

*executive committee of  
the directing council*

*working party of  
the regional committee*



**PAN AMERICAN  
HEALTH  
ORGANIZATION**



**WORLD  
HEALTH  
ORGANIZATION**

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**RESOLUTIONS AND OTHER ACTIONS OF THE FORTY-NINTH  
WORLD HEALTH ASSEMBLY OF INTEREST TO THE  
PAHO EXECUTIVE COMMITTEE**

The Forty-ninth World Health Assembly took place in Geneva, Switzerland, from 20 to 25 May 1996, with participation by delegates from all Member States of the Region of the Americas. The Assembly adopted 29 resolutions.

This document provides a summary of the work of the Assembly and of the resolutions which, in the judgment of the Regional Director, are of particular interest to the Executive Committee in its role as the Working Party for the Regional Committee for the Americas. The Committee is asked to analyze and discuss the significance of these resolutions for the Member States of PAHO/AMRO and for the Regional Office and to indicate any changes which should be made in the document before it is presented to the XXXIX Meeting of the Directing Council.

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## **1. Introduction**

The Forty-ninth World Health Assembly was held in Geneva, Switzerland, on 20-25 May 1996. During its deliberations, WHA49 considered the work of the Executive Board at its Ninety-sixth and Ninety-seventh Sessions, reviewed the *World Health Report 1996*, and considered a variety of programmatic and administrative issues. Although the Assembly lasted only one week, it passed a total of 29 resolutions, three less than were passed in 1995. From the Region of the Americas, Dr. Alberto J. Mazza, Minister of Health of Argentina, was elected President of the Assembly, and Dr. Ana Maria Alfaro de Gamero, Vice Minister of Health of El Salvador, was elected Vice Chairperson of Committee A.

The work of the Assembly is summarized in the following sections. Only those resolutions and other actions considered to be of particular importance to the Region of the Americas are included and are presented according to subject matter. Those that relate to items being considered by the Executive Committee are so noted with cross references. All of the resolutions are included in Annex A, in numerical order.

## **2. Program Policy Matters**

### **2.1 *Strengthening Nursing and Midwifery (Resolution WHA49.1)***

Resolution WHA49.1 urges Member States to involve nurses and midwives more closely in health sector reform; to develop and carry out national action plans for health, including nursing/midwifery; to increase opportunities for nurses and midwives; to monitor and evaluate the effective use of nurses and midwives in priority areas; and to strengthen nursing/midwifery education and practice in primary health care. It further requests the Director-General to increase support for implementation and evaluation of national plans, to promote coordination, to continue the work of the Global Advisory Group on Nursing and Midwifery, to promote and support training, and to report to the Fifty-fourth World Health Assembly in 2001.

PAHO/AMRO recognizes the important role that nurses and midwives play in the health services and supports their involvement in health sector reform, with strengthening of nursing and midwifery education, training, and practice. Of note in the Region are the assessment of needs for nursing education and services, development of national action plans, and improvements in education and recruitment in several countries and the review of legislation in Argentina, Chile, and Colombia. Two countries, Bolivia and Mexico, are participating in the Information System for the Management of Personnel funded by the W.K. Kellogg Foundation. Nonetheless, it must be recognized that financial constraints limit the amount of staff time and resources that can be devoted to issues concerning nursing and midwifery. Because of that, close work with WHO collaborating centers is essential to maximize their contributions to the development of nursing in the Region.

## **2.2 *Smallpox Eradication: Destruction of Variola Virus Stocks (Resolution WHA49.10)***

Resolution WHA49.10 recommends that the remaining stocks of variola virus, including viral genomic DNA, clinical specimens, and other material containing infectious variola virus, be destroyed on 30 June 1999.

It is hoped that this resolution will bring to a close a long and sometimes difficult debate about the destruction of the two known remaining stocks of infectious smallpox virus, which are held in Koltsovo, Novosibirsk Region, Russian Federation, and Atlanta, Georgia, USA. This will bring to an end the nearly 500-year presence of this virus in the Americas, marked by the first epidemic in Hispaniola in 1507, devastating epidemics that caused high mortality among indigenous populations over the next four centuries, the discovery of vaccination by Edward Jenner in 1796 and its introduction into North America shortly thereafter, the eradication of smallpox from the Americas in 1971, and the last case of endemic smallpox in the world in 1977.

## **2.3 *New, Emerging, and Re-emerging Infectious Diseases: Special Program on Malaria (Resolution WHA49.11)***

Noting with concern that the global malaria situation remains serious, resolution WHA49.11 urges Member States to take action to prevent and control the disease as an integral part of primary health care and urges Regional Committees to ensure that the program is vigorously pursued in their Region and that to this end regional and subregional plans of action are prepared and adequate resources allocated to the program and subsequently to regional program budgets. It requests the Director-General to intensify efforts to increase extrabudgetary resources, to reinforce training, and to report to the Ninety-ninth Session of the Executive Board.

In the 1990s, PAHO/AMRO has redefined the malaria control strategy for the Region, and several principles have been agreed upon for national malaria control programs: (1) elimination of presumptive treatment; (2) integrated use of control measures; (3) epidemiological stratification; and (4) the provision of appropriate therapy at all levels of a health care system. By 1992, the experience of the Americas was incorporated into the Global Malaria Control Strategy. Progress has been made in reducing morbidity and mortality from malaria, although the disease persists as a problem in several countries of the Americas.

## **2.4 *WHO Global Strategy for Occupational Health for All (Resolution WHA49.12)***

Resolution WHA49.12 endorses the global strategy for occupational health for all, urges Member States to devise national programs on occupational health for all based on

the global strategy, and requests the Director-General to promote implementation of the strategy, including the mobilization of extrabudgetary funds; to invite organizations of the United Nations system to strengthen their action; to encourage Member States to update education and training curricula; to encourage the work of WHO collaborating centers; and to give attention to appropriate health care in workplaces.

In the Americas, it is estimated that 36 accidents occur for every minute of work and that 5 million occupational accidents cause disability each year. Because of this, PAHO/AMRO has contributed actively to the preparation and revision of the global strategy since 1994, with involvement of several collaborating centers and participation in the XII Session of the International Labor Organization-WHO Committee in 1995. The Secretariat is formulating a Regional Plan for Workers' Health, which calls for the formulation of policies on workers' health, the development of systems for collection of core data, and the involvement of local health systems. The PAHO Program is emphasizing the need for a preventive approach, the delivery of comprehensive services, and incentives for research. The regional strategy calls for giving special attention to workers in the informal sector, small industries, migrant workers, and other high-risk groups, including minors. The third meeting of the network of WHO collaborating centers in occupational health will take place in the Americas in 1997.

## **2.5 *Prevention and Control of Iodine Deficiency Disorders (Resolution WHA49.13)***

Resolution WHA49.13 reaffirms the goal of eliminating iodine deficiency disorders by the year 2000 and urges Member States to give this goal high priority and increase efforts to sustain the elimination of these disorders. It requests the Director-General to monitor the incidence and prevalence of iodine deficiency disorders, to provide technical support to Member States, to mobilize additional technical and financial resources, to establish a mechanism for verifying elimination, and to report to the World Health Assembly by 1999.

In the Americas, considerable advances have been made in the last 15 years, and all available data indicate that elimination will be achieved before the year 2000. There has been excellent cooperation and coordination between PAHO, UNICEF, the International Council for the Control of Iodine Deficiency Disorders, and bilateral agencies. All countries in the Region have laws concerning iodine fortification of salt, and the major thrust is to ensure compliance with these laws. There is a need to continue implementing monitoring mechanisms and surveillance of biological indicators, such as concentration of iodine in urine. A micronutrient survey is being carried out in five English-speaking Caribbean countries to confirm that iodine deficiency disorders are not a problem in that subregion.

## **2.6 Revised Drug Strategy (Resolution WHA49.14)**

Resolution WHA49.14 urges Member States to reaffirm their commitment to national drug policies that ensure equitable access to essential drugs; to promote rational drug use; to enhance regulatory drug mechanisms; to monitor safety and efficacy of marketed drugs; to control unethical marketing of drugs; to eliminate inappropriate donation of drugs, as recommended by the interagency Guidelines for Drug Donations issued by WHO in May 1996; to involve various sectors to improve access to and use of drugs; and to evaluate progress regularly. It requests the Director-General to support Member States in their efforts; to encourage Member States to coordinate and harmonize their national strategies; to review and assess the WHO Ethical Criteria on Medicinal Drug Promotion; to promote vigorously the use of the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce; to disseminate the interagency Guidelines for Drug Donations issued by WHO in May 1996 and to encourage its use and review after one year; to strengthen sources of information on prices of essential drugs and raw materials of good quality; to continue the development, harmonization, and promotion of standards; to continue the development and dissemination of information on pharmaceutical products; to encourage the promotion of research and development of drugs for rare and tropical diseases; to report on the impact of the work of the World Trade Organization; and to report to the Fifty-first World Health Assembly.

Since its inception, the PAHO Essential Drugs and Health Care Technology Program has applied the strategy which Resolution WHA49.14 seeks to strengthen, in order to find solutions to persistent problems, such as lack of equitable access, poor quality, and insufficient information, while addressing new issues, including unethical marketing, donations, and pricing. For PAHO Member Governments, the resolution calls for a commitment to policies which ensure equitable access to essential drugs, reinforce regulatory mechanisms, fight unethical commerce, and eliminate inappropriate donations. For the Secretariat, the resolution implies support to the countries to achieve equitable access; the coordination of national policies and international harmonization; greater emphasis on quality, including the appropriateness of drug donations; and strengthening the availability of information, including information on pricing. Since the Director-General's report on the revised drug strategy (Document A49/4) and the resolution adopted by the Executive Board (EB97.R14) were opposed by several national and international pharmaceutical associations and were questioned by some nongovernmental organizations which rely on drug donations, particularly the aspects dealing with donations and drug pricing, the Executive Committee may wish to remain vigilant about the implementation of the resolution and its impact in the Region.

