



XXI PAN AMERICAN SANITARY CONFERENCE

XXXIV REGIONAL COMMITTEE MEETING

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RESOLUTIONS OF THE THIRTY-FIFTH WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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

- WHA35.1 Method of Work of the Health Assembly
- WHA35.5 Members in Arrears in the Payment of their Contributions to an Extent which May Invoke Article 7 of the Constitution
- WHA35.7 Assessment of Dominica
- WHA35.10 Regulations for Expert Advisory Panels and Committees
- WHA35.12 Real Estate Fund and Headquarters Accommodation
- WHA35.14 Policy on Patents
- WHA35.17 Collaboration with the United Nations System - General Matters: Health Implications of Development Schemes
- WHA35.22 Diarrhoeal Diseases Control Programme
- WHA35.23 Plan of Action for Implementing the Strategy for Health for All by the Year 2000
- WHA35.24 Implementing the Strategy for Health for All
- WHA35.25 Seventh General Programme of Work Covering a Specific Period (1984-1989 Inclusive)
- WHA35.26 International Code of Marketing of Breast-milk Substitutes
- WHA35.27 Action Programme on Essential Drugs
- WHA35.28 Health Care of the Elderly
- WHA35.30 Long-term Planning of International Cooperation in the Field of Cancer
- WHA35.31 Expanded Programme on Immunization

Annexes

4 May 1982

METHOD OF WORK OF THE HEALTH ASSEMBLY

The Thirty-fifth World Health Assembly,

Recalling the decision in resolution WHA34.29 that, commencing in 1982, the duration of the Health Assembly shall be limited to not more than two weeks in even-numbered years, when there is not a proposed programme budget to consider;

Recalling also paragraphs 1(8) and 3(1) of resolution WHA33.17;

Having considered the Executive Board's recommendations concerning the methods of work to be implemented on a trial basis at the current Health Assembly;

1. DECIDES that, notwithstanding the provisions of paragraph 1(1) of resolution WHA32.36, one main committee shall meet during the general discussion in the plenary meetings of the Health Assembly on the reports of the Executive Board and the report of the Director-General on the work of WHO, and that the General Committee, whenever it deems it appropriate, may schedule meetings of one main committee during plenary meetings of the Health Assembly at which other items are discussed;
2. DECIDES that, during the Technical Discussions held at the end of the first week of the Health Assembly, notwithstanding the provisions of paragraph 2 of resolution WHA31.1, plenary meetings of the Health Assembly shall be held all day on Friday and one main committee shall meet on Saturday morning;
3. DECIDES further that the methods of work described in paragraphs 1 and 2 above shall apply initially only during the current Health Assembly, it being understood that the results of this trial will be reviewed by the Thirty-sixth World Health Assembly, as foreseen in resolution WHA34.29;
4. REQUESTS the Director-General, whenever he considers it in the best interest of the Organization and its Member States, to draw the attention of the Health Assembly to the possibility of deferring its consideration of proposed draft resolutions and policy issues involving matters of regional interest, which have not yet been reviewed by the regional committees, until their views and recommendations are available to the Health Assembly.

Third plenary meeting, 4 May 1982
A35/VR/3

11 May 1982

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

The Thirty-fifth World Health Assembly,

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

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

1. DECIDES not to suspend the voting privileges of Chad and Grenada;
2. URGES these Members to intensify efforts in order to regularize their position, either by the payment of contributions or by proposing special arrangements for payment at the earliest possible date;
3. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Eleventh plenary meeting, 11 May 1982
A35/VR/11

¹ Document A35/31.

11 May 1982

ASSESSMENT OF DOMINICA

The Thirty-fifth World Health Assembly,

Noting that Dominica, a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 13 August 1981;

Noting that the United Nations General Assembly, in resolution 34/6, established the assessment of Dominica at the rate of 0.01% for the years 1980 to 1982;

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

Recalling further that the Twenty-sixth World Health Assembly, in resolution WHA26.21, affirmed its belief that the scale of assessments in WHO should follow as closely as possible that of the United Nations;

DECIDES:

- (1) that Dominica shall be assessed at the rate of 0.01% for the second year of the financial period 1980-1981 and for future financial periods;
- (2) that Dominica's assessment relating to the year 1981 shall be reduced to one-ninth of 0.01%.

