56/32

16.4 Special arrangements for settlement of arrears

Document A56/33

16.5 Assessment of new Members and Associate Members [if any]

Document EB111/2003/REC/1, decision EB111(3)

16.6 [transferred to Committee A]

16.7 [deleted]

17. Assignment and transfer of Member States to regions

17.1 Assignment of the Democratic Republic of Timor-Leste to the South-East Asia Region

Document A56/36

17.2 Reassignment of Cyprus from the Eastern Mediterranean Region to the European Region

Document A56/37

18. Staffing matters

18.1 Human resources: annual report

Documents A56/38 and A56/39

18.2 Representation of developing countries in the Secretariat

Document A56/40

- 18.3 Increased representation of developing countries on Expert Advisory Panels and in Expert Committees

Document A56/41

- 18.4 Amendments to the Staff Regulations and Staff Rules [if any]

Document EB111/2003/REC/1, resolution EB111.R10

- 18.5 Report of the United Nations Joint Staff Pension Board

Document A56/42

- 18.6 Appointment of representatives to the WHO Staff Pension Committee

Document A56/43

- 19. Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine**

Documents A56/44, A56/INF.DOC./4, A56/INF.DOC./5 and A56/INF.DOC./6

- 20. Collaboration within the United Nations system and with other intergovernmental organizations**

Document A56/45

- 21. Policy for relations with nongovernmental organizations**

Documents EB111/2003/REC/1, resolution EB111.R14, and A56/46

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Table 1. WHA56 Resolutions of Interest to PAHO - Health Policy Matters

Resolution	Implications for Member States	Implications for the PAHO/WHO Secretariat
WHA56.1 WHO Framework Convention on Tobacco Control	The Convention aims to reduce tobacco's demand and supply, as well as the environmental and economic implications of tobacco. It also defines technical and financial cooperation among participating countries. It will enter into force after being ratified by at least 40 countries.	WHO will: - Provide support to the Convention until a permanent secretariat is established. - Support Member States in preparation for the entry in force of the Convention. - Convene meetings of the Open-ended Intergovernmental Working Group. - Continue technical advice, direction, and support for global tobacco control.
WHA56.6 International Conference on Primary Health Care, Alma-Ata: 25th Anniversary	Member States should provide PHC with the necessary resources for reducing health inequalities, with active involvement of civil society and research support. <i>Agenda Items 4.5 – Document CE132/13 and 4.6 – Document CE132/14</i> <i>Technical meetings will follow on this subject.</i>	Alma-Ata's 25th anniversary will be celebrated with a special meeting about past lessons and future strategies. PHC is to be incorporated in all WHO programs within the context of the Millennium Development Goals and the Commission on Macroeconomics and Health recommendations.
WHA56.19 Prevention and control of influenza pandemics and annual epidemics	Vaccination coverage and preparedness for epidemics and pandemics must be improved, as well as surveillance and research and development on vaccines. <i>Agenda Item 4.12 – Document CE132/20</i>	WHO support should include resource mobilization, preparedness, impact assessment, global surveillance, national preparedness plans, and access to vaccines and drugs.
WHA56.20 Reducing global measles mortality	The WHO/UNICEF strategic plan for measles mortality reduction is to be fully implemented; financial support is to be provided to immunization programs; and access to immunization services is to be improved. <i>Agenda Item 4.9 – Document CE132/17</i>	The Organization will work with Member States to strengthen national immunization programs and global, regional, and subregional partnerships to support EPI and measles reduction strategies.

Table 1. WHA56 Resolutions of Interest to PAHO - Health Policy Matters (cont.)

Resolution	Implications for Member States	Implications for the PAHO/WHO Secretariat
<p>WHA56.21 Strategy for child and adolescent health and development</p>	<p>Efforts should be made to: - Meet international targets for reduction of maternal and child mortality; - Improve neonatal, child, and adolescent health through full coverage of these groups; and - Increase access to information and services. <i>Agenda Item 4.10 – Document CE132/18</i></p>	<p>WHO will fully support the achievement of international goals; advocacy of a public health approach to reduction of common diseases as well as immunization, IMCI, improved nutrition, and water supply and sanitation.</p>
<p>WHA56.22 Strategic approach to international chemicals management: participation of global health partners</p>	<p>Countries must take full account of health aspects of chemical safety through a strategic approach to international chemicals management.</p>	<p>WHO will have a continuing role, along with the Intergovernmental Forum of Chemical Safety; contribute to the strategic approach with UNEP; and submit to the WHA a progress report and completed version of the strategic approach.</p>
<p>WHA56.23 Joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission</p>	<p>Countries must actively participate in international standard-setting in the framework of the Codex Alimentarius Commission and make full use of the Codex standards to protect human health and promote healthy choices regarding nutrition and diet. Intersectoral collaboration in setting food and nutrition standards based on the Codex is also required. <i>Agenda Item 4.4 – Document CE132/12</i></p>	<p>WHO will support implementation of the Codex in collaboration with FAO; strengthen its role in the Codex Alimentarius Commission management; and complement the Commission's work with WHO's activities in food and nutrition according to WHA decisions and the International Health Regulations.</p>

Table 1. WHA 56 Resolutions of Interest to PAHO – Health Policy Matters (cont.)

Resolution	Implications for Member States	Implications for the PAHO/WHO Secretariat
<p>WHA56.24 Implementing the recommendations of the <i>World Report on Violence and Health</i></p>	<p>Countries are to improve prevention and exposition of instances of violence; provide assistance to and rehabilitation of victims of violence; designate focal points in the Ministries of Health for prevention of violence; and prepare reports on violence, including magnitude, risk factors, current and future actions to prevent violence. <i>Agenda Item 4.14 – Document CE132/22</i></p>	<p>The Organization will cooperate in the prevention of violence and mitigation of its individual and social consequences; promote research on violence and its prevention; participate in interagency collaboration on violence prevention; and prepare technical guidelines to support to violence prevention and assistance to victims.</p>
<p>WHA56.25 The role of contractual arrangements in improving health systems' performance</p>	<p>Countries are to harmonize contractual arrangements with national health policy; maximize impact of health systems performance with transparency; and share experiences involving public and private sectors and NGOs in the provision of health services.</p>	<p>WHO will create an evidence base on the impact of contractual arrangements on health systems performance and best practices and provide technical support, guidelines, and exchange of experiences in this area.</p>
<p>WHA56.27 Intellectual property rights, innovation, and public health</p>	<p>Countries are to: - Reaffirm public health interests in pharmaceutical and health policies; - Adapt national legislation to flexibility contained in the TRIPS Agreement; - Look for consensual solution for paragraph 6 of the Doha Declaration within the context of the WTO to meet the needs of developing countries; and - Promote research and development of new medicines for diseases affecting developing countries.</p>	<p>WHO will: - Support the exchange and transfer of technology and research findings, particularly to control HIV/AIDS, tuberculosis, malaria, and other problems affecting developing countries; - Establish terms of reference for data collection and analysis of intellectual property rights, innovation, and public health; and - Cooperate with the monitoring, analysis, and management of public health implications of international trade agreements.</p>

Table 1. WHA 56 Resolutions of Interest to PAHO – Health Policy Matters (cont.)

Resolution	Implications for Member States	Implications for the PAHO/WHO Secretariat
<p>WHA56.28 Revision of the International Health Regulations</p>	<p>Priority must be given to the review of the IHR. A national standing task force is to be established for information and communication with WHO during emergencies. Countries are to cooperate with agencies involved in animal care regarding preventive and control measures.</p>	<p>The Organization will: - Take into account and validate reports from nonofficial sources; - Alert national governments and the international community of public health threats; - Assess the severity of threats and the adequacy of control measures; - Facilitate agreement on the revised IHR. Keep countries informed about IHR revision through regional committees and other mechanisms; – Convene an intergovernmental working group on IHR revision; - Facilitate the participation of least developed countries in this process; and - Invite other institutions as observers to the working group.</p>
<p>WHA56.29 Severe acute respiratory syndrome (SARS)</p>	<p>Countries are to: - Commit to control SARS and other emerging and reemerging infections; - Apply WHO guidelines and promptly and transparently report cases; - Collaborate with WHO and other international and regional organizations for containing the disease; - Strengthen SARS surveillance and control; - Collaborate with WHO’s Global Outbreak Alert and Response Network; - Request WHO support, particularly when control measures adopted are ineffective; and - Use SARS experience to strengthen preparedness for the next emerging infection. <i>Updating on SARS in the Americas is to be presented during the review of Agenda Item 4.12 – Document CE132/20</i></p>	<p>WHO will: - Sustain global efforts to control SARS. Update guidelines on international travel and surveillance; - Review procedures to safeguard population health, minimizing negative socioeconomic impact; - Improve understanding of SARS and develop control tools affordable by developing and transition countries; - Enhance global, regional, and national surveillance systems and effective response to emerging and reemerging diseases; - Respond in support of requests for SARS surveillance, prevention, and control; - Strengthen the Global Outbreak Alert and Response Network and global network of collaborating centers for the management of emerging and reemerging diseases; - Take SARS experience into consideration in the revision of the IHR.</p>

Table 1. WHA 56 Resolutions of Interest to PAHO – Health Policy Matters (cont.)

Resolution	Implications for Member States	Implications for the PAHO/WHO Secretariat
<p>WHA56.30 Global health-sector strategy for HIV/AIDS</p>	<p>Countries are to: - Adopt and implement the strategy as part of a national, multisectoral response to HIV/AIDS; - Strengthen capacity to implement, monitor, and evaluate the strategy; - Fulfill obligations under the UNGASS Declaration; - Strengthen multilateral and bilateral cooperation through WHO or other international and regional institutions; and - Recognize difficulties developing countries face for using compulsory licensing and the flexibilities in the TRIPS agreement according to the Doha Declaration to meet their needs for drugs against HIV/AIDS.</p>	<p>WHO will: - Support the implementation and evaluation of the strategy; - Cooperate with countries in the preparation of their submissions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria; - Disseminate, promote, and assess the impact of offers of bilateral and multilateral support for fighting HIV/AIDS; - Support the equitable, poverty-focused, and effective provision of antiretroviral treatment, while keeping a balance between prevention, care, and treatment; and - Mobilize support to countries with an AIDS epidemic to obtain affordable and accessible drugs to combat HIV/AIDS.</p>

Table 2. WHA 56 Resolutions of Interest to PAHO - Resources and Management Matters

Resolution	Implications for Member States	Implications for the PAHO/WHO Secretariat
WHA56.10 Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution	Due to the arrears in their contributions to WHO, seven Member States of PAHO (Antigua and Barbuda, Argentina, Dominican Republic, Peru, Saint Lucia, Suriname, and Venezuela) could not exert their voting rights during WHA56. <i>Agenda Item 5.1 – Document CE132/23</i>	
WHA56.12 Assessments for 2002 and 2003	The assessment for 2003 for Argentina was amended and the difference is be financed by the WHO Miscellaneous Income Account.	
WHA56.17 Human resources: gender balance		The target of 50% for appointments of women to professional and higher-category posts was reaffirmed. Efforts should be redoubled to achieve parity in gender distribution among professional staff and to raise the proportion of women at the senior level. Compared to WHO Headquarters and other Regional Offices, AMRO has the highest proportion of women at senior and professional levels.
WHA56.32 Appropriation resolution for the financial period 2004-2005	The reduction of WHO's Program Budget will affect funding of cooperation activities at the country level. <i>Agenda Item 4.2 – Official Document 307</i>	WHO's regular working budget for 2004-2005 was approved in the amount of \$880,111,000, or \$21 million less than the proposed budget.

Table 2. WHA 56 Resolutions of Interest to PAHO - Resources and Management Matters (cont.)

Resolution	Implications for Member States	Implications for the PAHO/WHO Secretariat
WHA56.33 Scale of assessments for the financial period 2004-2005	Assessments for WHO Member States in the Americas vary between 22% (United States) and 0.001% (Belize, Dominica, Grenada, Guyana, Nicaragua, Saint Kitts and Nevis, and Saint Vincent and the Grenadines).	The Assembly accepted the UN scale of assessment for Member States' contributions, with a maximum rate of 22% and a minimum rate of 0.001% and with an adjustment mechanism approved in Resolution WHA56.34.
WHA56.34 Adjustment mechanism	Member States experiencing an increase in their rate of assessment for 2004-2005 and 2006-2007 in comparison with 2000-2001 can benefit from a compensation mechanism created by WHA56.	The adjustment mechanism has annual limits for each interested country. The adjustments are to be funded by further transfers from Miscellaneous Income in 2006-2007.
WHA56.35 Representation of developing countries in the Secretariat	WHA56 expressed its concern over the existing imbalance in the distribution of posts in the WHO Secretariat between developing and developed countries and the continued under representation and nonrepresentation of several countries, in particular developing countries. Specific criteria and targets were approved for correcting such under representation.	Preference should be given to candidates from unrepresented and under-represented countries, in particular developing countries, in all categories of posts, especially in grades P.5 and above.



FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.1

Agenda item 13

21 May 2003

WHO Framework Convention on Tobacco Control

The Fifty-sixth World Health Assembly,

Recalling its resolutions WHA49.17 and WHA52.18 calling for the development of a WHO framework convention on tobacco control in accordance with Article 19 of the Constitution of WHO;

Determined to protect present and future generations from tobacco consumption and exposure to tobacco smoke;

Noting with profound concern the escalation in smoking and other forms of tobacco use worldwide;

Acknowledging with appreciation the report of the Chair of the Intergovernmental Negotiating Body on the outcome of the work of the Intergovernmental Negotiating Body;¹

Convinced that this convention is a groundbreaking step in advancing national, regional and international action and global cooperation to protect human health against the devastating impact of tobacco consumption and exposure to tobacco smoke, and mindful that special consideration should be given to the particular situation of developing countries and countries with economies in transition;

Emphasizing the need for expeditious entry into force and effective implementation of the convention,

1. ADOPTS the Convention attached to this resolution;
2. NOTES, in accordance with Article 34 of the Convention, that the Convention shall be open for signature at WHO headquarters in Geneva, from 16 June 2003 to 22 June 2003, and thereafter at United Nations headquarters in New York, from 30 June 2003 to 29 June 2004;
3. CALLS UPON all States and regional economic integration organizations entitled to do so, to consider signing, ratifying, accepting, approving, formally confirming or acceding to the Convention at the earliest opportunity, with a view to bringing the Convention into force as soon as possible;

¹ Document A56/INF.DOC./7.