## **2.7 *Infant and Young Child Nutrition (Resolution WHA49.15)***

Resolution WHA49.15 stresses the continued need to implement the International Code of Marketing of Breast-Milk Substitutes and urges Member States to ensure that complementary foods are not marketed or used in ways that undermine exclusive and sustained breast-feeding, to ensure that financial support to professionals does not conflict with the WHO/UNICEF Baby Friendly Hospital Initiative, to ensure monitoring of the application of the Code free of commercial interests, to encourage breast-feeding in the context of primary health care, and to provide the Director-General with information on the implementation of the Code. It requests the Director-General to disseminate a document, now in preparation, on the guiding principles for feeding infants and young children during emergencies.

The resolution should be considered in the light of action which has taken place previously, including a joint WHO/UNICEF statement (1989), the Innocenti Declaration (1990), the World Summit for Children (1990), United Nations General Assembly Resolution 45/104 (1990), and the International Conference on Nutrition (1992). The resolution is fully consistent with the positions taken by the Governing Bodies of PAHO and the work done in the Region. The PAHO Food and Nutrition Program is formulating a Regional action plan on breast-feeding.

## **2.8 *Tobacco-or-Health Program (Resolution WHA49.16) and International Framework Convention for Tobacco Control (WHA49.17)***

Resolution WHA49.16 endorses the plan of action for the WHO program on tobacco or health for 1996-2000. Resolution WHA49.17 urges all Member States, organizations of the United Nations system, and other international organizations to implement comprehensive tobacco control strategies and further urges them to contribute the necessary extrabudgetary resources to permit implementation of this resolution. It requests the Director-General to initiate the development of a framework convention in accordance with Article 19 of the WHO Constitution, to encourage Member States to adopt comprehensive tobacco control policies, to inform the Secretary-General of the United Nations of this initiative and to request collaboration of the United Nations system, and to keep the Health Assembly informed in his biennial reports.

A regional plan of action for prevention and control of tobacco use became operational in 1994 with support from Canada and the United States of America. The Latin American Coordinating Committee for Tobacco Control (CLACCTA) joined in implementing the plan as a collaborating agency. A documentation center has been established in Caracas, Venezuela, and a variety of publications have been disseminated. These efforts are fully consistent with the plan of action for the WHO program on tobacco or health. The effort to create an international framework convention on tobacco

control is a significant step in controlling what will become the single greatest cause of death worldwide by the turn of the century.

### **2.9 *Prevention of Violence: Public Health Priority (Resolution WHA49.25)***

Resolution WHA49.25 notes with great concern the worldwide increase in the incidence of intentional injuries; endorses declarations made in other international fora concerning the need to prevent violence, especially that against women; declares that violence is a leading worldwide public health problem; and urges Member States to assess the problem of violence in their own territory and communicate to WHO that information. It requests the Director-General to initiate public health activities, within the resources available, to address the problem of violence and to report to the Ninety-ninth Session of the Executive Board on progress made.

In the Americas, violence is a major public health problem, as was clearly documented during a regional conference held in 1994. The Executive Committee is receiving a report on progress in the implementation of the Regional Plan of Action on Violence and Health (Document CE118/13). The Executive Committee may wish to explore the consistency of the plan with Resolution WHA49.25.

## **3. *Collaboration with the United Nations System and with Other Intergovernmental Organizations***

### **3.1 *Supply of Controlled Drugs for Emergency Care (Resolution WHA49.18)***

Resolution WHA49.18 urges Member States to promote dialogue between health and drug control authorities in order to establish simplified regulatory procedures that allow timely international supply of narcotic drugs and psychotropic substances in emergency situations, and requests the Director-General to prepare model guidelines for simplified regulatory procedures.

The interests of PAHO/AMRO include addressing emergency situations but also solutions to the inadequate supply and use of narcotic drugs and psychotropic substances for pain alleviation under all conditions. Simplified drug regulations must be accompanied by adequate training of medical and paramedical personnel. PAHO/AMRO is collaborating with the United Nations International Drug Control Program, the Inter-American Drug Abuse Commission of the Organization of American States, and WHO Collaborating Centers to promote modification of regulations, improved availability of suitable drugs, and development of training programs.



### **3.2 *WHO Policy on Collaboration with Partners for Health Development (Resolution WHA49.19)***

Resolution WHA49.19 commends the progress made in forming partnerships within the United Nations system and with different elements of civil society to place health at the center of development, urges Member States to play a strong coordinating role in working with external partners in health development, and calls on the international community to join forces in pursuing WHO policy. It requests the Director-General to keep the Health Assembly informed of intensified collaboration within the United Nations system, in particular with the World Bank, and of strategic alliances with intergovernmental organizations, notably the five regional commissions of the United Nations Economic and Social Council, the five regional banks, and other regional intergovernmental institutions, including the Organization of American States.

PAHO/AMRO has a long history of collaboration with regional and international partners, with which it is working closely to coordinate efforts at reforming the health sector throughout the Region. Of particular note was the special session on Health Sector Reform held during the XXXVIII Meeting of the Directing Council in September 1995. Cosponsors of this meeting were the World Bank, the Economic Commission for Latin America and the Caribbean, the United Nations Children's Fund, the United Nations Population Fund, the Organization of American States, the Inter-American Development Bank, and development agencies of the Canadian and the United States Governments. Representatives from the health, finance, and economic sectors of all countries in the Region and nongovernmental organizations participated. This special meeting was one of a number of activities which PAHO is undertaking as a result of mandates given by the Heads of State and Government at the Summit of the Americas held in Miami in December 1994. Most recently, the Director of PAHO has been meeting with Heads of State and key leaders in civil society throughout the Region to promote the consideration of health as a critical element in sustainable human development.

The Executive Committee may wish to refer to Documents CE118/11 and CE118/12.

### **3.3 *Strengthening the Coordination of Emergency Humanitarian Assistance (Resolution WHA49.21)***

Resolution WHA49.21 welcomes Resolution 1995/56 of the United Nations Economic and Social Council on strengthening of the coordination of emergency humanitarian assistance and requests the Director-General to report to the Council the relevant measures proposed to and endorsed by the Health Assembly and to emphasize

progress made by WHO in defining its role and operational responsibilities and its operative and financial capacities.

PAHO has provided the WHO Division of Emergency and Humanitarian Action with data and information about regional activities and will continue to do so as needed.

### **3.4 *International Program to Mitigate the Health Effects of the Chernobyl Accident (IPHECA) (Resolution WHA49.22)***

Resolution WHA49.22 urges Member States to participate actively in and to provide further support to IPHECA and requests the Director-General to continue implementing the International Program, to give emphasis to monitoring and mitigating the long-term health effects, including the psychosocial effects, and to continue close collaboration with other international organizations.

While the Chernobyl accident occurred outside the Americas, what is being learned about the impact on the affected populations is of importance to the Region. Ten years after the disaster, excess thyroid cancers are being detected in exposed children (800 cases reported in 1995). Enormous psychological problems from the fear of radiation have affected hundreds of thousands of persons, even those without significant exposure, and have required enormous expenditures by Belarus, the Russian Federation, and the Ukraine. Knowledge gained in those countries will be helpful in planning radiological health programs and mitigating radiation disasters that occur in the Americas.

### **3.5 *International Decade of the World's Indigenous People (Resolution WHA49.26)***

Resolution WHA49.26 recalls United Nations General Assembly Resolution 50/157, which adopted the program activities for the International Decade of the World's Indigenous People; notes the initiative taken by PAHO; and requests the Director-General to strengthen the focal point for the International Decade of the World's Indigenous People and to submit to the Ninety-ninth Session of the Executive Board a comprehensive program of action for the Decade.

PAHO's targeted efforts to improve the health of indigenous people in the Region date to 1992, when a planning committee with representation from indigenous groups advised on a hemispheric workshop which was subsequently held in Winnipeg, Canada, in April 1993. Recommendations from the workshop were presented to the Directing Council that year and led to the creation of a regional initiative on indigenous health. A PAHO action plan has been developed for 1995-1998, and regional programs, centers, and country offices have designated focal points for the initiative. A working group including indigenous persons has drafted priorities and issues for research. On 1 May

including indigenous persons has drafted priorities and issues for research. On 1 May 1996, the Director of PAHO signed an agreement with the Indigenous Parliament of the Americas to seek legislative and regulatory action to improve health and living conditions of indigenous people. Because a large majority of the 45 million indigenous persons in the Region live in poverty, many without access to basic health services, it is essential that this initiative succeed if the Region is to achieve health for all. The effort will involve other agencies and nongovernmental organizations.

### **3.6 *Joint United Nations Program on HIV/AIDS (UNAIDS) (Resolution WHA49.27)***

Resolution WHA49.27 notes the expanding impact of the HIV/AIDS epidemic, acknowledges the leadership role of the former Global Program on AIDS and the exceptional contributions of its staff, and endorses the arrangements for governance of UNAIDS. It urges Member States to continue their commitments to national AIDS prevention, to ensure expansion of the national response to HIV/AIDS and sexually transmitted diseases (STDs) and the protection of health workers, to strengthen surveillance, and to support UNAIDS governance. It further requests the Director-General to maintain a strong technical capacity within WHO; to provide technical guidance to UNAIDS and facilitate cooperation between UNAIDS and WHO programs; to facilitate the incorporation of UNAIDS policies, norms, and strategies into WHO activities at global, regional, and country level; to collaborate in all aspects of resource mobilization for HIV/AIDS; and to keep the Health Assembly fully informed on a regular basis.