Eleventh plenary meeting, 11 May 1982
A35/VR/11

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12 May 1982

REGULATIONS FOR EXPERT ADVISORY PANELS AND COMMITTEES

The Thirty-fifth World Health Assembly,

Having considered the draft new regulations for expert advisory panels and committees submitted to it by the Executive Board;

1. APPROVES the new regulations for expert advisory panels and committees in replacement of those adopted by the Fourth World Health Assembly¹ and amended by the Thirteenth World Health Assembly.²
2. ENDORSES resolution EB69.R21 concerning the regulations for study and scientific groups, collaborating institutions and other mechanisms of collaboration.

Twelfth plenary meeting, 12 May 1982
A35/VR/12

¹ Resolution WHA4.14.

² Resolution WHA13.49.

12 May 1982

REAL ESTATE FUND AND HEADQUARTERS ACCOMMODATION

The Thirty-fifth World Health Assembly,

Having considered resolution EB69.R24¹ and the report of the Director-General² on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1982 to 31 May 1983;

Having also considered the report of the Ad Hoc Committee of the Executive Board on the problems resulting from the water seepage between the eighth and seventh floors of the main headquarters building;³

Recognizing that certain estimates in these reports must remain provisional because of the fluctuation of exchange rates;

1. AUTHORIZES the financing from the Real Estate Fund of the projects summarized in section 14 of the Director-General's report and of the cost of restoring the structural safety of the eighth floor of the main headquarters building, and the reinstallation of the kitchen and restaurant on the eighth floor, at the following estimated costs:

	US \$
- Contribution towards the construction of a building for the Caribbean Food and Nutrition Institute subject to the conditions stated in operative paragraph 1 (1) of resolution EB69.R24	300 000
- Additional stand-by generator for the Regional Office for South-East Asia	250 000
- Repairs and alterations to the Regional Office for Europe	303 000
- Restoration of the structural safety of the eighth floor of the main headquarters building, reinstallation of the kitchen and restaurant, and arrangements for temporary catering facilities during the period required for all the work involved	2 606 000

2. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US \$ 3 409 000.

Twelfth plenary meeting, 12 May 1982
A35/VR/12

¹ Document EB69/1982/REC/1, p. 19.

² Document EB69/1982/REC/1, p. 147, Annex 11.

³ Document A35/12.

12 May 1982

POLICY ON PATENTS

The Thirty-fifth World Health Assembly,

Recognizing the need for affirmative action to make health care resources available to all, and the role of incentives in the development of health technology that is not at present available;

Convinced that, in contributing to the development of health technology, WHO should seek to ensure its wide availability to Member States at appropriate cost;

Recognizing that, when desirable, close contacts with respect to policy on patents should be maintained between WHO and other organizations of the United Nations system,

1. DECIDES that it shall be the policy of WHO to obtain patents, inventors' certificates or interests in patents or patentable health technology developed through projects supported by WHO, where such rights and interests are necessary to ensure development of the new technology. The Organization shall use its patent rights, and any financial or other benefits associated therewith, to promote the development, production, and wide availability of health technology in the public interest;
2. REQUESTS the Director-General to report to the seventy-first session of the Executive Board, to the Thirty-sixth World Health Assembly and periodically thereafter on the progress and the methods of implementation of this policy and on any problems pertaining thereto, as well as on consultations with the international organizations concerned.

Twelfth plenary meeting, 12 May 1982
A35/VR/12

14 May 1982

COLLABORATION WITH THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Health implications of development schemes

The Thirty-fifth World Health Assembly,

Recalling resolution WHA17.20 on the importance of paying special attention to the health implications of large-scale socioeconomic development schemes;

Recalling further resolution WHA18.45 on the same issue;

Noting that many development projects carry major potential health hazards and dangers to the environment; that frequently insufficient resources are made available and/or applied in the planning and implementation of development projects to assess these hazards and to prevent their occurrence;

Noting further that, on occasions in the past, the health of populations and the environment have deteriorated as a result of development projects especially those associated with water resources development projects;