4. URGES all States and regional economic integration organizations, pending entry into force of the Convention, to take all appropriate measures to curb tobacco consumption and exposure to tobacco smoke;
5. URGES all Member States, regional economic integration organizations, observers and other interested parties to support the preparatory activities referred to in this resolution and effectively encourage prompt entry into force and implementation of the Convention;
6. CALLS UPON the United Nations and invites other relevant international organizations to continue to provide support for strengthening national and international tobacco control programmes;
7. DECIDES to establish, in accordance with Rule 42 of the Rules of Procedure of the Health Assembly, an open-ended intergovernmental working group that shall be open to all States and regional economic integration organizations referred to in Article 34 of the Convention, to consider and prepare proposals on those issues identified in the Convention for consideration and adoption, as appropriate, by the first session of the Conference of the Parties; such issues should include:
 - (1) rules of procedure for the Conference of the Parties (Article 23.3), including criteria for participation of observers at sessions of the Conference of the Parties (Article 23.6);
 - (2) options for the designation of a permanent secretariat and arrangements for its functioning (Article 24.1);
 - (3) financial rules for the Conference of the Parties and its subsidiary bodies, and financial provisions governing the functioning of the secretariat (Article 23.4);
 - (4) a draft budget for the first financial period (Article 23.4);
 - (5) a review of existing and potential sources and mechanisms of assistance to Parties in meeting their obligations under the Convention (Article 26.5);
8. FURTHER DECIDES that the Open-ended Intergovernmental Working Group shall also oversee preparations for the first session of the Conference of the Parties and report directly to it;
9. RESOLVES that decisions that had been taken by the Intergovernmental Negotiating Body on the WHO framework convention on tobacco control concerning the participation of nongovernmental organizations shall apply to the activities of the Open-ended Intergovernmental Working Group;
10. REQUESTS the Director-General:
 - (1) to provide secretariat functions under the Convention until such time as a permanent secretariat is designated and established;
 - (2) to take appropriate steps to provide support to Member States, in particular developing countries and countries with economies in transition, in preparation for entry into force of the Convention;
 - (3) to convene, as frequently as necessary, between 16 June 2003 and the first session of the Conference of the Parties, meetings of the Open-ended Intergovernmental Working Group;

- (4) to continue to ensure that WHO plays a key role in providing technical advice, direction and support for global tobacco control;
- (5) to keep the Health Assembly informed of progress made toward entry into force of the Convention and of preparations under way for the first session of the Conference of the Parties.

ANNEX

WHO Framework Convention on Tobacco Control

Preamble

The Parties to this Convention,

Determined to give priority to their right to protect public health,

Recognizing that the spread of the tobacco epidemic is a global problem with serious consequences for public health that calls for the widest possible international cooperation and the participation of all countries in an effective, appropriate and comprehensive international response,

Reflecting the concern of the international community about the devastating worldwide health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke,

Seriously concerned about the increase in the worldwide consumption and production of cigarettes and other tobacco products, particularly in developing countries, as well as about the burden this places on families, on the poor, and on national health systems,

Recognizing that scientific evidence has unequivocally established that tobacco consumption and exposure to tobacco smoke cause death, disease and disability, and that there is a time lag between the exposure to smoking and the other uses of tobacco products and the onset of tobacco-related diseases,

Recognizing also that cigarettes and some other products containing tobacco are highly engineered so as to create and maintain dependence, and that many of the compounds they contain and the smoke they produce are pharmacologically active, toxic, mutagenic and carcinogenic, and that tobacco dependence is separately classified as a disorder in major international classifications of diseases,

Acknowledging that there is clear scientific evidence that prenatal exposure to tobacco smoke causes adverse health and developmental conditions for children,

Deeply concerned about the escalation in smoking and other forms of tobacco consumption by children and adolescents worldwide, particularly smoking at increasingly early ages,

Alarmed by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and keeping in mind the need for full participation of women at all levels of policy-making and implementation and the need for gender-specific tobacco control strategies,

Deeply concerned about the high levels of smoking and other forms of tobacco consumption by indigenous peoples,

Seriously concerned about the impact of all forms of advertising, promotion and sponsorship aimed at encouraging the use of tobacco products,

Recognizing that cooperative action is necessary to eliminate all forms of illicit trade in cigarettes and other tobacco products, including smuggling, illicit manufacturing and counterfeiting,

Acknowledging that tobacco control at all levels and particularly in developing countries and in countries with economies in transition requires sufficient financial and technical resources commensurate with the current and projected need for tobacco control activities,

Recognizing the need to develop appropriate mechanisms to address the long-term social and economic implications of successful tobacco demand reduction strategies,

Mindful of the social and economic difficulties that tobacco control programmes may engender in the medium and long term in some developing countries and countries with economies in transition, and recognizing their need for technical and financial assistance in the context of nationally developed strategies for sustainable development,

Conscious of the valuable work being conducted by many States on tobacco control and commending the leadership of the World Health Organization as well as the efforts of other organizations and bodies of the United Nations system and other international and regional intergovernmental organizations in developing measures on tobacco control,

Emphasizing the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts,

Recognizing the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts,

Recalling Article 12 of the International Covenant on Economic, Social and Cultural Rights, adopted by the United Nations General Assembly on 16 December 1966, which states that it is the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

Recalling also the preamble to the Constitution of the World Health Organization, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,

Determined to promote measures of tobacco control based on current and relevant scientific, technical and economic considerations,

Recalling that the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979, provides that States Parties to that Convention shall take appropriate measures to eliminate discrimination against women in the field of health care,

Recalling further that the Convention on the Rights of the Child, adopted by the United Nations General Assembly on 20 November 1989, provides that States Parties to that Convention recognize the right of the child to the enjoyment of the highest attainable standard of health,

Have agreed, as follows:

PART I: INTRODUCTION

Article 1 *Use of terms*

For the purposes of this Convention:

- (a) “illicit trade” means any practice or conduct prohibited by law and which relates to production, shipment, receipt, possession, distribution, sale or purchase including any practice or conduct intended to facilitate such activity;
- (b) “regional economic integration organization” means an organization that is composed of several sovereign states, and to which its Member States have transferred competence over a range of matters, including the authority to make decisions binding on its Member States in respect of those matters;¹
- (c) “tobacco advertising and promotion” means any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly;
- (d) “tobacco control” means a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke;
- (e) “tobacco industry” means tobacco manufacturers, wholesale distributors and importers of tobacco products;
- (f) “tobacco products” means products entirely or partly made of the leaf tobacco as raw material which are manufactured to be used for smoking, sucking, chewing or snuffing;
- (g) “tobacco sponsorship” means any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly;

Article 2

Relationship between this Convention and other agreements and legal instruments

1. In order to better protect human health, Parties are encouraged to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law.
2. The provisions of the Convention and its protocols shall in no way affect the right of Parties to enter into bilateral or multilateral agreements, including regional or subregional agreements, on issues relevant or additional to the Convention and its protocols, provided that such agreements are compatible with their obligations under the Convention and its protocols. The Parties concerned shall communicate such agreements to the Conference of the Parties through the Secretariat.

¹ Where appropriate, national will refer equally to regional economic integration organizations.

PART II: OBJECTIVE, GUIDING PRINCIPLES AND GENERAL OBLIGATIONS

Article 3

Objective

The objective of this Convention and its protocols is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke.

Article 4

Guiding principles

To achieve the objective of this Convention and its protocols and to implement its provisions, the Parties shall be guided, *inter alia*, by the principles set out below:

1. Every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke and effective legislative, executive, administrative or other measures should be contemplated at the appropriate governmental level to protect all persons from exposure to tobacco smoke.
2. Strong political commitment is necessary to develop and support, at the national, regional and international levels, comprehensive multisectoral measures and coordinated responses, taking into consideration:
 - (a) the need to take measures to protect all persons from exposure to tobacco smoke;
 - (b) the need to take measures to prevent the initiation, to promote and support cessation, and to decrease the consumption of tobacco products in any form;
 - (c) the need to take measures to promote the participation of indigenous individuals and communities in the development, implementation and evaluation of tobacco control programmes that are socially and culturally appropriate to their needs and perspectives; and
 - (d) the need to take measures to address gender-specific risks when developing tobacco control strategies.
3. International cooperation, particularly transfer of technology, knowledge and financial assistance and provision of related expertise, to establish and implement effective tobacco control programmes, taking into consideration local culture, as well as social, economic, political and legal factors, is an important part of the Convention.
4. Comprehensive multisectoral measures and responses to reduce consumption of all tobacco products at the national, regional and international levels are essential so as to prevent, in accordance with public health principles, the incidence of diseases, premature disability and mortality due to tobacco consumption and exposure to tobacco smoke.
5. Issues relating to liability, as determined by each Party within its jurisdiction, are an important part of comprehensive tobacco control.

6. The importance of technical and financial assistance to aid the economic transition of tobacco growers and workers whose livelihoods are seriously affected as a consequence of tobacco control programmes in developing country Parties, as well as Parties with economies in transition, should be recognized and addressed in the context of nationally developed strategies for sustainable development.
7. The participation of civil society is essential in achieving the objective of the Convention and its protocols.

Article 5
General obligations

1. Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention and the protocols to which it is a Party.
2. Towards this end, each Party shall, in accordance with its capabilities:
 - (a) establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control; and
 - (b) adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.
3. In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.
4. The Parties shall cooperate in the formulation of proposed measures, procedures and guidelines for the implementation of the Convention and the protocols to which they are Parties.
5. The Parties shall cooperate, as appropriate, with competent international and regional intergovernmental organizations and other bodies to achieve the objectives of the Convention and the protocols to which they are Parties.
6. The Parties shall, within means and resources at their disposal, cooperate to raise financial resources for effective implementation of the Convention through bilateral and multilateral funding mechanisms.

**PART III: MEASURES RELATING TO THE REDUCTION
OF DEMAND FOR TOBACCO**

Article 6
Price and tax measures to reduce the demand for tobacco

1. The Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons.

2. Without prejudice to the sovereign right of the Parties to determine and establish their taxation policies, each Party should take account of its national health objectives concerning tobacco control and adopt or maintain, as appropriate, measures which may include:
 - (a) implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption; and
 - (b) prohibiting or restricting, as appropriate, sales to and/or importations by international travellers of tax- and duty-free tobacco products.
3. The Parties shall provide rates of taxation for tobacco products and trends in tobacco consumption in their periodic reports to the Conference of the Parties, in accordance with Article 21.

Article 7

Non-price measures to reduce the demand for tobacco

The Parties recognize that comprehensive non-price measures are an effective and important means of reducing tobacco consumption. Each Party shall adopt and implement effective legislative, executive, administrative or other measures necessary to implement its obligations pursuant to Articles 8 to 13 and shall cooperate, as appropriate, with each other directly or through competent international bodies with a view to their implementation. The Conference of the Parties shall propose appropriate guidelines for the implementation of the provisions of these Articles.

Article 8

Protection from exposure to tobacco smoke

1. Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.
2. Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Article 9

Regulation of the contents of tobacco products

The Conference of the Parties, in consultation with competent international bodies, shall propose guidelines for testing and measuring the contents and emissions of tobacco products, and for the regulation of these contents and emissions. Each Party shall, where approved by competent national authorities, adopt and implement effective legislative, executive and administrative or other measures for such testing and measuring, and for such regulation.

Article 10

Regulation of tobacco product disclosures

Each Party shall, in accordance with its national law, adopt and implement effective legislative, executive, administrative or other measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco

products. Each Party shall further adopt and implement effective measures for public disclosure of information about the toxic constituents of the tobacco products and the emissions that they may produce.

Article 11

Packaging and labelling of tobacco products

1. Each Party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures to ensure that:

(a) tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as “low tar”, “light”, “ultra-light”, or “mild”; and

(b) each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages. These warnings and messages:

(i) shall be approved by the competent national authority,

(ii) shall be rotating,

(iii) shall be large, clear, visible and legible,

(iv) should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas,

(v) may be in the form of or include pictures or pictograms.

2. Each unit packet and package of tobacco products and any outside packaging and labelling of such products shall, in addition to the warnings specified in paragraph 1(b) of this Article, contain information on relevant constituents and emissions of tobacco products as defined by national authorities.

3. Each Party shall require that the warnings and other textual information specified in paragraphs 1(b) and paragraph 2 of this Article will appear on each unit packet and package of tobacco products and any outside packaging and labelling of such products in its principal language or languages.

4. For the purposes of this Article, the term “outside packaging and labelling” in relation to tobacco products applies to any packaging and labelling used in the retail sale of the product.

Article 12

Education, communication, training and public awareness

Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate. Towards this end, each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote:

- (a) broad access to effective and comprehensive educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke;
- (b) public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles as specified in Article 14.2;
- (c) public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention;
- (d) effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons;
- (e) awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control; and
- (f) public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.

Article 13

Tobacco advertising, promotion and sponsorship

1. Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products.
2. Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.
3. A Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles shall apply restrictions on all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, restrictions or a comprehensive ban on advertising, promotion and sponsorship originating from its territory with cross-border effects. In this respect, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21.

4. As a minimum, and in accordance with its constitution or constitutional principles, each Party shall:
 - (a) prohibit all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions;
 - (b) require that health or other appropriate warnings or messages accompany all tobacco advertising and, as appropriate, promotion and sponsorship;
 - (c) restrict the use of direct or indirect incentives that encourage the purchase of tobacco products by the public;
 - (d) require, if it does not have a comprehensive ban, the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited. Those authorities may decide to make those figures available, subject to national law, to the public and to the Conference of the Parties, pursuant to Article 21;
 - (e) undertake a comprehensive ban or, in the case of a Party that is not in a position to undertake a comprehensive ban due to its constitution or constitutional principles, restrict tobacco advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, within a period of five years; and
 - (f) prohibit, or in the case of a Party that is not in a position to prohibit due to its constitution or constitutional principles restrict, tobacco sponsorship of international events, activities and/or participants therein.
5. Parties are encouraged to implement measures beyond the obligations set out in paragraph 4.
6. Parties shall cooperate in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising.
7. Parties which have a ban on certain forms of tobacco advertising, promotion and sponsorship have the sovereign right to ban those forms of cross-border tobacco advertising, promotion and sponsorship entering their territory and to impose equal penalties as those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law. This paragraph does not endorse or approve of any particular penalty.
8. Parties shall consider the elaboration of a protocol setting out appropriate measures that require international collaboration for a comprehensive ban on cross-border advertising, promotion and sponsorship.

Article 14

Demand reduction measures concerning tobacco dependence and cessation

1. Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.