UNAIDS formally began operating in January 1996. However, as of the beginning of June 1996, UNAIDS had been unable to make funds available in the Region of the Americas, leading to delays in many planned activities. PAHO has maintained its regional program, although with reduced funding and staff, in order to provide critical support and technical cooperation to national programs. PAHO has an agreement to cooperate with UNAIDS and is also mobilizing resources for the prevention and control of HIV/AIDS and STDs.

The Executive Committee may wish to refer to Document CE118/17.

## **4. Other Matters**

### **4.1 *WHO Reform and Response to Global Change: Progress Report on Reform (Personnel Policy) (Resolution WHA49.23)***

Resolution WHA49.23 takes note of the progress achieved in organizational reform, reaffirms the belief that WHO's staff are its most important resource, and affirms that an effective personnel policy is essential to the effective implementation of

reform. It requests the Director-General to ensure that urgent steps are taken to develop and implement a new personnel policy for WHO compatible with the United Nations system, to submit that policy to the Ninety-ninth Session of the Executive Board, and to report to the Fiftieth World Health Assembly on progress made in implementing reform. It further requests the Regional Directors to report regularly to the Executive Board on progress in and obstacles to the implementation of reforms in their Region.

PAHO/AMRO has made excellent progress in implementing most of the reforms endorsed by the Executive Board and the World Health Assembly, particularly in budgetary reforms and the renewal of health for all. Early in 1995, the Organization was restructured to bring it into line with the strategic and programmatic orientations for 1995-1998 as approved by the XXIV Pan American Sanitary Conference in 1994. PAHO's personnel policy seeks to obtain the most highly qualified staff for each position, while maintaining a reasonable geographic distribution. PAHO has an active staff development program which provides both internal and external opportunities for career development.

#### **4.2 *Personnel Matters: Employment and Participation of Women in the Work of WHO (Resolution WHA49.9)***

Resolution WHA49.9 reiterates the importance of achieving the 30% target for representation of women in professional categories, stresses that further progress is needed at all managerial levels, and requests the Director-General to investigate obstacles to the recruitment, promotion, and retention of women, to ensure participation of women in all WHO committees, and to include gender issues in staff development and training. It urges the Director-General and the Regional Directors to invite governments to designate women to serve as members of delegations to Governing Body meetings, to appoint and promote women to managerial-level posts, and to establish a high-level advisory committee to assist in achieving the participation of women at all levels.

The Executive Committee will be receiving a report from the Special Subcommittee on Women, Health, and Development (Document CE118/6), which was established to deal with the same issues addressed in Resolution WHA49.9. PAHO has already exceeded the target of 30% women in professional categories, although further progress is needed in the most senior positions (P5 to D1). The Director of PAHO has an Advisory Committee on Women to assist him in dealing with gender issues within the Organization, and he has invited Member Governments to include women in their delegations to Governing Body meetings. The Regional Program on Women, Health, and Development and the Staff Development Program of the Department of Personnel have conducted gender training workshops throughout the Organization, including the country offices. The senior management of PAHO remains strongly committed to the goals embodied in Resolution WHA49.9.

### **4.3 *Executive Board Membership***

The Forty-ninth World Health Assembly elected 10 Member States to designate a person to serve on the WHO Executive Board. From the Region of the Americas, Honduras was elected to replace Costa Rica, whose term of office had expired.

**Annex**

**RESOLUTIONS OF THE  
FORTY-NINTH WORLD HEALTH ASSEMBLY**

## Strengthening nursing and midwifery

The Forty-ninth World Health Assembly,

Having reviewed the Director-General's report on strengthening nursing and midwifery;<sup>1</sup>

Recalling resolutions WHA42.27, WHA45.5, WHA47.9 and WHA48.8 dealing with the role of nursing and midwifery personnel in the provision of quality health care in the strategy for health for all and education of health care providers;

Seeking to apply the spirit of the International Conference on Population and Development (Cairo, 1994), the World Summit for Social Development (Copenhagen, 1995), and the Fourth World Conference on Women (Beijing, 1995);

Concerned about the problems resulting from the emergence of new diseases and the re-emergence of old diseases as highlighted in *The world health report 1996*;

Concerned about the necessity of effectively utilizing health care personnel, in view of rising costs, and mindful of the cost-effectiveness of good nursing/midwifery practice;

Recognizing the potential of nursing/midwifery to make a major difference in the quality and effectiveness of health care services in accordance with the Ninth General Programme of Work;

Recognizing the need for a comprehensive approach to nursing/midwifery service development as an integral part of health development to maximize the contribution of nurses and midwives to achievements in the field of health;

Recognizing also that such an approach must be country-specific and be assured of the active involvement of nurses and midwives at all levels of the health care system, together with the recipients of health care, policy-makers, the public and private sectors, representatives of professional associations and educational institutions, and those who have responsibility for social and economic development,

1. THANKS the Director-General for his report and for the increased support to nursing in Member States;

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<sup>1</sup> Document A49/4, part II.

2. **URGES Member States:**

- (1) to involve nurses and midwives more closely in health care reform and in the development of national health policy;
- (2) to develop, where these do not exist, and carry out national action plans for health including nursing/midwifery as an integral part of national health policy, outlining the steps necessary to bring about change in health care delivery, ensuring further development of policy, assessment of needs and utilization of resources, legislation, management, working conditions, basic and continuing education, quality assurance and research;
- (3) to increase opportunities for nurses and midwives in the health teams when selecting candidates for fellowships in nursing and health-related fields;
- (4) to monitor and evaluate the progress toward attainment of national health and development targets and in particular the effective use of nurses and midwives in the priority areas of equitable access to health services, health protection and promotion, and prevention and control of specific health problems;
- (5) to strengthen nursing/midwifery education and practice in primary health care;

3. **REQUESTS the Director-General:**

- (1) to increase support to countries where appropriate in the development, implementation and evaluation of national plans for health development including nursing and midwifery;
- (2) to promote coordination between all agencies and collaborating centres and other organizations concerned in countries to support their health plan and make optimal use of available human and material resources;
- (3) to provide for the continued work of the Global Advisory Group on Nursing and Midwifery;
- (4) to promote and support the training of nursing/midwifery personnel in research methodology in order to facilitate their participation in health research programmes;
- (5) to keep the Health Assembly informed of progress made in the implementation of this resolution, and to report to the Fifty-fourth World Health Assembly in 2001.

Fifth plenary meeting, 23 May 1996  
A49/VR/5

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**Financial report on the accounts of WHO for the financial period 1994-1995, report of the External Auditor, and comments thereon of the Administration, Budget and Finance Committee (Article 18(f); Financial Regulations 11.3 and 12.9)**

The Forty-ninth World Health Assembly,

Having examined the financial report and audited financial statements for the financial period 1 January 1994 to 31 December 1995 and the report of the External Auditor to the Health Assembly;<sup>1</sup>

Having considered the first report of the Administration, Budget and Finance Committee of the Executive Board to the Forty-ninth World Health Assembly,<sup>2</sup>

1. **ACCEPTS** the Director-General's financial report and audited financial statements for the financial period 1 January 1994 to 31 December 1995 and the report of the External Auditor to the Health Assembly;
2. **EXPRESSES REGRET** at the high level of borrowings;
3. **REQUESTS** the Director-General:
  - (1) to develop a financial plan for 1996-1997 and beyond to bring expenditure into line with expected income and to minimize internal borrowings;
  - (2) to report to the ninety-ninth session of the Executive Board in January 1997 on this matter, including the impact on programmes and activities in countries, and other issues raised by the External Auditor in his report to which priority attention should be given, as well as steps to improve financial control and internal audit.

Fifth plenary meeting, 23 May 1996  
A49/VR/5

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<sup>1</sup> Document A49/7.

<sup>2</sup> Document A49/33.

## **Status of collection of assessed contributions**

The Forty-ninth World Health Assembly,

Noting with concern that, as at 31 December 1995:

(a) the rate of collection in 1995 of contributions to the effective working budget for that year amounted to 56.31%, the lowest collection rate in WHO history, leaving US\$ 177 293 158 unpaid in respect of 1995 contributions;

(b) only 96 Members had paid their contributions to the effective working budget for that year in full, and 78 Members had made no payment;

(c) total unpaid contributions in respect of 1995 and prior years exceeded US\$ 243 million,

1. EXPRESSES deep concern at the unprecedented level of outstanding contributions, which has had a deleterious effect on programmes and on the financial situation;
2. CALLS THE ATTENTION of all Members to Financial Regulation 5.6, which provides that instalments of contributions shall be considered as due and payable in full by the first day of the year to which they relate, and to the importance of paying contributions as early as possible to enable the Director-General to implement the programme budget in an orderly manner;
3. REMINDS Members that, as a result of the adoption, by resolution WHA41.12, of an incentive scheme to promote the timely payment of assessed contributions, those that pay their assessed contributions early in the year in which they are due will have their contributions payable for a subsequent programme budget reduced appreciably, whereas Members paying later will have their contributions payable for that subsequent programme budget reduced only marginally or not at all;
4. URGES Members that are regularly late in the payment of their contributions to take immediate steps to ensure prompt and regular payment;
5. REQUESTS the Director-General to review, taking into account developments in other organizations of the United Nations system, all additional measures that may be appropriate to the circumstances of WHO with a view to ensuring a sound financial basis for the implementation of programmes, and to report on this matter to the ninety-ninth session of the Executive Board and the Fiftieth World Health Assembly;

6. REQUESTS the Director-General to draw this resolution to the attention of all Members.

Fifth plenary meeting, 23 May 1996  
A49/VR/5

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

The Forty-ninth World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;<sup>1</sup>

Having been informed that the voting rights of Burkina Faso, Cambodia, Guatemala, Haiti, Senegal, Yemen, and Zaire had been restored as a result of payments made which reduced their unpaid prior years' arrears of contributions to a level below that indicated in resolution WHA41.7;

Noting that, at the time of opening of the Forty-ninth World Health Assembly, the voting rights of Antigua and Barbuda, Chad, Comoros, Congo, Dominican Republic, Equatorial Guinea, Guinea-Bissau, Iraq, Liberia, Somalia, and Yugoslavia 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;

Having been informed that the voting rights of Congo have been restored as a result of a payment received after the opening of the Forty-ninth World Health Assembly;

Noting that, in accordance with resolution WHA48.6, the voting privileges of Angola, Armenia, Azerbaijan, Bosnia and Herzegovina, Cuba, Georgia, Kazakstan, Kyrgyzstan, Latvia, Niger, Nigeria, Peru, Republic of Moldova, Tajikistan, Turkmenistan, and Ukraine have been suspended as from 20 May 1996, 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 Burkina Faso, Burundi, Gambia, Guatemala, Mauritania, Togo, Uruguay, and Venezuela were in arrears at the time of the opening of the Forty-ninth World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended at the opening of the Fiftieth World Health Assembly;

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<sup>1</sup> Document A49/9.