1. PLEDGES WHO's total commitment to work with Member States, international and national agencies and financial institutions to incorporate the necessary preventive measures into development projects to minimize the risks to the health of populations and the environment;

2. URGES Member States, national and international agencies and financial institutions, in the planning and implementation of development projects, especially those involving water resources development projects;

(1) to analyse in detail the possible health hazards and environmental dangers of existing and proposed development projects;

(2) to incorporate into project plans and their implementation adequate measures to prevent, to the greatest extent possible, the occurrence of health and environmental hazards;

(3) to make adequate provisions for the implementation of the necessary preventive measures in the financing of the relevant development projects;

3. APPEALS to donor countries and relevant financial institutions to assist developing countries in the implementation of the resolution.

Thirteenth plenary meeting, 14 May 1982
A35/VR/13

14 May 1982

DIARRHOEAL DISEASES CONTROL PROGRAMME

The Thirty-fifth World Health Assembly,

Recalling resolution WHA31.44;

Having considered the Director-General's report on the diarrhoeal diseases control programme;

1. NOTES with satisfaction the progress made in the establishment of the diarrhoeal diseases control programme and the development of its activities;
2. ENDORSES the dual action-research approach adopted by the programme as the best means of achieving a reduction in diarrhoeal disease mortality and morbidity;
3. URGES Member States to intensify their diarrhoeal disease control activities as an entry point to primary health care, especially in view of the expected immediate impact on early childhood mortality;
4. EXPRESSES warm appreciation to the United Nations Children's Fund, the United Nations Development Programme, the World Bank, and other international and bilateral agencies, for their continued collaboration in and support to the programme;
5. NOTES with concern the gap that exists between the support requirements of the programme and available resources, and accordingly stresses the need for continued maximum support to enable the programme to carry out its planned activities and achieve its objectives;
6. REQUESTS the Director-General:
 - (1) to continue to collaborate with Member States in developing and strengthening national control programmes, in conjunction with the targets for the International Drinking Water Supply and Sanitation Decade, through activities in programme planning, training and evaluation, and to support biomedical and health services research to meet the needs of such programmes;
 - (2) to continue to collaborate with UNICEF, UNDP, The World Bank and other agencies in support of the programme and in the provision of safe drinking water and environmental sanitation to deprived or underserved populations;
 - (3) to make efforts to attract extrabudgetary resources to meet the support requirements of this programme;
 - (4) to keep the Executive Board and the Health Assembly informed of the progress made in the implementation of the diarrhoeal diseases control programme.

14 May 1982

PLAN OF ACTION FOR IMPLEMENTING THE STRATEGY FOR HEALTH FOR ALL BY THE YEAR 2000

The Thirty-fifth World Health Assembly,

Recalling resolution WHA34.36 in which, in May 1981, the Executive Board was requested to prepare a plan of action to implement the Global Strategy for Health for All by the Year 2000;

Noting with satisfaction the adoption by the United Nations General Assembly of resolution 36/43 on the Global Strategy for Health for All by the Year 2000, in which it recognized that peace and security are important conditions for the preservation and improvement of the health of all people, that cooperation among nations on vital health issues can contribute substantially to peace and that the implementation of the Strategy constitutes a valuable contribution to the improvement of overall socioeconomic conditions and thus to the fulfilment of the International Development Strategy for the Third United Nations Development Decade;

1. APPROVES the plan of action for implementing the Global Strategy for Health for All by the Year 2000, as submitted to it by the Executive Board;
2. THANKS the Board for its work;
3. CALLS on Member States:
 - (1) to fulfil their responsibilities as partners in the solemnly agreed Strategy for Health for All by carrying out in their countries, as well as through intercountry cooperation, the activities devolving on them in the plan of action for implementing the Strategy;
 - (2) to enlist the involvement of their people in these activities;
4. URGES the regional committees to carry out their share of the plan of action and to monitor its implementation in the regions;
5. REQUESTS the Director-General:
 - (1) to ensure that the Secretariat carries out fully its part in the plan of action and that it respects the timetable;
 - (2) to take the action requested of him by the United Nations General Assembly in resolution 36/43, and in particular to take steps to ensure that all appropriate organizations and institutions of the United Nations system collaborate with WHO in implementing the Strategy;
 - (3) to monitor the implementation of the plan of action and to keep the regional committees, the Executive Board and the Health Assembly fully informed of progress through the reports of the Regional Directors to the regional committees on the implementation of regional strategies and through his reports to the Board on the implementation of the Global Strategy;
6. REQUESTS the Executive Board to monitor progress in implementing the plan of action through the monitoring and evaluation of the Global Strategy in conformity with resolution WHA34.36 and to report to the Health Assembly on progress made and problems encountered.