2. Towards this end, each Party shall endeavour to:
 - (a) design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments;
 - (b) include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate;
 - (c) establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence; and
 - (d) collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to Article 22. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate.

PART IV: MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

Article 15

Illicit trade in tobacco products¹

1. The Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to subregional, regional and global agreements, are essential components of tobacco control.
2. Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products, and in accordance with national law and relevant bilateral or multilateral agreements, assist Parties in determining the point of diversion and monitor, document and control the movement of tobacco products and their legal status. In addition, each Party shall:
 - (a) require that unit packets and packages of tobacco products for retail and wholesale use that are sold on its domestic market carry the statement: “*Sales only allowed in (insert name of the country, subnational, regional or federal unit)*” or carry any other effective marking indicating the final destination or which would assist authorities in determining whether the product is legally for sale on the domestic market; and
 - (b) consider, as appropriate, developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade.

¹ There has been considerable discussion throughout the pre-negotiation and negotiation process concerning the adoption of an early protocol on illicit trade in tobacco products. The negotiation of such a protocol could be initiated by the INB immediately following the adoption of the FCTC, or at a later stage by the Conference of the Parties.

3. Each Party shall require that the packaging information or marking specified in paragraph 2 of this Article shall be presented in legible form and/or appear in its principal language or languages.
4. With a view to eliminating illicit trade in tobacco products, each Party shall:
 - (a) monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities, as appropriate, and in accordance with national law and relevant applicable bilateral or multilateral agreements;
 - (b) enact or strengthen legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes;
 - (c) take appropriate steps to ensure that all confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products are destroyed, using environmentally-friendly methods where feasible, or disposed of in accordance with national law;
 - (d) adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction; and
 - (e) adopt measures as appropriate to enable the confiscation of proceeds derived from the illicit trade in tobacco products.
5. Information collected pursuant to subparagraphs 4(a) and 4(d) of this Article shall, as appropriate, be provided in aggregate form by the Parties in their periodic reports to the Conference of the Parties, in accordance with Article 21.
6. The Parties shall, as appropriate and in accordance with national law, promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products.
7. Each Party shall endeavour to adopt and implement further measures including licensing, where appropriate, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade.

Article 16

Sales to and by minors

1. Each Party shall adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen. These measures may include:
 - (a) requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors and, in case of doubt, request that each tobacco purchaser provide appropriate evidence of having reached full legal age;
 - (b) banning the sale of tobacco products in any manner by which they are directly accessible, such as store shelves;

- (c) prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors; and
- (d) ensuring that tobacco vending machines under its jurisdiction are not accessible to minors and do not promote the sale of tobacco products to minors.
2. Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors.
3. Each Party shall endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors.
4. The Parties recognize that in order to increase their effectiveness, measures to prevent tobacco product sales to minors should, where appropriate, be implemented in conjunction with other provisions contained in this Convention.
5. When signing, ratifying, accepting, approving or acceding to the Convention or at any time thereafter, a Party may, by means of a binding written declaration, indicate its commitment to prohibit the introduction of tobacco vending machines within its jurisdiction or, as appropriate, to a total ban on tobacco vending machines. The declaration made pursuant to this Article shall be circulated by the Depositary to all Parties to the Convention.
6. Each Party shall adopt and implement effective legislative, executive, administrative or other measures, including penalties against sellers and distributors, in order to ensure compliance with the obligations contained in paragraphs 1-5 of this Article.
7. Each Party should, as appropriate, adopt and implement effective legislative, executive, administrative or other measures to prohibit the sales of tobacco products by persons under the age set by domestic law, national law or eighteen.

Article 17

Provision of support for economically viable alternative activities

Parties shall, in cooperation with each other and with competent international and regional intergovernmental organizations, promote, as appropriate, economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers.

PART V: PROTECTION OF THE ENVIRONMENT

Article 18

Protection of the environment and the health of persons

In carrying out their obligations under this Convention, the Parties agree to have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture within their respective territories.

PART VI: QUESTIONS RELATED TO LIABILITY

Article 19

Liability

1. For the purpose of tobacco control, the Parties shall consider taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate.
2. Parties shall cooperate with each other in exchanging information through the Conference of the Parties in accordance with Article 21 including:
 - (a) information on the health effects of the consumption of tobacco products and exposure to tobacco smoke in accordance with Article 20.3(a); and
 - (b) information on legislation and regulations in force as well as pertinent jurisprudence.
3. The Parties shall, as appropriate and mutually agreed, within the limits of national legislation, policies, legal practices and applicable existing treaty arrangements, afford one another assistance in legal proceedings relating to civil and criminal liability consistent with this Convention.
4. The Convention shall in no way affect or limit any rights of access of the Parties to each other's courts where such rights exist.
5. The Conference of the Parties may consider, if possible, at an early stage, taking account of the work being done in relevant international fora, issues related to liability including appropriate international approaches to these issues and appropriate means to support, upon request, the Parties in their legislative and other activities in accordance with this Article.

PART VII: SCIENTIFIC AND TECHNICAL COOPERATION AND COMMUNICATION OF INFORMATION

Article 20

Research, surveillance and exchange of information

1. The Parties undertake to develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control. Towards this end, each Party shall:
 - (a) initiate and cooperate in, directly or through competent international and regional intergovernmental organizations and other bodies, the conduct of research and scientific assessments, and in so doing promote and encourage research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops; and
 - (b) promote and strengthen, with the support of competent international and regional intergovernmental organizations and other bodies, training and support for all those engaged in tobacco control activities, including research, implementation and evaluation.

2. The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.
3. Parties recognize the importance of financial and technical assistance from international and regional intergovernmental organizations and other bodies. Each Party shall endeavour to:
 - (a) establish progressively a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators;
 - (b) cooperate with competent international and regional intergovernmental organizations and other bodies, including governmental and nongovernmental agencies, in regional and global tobacco surveillance and exchange of information on the indicators specified in paragraph 3(a) of this Article; and
 - (c) cooperate with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of tobacco-related surveillance data.
4. The Parties shall, subject to national law, promote and facilitate the exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry and the cultivation of tobacco, which is relevant to this Convention, and in so doing shall take into account and address the special needs of developing country Parties and Parties with economies in transition. Each Party shall endeavour to:
 - (a) progressively establish and maintain an updated database of laws and regulations on tobacco control and, as appropriate, information about their enforcement, as well as pertinent jurisprudence, and cooperate in the development of programmes for regional and global tobacco control;
 - (b) progressively establish and maintain updated data from national surveillance programmes in accordance with paragraph 3(a) of this Article; and
 - (c) cooperate with competent international organizations to progressively establish and maintain a global system to regularly collect and disseminate information on tobacco production, manufacture and the activities of the tobacco industry which have an impact on the Convention or national tobacco control activities.
5. Parties should cooperate in regional and international intergovernmental organizations and financial and development institutions of which they are members, to promote and encourage provision of technical and financial resources to the Secretariat to assist developing country Parties and Parties with economies in transition to meet their commitments on research, surveillance and exchange of information.

Article 21

Reporting and exchange of information

1. Each Party shall submit to the Conference of the Parties, through the Secretariat, periodic reports on its implementation of this Convention, which should include the following:
 - (a) information on legislative, executive, administrative or other measures taken to implement the Convention;
 - (b) information, as appropriate, on any constraints or barriers encountered in its implementation of the Convention, and on the measures taken to overcome these barriers;
 - (c) information, as appropriate, on financial and technical assistance provided or received for tobacco control activities;
 - (d) information on surveillance and research as specified in Article 20; and
 - (e) information specified in Articles 6.3, 13.2, 13.3, 13.4(d), 15.5 and 19.2.
2. The frequency and format of such reports by all Parties shall be determined by the Conference of the Parties. Each Party shall make its initial report within two years of the entry into force of the Convention for that Party.
3. The Conference of the Parties, pursuant to Articles 22 and 26, shall consider arrangements to assist developing country Parties and Parties with economies in transition, at their request, in meeting their obligations under this Article.
4. The reporting and exchange of information under the Convention shall be subject to national law regarding confidentiality and privacy. The Parties shall protect, as mutually agreed, any confidential information that is exchanged.

Article 22

Cooperation in the scientific, technical, and legal fields and provision of related expertise

1. The Parties shall cooperate directly or through competent international bodies to strengthen their capacity to fulfill the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes aiming at, *inter alia*:
 - (a) facilitation of the development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control;
 - (b) provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes, aiming at implementation of the Convention through, *inter alia*:
 - (i) assisting, upon request, in the development of a strong legislative foundation as well as technical programmes, including those on prevention of initiation, promotion of cessation and protection from exposure to tobacco smoke;

- (ii) assisting, as appropriate, tobacco workers in the development of appropriate economically and legally viable alternative livelihoods in an economically viable manner; and
 - (iii) assisting, as appropriate, tobacco growers in shifting agricultural production to alternative crops in an economically viable manner;
- (c) support for appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12;
 - (d) provision, as appropriate, of the necessary material, equipment and supplies, as well as logistical support, for tobacco control strategies, plans and programmes;
 - (e) identification of methods for tobacco control, including comprehensive treatment of nicotine addiction; and
 - (f) promotion, as appropriate, of research to increase the affordability of comprehensive treatment of nicotine addiction.
2. The Conference of the Parties shall promote and facilitate transfer of technical, scientific and legal expertise and technology with the financial support secured in accordance with Article 26.

PART VIII: INSTITUTIONAL ARRANGEMENTS AND FINANCIAL RESOURCES

Article 23

Conference of the Parties

1. A Conference of the Parties is hereby established. The first session of the Conference shall be convened by the World Health Organization not later than one year after the entry into force of this Convention. The Conference will determine the venue and timing of subsequent regular sessions at its first session.
2. Extraordinary sessions of the Conference of the Parties shall be held at such other times as may be deemed necessary by the Conference, or at the written request of any Party, provided that, within six months of the request being communicated to them by the Secretariat of the Convention, it is supported by at least one-third of the Parties.
3. The Conference of the Parties shall adopt by consensus its Rules of Procedure at its first session.
4. The Conference of the Parties shall by consensus adopt financial rules for itself as well as governing the funding of any subsidiary bodies it may establish as well as financial provisions governing the functioning of the Secretariat. At each ordinary session, it shall adopt a budget for the financial period until the next ordinary session.
5. The Conference of the Parties shall keep under regular review the implementation of the Convention and take the decisions necessary to promote its effective implementation and may adopt protocols, annexes and amendments to the Convention, in accordance with Articles 28, 29 and 33. Towards this end, it shall:

- (a) promote and facilitate the exchange of information pursuant to Articles 20 and 21;
 - (b) promote and guide the development and periodic refinement of comparable methodologies for research and the collection of data, in addition to those provided for in Article 20, relevant to the implementation of the Convention;
 - (c) promote, as appropriate, the development, implementation and evaluation of strategies, plans, and programmes, as well as policies, legislation and other measures;
 - (d) consider reports submitted by the Parties in accordance with Article 21 and adopt regular reports on the implementation of the Convention;
 - (e) promote and facilitate the mobilization of financial resources for the implementation of the Convention in accordance with Article 26;
 - (f) establish such subsidiary bodies as are necessary to achieve the objective of the Convention;
 - (g) request, where appropriate, the services and cooperation of, and information provided by, competent and relevant organizations and bodies of the United Nations system and other international and regional intergovernmental organizations and nongovernmental organizations and bodies as a means of strengthening the implementation of the Convention; and
 - (h) consider other action, as appropriate, for the achievement of the objective of the Convention in the light of experience gained in its implementation.
6. The Conference of the Parties shall establish the criteria for the participation of observers at its proceedings.

Article 24
Secretariat

1. The Conference of the Parties shall designate a permanent secretariat and make arrangements for its functioning. The Conference of the Parties shall endeavour to do so at its first session.
2. Until such time as a permanent secretariat is designated and established, secretariat functions under this Convention shall be provided by the World Health Organization.
3. Secretariat functions shall be:
 - (a) to make arrangements for sessions of the Conference of the Parties and any subsidiary bodies and to provide them with services as required;
 - (b) to transmit reports received by it pursuant to the Convention;
 - (c) to provide support to the Parties, particularly developing country Parties and Parties with economies in transition, on request, in the compilation and communication of information required in accordance with the provisions of the Convention;

- (d) to prepare reports on its activities under the Convention under the guidance of the Conference of the Parties and submit them to the Conference of the Parties;
- (e) to ensure, under the guidance of the Conference of the Parties, the necessary coordination with the competent international and regional intergovernmental organizations and other bodies;
- (f) to enter, under the guidance of the Conference of the Parties, into such administrative or contractual arrangements as may be required for the effective discharge of its functions; and
- (g) to perform other secretariat functions specified by the Convention and by any of its protocols and such other functions as may be determined by the Conference of the Parties.

Article 25

Relations between the Conference of the Parties and intergovernmental organizations

In order to provide technical and financial cooperation for achieving the objective of this Convention, the Conference of the Parties may request the cooperation of competent international and regional intergovernmental organizations including financial and development institutions.

Article 26

Financial resources

1. The Parties recognize the important role that financial resources play in achieving the objective of this Convention.
2. Each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes.
3. Parties shall promote, as appropriate, the utilization of bilateral, regional, subregional and other multilateral channels to provide funding for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition. Accordingly, economically viable alternatives to tobacco production, including crop diversification should be addressed and supported in the context of nationally developed strategies of sustainable development.
4. Parties represented in relevant regional and international intergovernmental organizations, and financial and development institutions shall encourage these entities to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention, without limiting the rights of participation within these organizations.
5. The Parties agree that:
 - (a) to assist Parties in meeting their obligations under the Convention, all relevant potential and existing resources, financial, technical, or otherwise, both public and private that are available for tobacco control activities, should be mobilized and utilized for the benefit of all Parties, especially developing countries and countries with economies in transition;

- (b) the Secretariat shall advise developing country Parties and Parties with economies in transition, upon request, on available sources of funding to facilitate the implementation of their obligations under the Convention;
- (c) the Conference of the Parties in its first session shall review existing and potential sources and mechanisms of assistance based on a study conducted by the Secretariat and other relevant information, and consider their adequacy; and
- (d) the results of this review shall be taken into account by the Conference of the Parties in determining the necessity to enhance existing mechanisms or to establish a voluntary global fund or other appropriate financial mechanisms to channel additional financial resources, as needed, to developing country Parties and Parties with economies in transition to assist them in meeting the objectives of the Convention.