Having been informed that as a result of a payment received after the opening of the Forty-ninth World Health Assembly, the arrears of contributions of Guatemala had been reduced to a level below the amount which would justify invoking Article 7 of the Constitution,

1. EXPRESSES serious concern at the increasingly large number of Members that have been in arrears in the payment of their contributions in recent years to an extent which would justify invoking Article 7 of the Constitution and the unprecedented level of contributions owed by them;
2. URGES the Members concerned to regularize their position at the earliest possible date;
3. FURTHER URGES Members that have not communicated their intention to settle their arrears to do so as a matter of urgency;
4. REQUESTS the Director-General to approach the Members in arrears to an extent which would justify invoking Article 7 of the Constitution, with a view to pursuing the question with the governments concerned;
5. REQUESTS the Executive Board, in the light of the Director-General's report to the Board at its ninety-ninth session and after the Members concerned have had an opportunity to explain their situation to the Board, to report to the Fiftieth World Health Assembly on the status of payment of contributions;
6. DECIDES:
  - (1) that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Fiftieth World Health Assembly, Burkina Faso, Burundi, Gambia, Mauritania, Togo, Uruguay, and Venezuela are still in arrears in the payment of their contributions to an extent which would 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 Fiftieth and subsequent Health Assemblies, until the arrears of the Member concerned 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.

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## Arrears of contributions of South Africa

The Forty-ninth World Health Assembly,

Having studied the report of the Director-General on the arrears of contributions of South Africa;<sup>1</sup>

Recalling that on the opening day of the Forty-seventh World Health Assembly in May 1994 all rights and privileges associated with full membership of WHO were restored with immediate effect to South Africa by virtue of resolution WHA47.1 following a period of non-participation from 1966 to 1993;

Recalling further that the Forty-seventh World Health Assembly also decided at that time to defer consideration of the Director-General's report on the arrears of contributions of South Africa in respect of the period 1966 to 1993 until the Forty-eighth World Health Assembly to be held in May 1995;

Recalling further that, following a request received from South Africa, the Forty-eighth World Health Assembly decided to leave the matter in abeyance for a further year until such time as discussions in New York on South Africa's financial obligations to the United Nations system as a whole were completed;

Noting that on 15 December 1995 the United Nations General Assembly adopted resolution 50/83 recognizing that, owing to the exceptional circumstances which had previously arisen from apartheid, South Africa had asked not to be held liable for contributions relating to the period 30 September 1974 to 23 June 1994;

Noting further that by resolution 50/83 the United Nations General Assembly accepted South Africa's request to be exempted from payment of its contributions in respect of that period;

Noting also that in WHO the assessed contributions of South Africa for the period 1966 to 1993 had been placed in the undistributed reserve throughout that period and were therefore not required for financing of effective working budgets during that period;

Expressing satisfaction at the fact that South Africa had paid in full all assessed contributions for the period following restoration of its rights and privileges in WHO and that these payments had been provisionally applied to the 1994, 1995 and 1996 contributions without any intention of prejudging the outcome of decisions to be taken by the Health Assembly,

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<sup>1</sup> Document A49/10.

1. **ACCEPTS**, owing to the exceptional and unique circumstances of the non-participation of South Africa in WHO during the period 1966 to 1993, South Africa's request not to have to pay its contributions for that period;
2. **DECIDES** that these contributions totalling US\$ 22 345 060 should be offset against the corresponding amount in the undistributed reserve.

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## **Reassignment of Member States to regions**

The Forty-ninth World Health Assembly,

Considering the need to ensure full consultation between the regions concerned before a decision is taken whether or not to reassign a Member State from one region of the World Health Organization to another,

1. **DECIDES** that any request by a Member State for reassignment from one region to another should be examined by the regional committees concerned, and that their views should be conveyed to the Health Assembly for its consideration before it acts upon such a request;
2. **REQUESTS** the Director-General, when he receives a request by a Member State for such reassignment, to ensure implementation of the above provisions.

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## Report of the ad hoc group

The Forty-ninth World Health Assembly,

Having considered the report by the Director-General on WHO reform and response to global change: report of the ad hoc group;<sup>1</sup> and the recommendation contained in paragraph 3 of resolution EB97.R10, adopted by the Executive Board at its ninety-seventh session, concerning a change in the Rules of Procedure of the World Health Assembly;

Noting that, as a general principle, it is not appropriate to apply such a change to an incumbent Director-General;

Accepting therefore the proviso recorded in paragraph 5 of document A49/15;

Noting further that its acceptance of this proviso does not mean that the Health Assembly is taking the position that the incumbent Director-General should in fact serve for a further term; and that the question who should serve as Director-General from July 1998 remains to be decided in accordance with the relevant rules and procedures;

AMENDS Rule 108 of the Rules of Procedure of the World Health Assembly as follows:

### Rule 108

In pursuance of Article 31 of the Constitution, the Director-General shall be appointed by the Health Assembly on the nomination of the Board and on such terms as the Health Assembly may determine, subject to the provisions of Rules 109 to 112 inclusive. The term of office of the Director-General shall be five years, and he or she shall be eligible for reappointment once only.

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<sup>1</sup> Document A49/15.

## **Real Estate Fund**

The Forty-ninth World Health Assembly,

Having considered the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1996 to 31 May 1997;

Recognizing that certain estimates must necessarily remain provisional because of the fluctuation of exchange rates, and that a separate proposal for the Regional Office for the Eastern Mediterranean will be forthcoming,

**AUTHORIZES** the financing from the Real Estate Fund of the expenditures summarized in part III of the Director-General's report, at an estimated cost of US\$ 406 000.

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## **Personnel matters: employment and participation of women in the work of WHO**

The Forty-ninth World Health Assembly,

Having considered the report of the Director-General on the employment and participation of women in the work of WHO;<sup>1</sup>

Recalling resolutions WHA38.12, EB91.R16 and EB93.R17;

Noting resolution WHA48.28;

Noting the situation at September 1995 regarding the proportion of women on the staff in established offices and their distribution by grade;

Noting that improving the participation of women in the work of the Organization is an essential factor in improving its effectiveness;

Aware of the current budgetary reductions which may lead to restriction of recruitment and abolition of posts,

1. REITERATES the importance of achieving the 30% target for representation of women in the professional categories in the very near future;
2. WELCOMES the initial steps taken with respect to increasing the participation of women in the highest management categories, but stresses that further progress is necessary at all managerial levels;
3. REQUESTS the Director-General:
  - (1) to investigate the obstacles to progress in the recruitment, promotion, and retention of women in professional posts, and to develop strategies to overcome these obstacles at all levels of the Organization;
  - (2) to ensure adequate participation of women in all WHO committees, both technical and administrative, including advisory bodies and selection committees;

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<sup>1</sup> Document A49/18.

- (3) to ensure that "gender issues" are included in staff development and training activities at all levels and that the Organization provide technical assistance for training women in developing countries;
4. URGES the Director-General and Regional Directors:
  - (1) to invite governments to designate women to serve as members of the Executive Board and ensure that women are represented on delegations to regional committees and the Health Assembly;
  - (2) to ensure that the appointment and/or promotion of women to management-level posts, especially at level of D2 and above, are accelerated;
  - (3) to establish a high-level advisory committee including senior women to assist them in the participation of women at all levels of the Organization in those regions where the 30% target for the recruitment of women to professional and higher graded posts has not been met;
5. DRAWS TO THE ATTENTION of the Director-General the potential disproportionate effect on women of further reductions in force should they occur, and the need to ensure that the progress achieved in increasing the proportion of women is sustained;
6. ENDORSES the recommendation made by the Administration, Budget and Finance Committee at its meeting in January 1996 that the Director-General report to the ninety-eighth session of the Executive Board in May 1996 on progress made in the employment and participation of women.<sup>1</sup>

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<sup>1</sup> See document EB97/3, recommendation (7).

## Smallpox eradication - destruction of variola virus stocks

The Forty-ninth World Health Assembly,

Noting that on 8 May 1980 the Thirty-third World Health Assembly in resolution WHA33.3 declared the global eradication of smallpox;

Noting further that resolution WHA33.4 endorsed recommendations for the post-eradication era which specified that remaining stocks of variola virus should be held at only a limited number of sites, and that the stock of variola virus has since been reduced and restricted to the WHO collaborating centre on smallpox and other poxvirus infections designated at the Centers for Disease Control and Prevention, Atlanta, Georgia, USA, and the Russian State Research Centre of Virology and Biotechnology, Koltsovo, Novosibirsk Region, Russian Federation;

Recognizing that sequence information on the genome of several variola virus strains and the cloned DNA fragments of genome of variola virus allow scientific questions about the properties of the viral genes and proteins to be solved as well as any problem with diagnosis of suspected smallpox, and that the escape of variola virus from laboratories would be a serious risk as an increasing proportion of the population lack immunity to smallpox,

**RECOMMENDS** that the remaining stocks of variola virus, including all whitepox viruses, viral genomic DNA, clinical specimens and other material containing infectious variola virus, should be destroyed on 30 June 1999 after a decision has been taken by the Health Assembly, that being a moratorium of five-and-a-half years from the deadline of 31 December 1993 proposed by the ad hoc committee on orthopoxvirus infections, with a view to taking action to achieve a broader consensus.