14 May 1982

IMPLEMENTING THE STRATEGY FOR HEALTH FOR ALL

The Thirty-fifth World Health Assembly,

Noting with satisfaction the decisions taken by groups of Member States - the Non-Aligned and other developing countries - concerning the implementation of the Strategy for Health for All;

Stressing the importance of the decision of the Non-Aligned and other developing countries expressed in the resolutions on:

- (1) Implementation of National Strategies for Health for All by the Year 2000;
- (2) Technical Cooperation among Countries for the Achievement of the Goal of Health for All by the Year 2000;
- (3) Network of Institutions for Health Development;
- (4) Exchange of Health Experts between Developing Countries,

1. CONGRATULATES the Non-Aligned and other developing countries for this expression of political commitment to the goal of Health for All;

2. REQUESTS the Director-General to mobilize support for these and other Member countries for the implementation of their strategies for achieving health for all through such efforts as are described in the above resolutions.¹

Thirteenth plenary meeting, 14 May 1982
A35/VR/13

¹ As provided in document A35/INF.DOC./7.

14 May 1982

SEVENTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD (1984-1989 INCLUSIVE)

The Thirty-fifth World Health Assembly,

Having reviewed, in accordance with Article 28(g) of the Constitution, the draft of the Seventh General Programme of Work covering a specific period (1984-1989 inclusive), submitted by the Executive Board;

Convinced that the Seventh General Programme of Work, the first of three new general programmes of work of WHO to be implemented by the target date of the year 2000, constitutes a satisfactory response of the Organization to the Global Strategy for Health for All by the Year 2000;

Believing that the Programme provides an appropriate framework for the formulation of the Organization's medium-term programmes and programme budgets, and that its content has been sufficiently specified to permit evaluation;

Recognizing the important contribution to the development of the programme by the Regional Committees;

1. APPROVES the Seventh General Programme of Work;
2. CALLS ON Member States to use it when deciding on their cooperative activities with WHO as well as their intercountry health activities;
3. URGES the regional committees to ensure that regional programmes and programme budgets are prepared on the basis of the Seventh General Programme of Work;
4. REQUESTS the Director-General to ensure that the Seventh General Programme of Work is translated by the beginning of the period concerned into medium-term programmes for implementation through biennial programme budgets, and is properly monitored and evaluated;
5. REQUESTS the Executive Board:
 - (1) to monitor the implementation of the Programme on a continuing basis;
 - (2) to review the progress and to evaluate the effectiveness of the Programme in supporting the goals of the Global Strategy for Health for All by the Year 2000;
 - (3) to ensure in its biennial reviews of programme budget proposals that these properly reflect the Programme;
 - (4) to carry out in-depth reviews of particular programmes as necessary to ensure that the work of the Organization is proceeding in conformity with the Seventh General Programme of Work.

14 May 1982

INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

The Thirty-fifth World Health Assembly,

Recalling resolution WHA33.32 on Infant and Young Child Feeding and resolution WHA34.22 adopting the International Code of Marketing of Breast-Milk Substitutes;

Conscious that breast-feeding is the ideal method of infant feeding and should be promoted and protected in all countries;

Concerned that inappropriate feeding practices of infants result in greater incidence of infant mortality, malnutrition and disease, especially in conditions of poverty and lack of hygiene;

Recognizing that commercial marketing of breast-milk substitutes for infants has contributed to an increase in artificial feeding;

Recalling that the Thirty-fourth World Health Assembly adopted an International Code intended to, inter alia, deal with these marketing practices;