PART IX: SETTLEMENT OF DISPUTES

Article 27

Settlement of disputes

1. In the event of a dispute between two or more Parties concerning the interpretation or application of this Convention, the Parties concerned shall seek through diplomatic channels a settlement of the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation, or conciliation. Failure to reach agreement by good offices, mediation or conciliation shall not absolve parties to the dispute from the responsibility of continuing to seek to resolve it.
2. When ratifying, accepting, approving, formally confirming or acceding to the Convention, or at any time thereafter, a State or regional economic integration organization may declare in writing to the Depositary that, for a dispute not resolved in accordance with paragraph 1 of this Article, it accepts, as compulsory, ad hoc arbitration in accordance with procedures to be adopted by consensus by the Conference of the Parties.
3. The provisions of this Article shall apply with respect to any protocol as between the parties to the protocol, unless otherwise provided therein.

PART X: DEVELOPMENT OF THE CONVENTION

Article 28

Amendments to this Convention

1. Any Party may propose amendments to this Convention. Such amendments will be considered by the Conference of the Parties.
2. Amendments to the Convention shall be adopted by the Conference of the Parties. The text of any proposed amendment to the Convention shall be communicated to the Parties by the Secretariat at least six months before the session at which it is proposed for adoption. The Secretariat shall also

communicate proposed amendments to the signatories of the Convention and, for information, to the Depository.

3. The Parties shall make every effort to reach agreement by consensus on any proposed amendment to the Convention. If all efforts at consensus have been exhausted, and no agreement reached, the amendment shall as a last resort be adopted by a three-quarters majority vote of the Parties present and voting at the session. For purposes of this Article, Parties present and voting means Parties present and casting an affirmative or negative vote. Any adopted amendment shall be communicated by the Secretariat to the Depository, who shall circulate it to all Parties for acceptance.

4. Instruments of acceptance in respect of an amendment shall be deposited with the Depository. An amendment adopted in accordance with paragraph 3 of this Article shall enter into force for those Parties having accepted it on the ninetieth day after the date of receipt by the Depository of an instrument of acceptance by at least two-thirds of the Parties to the Convention.

5. The amendment shall enter into force for any other Party on the ninetieth day after the date on which that Party deposits with the Depository its instrument of acceptance of the said amendment.

Article 29

Adoption and amendment of annexes to this Convention

1. Annexes to this Convention and amendments thereto shall be proposed, adopted and shall enter into force in accordance with the procedure set forth in Article 28.

2. Annexes to the Convention shall form an integral part thereof and, unless otherwise expressly provided, a reference to the Convention constitutes at the same time a reference to any annexes thereto.

3. Annexes shall be restricted to lists, forms and any other descriptive material relating to procedural, scientific, technical or administrative matters.

PART XI: FINAL PROVISIONS

Article 30

Reservations

No reservations may be made to this Convention.

Article 31

Withdrawal

1. At any time after two years from the date on which this Convention has entered into force for a Party, that Party may withdraw from the Convention by giving written notification to the Depository.

2. Any such withdrawal shall take effect upon expiry of one year from the date of receipt by the Depository of the notification of withdrawal, or on such later date as may be specified in the notification of withdrawal.

3. Any Party that withdraws from the Convention shall be considered as also having withdrawn from any protocol to which it is a Party.

Article 32
Right to vote

1. Each Party to this Convention shall have one vote, except as provided for in paragraph 2 of this Article.

2. Regional economic integration organizations, in matters within their competence, shall exercise their right to vote with a number of votes equal to the number of their Member States that are Parties to the Convention. Such an organization shall not exercise its right to vote if any of its Member States exercises its right, and vice versa.

Article 33
Protocols

1. Any Party may propose protocols. Such proposals will be considered by the Conference of the Parties.

2. The Conference of the Parties may adopt protocols to this Convention. In adopting these protocols every effort shall be made to reach consensus. If all efforts at consensus have been exhausted, and no agreement reached, the protocol shall as a last resort be adopted by a three-quarters majority vote of the Parties present and voting at the session. For the purposes of this Article, Parties present and voting means Parties present and casting an affirmative or negative vote.

3. The text of any proposed protocol shall be communicated to the Parties by the Secretariat at least six months before the session at which it is proposed for adoption.

4. Only Parties to the Convention may be parties to a protocol.

5. Any protocol to the Convention shall be binding only on the parties to the protocol in question. Only Parties to a protocol may take decisions on matters exclusively relating to the protocol in question.

6. The requirements for entry into force of any protocol shall be established by that instrument.

Article 34
Signature

This Convention shall be open for signature by all Members of the World Health Organization and by any States that are not Members of the World Health Organization but are members of the United Nations and by regional economic integration organizations at the World Health Organization Headquarters in Geneva from 16 June 2003 to 22 June 2003, and thereafter at United Nations Headquarters in New York, from 30 June 2003 to 29 June 2004.

Article 35

Ratification, acceptance, approval, formal confirmation or accession

1. This Convention shall be subject to ratification, acceptance, approval or accession by States and to formal confirmation or accession by regional economic integration organizations. It shall be open for accession from the day after the date on which the Convention is closed for signature. Instruments of ratification, acceptance, approval, formal confirmation or accession shall be deposited with the Depositary.
2. Any regional economic integration organization which becomes a Party to the Convention without any of its Member States being a Party shall be bound by all the obligations under the Convention. In the case of those organizations, one or more of whose Member States is a Party to the Convention, the organization and its Member States shall decide on their respective responsibilities for the performance of their obligations under the Convention. In such cases, the organization and the Member States shall not be entitled to exercise rights under the Convention concurrently.
3. Regional economic integration organizations shall, in their instruments relating to formal confirmation or in their instruments of accession, declare the extent of their competence with respect to the matters governed by the Convention. These organizations shall also inform the Depositary, who shall in turn inform the Parties, of any substantial modification in the extent of their competence.

Article 36

Entry into force

1. This Convention shall enter into force on the ninetieth day following the date of deposit of the fortieth instrument of ratification, acceptance, approval, formal confirmation or accession with the Depositary.
2. For each State that ratifies, accepts or approves the Convention or accedes thereto after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the Convention shall enter into force on the ninetieth day following the date of deposit of its instrument of ratification, acceptance, approval or accession.
3. For each regional economic integration organization depositing an instrument of formal confirmation or an instrument of accession after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the Convention shall enter into force on the ninetieth day following the date of its depositing of the instrument of formal confirmation or of accession.
4. For the purposes of this Article, any instrument deposited by a regional economic integration organization shall not be counted as additional to those deposited by States Members of the organization.

Article 37

Depositary

The Secretary-General of the United Nations shall be the Depositary of this Convention and amendments thereto and of protocols and annexes adopted in accordance with Articles 28, 29 and 33.

Article 38
Authentic texts

The original of this Convention, of which the Arabic, Chinese, English, French, Russian and Spanish texts are equally authentic, shall be deposited with the Secretary-General of the United Nations.

IN WITNESS WHEREOF the undersigned, being duly authorized to that effect, have signed this Convention.

DONE at GENEVA this [date of month] two thousand and three.

Fourth plenary meeting, 21 May 2003
A56/VR/4

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.6

Agenda item 14.18

26 May 2003

International Conference on Primary Health Care, Alma-Ata: twenty-fifth anniversary

The Fifty-sixth World Health Assembly,

Having considered the report on the twenty-fifth anniversary of the International Conference on Primary Health Care;¹

Recalling with appreciation the Declaration adopted at the International Conference on Primary Health Care held in Alma-Ata in 1978, which identified primary health care as the key to the achievement of health for all;

Acknowledging WHO's goal of health for all and the progress made by countries to establish primary health care policies and programmes as a cornerstone of their health care systems, while noting that much still needs to be done to reach the goal of health for all;

Recognizing the dedication, leadership and commitment to achieving the goal of health for all of Member States, organizations of the United Nations system, and nongovernmental organizations,

1. REQUESTS Member States:

- (1) to ensure that development of primary health care is adequately resourced in order to contribute to the reduction of health inequalities;
- (2) to strengthen human resource capability for primary health care in order to tackle the rising burdens of health conditions;
- (3) to support the active involvement of local communities and voluntary groups in primary health care;
- (4) to support research in order to identify effective methods for monitoring and strengthening primary health care and linking it to overall improvement of the health system;

¹ Document A56/27.

2. REQUESTS the Director-General:

(1) to celebrate the twenty-fifth anniversary of the Alma-Ata Declaration by convening a meeting with input from all stakeholders in order to examine the lessons of the past 25 years, review definitions and strategies, and identify future strategic directions for primary health care; and to provide support to the meeting through an extensive prior review of successes and failures, and factors that impact on primary health care;

(2) to continue to incorporate the principles of primary health care into the activities of all WHO's programmes, to ensure that the strategies to attain the Development Goals of the United Nations Millennium Declaration are implemented, and to respond to the recommendations of the Commission on Macroeconomics and Health, assuring that they are consistent with the principles of primary health care;

(3) to report on progress to the Fifty-seventh World Health Assembly through the Executive Board at its 113th session.

Ninth plenary meeting, 26 May 2003
A56/VR/9

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.10

Agenda item 16.3

26 May 2003

Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution

The Fifty-sixth World Health Assembly,

Having considered the third report of the Administration, Budget and Finance Committee of the Executive Board to the Fifty-sixth World Health Assembly on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;¹

Noting that, at the time of opening of the Fifty-sixth World Health Assembly, the voting rights of Afghanistan, Antigua and Barbuda, Armenia, Central African Republic, Chad, Comoros, Djibouti, Dominican Republic, Georgia, Guinea-Bissau, Iraq, Kazakhstan, Kyrgyzstan, Liberia, Nauru, Niger, Nigeria, Republic of Moldova, Somalia, Suriname, Tajikistan, Togo, Turkmenistan and Ukraine remained suspended, such suspension to continue until the arrears of the Member State concerned have been reduced, at the present or future Health Assemblies, to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that, in accordance with resolution WHA55.4, the voting privileges of Argentina have been suspended as from 19 May 2003 at the opening of the Health Assembly, such suspension to continue until the arrears have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that Belarus, Burundi, Peru, Saint Lucia and Venezuela were in arrears at the time of the opening of the Fifty-sixth World Health Assembly to such an extent that it was necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these countries should be suspended at the opening of the Fifty-seventh World Health Assembly,

DECIDES:

(1) that, in accordance with the statement of principles in resolution WHA41.7, if, by the time of the opening of the Fifty-seventh World Health Assembly, Belarus, Peru, Saint Lucia and Venezuela are still in arrears in the payment of their contributions to an extent which would

¹ Document A56/32.

justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;

(2) that any suspension which takes effect as aforesaid shall continue at the Fifty-seventh and subsequent Health Assemblies, until the arrears of Belarus, Peru, Saint Lucia and Venezuela have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;

(3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

Ninth plenary meeting, 26 May 2003
A56/VR/9

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世界衛生大會 決議

قرار جمعية الصحة العالمية

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

FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.12

Agenda item 16.5

26 May 2003

Assessments for 2002 and 2003

The Fifty-sixth World Health Assembly,

Having considered the recommendation of the Executive Board at its 111th session,¹

RESOLVES that:

- (1) the assessment of the Democratic Republic of Timor-Leste shall be US\$ 1053 for 2002 and US\$ 4213 for 2003;
- (2) as an ad hoc measure the assessment for 2003 for Afghanistan and Argentina shall be amended to US\$ 4213 for Afghanistan and US\$ 4 026 622 for Argentina;
- (3) the difference of US\$ 611 135, resulting from the revised contribution for Afghanistan and Argentina, should be financed from the Miscellaneous Income account.

Ninth plenary meeting, 26 May 2003
A56/VR/9

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¹ Decision EB111(3).



FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.17

Agenda item 18.1

28 May 2003

Human resources: gender balance

The Fifty-sixth World Health Assembly,

Having noted the report on gender balance;¹

Recalling resolution WHA50.16 on employment and participation of women in the work of WHO;

Concerned that the targets set have not been reached, and that progress across the Organization has been uneven,

1. REAFFIRMS the target of 50% for appointments of women to professional and higher-category posts;
2. REQUESTS the Director-General to redouble efforts in order to achieve the target of parity in gender distribution among professional staff, and to raise the proportion of women at senior level and to report back on an action plan for recruitment that integrates gender and geographical balance to the Executive Board in January 2004.

Tenth plenary meeting, 28 May 2003
A56/VR/10

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¹ Document A56/39.



FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.19

Agenda item 14.14

28 May 2003

Prevention and control of influenza pandemics and annual epidemics

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA22.47 and WHA48.13;

Recognizing that influenza viruses are responsible for seasonal epidemics that sicken millions worldwide and cause fatal complications in up to one million people each year;

Further recognizing that many of these deaths could be prevented through increased use, particularly in people at high risk, of existing vaccines, which are safe and highly effective;

Welcoming the contribution of global influenza surveillance, coordinated by WHO, to the annual determination of the antigenic composition of influenza vaccines and to early recognition of conditions conducive to a pandemic, and the assistance provided by WHO to timely manufacturing of influenza vaccines;

Expressing concern that the health burden and economic impact of influenza in developing countries are poorly documented, and that recent evidence suggests higher rates of fatal complications associated with poor nutritional and health status and limited access to health services;

Further concerned by the general lack of national and global preparedness for a future influenza pandemic, particularly in view of the recurrence of such pandemics and the high mortality, social disruption and economic costs that they invariably cause and which may be exacerbated by rapid international travel, the recent worldwide increase in the size of at-risk populations and the development of resistance to first-line antiviral drugs;

Recognizing the need for improved vaccine formulations, increased manufacturing capacity for vaccines, more equitable access to antiviral drugs, and strengthened disease surveillance as part of national and global pandemic preparedness;

Noting that better use of vaccines for seasonal epidemics will help to ensure that manufacturing capacity meets demand in a future pandemic, and that pandemic preparedness plans will help to make the response to seasonal epidemics more rational and cost-effective as well as preventing numerous deaths;

Noting with satisfaction the consensus reached by the WHO Consultation on Global Priorities in Influenza Surveillance and Control (Geneva, May 2002) on the first Global agenda on influenza surveillance and control, which provides a plan for coordinated activities to improve preparedness for both seasonal epidemics and a future pandemic;¹

Further noting with satisfaction WHO's work on influenza pandemic preparedness planning and its intention to draw up a model plan,

1. URGES Member States:

(1) where national influenza vaccination policies exist, to establish and implement strategies to increase vaccination coverage of all people at high risk, including the elderly and persons with underlying diseases, with the goal of attaining vaccination coverage of the elderly population of at least 50% by 2006 and 75% by 2010;

(2) where no national influenza vaccination policy exists, to assess the disease burden and economic impact of annual influenza epidemics as a basis for framing and implementing influenza prevention policies within the context of other national health priorities;

(3) to draw up and implement national plans for preparedness for influenza pandemics, giving particular attention to the need to ensure adequate supplies of vaccine, antiviral agents, and other vital medicines, as outlined in the Global agenda on influenza surveillance and control;

(4) to contribute to heightened preparedness for epidemics and pandemics through strengthening of national surveillance and laboratory capacity and, where appropriate, increased support to national influenza centres;

(5) to support research and development on improved influenza vaccines, and also effective antiviral preparations, particularly concerning their suitability for use in developing countries, in order to obtain an influenza-vaccine formulation that confers long-lasting and broad protection against all influenza virus strains;

2. REQUESTS the Director-General:

(1) to continue to combat influenza by advocating new partnerships with organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and the private sector;

(2) to continue to provide leadership in coordinating the prioritized activities for epidemic and pandemic preparedness set out in the Global agenda on influenza surveillance and control;

(3) to provide support to developing countries in assessing the disease burden and economic impact of influenza and in framing and implementing appropriate national policies for influenza prevention;

¹ Global agenda on influenza – adopted version. Part I. *Weekly Epidemiological Record* 2002; 77:179-182. Adoption of Global agenda on influenza – Part II. *Weekly Epidemiological Record* 2002; 77:191-195.