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## **New, emerging and re-emerging infectious diseases: special programme on malaria**

The Forty-ninth World Health Assembly,

Noting with concern that the global malaria situation is serious and that malaria remains a major global priority, essential for the achievement of health for all, with an annual incidence of between 300 and 500 million clinical cases, African countries south of the Sahara accounting for more than 90% of the global burden;

Alarmed by the death toll from malaria of about one million in children below the age of five years and by the extension and intensification of resistance to many antimalarials;

Deeply concerned at the recent occurrence of extensive malaria epidemics, particularly in Africa, due to civil disorders, or major ecological changes and movements of refugees and displaced populations;

Noting with regret that WHO response is inadequate to deal with the explosive situation while acknowledging the intensive efforts undertaken by the technical staff of the Organization in spite of the limited resources available for the purpose;

Recalling resolutions WHA38.24, WHA42.30, and WHA46.32 as well as resolutions 1994/34 and 1995/63 of the United Nations Economic and Social Council, which called for increased resources for preventive action and intensification of the struggle against malaria in developing countries, particularly in Africa, and urged WHO, as the lead agency in international health, to continue to provide in collaboration with the United Nations agencies and programmes concerned the technical expertise and support to the agreed malaria control strategies and workplans;

Recognizing that any further delay in intensifying the struggle against malaria will cost millions more lives and put the Organization in an untenable situation as the leader of international health work in disease control,

1. **URGES Member States to take action to participate fully in a reestablished action programme on malaria concentrating on ways and means of preventing and controlling the disease, including the research and training activities needed to accomplish these goals, and recommends that malaria control should be developed as an integral part of primary health care in the national systems;**
2. **URGES regional committees to ensure that the programme is vigorously pursued in their region and that to this end regional and subregional plans of action are prepared and adequate resources allocated to the programme and subsequently in the regional programme budgets;**

3. REQUESTS the Director-General to explore the possibility of establishing a special programme on malaria;

4. FURTHER REQUESTS the Director-General:

(1) to intensify his efforts to increase the extrabudgetary resources for the special account on malaria on the basis of a plan of action for intensification of the programme and to submit a report to the ninety-ninth session of the Executive Board on the progress made, including the commitment of additional resources;

(2) to reinforce the malaria training programme at the country, regional and global levels.

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## **WHO global strategy for occupational health for all**

The Forty-ninth World Health Assembly,

Having examined the report of the Director-General on the global strategy for occupational health for all;<sup>1</sup>

Recalling resolution WHA33.31, which endorsed the programme of action on workers' health, 1979-1990,<sup>2</sup> and aware of the growing health problems related to work and hazards of the work environment, particularly in countries in the process of industrialization and transition as well as those in greatest need;

Stressing that occupational health and healthy work environments are essential for individuals, communities and countries, as well as for the economic health of each enterprise;

Accentuating the important role of other organizations and social partners in promoting and implementing health and safety at work;

Emphasizing that a global strategy on occupational health for all would contribute to the global health and quality of life of individuals as a vital element of the implementation of the health-for-all strategy;

Noting that occupational health concerns all sectors so that decision-makers in governments, industry and agriculture are responsible for the establishment of healthy working conditions to meet all requirements of health protection and health promotion at the workplace;

Emphasizing the urgent need to improve occupational health and safety at work, and to strengthen occupational health services with a view to controlling work-related health hazards, so as to prevent occupational diseases and other work-related illnesses;

Convinced that the field of occupational health calls for a broad multidisciplinary approach,

1. **ENDORSES** the global strategy for occupational health for all, proposing the following major objectives for action: strengthening of international and national policies for health at work; promotion of a healthy work environment, healthy work practices and health at work; strengthening of occupational health services;

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<sup>1</sup> Document A49/4, part V.

<sup>2</sup> WHO document OCH/80.2.



establishment of appropriate support services for occupational health; development of occupational health standards based on scientific risk assessment; development of human resources; establishment of registration and data systems; strengthening of research;

2. **URGES Member States to devise national programmes on occupational health for all, based on the global strategy, with special attention to full occupational health services for the working population, including migrant workers, workers in small industries and in the informal sector, and other occupational groups at high risk and with special needs, including child workers;**

3. **REQUESTS the Director-General:**

(1) **to promote the implementation of the global strategy for occupational health and occupational safety for all within the framework of the Ninth General Programme of Work (1996-2001), including mobilization of extrabudgetary funds;**

(2) **to invite organizations of the United Nations system, particularly the International Labour Organisation, intergovernmental bodies, such as the European Commission, nongovernmental and national organizations, as well as social partners, to strengthen their action in this field and their cooperation and coordination with WHO;**

(3) **to encourage Member States to develop updated education and training curricula for developing human resources for occupational health, including both occupational health and safety professionals (occupational physicians, ergonomists, occupational health nurses, occupational hygienists, and other experts) and professionals responsible for the design and management of the workplace (architects, engineers and managers) and to give them corresponding support;**

(4) **to encourage the network of the WHO collaborating centres in occupational health to facilitate and support the implementation of the global strategy, and to make full use of the network's capacity accordingly;**

(5) **to give special attention to working people by developing appropriate health care in workplaces as a contribution to the attainment of health for all by the year 2000;**

(6) **to report at an appropriate time on progress made in the implementation of this resolution.**

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## **Prevention and control of iodine deficiency disorders**

The Forty-ninth World Health Assembly,

Having considered the report of the Director-General regarding the progress achieved in preventing and controlling iodine deficiency disorders;<sup>1</sup>

Recalling resolutions WHA39.31 and WHA43.2 on the prevention and control of iodine deficiency disorders,

1. **COMMENDS** governments, international organizations, bilateral agencies, and nongovernmental organizations, in particular the International Council for Control of Iodine Deficiency Disorders:

(1) on their efforts to prevent and control iodine deficiency disorders and to support related national, regional and global initiatives;

(2) on the progress achieved since 1990, through joint activities in many countries, towards the elimination of iodine deficiency disorders as a major public health problem throughout the world;

2. **REAFFIRMS** the goal of eliminating iodine deficiency disorders as a major public health problem in all countries by the year 2000;

3. **URGES** Member States:

(1) to give high priority to the prevention and control of iodine deficiency disorders wherever they exist through appropriate nutritional programmes as part of primary health care;

(2) to increase efforts for the sustainability of the elimination of iodine deficiency disorders by continued monitoring, training and technical support, including advice on appropriate health legislation, and social communication in cooperation with the International Council for Control of Iodine Deficiency Disorders, other nongovernmental organizations and UNICEF, as required;

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<sup>1</sup> Document A49/4, part VII.

4. REQUESTS the Director-General:

- (1) to continue to monitor the incidence and prevalence of iodine deficiency disorders;
- (2) to reinforce the technical support provided to Member States, on request, for monitoring progress towards the elimination of iodine deficiency disorders with the help of the International Council for Control of Iodine Deficiency Disorders, other nongovernmental organizations and UNICEF, as required;
- (3) to mobilize additional technical and financial resources to permit those Member States in which iodine deficiency disorders are still a significant problem, for training health and development workers in the early identification and treatment of iodine deficiency disorders and develop or expand their appropriate public health preventive programmes for the elimination of these disorders;
- (4) to establish a mechanism for verifying the elimination of iodine deficiency disorders in the world;
- (5) to report to the Health Assembly by 1999 on progress achieved in the elimination of iodine deficiency disorders.

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## Revised drug strategy

The Forty-ninth World Health Assembly,

Recalling resolutions WHA39.27, WHA41.16, WHA43.20, WHA45.27, WHA47.12, WHA47.13, WHA47.16 and WHA47.17;

Having considered the report of the Director-General on the revised drug strategy;<sup>1</sup>

Noting the activities of WHO to further the implementation of the revised drug strategy, in particular, the high priority given to direct country support and collaboration in drug policy formulation and implementation, provision and dissemination of independent drug information, improved training of health personnel, promotion of collaborative research, and strengthening of drug regulatory mechanisms;

Recognizing with satisfaction the increasing awareness of all parties concerned of their responsibilities, in the implementation of the revised drug strategy;

Aware that WHO's strong leadership in promoting the essential drugs concept and its efforts to coordinate the growing number of those concerned in the pharmaceutical sector have been vital in promoting rational drug use;

Concerned that access to drugs is still inequitable, that promotion of commercially produced drugs still outweighs independent, comparative, scientifically validated and up-to-date information on drugs, and that problems persist in ensuring the quality of medicines both on the open market and for donation as international aid;

Aware that effective drug regulation takes time;

Aware also that economic conditions, including the changing share of the public and private sectors in health care, demand a wise use of available resources to meet drug needs for primary health care,

1. URGES Member States:

- (1) to reaffirm their commitment to develop and implement national drug policies to ensure equitable access to essential drugs;

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<sup>1</sup> Document A49/4, part III.