Noting that while many Member States have taken some measures related to improving infant and young child feeding, few Member States have adopted and adhered to the International Code as a "minimum requirement" and implemented it "in its entirety", as called for in resolution WHA34.22;

URGES Member States to give renewed attention to the need to adopt national legislation, regulations or other suitable measures to give effect to the International Code;

REQUESTS the Director-General

- (a) to design and coordinate a comprehensive programme of action to support Member States in their efforts to implement and monitor the Code and its effectiveness;
- (b) to provide support and guidance to Member States as and when requested to ensure that the measures they adopt are consistent with the letter and spirit of the International Code;
- (c) to undertake, in collaboration with Member States, prospective surveys, including statistical data of infant and young child feeding practices in the various countries, particularly with regard to the incidence and duration of breast-feeding.

Thirteenth plenary meeting, 14 May 1982
A35/VR/13

14 May 1982

ACTION PROGRAMME ON ESSENTIAL DRUGS

The Thirty-fifth World Health Assembly,

Recalling and reinforcing resolutions WHA31.32 and WHA32.41 which are the bases of the Action Programme on Essential Drugs;

Having noted the report prepared by the Executive Board Ad Hoc Committee on Drug Policies on behalf of the Executive Board,¹

Realizing the complexity of the pharmaceutical sector and its multisectoral nature and conscious of the need for an adequate managerial structure and financial support for the dynamic progress of this Programme;

1. THANKS the Committee for its work;
2. ENDORSES the report subject to the Health Assembly's deliberations and in particular the main lines of action of the programme over the coming years and the plan of action for 1982-1983;
3. URGES all Member States concerned that have not already done so to develop and implement drug policies and programmes along the lines indicated in the report in conformity with resolutions WHA31.32 and WHA32.41;
4. URGES all Member States that are in a position to do so to provide technical and financial support to the developing countries for the preparation and implementation of drug policies and programmes along the lines of the report and thanks those Member States that are already doing so;
5. CONGRATULATES UNICEF for its decision to collaborate fully with WHO in carrying out this programme;
6. INVITES other relevant agencies, programmes and funds of the United Nations system, bilateral agencies, non-governmental and voluntary organizations and the pharmaceutical industry to collaborate in their respective fields of interest in carrying out this programme;
7. URGES all regional committees to ensure that the programme is vigorously pursued in their region and that to this end regional plans of action are prepared and adequate resources are allocated to the programme in the regional programme budgets;
8. REQUESTS the Executive Board to continue to monitor closely the evolution of the programme and to report thereon in the first instance to the Thirty-seventh World Health Assembly in 1984;
9. REQUESTS the Director General
 - (1) to foster the coordinated implementation of the programme among all partners involved throughout the world and to take all necessary measures to implement the programme in its

¹ Document A35/7.

entirety at national, regional and global levels, as well as to monitor its progress on a continuing basis;

(2) to specify the work plan for 1982-1983 as soon as possible;

(3) to intensify WHO's technical cooperation with Member States that so desire in carrying out national programmes for ensuring essential drugs to all in need and in providing the support required from other organizational levels of WHO, on the request of countries, for the development of national supply systems for essential drugs, including production and control;

(4) to ensure that adequate resources are provided for the implementation of the programme and that, when preparing the programme for the period 1984-1985, the necessary financial support be given to it from all available funds through both WHO's regular budget and the attraction of extrabudgetary funds to the programmes of developing countries;

(5) to ensure the sound management of the programme so that it is carried out efficiently and effectively along the lines indicated in the report;

(6) to report regularly to the Executive Board on the measures he has taken, on progress achieved and on problems encountered.