- (4) to continue to strengthen global influenza surveillance as a crucial component of preparedness for seasonal epidemics and pandemics of influenza;
- (5) to provide technical support to Member States in the preparation of national pandemic preparedness plans, including guidance on estimating the demand for vaccines and antiviral drugs;
- (6) to search jointly with other international and national partners, including those in the private sector, for solutions to reduce the present global shortage of, and inequitable access to, influenza vaccines and antiviral drugs, and also to make them more affordable, both for epidemic and global pandemic situations;
- (7) to keep the Executive Board and Health Assembly informed of progress.

Tenth plenary meeting, 28 May 2003
A56/VR/10

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.20

Agenda item 14.7

28 May 2003

Reducing global measles mortality

The Fifty-sixth World Health Assembly,

Alarmed by the unacceptable burden of nearly 800 000 measles deaths annually, occurring mostly in infants and young children living in developing countries;

Recognizing that the current disease burden of measles is the result of underutilization of measles vaccine caused by inadequately supported immunization programmes and disease surveillance systems;

Stressing the importance of achieving the goal adopted by the United Nations General Assembly special session on children (2002) to reduce deaths due to measles by half by 2005, compared with the 1999 level, and the target contained in the United Nations Millennium Declaration to reduce the under-five child mortality rate by two-thirds by the year 2015;

Recognizing the availability of safe, effective and inexpensive measles vaccines and proven strategies to reduce measles mortality;

Welcoming the remarkable progress that has been made by the Measles Initiative partnership to reduce measles deaths in Africa;

Noting the critical importance of routine immunization services as the foundation of a strategy to reduce measles deaths in a sustainable manner, and the essential role of integrated epidemiological and laboratory surveillance for measles in guiding control efforts;

Having considered the report on the strategy for child and adolescent health and development, which identifies measles as one of the five preventable communicable diseases that account for the vast majority of childhood deaths,

1. URGES Member States:

(1) to implement fully the WHO-UNICEF strategic plan for measles mortality reduction 2001-2005 in countries with high measles mortality within their national immunization programmes;

(2) to provide the financial support necessary for full implementation of national immunization programmes in which the strategy to reduce measles mortality is embedded, including measles vaccine for routine and supplementary immunization activities and strengthening of epidemiological and laboratory surveillance for measles and other vaccine-preventable diseases;

(3) to use the strategic approach of reducing global measles mortality as a tool for strengthening national immunization programmes, with special emphasis on improving access to immunization services, ensuring safe immunization practices, and enhancing human-resource capability, laboratory networks, epidemiological surveillance and cold-chain systems;

2. REQUESTS the Director-General:

(1) to work with Member States through regional offices to strengthen national immunization programmes and disease-surveillance systems, using the status of measles control as one of the leading indicators of progress in reducing child mortality;

(2) to strengthen partnerships at global, regional and subregional levels with UNICEF and other international bodies, nongovernmental organizations and the private sector to mobilize the additional resources needed to implement fully the WHO-UNICEF strategy for the expanded programme on immunization and measles mortality-reduction strategies;

(3) to report to the Fifty-seventh World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

Tenth plenary meeting, 28 May 2003
A56/VR/10

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.21

Agenda item 14.7

28 May 2003

Strategy for child and adolescent health and development

The Fifty-sixth World Health Assembly,

Having considered the report on the strategy for child and adolescent health and development;¹

Recognizing the right of children and adolescents to the highest attainable standard of health and access to health care as set forth in internationally agreed human rights instruments;

Recalling and recognizing the outcomes of the World Summit for Children (New York, 1990), the Declaration on the Elimination of Violence against Women (1993),² the International Conference on Population and Development (Cairo, 1994), the World Summit for Social Development (Copenhagen, 1995), the Fourth World Conference on Women (Beijing, 1995), the World Food Summit (Rome, 1996), the Millennium Summit (New York, 2000), the United Nations General Assembly special session on HIV/AIDS (2001), and the United Nations General Assembly special session on children (2002), their recommendations and respective follow-ups and reports;

Welcoming formulation of the Strategic directions for improving the health and development of children and adolescents;³

Concerned that the specific needs of neonates and adolescents have not been adequately addressed and that additional efforts will be needed to achieve international goals for maternal, child and adolescent health and development;

Recognizing that children and adolescents are the basic fundamental resources for human, social and economic development;

Further recognizing the right of children, including adolescents, to freedom of expression, and to having their views taken into account in all matters affecting them, in accordance with the age and maturity of the child;

¹ Document A56/15.

² United Nations General Assembly resolution 48/104.

³ Document WHO/FCH/CAH/02.21.

Also recognizing that parents, families, legal guardians and other caregivers have the primary role and responsibility for the well-being of children, and must be supported in the performance of their child-rearing responsibilities;

Mindful that interventions exist to meet the health needs of pregnant women, mothers, neonates, children and adolescents, and concerned that in developing countries these population groups have limited access to such interventions;

Acknowledging that the Convention on the Rights of the Child contains a comprehensive set of international legal standards for the protection and well-being of children, and also that it is an important framework for addressing child and adolescent health and development,

1. URGES Member States:

(1) to strengthen and expand efforts to meet international targets for the reduction of maternal and child mortality, and malnutrition;

(2) to make improvements in neonatal health, child survival and adolescent health and development a priority through advocacy at the highest level, scaling up programmes, increasing allocation of national resources, creating partnerships, and assuring sustained political commitment;

(3) to strive for full coverage of their maternal, neonate, child and adolescent populations with interventions known to be effective, especially interventions that help parents, other caregivers, families and communities to care for their young and that improve the quality of health services and health systems;

(4) to promote access by children and adolescents, parents, families, legal guardians, and other caregivers to a full range of information and services to promote child health and survival, development, including psychological development, protection and participation, recognizing that many children live without parental support and that special measures should be taken to support such children and to build and strengthen their own abilities;

2. REQUESTS the Director-General:

(1) to give the fullest possible support to achievement of the internationally agreed child-health and development goals;

(2) to continue to advocate a public-health approach to reduction of common diseases, including the simple and effective strategies of immunization, Integrated Management of Childhood Illnesses, improved maternal, adolescent and child nutrition, and supply of water and sanitation;

(3) to promote needed research, including on the determinants of behaviour, and to prepare guidelines and best practices for use by Member States in the full implementation of cost-effective approaches to achieving international goals for neonate, child and adolescent health;

(4) to maintain the Organization's commitment to, and support for, achieving and sustaining high levels of coverage with proven interventions, through efficient, integrated or combined delivery mechanisms;

- (5) to advocate higher priority for maternal and neonatal health and adolescent health and development;
- (6) to provide support for further research into determinants of adolescents' life styles and efficient interventions leading to better health for adolescents;
- (7) to report to the Fifty-ninth World Health Assembly in 2006, through the Executive Board, on WHO's contribution to implementation of the strategy for child and adolescent health and development, with particular emphasis on actions related to poverty reduction and the attainment of internationally agreed child-health and development goals.

Tenth plenary meeting, 28 May 2003
A56/VR/10

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قرار جمعية الصحة العالمية

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

FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.22

Agenda item 14.5

28 May 2003

Strategic approach to international chemicals management: participation of global health partners

The Fifty-sixth World Health Assembly,

Recalling the first principle of the Rio Declaration on Environment and Development, namely, that “Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature”;

Noting that the Bahia Declaration on Chemical Safety and the Priorities for Action Beyond 2000 of the Intergovernmental Forum on Chemical Safety emphasized the essential role of sound management of chemicals in sustainable development and the protection of human health and the environment;

Further noting that the World Summit on Sustainable Development Plan of Implementation, paragraph 23(b) calls for further development of a strategic approach to international chemicals management and urges international organizations dealing with chemical management to cooperate closely in this regard;

Fully supporting the UNEP Governing Council Decision 22/4 to further develop a strategic approach to international chemicals management following an open, transparent and inclusive process and providing all stakeholders opportunities to participate; and the invitation to a range of international organizations, including WHO, to collaborate actively in the further development of the strategic approach;

Noting the involvement of WHO in the Steering Committee of the strategic approach to international chemicals management established to act as a facilitative steering mechanism to deal with practical aspects of the strategic approach;

Noting also the role of WHO as the administering organization for the Intergovernmental Forum on Chemical Safety;

Mindful of WHO’s contribution to the international management of chemicals through the International Programme on Chemical Safety, a cooperative venture between ILO, WHO and UNEP;

Recalling resolution WHA45.32 on the International Programme, which emphasized the need to establish or strengthen governmental mechanisms to provide liaison and coordination between authorities and institutions involved in chemical safety activities, and resolution WHA42.26 on WHO's contribution to the international efforts towards sustainable development, which considered that equitable health development is an essential prerequisite for socioeconomic development;

Recognizing the need for health interests at country level to be reflected in, and addressed by, the strategic approach to international chemicals management,

1. URGES Member States to take full account of the health aspects of chemical safety in further development of the strategic approach to international chemicals management;
2. REQUESTS the Director-General:
 - (1) to support the continuing roles of WHO and the Intergovernmental Forum on Chemical Safety in overseeing development of the strategic approach through membership of its Steering Committee;
 - (2) to contribute to the content of the strategic approach, in accordance with the invitation of the UNEP Governing Council, through initial submission of possible health-focused elements and participation of WHO in preparatory meetings and the final conference;
 - (3) to submit a progress report to the Health Assembly before the estimated date of completion of the strategic approach;
 - (4) when completed, to submit the strategic approach to international chemicals management to the Health Assembly for consideration.

Tenth plenary meeting, 28 May 2003
A56/VR/10

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.23

Agenda item 14.19

28 May 2003

Joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission

The Fifty-sixth World Health Assembly,

Recalling resolution WHA40.20 on the Codex Alimentarius Commission and resolution WHA53.15 on food safety;

Having considered the report on the joint FAO/WHO evaluation of the Codex Alimentarius Commission and other FAO and WHO work on food standards;¹

Acknowledging with appreciation the statement of the Codex Alimentarius Commission on the outcome of the joint FAO/WHO evaluation annexed to the present resolution;

Welcoming the recommendation to give higher priority to setting science-based standards for food safety, nutrition-related issues and health;

Noting with satisfaction the excellent collaboration between WHO and FAO in the area of food safety and nutrition;

Aware that the rise in the global distribution of food is linked to an increased need for internationally agreed assessments and guidelines related to food safety and nutrition;

Recognizing that one of the prerequisites for economic development is a safe food production system for both domestic and export markets based on regulatory frameworks protecting consumers' health;

Conscious of the need for full participation of developing countries in setting globally relevant standards;

Emphasizing the lead responsibility of WHO, in collaboration with FAO, in providing sound scientific assessments of hazards in food and nutrition as a basis for managing risk at national and international levels;

¹ Document A56/34.

Stressing the urgent need to reinforce the participation of the health sector in standard-setting activities related to food in order to promote and protect consumers' health,

1. ENDORSES WHO's increased direct involvement in the Codex Alimentarius Commission and an enhanced capacity within WHO for risk assessment;
2. URGES Member States:
 - (1) to participate actively in international standard-setting in the framework of the Codex Alimentarius Commission, especially in the area of food safety and nutrition;
 - (2) to make full use of Codex standards for the protection of human health throughout the food chain, including assistance with making healthy choices regarding nutrition and diet;
 - (3) to stimulate collaboration between all sectors involved at national level in setting standards based on the Codex Alimentarius related to food safety and nutrition, with particular focus on the health sector and fully involving all stakeholders;
 - (4) to facilitate the participation of national experts in international standard-setting activities;
3. INVITES the regional committees to review regional policies and strategies for strengthening capacity in the areas of standard-setting for food safety and of nutrition information, in collaboration with FAO;
4. CALLS ON donors to increase funding for WHO's activities related to the setting of standards for food, with special attention to least developed countries;
5. REQUESTS the Director-General:
 - (1) to support the development and implementation of an action plan to address the recommendations in the Codex Evaluation Report, and, in collaboration with FAO, to consider means to improve the efficiency of the Codex standard-setting process by meeting the unique governance needs of Codex within the overall structure of WHO and FAO;
 - (2) to strengthen WHO's role:
 - (a) in the management of the Codex Alimentarius Commission and to give a higher profile to the Commission and related work throughout the Organization;
 - (b) in complementing the work of the Codex Alimentarius Commission with other relevant WHO activities in the areas of food safety and nutrition, with special attention to issues mandated in World Health Assembly resolutions and to the International Health Regulations;
 - (c) in risk assessment, including through the system of joint FAO/WHO expert bodies and consultations and through a coordinating function in WHO;
 - (d) in supporting the capacity of food-safety systems to protect human health throughout the food chain;

- (e) in supporting analysis of links between data on foodborne disease and foodborne contamination;
 - (f) in collaboration with FAO, in providing special support to developing countries for generating data for development of global Codex Alimentarius standards;
- (3) to provide support to Member States, particularly developing and least developed countries, in strengthening capacity in the above areas;
 - (4) to stimulate the establishment of networks between national and regional food-safety regulatory authorities and particularly at country level;
 - (5) to continue to foster collaboration with FAO, including a more coordinated approach between WHO and FAO to capacity-building, especially within the framework of the Joint FAO/WHO Food Standards Programme;
 - (6) to reallocate resources for WHO's activities related to the setting of food standards based on the Codex Alimentarius with special attention to least developed countries.