- (2) to increase efforts to promote the rational use of drugs, through the intensification of training and education of health workers and the public;
- (3) to enhance drug regulatory mechanisms for the monitoring and control of efficacy, quality and safety;
- (4) to establish and strengthen, as appropriate, programmes for the monitoring of safety and efficacy of marketed drugs;
- (5) to control unethical marketing of drugs;
- (6) to eliminate inappropriate donation of drugs, as recommended by the interagency Guidelines for Drug Donations issued by WHO in May 1996;
- (7) to involve health workers, consumers, academic institutions or individuals, industry, and others concerned in open intersectoral negotiation to develop, implement and monitor these activities in order to improve access to and use of drugs;
- (8) to evaluate progress regularly, making use of indicators developed by WHO or other suitable mechanisms;

2. REQUESTS the Director-General:

- (1) to support Member States in their efforts to articulate the various elements of a national drug policy, improve access to essential drugs, and ensure the rational use of drugs;
- (2) to encourage Member States, as far as possible, to establish a system for the coordination and harmonization of their national strategies;
- (3) to develop a clear strategy for review and assessment of the effectiveness of the WHO Ethical Criteria on Medicinal Drug Promotion;
- (4) to promote vigorously the use of the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce;
- (5) to disseminate the interagency Guidelines for Drug Donations issued by WHO in May 1996 and to encourage, in collaboration with all interested parties, its use and review after one year;
- (6) to strengthen market intelligence, review in collaboration with interested parties information on prices and sources of information on prices of essential drugs and raw materials of good quality, which meet requirements of internationally recognized pharmacopoeias or equivalent regulatory standards, and provide this information to Member States;
- (7) to continue the development, harmonization and promotion of standards to enhance drug regulatory and quality control mechanisms;
- (8) to continue the development and dissemination of information on pharmaceutical products thereby assuring the safe, effective and rational use of drugs;
- (9) to encourage the promotion of research and the development of drugs for rare and tropical diseases;

(10) to report on the impact of the work of the World Trade Organization with respect to national drug policies and essential drugs and make recommendations for collaboration between the World Trade Organization and WHO, as appropriate;

(11) to report to the Fifty-first World Health Assembly on progress achieved and problems encountered in the implementation of WHO's revised drug strategy, with recommendations for action.

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## **Infant and young child nutrition**

The Forty-ninth World Health Assembly,

Having considered the summary report by the Director-General on infant feeding and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA39.28, and WHA45.34 among others concerning infant and young child nutrition, appropriate feeding practices and other related questions;

Recalling and reaffirming the provisions of resolution WHA47.5 concerning infant and young child nutrition, including the emphasis on fostering appropriate complementary feeding practices;

Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health;

Noting the increasing interest in monitoring the application of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant Health Assembly resolutions,

1. THANKS the Director-General for his report;<sup>1</sup>
2. STRESSES the continued need to implement the International Code of Marketing of Breast-Milk Substitutes, subsequent relevant resolutions of the Health Assembly, the Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;
3. URGES Member States to take the following measures:
  - (1) to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breast-feeding;
  - (2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative;
  - (3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence.

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<sup>1</sup> Document A49/4.

- (4) to ensure that the appropriate measures are taken including health information and education in the context of primary health care, to encourage breast-feeding;
  - (5) to ensure that the practices and procedures of their health care systems are consistent with the principles and aims of the International Code of Marketing of Breast-Milk Substitutes;
  - (6) to provide the Director-General with complete and detailed information on the implementation of the Code;
4. REQUESTS the Director-General to disseminate, as soon as possible, to Member States document WHO/NUT/96.4 (currently in preparation) on the guiding principles for feeding infants and young children during emergencies.

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## **Tobacco-or-health programme**

The Forty-ninth World Health Assembly,

Recalling resolution WHA48.11 recognizing the work carried out by the Organization in the field of tobacco or health which requested the Director-General to submit a plan of action for the tobacco-or-health programme for the period 1996-2000;

Having considered the Director-General's report on "Tobacco or health",<sup>1</sup>

**ENDORSES** the plan of action for the WHO programme on tobacco or health for 1996-2000.<sup>2</sup>

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<sup>1</sup> Document A49/4, part VI.

<sup>2</sup> Document A49/INF.DOC./2.

## **International framework convention for tobacco control**

The Forty-ninth World Health Assembly,

Recalling resolutions WHA29.55, WHA31.56, WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive, multisectoral, long-term tobacco control strategies;

Noting with satisfaction that the Director-General has prepared a report on the feasibility of developing international instruments for tobacco control, as requested by resolution WHA48.11, and that this report concludes that the development of such instruments is feasible,

1. **URGES** all Member States, and, where applicable, organizations of the United Nations system and other international organizations progressively to implement comprehensive tobacco control strategies that include the measures referred to in resolutions WHA39.14 and WHA43.16 as well as other appropriate measures;
2. **URGES** Member States to contribute the necessary extrabudgetary resources to permit the implementation of this resolution;
3. **REQUESTS** the Director-General:
  - (1) to initiate the development of a framework convention in accordance with Article 19 of the WHO Constitution;
  - (2) to include as part of this framework convention a strategy to encourage Member States to move progressively towards the adoption of comprehensive tobacco control policies and also to deal with aspects of tobacco control that transcend national boundaries;
  - (3) to inform the Secretary-General of the United Nations of this initiative, and to request the collaboration of the United Nations system, coordinated through the United Nations system focal point on "tobacco or health";
  - (4) to keep the Health Assembly informed of the development of the framework convention in his biennial reports to the Health Assembly on the progress and effectiveness of Member States' comprehensive tobacco control programmes, as called for in resolution WHA43.16.

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## **Collaboration within the United Nations system and with other intergovernmental organizations: Supply of controlled drugs for emergency care**

The Forty-ninth World Health Assembly,

Recognizing that controlled drugs, such as opioid analgesics, are essential medicines for the treatment of human suffering;

Also recognizing that timely international supplies of essential medicines are often vital for humanitarian disaster relief operations in emergency situations;

Concerned because speedy international supply of opioid analgesics to sites of emergencies is impossible because of the export and import control measures that apply to narcotic drugs;

Concerned further about the similar difficulties experienced even with regard to psychotropic substances, as an increasing number of national authorities apply stricter control measures than are provided under the relevant international treaty;

Noting, with satisfaction, that the International Narcotics Control Board shares such concern;

Convinced that a practical solution to this problem should be found through intensified dialogue between the health and drug control authorities at all levels,

1. URGES Member States to initiate or intensify dialogue between health and drug control authorities in order to establish simplified regulatory procedures that allow timely international supply of narcotic drugs and psychotropic substances in emergency situations;
2. REQUESTS the Director-General to prepare, in consultation with the relevant United Nations bodies involved in the international control of narcotic drugs and psychotropic substances, model guidelines to assist national authorities with simplified regulatory procedures for this purpose.

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## **Collaboration within the United Nations system and with other intergovernmental organizations: WHO policy on collaboration with partners for health development**

The Forty-ninth World Health Assembly,

Concerned about the widening gap in the health status of populations within countries and between developed and developing countries, as well as the recent drastic changes affecting socioeconomic development;

Welcoming WHO's forward-looking measures to revitalize existing relations and to form new ones with intergovernmental organizations concerned with health and health-related fields, and the significant steps taken to develop WHO's new partnership with the World Bank and to agree on action to combine the two organizations' complementary technical expertise and financial resources,

1. **COMMENDS** the progress made at global, regional and country level to implement the WHO policy of forming and strengthening partnerships within a United Nations system currently under reform and with different elements of "civil society" to place health at the centre of development;
2. **URGES** Member States, together with WHO, to play a strong coordinating role in working with external partners in health development, to establish health as a central component of national development, and to ensure capacity-building for health and overall development;
3. **CALLS ON** the international community, including development agencies and "civil society", to join forces in pursuing the WHO policy on collaboration with partners for health development and to mobilize further necessary technical and financial resources;
4. **REQUESTS** the Director-General to keep the Health Assembly informed of intensified collaboration with partners in the United Nations system, in particular the World Bank, and of developments in strategic alliances with intergovernmental organizations, notably the five regional commissions of the United Nations Economic and Social Council, the five regional development banks, and other regional intergovernmental institutions including the Organization of African Unity, the European Union, the Organization of American States, the African Economic Community and Asia-Pacific Economic Cooperation.

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## **Collaboration within the United Nations system and with other intergovernmental organizations: Orientation of WHO policy in support of African recovery and development**

The Forty-ninth World Health Assembly,

Deeply concerned about the serious situation affecting health and development in Africa, and the need for intensified, coordinated action;

Welcoming the steps taken by the Administrative Committee on Coordination to launch the United Nations System-wide Special Initiative for Africa;

Welcoming further the conclusions reached at ACC's first regular session of 1996 on the need to foster a decentralized, country-driven approach to implementation, to make maximum use of existing coordination mechanisms, in particular the lead and collaborating agencies, and to encourage the building of strong partnerships with governments, nongovernmental organizations and other elements of civil society;

Appreciating the World Bank's action to mobilize the resources required for implementing the Initiative, the framework developed by the Bretton Woods institutions to solve the debt problems of African and other heavily indebted countries, and the need to foster health and social development in the context of structural development;

Appreciating WHO's active promotion of and support for the Treaty Establishing the African Economic Community and its assistance in drafting the health protocol at the request of the Organization of African Unity;

Recognizing the solid basis for health development support constituted by WHO's organizational arrangements, including the network of collaborating centres and other partnerships, within and outside Africa,

1. **WELCOMES** the steps taken by WHO to ensure coordination of interagency support for implementation of the health component of the Special Initiative;
2. **ENDORSES** the orientation of WHO's policy in support of African recovery and development, responding to nationally defined needs and priorities, making full and effective use of African institutions as well as other partnerships within and outside the United Nations system;

3. **URGES Member States to adapt their plans for health development support to reflect the specific framework for health policy and establishment of priorities in the African countries concerned, as endorsed by the WHO Regional Committees for Africa and the Eastern Mediterranean, and by the Health Assembly;**
4. **INVITES all development agencies and multilateral financial institutions concerned, including the World Bank, to make concerted efforts with WHO to mobilize the technical and financial resources required to implement the United Nations System-wide Special Initiative for Africa and other high-priority health initiatives in support of African recovery and development;**
5. **REQUESTS the Director-General to keep the Health Assembly informed of progress made in these initiatives, ensuring that the health component is placed at the centre of African development.**

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**Collaboration within the United Nations system and  
with other intergovernmental organizations:  
Strengthening of the coordination of emergency  
humanitarian assistance**

The Forty-ninth World Health Assembly,

Recalling resolution WHA48.2 which adopted a new WHO strategy for emergency and humanitarian action,<sup>1</sup> referring also to United Nations General Assembly resolutions 46/182, 48/57 and 49/22 on this subject,

1. WELCOMES resolution 1995/56 of the United Nations Economic and Social Council on the strengthening of the coordination of emergency humanitarian assistance;
2. REQUESTS the Director-General, in response to paragraph 2(b) of that resolution, to draw the attention of the Council to the relevant measures proposed to the Health Assembly and endorsed in resolution WHA48.2 in the areas of emergency preparedness and disaster reduction, emergency response and humanitarian action, and humanitarian advocacy;
3. FURTHER REQUESTS the Director-General, in response to paragraph 2(c) of the resolution, to emphasize in his contribution to the Council's report further progress made by the Organization in defining (1) its role and operational responsibilities in the field of emergency humanitarian action; and (2) its operative and financial capacities to discharge them.