14 May 1982

HEALTH CARE OF THE ELDERLY

The Thirty-fifth World Health Assembly,

Recalling resolution WHA32.25 concerning collaboration with the United Nations system on health care of the elderly;

Noting the adoption by the United Nations General Assembly of resolution 36/43 on the Global Strategy for Health for All by the Year 2000, which calls for the involvement of all economic and social development sectors in the solution of health care problems;

Noting further, with satisfaction, the intersectoral collaboration established within the United Nations system in preparation for the World Assembly on Aging, 1982;

Recognizing the role played by the nongovernmental organizations in the preparation of the World Assembly on Aging, 1982;

1. REQUESTS the Director-General:

- (1) to continue to collaborate closely with the United Nations in the field of aging, in a role that goes beyond traditional medical concerns and involves the health sector in the larger context of improving the quality of life for the elderly;
- (2) to take steps to maintain international coordinating mechanisms established to prepare for the World Assembly on Aging, in order to facilitate the implementation of the plan of action that will be generated by the World Assembly;
- (3) to ensure that the Organization's future activities in social development carried out in cooperation with the United Nations system, especially with the regional economic commissions, take account of the plan of action to be generated by the World Assembly;
- (4) to submit a report to a future Health Assembly on the social, health and other technologies that Member States can employ, in different socioeconomic situations, to improve the social, mental and physical wellbeing of the elderly;
- (5) to make use of the managerial process for national health development, including relevant research, to help countries to anticipate changing age structures and to develop programmes and long-term plans that will help to sustain the growing number of the elderly, in independence and dignity, within their own homes;
- (6) to ensure that reports to the Health Assembly on the implementation of the Global Strategy for Health for All by the Year 2000 take into account the health status of the elderly;

2. REQUESTS Member States:

- (1) to take measures to ensure that health issues in aging are given appropriate attention in national contributions to the World Assembly on Aging;

(2) to maintain national coordination mechanisms established to prepare for the World Assembly in order to facilitate the implementation of the plan of action generated by that Assembly;

(3) to include the elderly within national strategies for health for all by the year 2000, and to make provision for their health care within country health plans that take account of national needs and priorities.

Fourteenth plenary meeting, 14 May 1982
A35/VR/14

14 May 1982

LONG-TERM PLANNING OF INTERNATIONAL COOPERATION IN THE FIELD OF CANCER

The Thirty-fifth World Health Assembly,

Noting the Director-General's progress report,¹ prepared in accordance with resolution EB61.R29, on WHO's work in the long-term planning of international cooperation in the field of cancer;

Recognizing the continuing growing prevalence of malignant diseases throughout the world and the importance of their health and socioeconomic consequences;

Considering that previous mandates from the Health Assembly in respect of WHO's programme in the field of cancer, set out in resolutions WHA26.61, WHA27.63, WHA28.85 and WHA30.41, request the Organization to play an important role in promoting relevant cancer control measures, including coordinated cancer research;

Noting that the intensification of activities at WHO headquarters and in the regions, and the progress made since WHO's cancer programme has been given a new orientation in accordance with the Global Strategy for Health for All, have enabled the Organization to establish more effective cooperation with Member States in developing and implementing national cancer control programmes;

Reaffirming the necessity for further development of international cooperation in the field of cancer;

1. THANKS the Director-General for his report;
2. ENDORSES the recommendations of the Programme Committee of the Executive Board and of the Subcommittee on Cancer of the Advisory Committee on Medical Research;
3. URGES Member States to strengthen the development of cancer control measures or, where they are lacking, to consider initiating them, as an integral part of national health plans, allocating resources so as to reach the largest possible segments of the population;
4. ASKS Member States to consider making voluntary contributions to support WHO's activities in cancer prevention and control, including research;
5. REQUESTS the regional committees to review activities for the control of cancer in their regions in the light of WHO's reoriented cancer programme;
6. REQUESTS the Director-General:
 - (1) to ensure that WHO's reoriented cancer control programme is vigorously pursued, making optimal use of all available resources, and that it is properly monitored and evaluated;
 - (2) to continue to promote coordinated action for cancer prevention, control and research, inter alia by strengthening the work of the Director-General's Coordinating Committee on Cancer through outside expertise, especially in the field of health services research;

¹ Document EB69/1982/REC/1, Appendix to Annex 8.

(3) to promote, within the programme of the Organization, the further coordinated development and implementation of the long-term programme of international cooperation in the field of cancer, emphasizing optimal integration with other related activities of the Organization and collaboration with other intergovernmental and nongovernmental organizations concerned;

(4) to report to the Thirty-seventh World Health Assembly on progress in implementing this resolution in the Organization's work.