ANNEX

**STATEMENT OF THE CODEX ALIMENTARIUS COMMISSION ON
THE OUTCOME OF THE JOINT FAO/WHO EVALUATION OF
THE CODEX ALIMENTARIUS AND OTHER FAO AND WHO
WORK ON FOOD STANDARDS**

1. The Codex Alimentarius Commission, having considered the report and recommendations of the *Joint FAO/WHO Evaluation of the Codex Alimentarius and Other FAO and WHO Work on Food Standards*, expressed its appreciation to the parent Organizations for having initiated the Evaluation and ensuring that it was carried out in a consultative, efficient and effective manner. It also expressed its appreciation to the Evaluation Team and Expert Panel for their excellent report, the depth of the analysis and the comprehensive proposals and recommendations contained therein.
2. The Commission noted with satisfaction the finding of the Evaluation that its food standards had a very high importance to Members as a vital component of food control systems designed to protect consumer health and to ensure fair practices in the food trade. It endorsed the view that standards were a fundamental prerequisite in consumer protection but had to be looked at in the context of the total system throughout the food chain, especially for food safety.
3. The Commission recalled that Codex standards were used as references for Member Nations in relation to their obligations under the WTO Agreement on Technical Barriers to Trade and the Agreement on the Application of Sanitary and Phytosanitary Measures. In this regard, it recognized that many Member Nations with less developed economies or with economies in transition were able to use Codex standards directly as a basis for domestic legislation and standards setting in conformity with these Agreements. It noted that this was particularly true when standards were based on global data including those derived from developing countries.
4. The Commission supported the overall thrust of the Evaluation report and expressed its commitment to the **implementation** of strategies that would meet the objectives of the recommendations contained therein. It strongly agreed that these recommendations should be reviewed expeditiously. The Commission noted that since the 1991 Joint FAO/WHO Conference on Food Standards, Chemicals in Food and Food Trade, significant changes had been made in the Commission's priorities and programmes with increased emphasis on food safety issues. This emphasis had resulted in an increased output of health-related standards and was now being extended to the whole food chain; this process would continue to be developed.
5. Noting the Evaluation's recommendations concerning the Commission's mandate, the Commission was of the opinion that its existing **mandate** to protect consumers' health and to ensure fair practices in the food trade continued to be appropriate but might be discussed in the future. Within this mandate, the Commission emphasized that its first priority would be the development of standards having an impact on consumer health and safety.
6. In order to maintain the strong support from all Member Nations and stakeholders, the Commission **agreed** that in their response to the Evaluation, the Commission and its parent Organizations should work towards:

greater efficiency and effectiveness in the development of Codex standards, whilst maintaining transparency and inclusiveness and procedural consistency in the process of their development;

increased participation of developing Member Nations and Member Nations in economic transition in the work of the Codex Alimentarius Commission throughout the standards development process;

greater usefulness of Codex standards to Member Nations in terms of relevance to their needs and timeliness;

strengthening of the scientific base for risk analysis, including food safety risk assessment to improve the efficiency and effectiveness in providing expert scientific advice to the Commission and Member Nations and to improve risk communication; and

more effective capacity building for the development of national food control systems.

7. The Commission agreed that it should have greater independence, within the overall structure of FAO and WHO, for proposing and executing its **work programme and budget**, once approved by the two parent organizations.

8. The Commission concurred with the views expressed in the Evaluation Report that the Codex **Secretariat** was hard working, efficient and member-oriented but overworked and with insufficient resources to support the present activities of Codex. It strongly supported the recommendation that the Secretariat be expanded and that the seniority and composition of its staff should match the Commission's increased requirements.

9. On the matter of **expert advice** to Codex, the Commission agreed fully with the view that this was a very important element to all Member Nations and to the Commission itself. It expressed the view that there needed to be sufficient capacity within the parent Organizations to ensure that scientific advice was provided on a timely basis. It also agreed that this work needed to have greater identity within the Organizations, stronger links to Codex priorities, and internal coordination as well as significantly increased resources. Its independence from external influences and its transparency need to be further reinforced within FAO/WHO. The Commission stated that there should also be greater distinction between the function of risk assessment undertaken by experts and that of risk management undertaken by Codex committees, while noting the linkages that needed to exist between these functions. The Commission emphasized that the provision of expert scientific advice was a joint responsibility of FAO and WHO and should continue to be so. It strongly recommended that WHO markedly increase its contribution to health risk assessment carried out by FAO/WHO expert committees and FAO/WHO expert consultations. It also recommended that FAO strengthen its input in areas reflecting its responsibility and expertise. The Commission welcomed the statement by Dr Brundtland in her opening remarks to the present session that FAO and WHO would prepare for and convene as an immediate priority, the consultation requested by the Codex Alimentarius Commission at its 24th Session¹ on strengthening scientific support for Codex decision-making.

10. In the area of **capacity building**, the Commission welcomed the valuable initiatives described in the report including the Standards and Trade Development Facility (STDF) operated by the WTO in collaboration with the World Bank, FAO, WHO, OIE, and in particular the new FAO/WHO Trust Fund to enable effective participation in Codex. It called upon FAO and WHO to undertake a major effort to mobilize extrabudgetary funds and foster coordinated bilateral assistance in capacity building. It also called for a more coordinated approach for capacity building between FAO and WHO and requested the parent bodies to urgently analyse their existing means of providing capacity building and inform the Codex Alimentarius Commission on how they will improve coordination and distribution of work drawing on their mutual strengths and synergies.

¹ ALINORM 01/41, paragraph 61.

11. The Commission called upon **FAO and WHO** to provide additional Regular Programme resources, supplemented with extrabudgetary resources where necessary, to strengthen Codex and Codex-related work throughout the two Organizations.

12. The Commission called upon **Member Governments** to support the follow-up to the Evaluation process including through their statements made and positions taken in the World Health Assembly and the Council and Conference of FAO.

13. The Commission reiterated its **commitment** to pursue with all speed full consideration of the recommendations addressed to it in the Evaluation report and in this regard:

- Invited **Member Nations** and interested international organizations to submit written comments to the Secretariat;
- Requested the Secretariat to analyse the comments dealing with the **Codex Committee structures and their mandates** and to provide options for consideration by the Commission at its next Regular Session;
- Requested the Secretariat to analyse the comments dealing with the functions of the **Executive Committee**, and to provide options for consideration by the Commission at its next Regular Session;
- Requested the Secretariat to analyse comments dealing with **standards management** and the procedures for **standards development**, including the establishment of priorities recommended by developing Member Nations, and recommend strategies for the early implementation of more efficient and effective processes, providing options for consideration by the Commission at its next Regular Session;
- Requested the Secretariat to identify a strategy for consideration by the Commission at its next Regular Session on the implementation of the recommendations dealing with the revision of the **Rules of Procedure** and other internal procedures; and
- Requested the Secretariat to analyse the comments on those recommendations in the Evaluation Report not covered by the above and to provide options on how to proceed.

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.24

Agenda item 14.15

28 May 2003

Implementing the recommendations of the *World report on violence and health*

The Fifty-sixth World Health Assembly,

Recalling resolution WHA49.25, which declared violence a leading worldwide public health problem, and resolution WHA50.19, which endorsed and requested continued development of the WHO plan of action for a science-based public health approach to violence prevention and health;

Noting that a meeting of bodies of the United Nations system on collaboration for the prevention of interpersonal violence (Geneva, 15-16 November 2001) invited WHO to facilitate a better coordinated response to interpersonal violence, as a result of which WHO published the *Guide to United Nations resources and activities for the prevention of interpersonal violence*,¹

Recalling that WHO is a core partner, with UNICEF and the Office of the United Nations High Commissioner for Human Rights, of a working group to support the United Nations Study on Violence against Children, and that WHO is active in the prevention of violence against young people, women, the disabled and the elderly;

Recognizing that the prevention of violence is a prerequisite of human security and dignity and that urgent action by governments is needed to prevent all forms of violence and reduce their consequences for health and for socioeconomic development;

Noting that the *World report on violence and health*² provides an up-to-date description of the impact of violence on public health, reviews its determinants and effective interventions, and makes recommendations for public health policy and programmes,

1. TAKES NOTE of the nine recommendations for prevention of violence contained in the *World report on violence and health* and set out in the Annex to this resolution, and encourages Member States to consider adopting them;

¹ *Guide to United Nations resources and activities for the prevention of interpersonal violence*, Geneva, World Health Organization, 2002.

² *World report on violence and health*, Geneva, World Health Organization, 2002.

2. URGES Member States to promote the *World report on violence and health* and actively to make use of the conclusions and recommendations of the report to improve activities to prevent and expose instances of violence, and to provide medical, psychological, social and legal assistance and rehabilitation for persons suffering as a result of violence;
3. ENCOURAGES all Member States that have not already done so to appoint within the ministry of health a focal point for the prevention of violence;
4. ENCOURAGES Member States to prepare in due time a report on violence and violence prevention that describes the magnitude of the problem, the risk factors, current efforts to prevent violence, and future action to encourage a multisectoral response;
5. REQUESTS the Director-General:
 - (1) to cooperate with Member States in establishing science-based public health policies and programmes for the implementation of measures to prevent violence and to mitigate its consequences at individual and societal levels;
 - (2) to encourage urgent research to support evidence-based approaches for prevention of violence and mitigation of its consequences at individual, family and societal levels, particularly research on multilevel risk factors for violence, and evaluation of model prevention programmes;
 - (3) in collaboration with other organizations of the United Nations system and other international agencies, to continue work on integrating a science-based public health approach to violence prevention into other major global prevention initiatives;
 - (4) using the resources available and benefiting from opportunities for cooperation:
 - (a) to support and coordinate efforts to draw up or revise normative documents and guidelines for prevention policy and programmes, as appropriate;
 - (b) to provide technical support for strengthening of trauma and care services to survivors or victims of violence;
 - (c) to continue advocating the adoption and expansion of a public health response to all forms of violence;
 - (d) to establish networks to promote the integrated prevention of violence and injuries;
6. FURTHER REQUESTS the Director-General to report to the Fifty-eighth World Health Assembly, through the Executive Board, on progress towards implementing the *World report on violence and health*.

ANNEX

RECOMMENDATIONS FOR THE PREVENTION OF VIOLENCE

1. Create, implement and monitor a national action plan for violence prevention.
2. Enhance capacity for collecting data on violence.
3. Define priorities for, and support research on, the causes, consequences, costs and prevention of violence.
4. Promote primary prevention responses.
5. Strengthen responses for victims of violence.
6. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality.
7. Increase collaboration and exchange of information on violence prevention.
8. Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights.
9. Seek practical, internationally agreed responses to the global drugs trade and the global arms trade.

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.25

Agenda item 14.13

28 May 2003

The role of contractual arrangements in improving health systems' performance

The Fifty-sixth World Health Assembly,

Having considered the report on the role of contractual arrangements in improving health systems' performance,¹

Noting that the performance of health systems must be strengthened in order further to improve the health of populations, ensure equitable financing of health, and meet the legitimate expectations of the population;

Considering that the reform of health systems has generally involved institutional restructuring, with a diversification of the agents involved in the field of health, in the public and private sectors, and among associations;

Noting that cultural change within health services, such as greater focus on patient needs, a broader population-health approach, and emphasis on addressing health inequalities, is often required to improve performance, and that health-system culture may be unaffected by structural change;

Recognizing the important role of government stewardship in regulation of contractual arrangements in the health sector,

1. URGES Member States:

- (1) to ensure that contractual arrangements in the field of health adopt rules and principles that are in harmony with national health policy;
- (2) to frame contractual policies that maximize impact on the performance of health systems and harmonize the practices of all parties in a transparent way, to avoid adverse effects;
- (3) to share their experiences on contractual arrangements involving the public and private sectors and nongovernmental organizations in the provision of health services;

¹ Document A56/22.

2. REQUESTS the Director-General:

- (1) to create an evidence base so as to permit evaluation of the impact of differing types of contractual arrangements on the performance of health systems and identification of best practices, taking account of sociocultural differences;
- (2) to provide, in response to requests from Member States, technical support in strengthening capacities and expertise in the development of contractual arrangements;
- (3) to develop, in response to requests from Member States, methods and tools tailored to country realities to provide support to Member States in establishing a system of supervision to ensure the provision of high-quality health services, for example by accreditation, licensing and registration of public and private-sector and nongovernmental organizations in the health sector;
- (4) to facilitate the exchange of experience among Member States;
- (5) to report to the Executive Board at its 117th session and the Fifty-ninth World Health Assembly on the ways in which contractual arrangements and other strategies to strengthen health systems improve the performance of health systems in Member States.

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.27

Agenda item 14.9

28 May 2003

Intellectual property rights, innovation and public health

The Fifty-sixth World Health Assembly,

Having considered the report on intellectual property rights, innovation and public health,¹

Considering that available data indicates that of some 1400 new products developed by the pharmaceutical industry between 1975 and 1999, only 13 were for tropical diseases and three were for tuberculosis;

Aware that the developed countries represent nearly 90% of global pharmaceutical sales, whereas of the 14 million global deaths due to infectious diseases, 90% occur in the developing countries;

Concerned about the insufficient research and development in so-called “neglected diseases” and “poverty-related diseases”, and noting that research and development in the pharmaceutical sector must address public health needs and not only potential market gains;

Mindful of concerns about the current patent protection system, especially as regards access to medicines in developing countries;

Recalling that, in accordance with the Declaration on the TRIPS Agreement and Public Health (Doha Declaration), the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) does not and should not prevent Members from taking measures to protect public health and, in particular, to promote access to medicines for all;

Noting that the TRIPS Agreement contains flexibilities and that in order to use them adequately, Member States need to adapt national patent legislation;

Reaffirming resolution WHA52.19 on the revised drug strategy, resolution WHA54.11 on WHO medicines strategy and resolution WHA55.14 on ensuring accessibility of essential medicines;

Considering that Member States should urge the pharmaceutical industry to reinvigorate its efforts to develop innovations that add real therapeutic advantage in treating the world’s major killer diseases, especially in developing countries;

¹ Document A56/17.