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<sup>1</sup> See document WHA48/1995/REC/1, Annex 1.

## **Collaboration within the United Nations system and with other intergovernmental organizations: International Programme to mitigate the Health Effects of the Chernobyl Accident (IPHECA)**

The Forty-ninth World Health Assembly,

Recalling resolutions 45/190 and 50/134 of the United Nations General Assembly and resolution 1990/50 of the United Nations Economic and Social Council on international cooperation in activities relating to the Chernobyl accident;

Recalling decision WHA41(9) of the Forty-first World Health Assembly authorizing the Organization to accede to the conventions concerning nuclear accidents;

Recalling resolution WHA44.36 of 16 May 1991 on "International programme on the health effects of the Chernobyl accident";

Noting the reports by the Director-General to the Forty-ninth World Health Assembly on the International Programme to mitigate the Health Effects of the Chernobyl Accident (IPHECA)<sup>1</sup> and to the ninety-fifth session of the Executive Board on the same subject;<sup>2</sup>

Mindful of the severity of the accident and its grave implications for human health, especially the sharp increase in thyroid cancer as reported at the WHO International Conference on the Health Consequences of the Chernobyl and other Radiological Accidents (Geneva, 20-23 November 1995), the European Union Conference on the Radiological Consequences of the Chernobyl Accident (Minsk, 18-22 March 1996), and the International Conference "One Decade after Chernobyl: Summing up the Consequences of the Accident" jointly co-sponsored by the European Commission, WHO and IAEA, (Vienna, 8-12 April 1996);

Noting with appreciation the work already being done by WHO and other international organizations to monitor and mitigate the adverse effects of the Chernobyl accident, and the support being given by Member States,

1. **URGES Member States to participate actively in and to provide further support for the implementation of the International Programme to mitigate the Health Effects of the Chernobyl Accident;**

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<sup>1</sup> Document A49/31.

<sup>2</sup> Document EB95/30.



2. REQUESTS the Director-General:

- (1) to continue the implementation of the International Programme, in particular to build on the foundation of the pilot projects in the further development, validation and strengthening of methods, instruments and expertise;
- (2) to give emphasis to the monitoring and mitigation of long-term health effects in highly exposed groups, including accident recovery workers and children and other residents of areas heavily contaminated with radioactive materials;
- (3) to seek to mitigate other significant health effects that are not radiation-induced but are attributable to the accident, including psychosocial and psychosomatic effects;
- (4) to continue close collaboration with other competent international organizations, including organizations of the United Nations system, in the further development and implementation of the International Programme.

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## **WHO reform and response to global change**

### **Progress report on reform (Personnel policy)**

The Forty-ninth World Health Assembly,

Recalling resolution WHA48.15 of the Forty-eighth World Health Assembly;

Having considered the report by the Director-General in document A49/11;

Having also considered resolution EB97.R2 of the Executive Board on implementation of recommendations on the WHO response to global change;

Recalling resolution EB92.R2 of the Executive Board, which underlined the importance of technical competence, career development and rotation of staff;

Recognizing the challenges faced by the Organization in adapting to changing global needs;

Determined that WHO reform should permeate the Organization at all levels and in all regions, and that it should constitute an integral part of WHO's management culture;

Convinced that WHO's staff are its most important resource, and that an effective personnel policy is essential to the effective implementation of reform,

1. **NOTES** the progress achieved;

2. **REQUESTS** the Director-General:

(1) to ensure that urgent steps are taken to develop and implement a new personnel policy for WHO incorporating the recommendations of EB97.R2 and compatible with the United Nations common system, and to submit that policy to the ninety-ninth session of the Executive Board for consideration;

(2) to ensure that the work begun by the development team on personnel policy is followed up, that proposals are developed for putting the recommendations into practice, and that concrete outcomes are achieved;

(3) to continue to report regularly to the Executive Board on achievements made and any obstacles encountered during the implementation of WHO reform;

- (4) to report to the Fiftieth World Health Assembly on progress made in implementation of reform throughout WHO;
3. REQUESTS the Regional Directors to report regularly to the Executive Board on progress in, and any obstacles encountered to, the implementation of reforms in their region;
4. REQUESTS the Executive Board to continue to monitor closely and encourage progress in reform and advise the Director-General on measures to overcome any obstacles encountered.

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

The Forty-ninth World Health Assembly,

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

Recalling the convening of the International Peace Conference on the Middle East (Madrid, 30 October 1991) on the basis of United Nations Security Council resolutions 242 (1967) of 22 November 1967 and 338 (1973) of 22 October 1973, and the subsequent bilateral negotiations;

Expressing the hope that the peace talks between the parties concerned in the Middle East will lead to a just and comprehensive peace in the area;

Noting the signing in Washington D.C. on 13 September 1993 of the Declaration of Principles on Interim Self-Government Arrangements between the Government of Israel and the Palestine Liberation Organization, the commencement of the implementation of the Declaration of Principles following the signing of the Cairo Accord on 4 May 1994, the transfer of health services to the Palestinian Authority, and the launching of the final stage of negotiations between Israel and Palestine Liberation Organization (PLO) on 5 May 1996;

Emphasizing the need to accelerate the implementation of the Declaration of Principles and the subsequent Accord;

Recognizing the need for increased support and health assistance to the Palestinian population in the areas under the responsibility of the Palestinian Authority and to the Arab populations in the occupied Arab territories, including the Palestinians as well as the Syrian Arab population;

Recognizing that the Palestinian people will have to make strenuous efforts to improve their health infrastructure, and expressing satisfaction at the initiation of cooperation between the Israeli Ministry of Health and the Ministry of Health of the Palestinian Authority, emphasizing that health development is best enhanced under conditions of peace and stability;

Expressing the hope that the Palestinian patients will be able to benefit from health facilities available in the health institutions of Jerusalem;

Recognizing the need for support and health assistance to the Arab populations in the areas under the responsibility of the Palestinian Authority and in the occupied territories, including the occupied Golan;

Having considered the report of the Director-General,<sup>1</sup>

1. EXPRESSES the hope that the peace talks will lead to the establishment of a just, lasting and comprehensive peace in the Middle East;
2. EXPRESSES the hope that the Palestinian people, having assumed responsibility for their health services, will be able themselves to carry out health plans and projects in order to participate with the peoples of the world in achievement of WHO's objective of health for all by the year 2000;
3. AFFIRMS the need to support the efforts of the Palestinian Authority in the field of health in order to enable it to develop its own health system so as to meet the needs of the Palestinian people in administering their own affairs and supervising their own health services;
4. URGES Member States, intergovernmental organizations, nongovernmental organizations and regional organizations to provide speedy and generous assistance in the achievement of health development for the Palestinian people;
5. THANKS the Director-General for his efforts and requests him:
  - (1) to take urgent steps in cooperation with Member States to support the Ministry of Health of the Palestinian Authority in its efforts to overcome the current difficulties, and in particular so as to guarantee free circulation of patients, of health workers and of emergency services, and the normal provision of medical goods to the Palestinian medical premises, including those in Jerusalem;
  - (2) to continue to provide the necessary technical assistance to support health programmes and projects for the Palestinian people in the transitional period;
  - (3) to take the necessary steps and make the contacts needed to obtain funding from various sources including extrabudgetary sources, to meet the urgent health needs of the Palestinian people during the transitional period;
  - (4) to continue his efforts to implement the special health assistance programme and adapt it to the health needs of the Palestinian people, taking into account the health plan of the Palestinian people;
  - (5) to activate the organizational unit at WHO headquarters concerned with the health of the Palestinian people, and continue to provide health assistance so as to improve the health conditions of the Palestinian people;
  - (6) to report on implementation of this resolution to the Fiftieth World Health Assembly;
6. EXPRESSES gratitude to all Member States, intergovernmental organizations and nongovernmental organizations and calls upon them to provide assistance to meet the health needs of the Palestinian people.

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<sup>1</sup> Document A49/21.