Fourteenth plenary meeting, 14 May 1982
A35/VR/14

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14 May 1982

EXPANDED PROGRAMME ON IMMUNIZATION

The Thirty-fifth World Health Assembly,

Noting the report of the Director-General¹ on the Expanded Programme on Immunization and the Executive Board's discussion on the report;

Noting further the five-point action programme contained in the Director-General's report, calling for the promotion of the Expanded Programme on Immunization within the context of primary health care, the investment of adequate human and financial resources in the Expanded Programme, the continuous evaluation and adaptation of immunization programmes, and the pursuit of appropriate research;

1. RECOGNIZES that the goal of the Expanded Programme on Immunization, to provide immunization for all children of the world by 1990, is an essential element of WHO's strategy to attain health for all by the year 2000;
2. WARNS that progress will have to be accelerated if this goal is to be met;
3. URGES Member States to take action on the five-point programme annexed to this resolution;²
4. EXPRESSES warm appreciation to national agencies and individuals, the United Nations Children's Fund, the United Nations Development Programme, the World Bank and other international organizations whose collaboration has contributed so much to the success of the programme so far;
5. URGES Member States and international organizations that are in a position to do so to commit long-term support to countries unable fully to underwrite the costs involved in complete immunization of their infant populations;
6. URGES Member States to collaborate, especially through technical cooperation among developing countries, in all programme aspects in order to accelerate the achievement of the objectives of the Expanded Programme and in the continuous evaluation of the progress of the programme through appropriate information support;
7. REQUESTS the Director-General:
 - (1) to intensify collaboration with Member States to increase the effectiveness of national immunization programmes;
 - (2) to promote dissemination of the results of significant research findings and programme developments;
 - (3) to continue to keep the Health Assembly informed of the progress of the programme as required.

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¹ Document A35/9.

² Annex.

ANNEX

FIVE-POINT ACTION PROGRAMME

(1) Promote EPI within the context of primary health care:

- develop mechanisms to enable the community to participate as an active partner in programme planning, implementation and evaluation, providing the technical and logistical resources to support these functions; and
- deliver immunization services with other health services, particularly those directed towards mothers and children, so that they are mutually supportive.

(2) Invest adequate human resources in EPI: Lack of these resources in general and lack of management skills in particular represent the programme's most severe constraints. Capable senior and middle-level managers must be designated and given authority and responsibility to carry out their tasks. They require training, not only to be effective with respect to EPI, but also to contribute to the understanding and strengthening of the primary health care approach. Reasons for low motivation and performance in the areas of field supervision and management need to be identified in order that appropriate measures can be taken to encourage managers to visit, train, motivate and monitor the performance of those for whom they are responsible.

(3) Invest adequate financial resources in EPI: For the programme to expand to reach its targets, current levels of investment in EPI, estimated now at US\$ 72 million per year, must be doubled by 1983 and doubled again by 1990 when a total of some US\$ 300 million (at 1980 value) will be required annually. Over two-thirds of these amounts must come from within the developing countries themselves, the remaining one-third from the international community.

(4) Ensure that programmes are continuously evaluated and adapted so as to achieve high immunization coverage and maximum reduction in target-disease deaths and cases: Such adaptation depends on the development of adequate information and evaluation systems. By the end of 1985 at the latest, each country should be able to:

- estimate reliably immunization coverage of children by the age of 12 months with vaccines included in the national programme;
- obtain timely and representative reports on the incidence of EPI target diseases included within the national programme; and
- obtain information on the quality of vaccine so that it is known that the vaccines employed for EPI meet WHO requirements and are potent at the time of use.

In addition, countries should promote the use of periodic programme reviews by multidisciplinary teams comprised of national and outside staff to ensure that operational problems are identified and that a wide range of experience is reflected in the recommendations which are made.

(5) Pursue research efforts as part of programme operations: The objectives should be to improve the effectiveness of immunization services while reducing their costs and to ensure the adequate supply and quality of vaccines. Specific concerns include the development of approaches for delivering services which engage the full support of the community, the improvement of methods and materials relating to sterilization and the cold chain, the acquisition of additional knowledge concerning the epidemiology of the target diseases, further development of appropriate management information systems, and further improvement in the production and quality control of vaccines which are safe, effective and stable.