Recognizing the importance of intellectual property rights in fostering research and development in innovative medicines and the important role played by intellectual property with regard to the development of essential medicines;

Taking into account that in order to tackle new public health problems with international impact, such as the emergence of severe acute respiratory syndrome (SARS), access to new medicines with potential therapeutic effect, and health innovations and discoveries should be universally available without discrimination;

Further considering the continuing efforts of WTO Members to reach a solution for paragraph 6 of the Doha Declaration which recognizes that “WTO Members with insufficient or no manufacturing capacities in the pharmaceutical sector could face difficulties in making effective use of compulsory licensing under the TRIPS Agreement”;

Reasserting the need to accomplish target 7 of Millennium Development Goal 6 and target 17 of Millennium Development Goal 8;

Noting resolutions 2001/33 and 2003/29 of the Commission on Human Rights on access to medicines in the context of pandemics such as HIV/AIDS,

1. URGES Member States:

- (1) to reaffirm that public health interests are paramount in both pharmaceutical and health policies;
- (2) to consider, whenever necessary, adapting national legislation in order to use to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS);
- (3) to maintain efforts aimed at reaching, within WTO and before the Fifth WTO Ministerial Conference, a consensus solution for paragraph 6 of the Doha Declaration, with a view to meeting the needs of the developing countries;
- (4) to seek to establish conditions conducive to research and development that spur the development of new medicines for diseases that affect developing countries;

2. REQUESTS the Director-General:

- (1) to continue to support Member States in the exchange and transfer of technology and research findings, according high priority to access to antiretroviral drugs to combat HIV/AIDS and medicines to control tuberculosis, malaria and other major health problems, in the context of paragraph 7 of the Doha Declaration which promotes and encourages technology transfer;
- (2) by the time of the 113th session of the Executive Board (January 2004), to establish the terms of reference for an appropriate time-limited body to collect data and proposals from the different actors involved and produce an analysis of intellectual property rights, innovation, and public health, including the question of appropriate funding and incentive mechanisms for the creation of new medicines and other products against diseases that disproportionately affect developing countries, and to submit a progress report to the Fifty-seventh World Health

Assembly and a final report with concrete proposals to the Executive Board at its 115th session (January 2005);

(3) to cooperate with Member States, at their request, and with international organizations in monitoring and analysing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Member States can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impact of those agreements;

(4) to encourage developed countries to make renewed commitments to investing in biomedical and behavioural research, including, where possible, appropriate research with developing country partners.

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.28

Agenda item 14.16

28 May 2003

Revision of the International Health Regulations

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA48.7, WHA48.13, WHA54.14, and WHA55.16, which respond to the need to ensure global health security at a time when the threat of infectious diseases is resurging;

Taking into account also the existence of new risks and threats to health arising from the potential deliberate use of agents for terrorism purposes;

Recognizing the part played by animals in the transmission and pathogenesis of some diseases which occur in humans;

Affirming the additional threat posed by the substantial growth in international travel and trade, which provide greater opportunities for infectious diseases to evolve and spread;

Underscoring the continued importance of the International Health Regulations as an instrument for ensuring the maximum possible protection against the international spread of disease with minimum interference in international traffic;

Acknowledging the close links between the Regulations and WHO's outbreak alert and response activities, which have identified the principal challenges to be met in revising the Regulations;

Concerned that experiences following the emergence and rapid international spread of severe acute respiratory syndrome (SARS) have given concrete expression to the magnitude of these challenges, the inadequacy of the current Regulations, and the urgent need for WHO and its international partners to undertake specific actions not addressed by the Regulations,

1. EXPRESSES its satisfaction with the procedures and activities planned for finalizing the draft revised Regulations for adoption by the Fifty-eighth World Health Assembly in 2005;

2. DECIDES:

(1) in accordance with Rule 42 of its Rules of Procedure, to establish an intergovernmental working group open to all Member States to review and recommend a draft revision of the International Health Regulations for consideration by the Health Assembly under Article 21 of the WHO Constitution;

(2) that regional economic integration organizations constituted by sovereign States, Members of WHO, to which their Member States have transferred competence over matters governed by this resolution, including the competence to enter into international legally binding regulations, may participate, in accordance with Rule 55 of the Rules of Procedure of the World Health Assembly, in the work of the intergovernmental working group referred to under paragraph (1);

3. URGES Member States:

(1) to give high priority to the work on the revision of the International Health Regulations and to provide resources and cooperation necessary to facilitate the progress of such work;

(2) to establish immediately a national standing task force or equivalent group and, within it, to designate an official or officials having operational responsibilities and accessible at all times by telephone or electronic communication, to ensure the speed, particularly during emergencies, of both reporting to WHO and consultation with national authorities when urgent decisions must be made;

(3) to ensure collaboration, when appropriate, with veterinary, agricultural and other relevant agencies involved in animal care in research on, and planning and implementation of, preventive and control measures;

4. REQUESTS the Director-General:

(1) to take into account reports from sources other than official notifications, to validate these reports according to established epidemiological principles;

(2) to alert, when necessary and after informing the government concerned, the international community to the presence of a public health threat that may constitute a serious threat to neighbouring countries or to international health on the basis of criteria and procedures jointly developed with Member States;

(3) to collaborate with national authorities in assessing the severity of the threat and the adequacy of control measures and, when necessary, in conducting on-the-spot studies by a WHO team, with the purpose of ensuring that appropriate control measures are being employed;

5. FURTHER REQUESTS the Director-General:

(1) to complete the technical work required to facilitate reaching agreement on the revised International Health Regulations, having included technical input from relevant disciplines and agencies, including those involved in veterinary work, animal care and relevant agricultural professions;

(2) to fully utilize technical consultations and electronic communications already in place to bring a text that has as much consensus as possible to the intergovernmental working group;

(3) to keep Member States informed about the technical work on the revision of the Regulations through the regional committees and other mechanisms;

- (4) to convene the intergovernmental working group on revision of the International Health Regulations at the appropriate time and on the agreement of the Executive Board at its 113th session in January 2004, having regard to the progress achieved on the technical work and the other commitments of the Organization;
- (5) to facilitate the participation of the least developed countries in the work of any intergovernmental working group and in intergovernmental technical consultations;
- (6) to invite, as observers at the sessions of the intergovernmental working group on the revision of the International Health Regulations in accordance with Rule 48 of the Rules of Procedure of the World Health Assembly, representatives of non-Member States, of liberation movements referred to in resolution WHA27.37, of organizations of the United Nations system, of intergovernmental organizations with which WHO has established effective relations, and of nongovernmental organizations in official relations with WHO, who will attend the sessions of that body in accordance with the relevant Rules of Procedure and resolutions of the Health Assembly.

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.29

Agenda item 14.16

28 May 2003

Severe acute respiratory syndrome (SARS)

The Fifty-sixth World Health Assembly,

Having considered the report on the emergence of severe acute respiratory syndrome (SARS) and the international response;¹

Recalling resolutions WHA48.13 on new, emerging and re-emerging infectious diseases, WHA54.14 on global health security – epidemic alert and responses, EB111.R13 on revision of the International Health Regulations, and EB111.R6 on the prevention and control of influenza pandemics and annual epidemics;

Deeply concerned that SARS, as the first severe infectious disease to emerge in the twenty-first century, poses a serious threat to global health security, the livelihood of populations, the functioning of health systems, and the stability and growth of economies;

Deeply appreciative of the dedication in responding to SARS of health care workers in all countries, including WHO staff member, Dr Carlo Urbani, who in late February 2003 first brought SARS to the attention of the international community, and died of SARS on 29 March 2003;

Recognizing the need for Member States to take individual and collective actions to implement effective measures to contain the spread of SARS;

Acknowledging that the control of SARS requires intensive regional and global collaboration, effective strategies and additional resources at local, national, regional and international levels;

Appreciating the crucial role of WHO in a worldwide campaign to control and contain the spread of SARS;

Acknowledging the great effort made by affected countries, including those with limited resources, and other Member States in containing SARS;

Acknowledging the willingness of the scientific community, facilitated by WHO, to collaborate urgently, which led to the exceptionally rapid progress in the understanding of a new disease;

¹ Document A56/48.

Noting, however, that much about the causative agent and the clinical and epidemiological features of SARS remains to be elucidated, and that the future course of the outbreak cannot as yet be predicted;

Noting that national and international experiences with SARS contribute lessons that can improve preparedness for responding to, and mitigating the public health, economic, and social consequences of the next emerging infectious disease, the next influenza pandemic, and the possible use of a biological agent to cause harm;

Seeking to apply the spirit of several regional and international efforts in fighting the SARS epidemic, including the ASEAN +3¹ Ministers of Health Special Meeting on Severe Acute Respiratory Syndrome (SARS) (Kuala Lumpur, 26 April 2003), the Special ASEAN-China Leaders Meeting on the Severe Acute Respiratory Syndrome (SARS) (Bangkok, 29 April 2003), Emergency Meeting of SAARC Health Ministers on the SARS Epidemic (Malé, 29 April 2003), ASEAN +3 Aviation Forum on the Prevention and Containment of SARS (Manila, 15-16 May 2003), and the Extraordinary Council of European Union Health Ministers Meeting (Brussels, 6 May 2003),

1. URGES Members States:

- (1) to commit fully to controlling SARS and other emerging and re-emerging infectious diseases, through political leadership, the provision of adequate resources, including through international cooperation, intensified multisectoral collaboration and public information;
- (2) to apply WHO recommended guidelines on surveillance, including case definitions, case management and international travel;²
- (3) to report cases promptly and transparently and to provide requested information to WHO;
- (4) to enhance collaboration with WHO and other international and regional organizations in order to support epidemiological and laboratory surveillance systems, and to foster effective and rapid responses to contain the disease;
- (5) to strengthen, to the extent possible, capacity for SARS surveillance and control by developing or enhancing existing national programmes for communicable disease control;
- (6) to ensure that those with operational responsibilities can be contacted by telephone or through electronic communications at all times;
- (7) to continue to collaborate with and, when appropriate, provide assistance to WHO's Global Outbreak Alert and Response Network as the operational arm of the global response;
- (8) to request the support of WHO when appropriate, and particularly when control measures employed are ineffective in halting the spread of disease;

¹ China, Japan, and the Republic of Korea.

² Travel to and from areas affected by SARS, in-flight management of suspected SARS cases who develop symptoms while on board, including aircraft disinfection techniques.

(9) to use their experience with SARS preparedness and response to strengthen epidemiological and laboratory capacity as part of preparedness plans for responding to the next emerging infection, the next influenza pandemic, and the possible deliberate use of a biological agent to cause harm;

(10) to exchange information and experience on epidemics and the prevention and control of emerging and re-emerging infectious diseases in a timely manner, including among countries sharing land borders;¹

(11) to mitigate the adverse impact of the SARS epidemic on the health of the population, health systems and socioeconomic development;

2. REQUESTS the Director-General:

(1) to further mobilize and sustain global efforts to control the SARS epidemic;

(2) to update and standardize guidelines on international travel, in particular those related to aviation, through enhanced collaboration with other international and regional organizations;

(3) to update guidelines on surveillance, including case definitions, clinical and laboratory diagnosis, and management, and on effective preventive measures;

(4) to review and update, on the basis of epidemiological data and information provided by Member States, the classification of “areas with recent local transmission”, through close interactive consultation with the Member States concerned, and in a manner that safeguards the health of populations while minimizing public misunderstanding and negative socioeconomic impact;

(5) to mobilize global scientific research to improve understanding of the disease and to develop control tools such as diagnostic tests, drugs and vaccines that are accessible to and affordable by Member States, especially developing countries and countries with economies in transition;

(6) to collaborate with Member States in their efforts to mobilize financial and human resources and technical support in order to develop or enhance national, regional and global systems for epidemiological surveillance and to ensure effective responses to emerging and re-emerging diseases, including SARS;

(7) to respond appropriately to all requests for WHO’s support for surveillance, prevention, and control of SARS in conformity with the WHO Constitution;

(8) to strengthen the functions of WHO’s Global Outbreak Alert and Response Network;

(9) to strengthen the global network of WHO collaborating centres in order to carry out research and training on the management of emerging and re-emerging diseases, including SARS;

¹ WHO regards any country with an international airport, or sharing a border with an area having recent local transmission of SARS, as being at risk of imported cases.

(10) to take into account evidence, experiences, knowledge and lessons acquired during the SARS response when revising the International Health Regulations;

(11) to report to the Fifty-seventh World Health Assembly through the Executive Board at its 113th session on progress made in the implementation of this resolution.

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.30

Agenda item 14.4

28 May 2003

Global health-sector strategy for HIV/AIDS

The Fifty-sixth World Health Assembly,

Having considered the draft global health-sector strategy for HIV/AIDS;¹

Mindful of WHO's role, as a cosponsor of UNAIDS, in ensuring that the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly special session on HIV/AIDS (June 2001) is followed up;

Deeply concerned about the unprecedented burden the HIV/AIDS epidemic is placing on the health sector, and acknowledging the central role of that sector in providing an expanded, multisectoral response;

Conscious of the opportunities and challenges presented by the availability of new resources to Member States through mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and from the World Bank, bilateral agencies, foundations and other donors;

Acutely aware of the need to strengthen health-sector capacity in order: (a) to absorb and manage resources; (b) to improve planning, prioritization, development of human resources, programme management, integration and implementation of key interventions, mobilization of nongovernmental organizations, and assurance of service quality and sustainability; and (c) to support research as part of national responses;

Equally conscious of the need simultaneously to expand activities in prevention, treatment, care, support, surveillance, monitoring and evaluation, as essential and mutually supportive elements of a strengthened overall response to the HIV/AIDS epidemic;

Aware of the corresponding increase in demand by Member States for technical support, normative guidance and strategic information in order to make optimal use of resources and to maximize the impact of interventions;

Recalling that resolution WHA53.14 requested the Director-General, *inter alia*, to develop a global health-sector strategy for HIV/AIDS and sexually transmitted infections,

1. TAKES NOTE of the global health-sector strategy for HIV/AIDS;

¹ Document A56/12, Annex.