## **Prevention of violence: public health priority**

The Forty-ninth World Health Assembly,

Noting with great concern the dramatic worldwide increase in the incidence of intentional injuries affecting people of all ages and both sexes, but especially women and children;

Endorsing the call made in the Declaration of the World Summit for Social Development for the introduction and implementation of specific policies and programmes of public health and social services to prevent violence in society and mitigate its effect;

Endorsing the recommendations made at the International Conference on Population and Development and the Fourth World Conference on Women urgently to tackle the problem of violence against women and girls and to understand its health consequences;

Recalling the United Nations Declaration on the elimination of violence against women;

Noting the call made by the scientific community in the Melbourne Declaration adopted at the third international conference on injury prevention and control (1996) for increased international cooperation in ensuring the safety of the citizens of the world;

Recognizing the serious immediate and future long-term implications for health, and psychological and social development that violence represents for individuals, families, communities and countries;

Recognizing the growing consequences of violence for health care services everywhere and its detrimental effect on scarce health care resources for countries and communities;

Recognizing that the health sector is frequently at the forefront of contacts with victims of violence and has a unique technical capacity and benefits from a special position in the community to help those at risk;

Recognizing that WHO, the major agency for coordination of international work in public health, has the responsibility to provide leadership and guidance to Member States in developing public health programmes to prevent self inflicted violence and violence against others,

1. **DECLARES** that violence is a leading worldwide public health problem;

2. **URGES** Member States to assess the problem of violence on their own territory and to communicate to WHO their information about this problem and their approach to it;
3. **REQUESTS** the Director-General, within available resources to initiate public health activities to address the problem of violence that will:
  - (1) characterize different types of violence, define their magnitude and assess the causes and the public health consequences of violence using also a gender perspective in the analysis;
  - (2) assess the types and effectiveness of measures and programmes to prevent violence and mitigate its effects, with particular attention to community-based initiatives;
  - (3) promote activities to tackle this problem at both international and country level including steps to:
    - (a) improve the recognition, reporting and management of the consequences of violence;
    - (b) promote greater intersectoral involvement in the prevention and management of violence;
    - (c) promote research on violence as a priority for public health research;
    - (d) prepare and disseminate recommendations for violence prevention programmes in nations, States and communities around the world;
  - (4) ensure the coordinated and active participation of appropriate WHO technical programmes;
  - (5) strengthen the Organization's collaboration with governments, local authorities and other organizations of the United Nations system in the planning, implementation and monitoring of programmes of violence prevention and mitigation;
4. **FURTHER REQUESTS** the Director-General to present a report to the ninety-ninth session of the Executive Board describing the progress made so far and to present a plan of action for progress towards a science-based public health approach to violence prevention.

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## **Collaboration within the United Nations system and with other intergovernmental organizations**

### **International Decade of the World's Indigenous People**

The Forty-ninth World Health Assembly,

Recalling the role of WHO in planning for and implementing the objectives of the International Decade of the World's Indigenous People as recognized in resolution WHA47.27 of the Forty-seventh World Health Assembly, and resolution WHA48.24 of the Forty-eighth World Health Assembly;

Further recalling the United Nations General Assembly resolution 50/157, which adopted the programme activities for the International Decade of the World's Indigenous People, in which it is recommended that "specialized agencies of the United Nations system and other international and national agencies, as well as communities and private enterprises, should devote special attention to development activities of benefit to indigenous communities", and in this regard, that the United Nations system should establish focal points for matters concerning indigenous people in all appropriate organizations, and that the governing bodies of the specialized agencies of the United Nations system should adopt programmes of action for the Decade in their own fields of competence, in partnership with indigenous people;

Mindful of the health initiative for indigenous people undertaken by the Pan American Health Organization;

Noting document A49/24;

Welcoming the appointment by the Director-General of a focal point for the International Decade of the World's Indigenous People,

**REQUESTS** the Director-General:

- (1) to strengthen the focal point for the International Decade of the World's Indigenous People; and,
- (2) to submit to the ninety-ninth session of the Executive Board a comprehensive programme of action for the Decade, developed in consultation with national governments and organizations of indigenous people, to be undertaken by the World Health Organization at both headquarters and regional levels, with a view to achieving the health objectives of the Decade.

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## **Collaboration within the United Nations system and with other intergovernmental organizations**

### **Joint United Nations Programme on HIV/AIDS (UNAIDS)**

The Forty-ninth World Health Assembly,

Having considered the Director-General's reports on the implementation of the global strategy for the prevention and control of AIDS<sup>1</sup> and on progress towards establishing the Joint United Nations Programme on HIV/AIDS (UNAIDS);<sup>2</sup>

Recalling resolutions WHA40.26, WHA41.24, WHA42.33, WHA42.34, WHA43.10, WHA45.35 and WHA48.30, and United Nations General Assembly resolution 46/203 on HIV/AIDS, which has emerged as a major public health problem;

Noting the comments and resolutions of the regional committees on HIV/AIDS and the establishment of the Joint United Nations Programme on HIV/AIDS;

Noting that new resource mobilization mechanisms need to be developed to support countries in combating HIV/AIDS,

1. NOTES with concern that the impact of the HIV/AIDS epidemic - with parallel and related epidemics of sexually transmitted diseases - is expanding and being intensified, resulting both in increasing morbidity and mortality, particularly in developing countries, and in repercussions on the functioning of health services;

2. ACKNOWLEDGES with appreciation the essential leadership role played by WHO, through its Global Programme on AIDS since its inception, in the mobilization, guidance and coordination of activities for the prevention of HIV/AIDS, care and support of "persons living with HIV/AIDS", and promotion and coordination of research activities;

3. RECOGNIZES the dedication and exceptional contribution of the staff of the Global Programme on AIDS to the response to the HIV/AIDS epidemic, globally and within countries, and to the epidemics of sexually transmitted diseases, and expresses appreciation of this work;

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<sup>1</sup> Document A49/4, part IX.

<sup>2</sup> Document A49/25.

4. NOTES with satisfaction that, pursuant to resolution WHA48.30, the Memorandum of Understanding has been concluded for the establishment of the Joint United Nations Programme on HIV/AIDS;
5. ENDORSES:
  - (a) the formula drawn up by the United Nations Economic and Social Council for the membership of the Programme Coordinating Board of UNAIDS;
  - (b) the proposal that further consultation should be conducted on mechanisms for future elections of Member States to the Programme Coordinating Board;
  - (c) the functions of the Programme Coordinating Board described in the report of the Director-General;<sup>1</sup>
6. URGES Member States:
  - (a) to continue to show strong political commitment to national AIDS prevention efforts and give the ministries of health a leading role in collaborating with UNAIDS and its cosponsors;
  - (b) to ensure expansion of the national response to HIV/AIDS and sexually transmitted diseases in both prevention and care, and surveillance of related health problems;
  - (c) to ensure that maximum protection measures for health workers are promoted and sustained in all work situations;
  - (d) to strengthen surveillance of the pandemic and development and planning of, and resource mobilization for, national HIV/AIDS/STD programmes in partnership with UNAIDS and its cosponsors;
  - (e) to provide support to UNAIDS governance by participating actively in the work of the Programme Coordinating Board;
7. REQUESTS the Director-General:
  - (a) to ensure support for Member States in their response to HIV/AIDS and sexually transmitted diseases through maintenance of a strong technical capability within WHO to respond to related health issues;
  - (b) to provide technical guidance to UNAIDS on WHO's health policies, norms and strategies, and to facilitate cooperation between UNAIDS and the relevant WHO programmes and divisions;
  - (c) to facilitate the incorporation of UNAIDS specific policies, norms and strategies into the activities of WHO at global, regional and country level, where appropriate;
  - (d) to collaborate in all aspects of resource mobilization for HIV/AIDS activities, including
    - (i) participation in joint fund-raising activity with UNAIDS and its other cosponsors; and
    - (ii) strengthening of the capability of WHO country offices to participate in appeals for funds at the country level to combat HIV/AIDS in close collaboration with ministries of health;
  - (e) to ensure that the Health Assembly receives the reports prepared by UNAIDS on its activities on a regular basis;

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<sup>1</sup> Document A49/25.

(f) to keep the Executive Board and the Health Assembly informed about the development and implementation of an overall strategy for WHO's activities relating to HIV/AIDS and sexually transmitted diseases, including: (i) support to Member States; (ii) integration of activities into WHO programmes at all levels of the Organization, as appropriate; (iii) support provided by WHO to UNAIDS; and (iv) collaboration between WHO and UNAIDS as outlined in paragraph 7(d).

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## **Collaboration within the United Nations system and with other intergovernmental organizations**

### **Health assistance to specific countries**

The Forty-ninth World Health Assembly,

Recalling and confirming the previous resolutions of the Health Assembly on health assistance to specific countries, the most recent being resolution WHA48.31, which includes reference to earlier resolutions WHA44.37 (Health and medical assistance to Lebanon); WHA44.38 (Health assistance to refugees and displaced persons in Cyprus); WHA44.39 (Assistance to Lesotho and Swaziland); WHA44.40 (Reconstruction and development of the health sector in Namibia); and WHA44.43 (Health and medical assistance to Somalia);

Noting that an increasing number of countries and areas are stricken by natural and man-made disasters and the subsequent numerous reports submitted for discussion during the Health Assembly;

Taking note of United Nations General Assembly resolution 46/182, on "Strengthening of the coordination of humanitarian assistance of the United Nations";

Recalling resolution WHA35.1 on method of work of the Health Assembly, which draws attention to the desirability of a full discussion at regional level of all matters dealing with specific countries before such items are referred to the Health Assembly, and the recent decision on this matter by the Regional Committee for the Eastern Mediterranean (resolution EM/RC39/R.11),

1. **EXPRESSES** its appreciation to the Director-General for his continued efforts to strengthen the Organization's capacity to respond promptly and efficiently to country-specific emergencies;
2. **URGES** the Director-General to continue to give high priority to countries mentioned in the above resolutions and to coordinate these and other WHO efforts in emergency preparedness and humanitarian assistance with the humanitarian affairs programmes of the United Nations system, including mobilization of extrabudgetary resources;
3. **CALLS UPON** the Director-General to report to the Fiftieth World Health Assembly on the implementation of this resolution.

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## **Modification of Regulations for Expert Advisory Panels and Committees**

The Forty-ninth World Health Assembly

**DECIDES** to amend the Regulations for Expert Advisory Panels and Committees so that regulation 4.23 reads as follows:

4.23 The Director-General shall submit to the Executive Board a report on meetings of expert committees held since the previous session of the Board. It shall contain his observations on the implications of the expert committee reports and his recommendations on the follow-up action to be taken, and the texts of the recommendations of the expert committee shall be annexed. The Executive Board shall consider the report submitted by the Director-General and address its comments to it.

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