2. EXHORTS Member States, as a matter of urgency:

- (1) to adopt and implement the strategy as appropriate to national circumstances as part of national, multisectoral responses to the HIV/AIDS epidemic;
- (2) to strengthen existing, or to establish new, structures, and to mobilize and engage all concerned parties, within and beyond the health sector, in order to implement the strategy through the health and other concerned sectors and to monitor and evaluate its effectiveness;
- (3) to take all necessary steps, including the mobilization of resources, to fulfil their obligations under the Declaration of Commitment on HIV/AIDS of the United Nations General Assembly special session on HIV/AIDS, including those related to access to care and treatment; and efforts to prevent HIV infection;
- (4) to strengthen measures of cooperation and support, both bilaterally and multilaterally, to fight the HIV/AIDS epidemic whether directly among themselves, or through WHO or other competent international and regional institutions;
- (5) to reaffirm that public health interests are paramount in both pharmaceutical and health policies, to recognize the difficulties faced by developing countries in effective use of compulsory licensing in accordance with the Declaration on the TRIPS Agreement and Public Health (Doha Declaration), and, when necessary, to use the flexibilities in the TRIPS Agreement in order to meet the needs of developing countries for drugs against HIV/AIDS;

3. REQUESTS the Director-General:

- (1) to provide support to Member States, on request, in implementing the strategy and evaluating its impact and effectiveness;
- (2) to cooperate with those Member States that request technical support in the preparation of their submissions to the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- (3) to take the necessary steps to assure that offers of bilateral and multilateral collaboration and support submitted by one or more Member States with regard to fighting the HIV/AIDS epidemic are widely disseminated and promoted among the rest of the Member States, and periodically to assess the impact of this proceeding at the Health Assembly;
- (4) to support, mobilize, and facilitate efforts of Member States and all other concerned parties to achieve the goal of providing in a poverty-focused manner, equitably and to those most vulnerable, effective antiretroviral treatment within the context of strengthening national health systems, while maintaining a proper balance of investment between prevention, care, and treatment, and bearing in mind WHO's target of reaching at least three million people with HIV in developing countries by 2005;¹
- (5) further to mobilize Member States and all parties in support of actions taken by countries with an AIDS epidemic, especially developing countries, to obtain affordable and accessible drugs to combat HIV/AIDS;

¹ Document A56/12.

(6) report to the Fifty-seventh World Health Assembly through the Executive Board at its 113th session on progress made in the implementation of this resolution.

Tenth plenary meeting, 28 May 2003
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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.32

Agenda item 12.1

28 May 2003

Appropriation resolution for the financial period 2004-2005

The Fifty-sixth World Health Assembly,

1. RESOLVES to appropriate for the financial period 2004-2005 an amount of US\$ 960 111 000 under the regular budget as follows:

Appropriation Section	Purpose of appropriation	Amount US\$
1.	Communicable diseases	93 025 000
2.	Noncommunicable diseases and mental health	69 616 000
3.	Family and community health	60 340 000
4.	Sustainable development and healthy environments	81 802 000
5.	Health technology and pharmaceuticals	49 728 000
6.	Evidence and information for health	175 451 000
7.	External relations and governing bodies	44 055 000
8.	General management	139 294 000
9.	Director-General, Regional Directors and independent functions	21 670 000
10.	WHO's presence in countries	111 130 000
11.	Miscellaneous	34 000 000
	Effective working budget	880 111 000
12.	Transfer to Tax Equalization Fund	80 000 000
	Total	960 111 000

2. RESOLVES to finance the regular budget for the financial period 2004-2005 as follows:

Source of financing	Amount
	US\$
Miscellaneous Income	21 636 000
Regular budget net assessments on Members (see also paragraph 3(3) below)	863 100 890
Net transfer to the Tax Equalization Fund	75 374 110
Total	<hr/> 960 111 000 <hr/>

3. FURTHER RESOLVES that:

(1) notwithstanding the provisions of Financial Regulation 4.3, the Director-General is authorized to make transfers between the appropriation sections of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made; all such transfers shall be reported in the financial report for the financial period 2004-2005; any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.3;

(2) amounts not exceeding the appropriations approved under paragraph 3 shall be available for the payment of obligations incurred during the financial period 1 January 2004 to 31 December 2005 in accordance with the provisions of the Financial Regulations; notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 2004-2005 to sections 1 to 11;

(3) in establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization; the total amount of such tax reimbursements is estimated at US\$ 4 625 890;

4. DECIDES:

(1) that notwithstanding the provisions of Financial Regulation 5.1, an amount of US\$ 12 364 000 shall be financed directly by the Miscellaneous Income account to provide an adjustment mechanism for the benefit of those Member States that will experience an increase in the rate of assessment between that applicable for the financial period 2000-2001 and for the financial period 2004-2005 and notify the Organization that they wish to benefit from the adjustment mechanism;¹

(2) that the amount required to meet payments under the financial incentive scheme for 2004 and for 2005 in accordance with Financial Regulation 6.5, estimated at US\$ 1 000 000, shall be financed directly by the Miscellaneous Income account;

¹ See resolution WHA56.34.

(3) that the level of the Working Capital Fund shall remain at US\$ 31 000 000 as decided previously under resolution WHA52.20;

5. REQUESTS the Director-General to provide budget information on staffing and categories of expenditure resulting from the operational planning for 2004-2005 to the Executive Board at its 113th session;

6. NOTES that the expenditure in the programme budget for 2004-2005 to be financed from sources other than the regular budget is estimated at US\$ 1 824 500 000, leading to a total effective budget under all sources of funds of US\$ 2 704 611 000.

Tenth plenary meeting, 28 May 2003
A56/VR/10

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.33

Agenda item 16.6

28 May 2003

Scale of assessments for the financial period 2004-2005

The Fifty-sixth World Health Assembly,

1. DECIDES to accept henceforth the latest available United Nations scale of assessment for assessed contributions of Member States, with a maximum assessment rate of 22% and a minimum assessment rate of 0.001%, taking into account differences in membership between WHO and the United Nations;
2. DECIDES that the scale of assessments for the years 2004 and 2005 shall be as follows:

(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
Afghanistan	0.00890
Albania	0.00300
Algeria	0.06890
Andorra	0.00390
Angola	0.00200
Antigua and Barbuda	0.00200
Argentina	1.13050
Armenia	0.00200
Australia	1.60090
Austria	0.93180
Azerbaijan	0.00390
Bahamas	0.01180
Bahrain	0.01770
Bangladesh	0.00980
Barbados	0.00890
Belarus	0.01870
Belgium	1.11090
Belize	0.00100
Benin	0.00200
Bhutan	0.00100

(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
Bolivia	0.00790
Bosnia and Herzegovina	0.00390
Botswana	0.00980
Brazil	2.35160
Brunei Darussalam	0.03250
Bulgaria	0.01280
Burkina Faso	0.00200
Burundi	0.00100
Cambodia	0.00200
Cameroon	0.00890
Canada	2.51690
Cape Verde	0.00100
Central African Republic	0.00100
Chad	0.00100
Chile	0.20860
China	1.50740
Colombia	0.19780
Comoros	0.00100
Congo	0.00100
Cook Islands ^a	0.00100
Costa Rica	0.01970
Côte d'Ivoire	0.00890
Croatia	0.03840
Cuba	0.02950
Cyprus	0.03740
Czech Republic	0.19970
Democratic People's Republic of Korea	0.00890
Democratic Republic of the Congo	0.00390
Denmark	0.73700
Djibouti	0.00100
Dominica	0.00100
Dominican Republic	0.02260
Ecuador	0.02460
Egypt	0.07970
El Salvador	0.01770
Equatorial Guinea	0.00100
Eritrea	0.00100
Estonia	0.00980
Ethiopia	0.00390
Fiji	0.00390
Finland	0.51360

^a Not a Member of the United Nations.

(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
France	6.36210
Gabon	0.01380
Gambia	0.00100
Georgia	0.00490
Germany	9.61200
Ghana	0.00490
Greece	0.53030
Grenada	0.00100
Guatemala	0.02660
Guinea	0.00300
Guinea-Bissau	0.00100
Guyana	0.00100
Haiti	0.00200
Honduras	0.00490
Hungary	0.11810
Iceland	0.03250
India	0.33550
Indonesia	0.19680
Iran (Islamic Republic of)	0.26760
Iraq	0.13380
Ireland	0.28930
Israel	0.40830
Italy	4.98340
Jamaica	0.00390
Japan	19.20220
Jordan	0.00790
Kazakhstan	0.02750
Kenya	0.00790
Kiribati	0.00100
Kuwait	0.14460
Kyrgyzstan	0.00100
Lao People's Democratic Republic	0.00100
Latvia	0.00980
Lebanon	0.01180
Lesotho	0.00100
Liberia	0.00100
Libyan Arab Jamahiriya	0.06590
Lithuania	0.01670
Luxembourg	0.07870
Madagascar	0.00300
Malawi	0.00200
Malaysia	0.23120
Maldives	0.00100
Mali	0.00200

(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
Malta	0.01480
Marshall Islands	0.00100
Mauritania	0.00100
Mauritius	0.01080
Mexico	1.06850
Micronesia (Federated States of)	0.00100
Monaco	0.00390
Mongolia	0.00100
Morocco	0.04330
Mozambique	0.00100
Myanmar	0.00980
Namibia	0.00690
Nauru	0.00100
Nepal	0.00390
Netherlands	1.71010
New Zealand	0.23710
Nicaragua	0.00100
Niger	0.00100
Nigeria	0.06690
Niue ^a	0.00100
Norway	0.63560
Oman	0.06000
Pakistan	0.06000
Palau	0.00100
Panama	0.01770
Papua New Guinea	0.00590
Paraguay	0.01570
Peru	0.11610
Philippines	0.09840
Poland	0.37190
Portugal	0.45460
Puerto Rico ^{a,b}	0.00100
Qatar	0.03340
Republic of Korea	1.82130
Republic of Moldova	0.00200
Romania	0.05710
Russian Federation	1.18070
Rwanda	0.00100
Saint Kitts and Nevis	0.00100
Saint Lucia	0.00200

^a Not a Member of the United Nations.

^b Associate Member of WHO.

(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
Saint Vincent and the Grenadines	0.00100
Samoa	0.00100
San Marino	0.00200
Sao Tome and Principe	0.00100
Saudi Arabia	0.54510
Senegal	0.00490
Serbia and Montenegro	0.01970
Seychelles	0.00200
Sierra Leone	0.00100
Singapore	0.38670
Slovakia	0.04230
Slovenia	0.07970
Solomon Islands	0.00100
Somalia	0.00100
South Africa	0.40140
Spain	2.47830
Sri Lanka	0.01570
Sudan	0.00590
Suriname	0.00200
Swaziland	0.00200
Sweden	1.01030
Switzerland	1.25350
Syrian Arab Republic	0.07870
Tajikistan	0.00100
Thailand	0.28930
The former Yugoslav Republic of Macedonia	0.00590
Timor-Leste	0.00100
Togo	0.00100
Tokelau ^{a,b}	0.00100
Tonga	0.00100
Trinidad and Tobago	0.01570
Tunisia	0.02950
Turkey	0.43290
Turkmenistan	0.00300
Tuvalu	0.00100
Uganda	0.00490
Ukraine	0.05210
United Arab Emirates	0.19870
United Kingdom of Great Britain and Northern Ireland	5.44700
United Republic of Tanzania	0.00390

^a Not a Member of the United Nations.

^b Associate Member of WHO.

(1)	(2)
Members and Associate Members	WHO scale 2004-2005
	%
United States of America	22.00000
Uruguay	0.07870
Uzbekistan	0.01080
Vanuatu	0.00100
Venezuela	0.20470
Viet Nam	0.01570
Yemen	0.00590
Zambia	0.00200
Zimbabwe	0.00790

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FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.34

Agenda item 16.6

28 May 2003

Adjustment mechanism

The Fifty-sixth World Health Assembly,

DECIDES:

- (1) to establish an adjustment mechanism that shall be available to compensate those Member States that will experience an increase in their rate of assessment due to the change in the WHO scale of assessments for 2004-2005¹ and for 2006-2007 as compared with the WHO scale of assessment for 2000-2001;
- (2) that the compensation shall be available to Member States that notify the Director-General before the beginning of the year concerned that they wish to benefit from this mechanism;
- (3) that the maximum available to each Member State referred to in paragraph 1 shall be limited to the amount corresponding to the increase resulting from a change in the WHO scale of assessment between 2000-2001 and 2004-2005 and between 2000-2001 and 2006-2007 applied to the sum of US\$ 858 475 000;
- (4) that the amount calculated in accordance with paragraph 3 shall be limited to a maximum of 60% of the increase in 2004, a maximum of 40% of the increase in 2005, a maximum of 40% of the increase in 2006, and a maximum of 30% of the increase in 2007;
- (5) that the amounts calculated in accordance with paragraphs 3 and 4 shall be applied as a credit to Member States' accounts on 1 January of the year to which the credit relates;
- (6) that a further transfer to the adjustment mechanism from Miscellaneous Income of US\$ 8 655 000 shall be incorporated in the appropriation resolution for the biennium 2006-2007.

Tenth plenary meeting, 28 May 2003
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¹ See resolution WHA56.33.



FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.35

Agenda item 18.2

28 May 2003

Representation of developing countries in the Secretariat

The Fifty-sixth World Health Assembly,

Recalling resolution WHA55.24;

Having considered the report by the Director-General on representation of developing countries in the Secretariat;¹

Guided by the Purposes and Principles of the Charter of the United Nations, in particular the principle of the sovereign equality of its member states;

Reaffirming the principle of equitable participation of all Members of the Organization in its work, including the Secretariat and various committees and bodies;

Bearing in mind the principle of gender balance;

Bearing in mind Article 35 of the Constitution,

1. EXPRESSES CONCERN over existing imbalance in the distribution of posts in the WHO Secretariat between developing and the developed countries, and the continued under-representation and non-representation of several countries in particular developing countries in the WHO Secretariat;
2. APPROVES the updating of the various elements of the WHO formula incorporating the latest information available on membership, contributions and population;
3. APPROVES the following formula for appointment of staff at the WHO Secretariat:
 - (1) contribution 45%
 - (2) membership 45%
 - (3) population 10%

¹ Document A56/40.

(4) the upper limit of the desirable range would be subject to a minimum figure based on population as follows:

Up to 1 m	0.379% of 1580 or an upper limit of 6
Over 1 m and up to 25 m	0.506% of 1580 or an upper limit of 8
Over 25 m and up to 50 m	0.632% of 1580 or an upper limit of 10
Over 50 m and up to 100 m	0.759% of 1580 or an upper limit of 12
Over 100 m	0.886% of 1580 or an upper limit of 14

4. SETS a target of 60% of all vacancies arising and posts created over the next two years in the professional and higher graded categories, irrespective of their source of funding, for the appointment of nationals of unrepresented and underrepresented countries in particular developing countries on the basis of the formula in paragraph 3 in all categories of posts particularly the posts in grades P-5 and above, taking into account geographical representation and gender balance;

5. REQUESTS the Director-General:

(1) to give preference to candidates from unrepresented and underrepresented countries in particular developing countries on the basis of the formula in paragraph 3 in all categories of posts particularly the posts in grades P-5 and above, taking into account geographical representation and gender balance;

(2) to submit a report to the Fifty-seventh World Health Assembly on implementation of this resolution.

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