

*executive committee of  
the directing council*



PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



80th Meeting  
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Provisional Agenda Item 16

CE80/6 (Eng.)  
14 June 1978  
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RESOLUTIONS OF THE THIRTY-FIRST WORLD HEALTH ASSEMBLY OF INTEREST TO THE  
EXECUTIVE COMMITTEE

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

- WHA31.3 - Appointment of the Director-General
- WHA31.11 - Development of Health Programme Evaluation
- WHA31.12 - Country Health Programming
- WHA31.13 - Documentation and Languages of the Health Assembly and the Executive Board
- WHA31.16 - Scale of Assessment for 1979
- WHA31.17 - Appointment of External Auditor
- WHA31.20 - Development of Health Information Systems
- WHA31.22 - Appropriation Resolution for 1979
- WHA31.23 - Tentative Budgetary Projections for the Biennium 1980-1981
- WHA31.27 - Organizational Study on WHO's Role at the Country Level, Particularly the Role of the WHO Representatives
- WHA31.31 - Monitoring of the Implementation of Programme Budget Policy and Strategy
- WHA31.32 - Action Programme on Essential Drugs
- WHA31.33 - Drug Policies and Management: Medicinal Plants
- WHA31.34 - Action Programme of Appropriate Technology for Health
- WHA31.35 - Development and Coordination of Biomedical and Health Services Research
- WHA31.37 - Special Programme of Research, Development and Research Training in Human Reproduction
- WHA31.39 - Coordination within the United Nations System: General Matters
- WHA31.40 - Coordination within the United Nations System: United Nations Water Conference
- WHA31.41 - Technical Cooperation Among Developing Countries
- WHA31.42 - Education of People in Community Health
- WHA31.43 - Managerial Process for Health Development
- WHA31.44 - Programme on Diarrhoeal Diseases Control
- WHA31.45 - Malaria Control Strategy
- WHA31.48 - Prevention and Control of Zoonoses and Foodborne Diseases due to Animal Products

- WHA31.49 - Problems of the Human Environment: Food Hygiene
- WHA31.51 - Coordination within the United Nations System: Activities Financed  
from Extrabudgetary Sources within the United Nations System
- WHA31.53 - Expanded Programme on Immunization
- WHA31.54 - Smallpox Eradication Programme: Current Status and Certification
- WHA31.55 - Maternal and Child Health
- WHA31.58 - Control of Endemic Treponematoses

Annexes

11 May 1978

APPOINTMENT OF THE DIRECTOR-GENERAL

The Thirty-first World Health Assembly, on the nomination of the Executive Board,  
REAPPOINTS Dr Halfdan T. Mahler as Director-General of the World Health Organization.

Sixth plenary meeting, 11 May 1978  
A31/VR/6

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18 May 1978

DEVELOPMENT OF HEALTH PROGRAMME EVALUATION

The Thirty-first World Health Assembly,

Noting the discussions of the Executive Board at its sixty-first session on the development of health programme evaluation;

Supporting the Executive Board's endorsement of the principles, methods and process of evaluation as proposed by the Director-General;

Stressing the important role of the regional committees in promoting health programme evaluation;

1. REQUESTS the Director-General to continue to develop the process of health programme evaluation as an integral part of the health development process, including the establishment of positive indicators of health status;
2. REQUESTS the Executive Board to review periodically the development of health programme evaluation;
3. URGES Member States to introduce progressively and promote the above-mentioned process for the evaluation of national health programmes and services by national health personnel, and to collaborate with WHO in evaluating the impact of the Organization's programmes in their countries.

Tenth plenary meeting, 18 May 1978  
A31/VR/10

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18 May 1978

COUNTRY HEALTH PROGRAMMING

The Thirty-first World Health Assembly,

Endorsing resolution EB61.R25;

Reiterating the importance of country health programming as a systematic and continuing multisectoral, national process that helps governments to take political decisions concerning health development, in the spirit of national self-reliance in health matters, and to develop efficient national health systems as called for in resolution WHA23.61;

1. URGES Member States:

- (1) to introduce or strengthen the country health programming process for national health programme development;
- (2) to establish adequate mechanisms in ministries of health, or other ministries and institutions concerned, for the initiation and maintenance of country health programming as a continuing health development process;
- (3) to establish national centres or institutions of other types that countries may consider appropriate for the development of, and for research and training in, country health programming;
- (4) to cooperate with other countries through the exchange of information on country health programming methods, procedures and experience and through exchanges of personnel;
- (5) to cooperate with WHO in developing further the country health programming methodology in the light of experience in its application;
- (6) to introduce country health programming into undergraduate and postgraduate training wherever possible and/or necessary, for health and related personnel in order to familiarize them with the process and to increase substantially the number of well-trained personnel in this field;

2. REQUESTS the Executive Board to review progress in country health programming from time to time, as appropriate;

3. REQUESTS the Director-General:

- (1) to continue to cooperate with Member States in the further development and application of country health programming;
- (2) to promote training in the country health programming process, as well as the research required for its development and application, in national as well as in selected international collaborating centres;
- (3) to evaluate the progress of country health programming throughout the world and report thereon to the Executive Board and the World Health Assembly as appropriate.

Tenth plenary meeting, 18 May 1978  
A31/VR/10

18 May 1978

DOCUMENTATION AND LANGUAGES OF THE  
HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

The Thirty-first World Health Assembly,

Having considered resolution EB60.R7 of the Executive Board and the report of the Board's Ad Hoc Committee on Documentation and Languages of the Health Assembly and the Executive Board;<sup>1</sup>

I

Recognizing that the concept of official languages in WHO relates at present to interpretation of speeches made in those languages, whereas the concept of working languages relates essentially to translation and is applied on a pragmatic basis, taking into account the specific requirements of Member States, the Health Assembly and the Executive Board;

DECIDES:

(1) that, as regards the official languages of the Health Assembly and the Executive Board, the present practice, whereby interpretation from and into those languages is on the basis of complete parity, should be maintained;

(2) that Arabic, Chinese, English, French, Russian and Spanish shall continue to be the working languages, the practices and decisions extending or limiting their use in varying degrees being allowed to remain, except for any further modifications which may result from agreements negotiated between the governments concerned and the Organization;

II

Conscious of the need to cut out all avoidable and non-essential expenditure in accordance with resolution WHA29.48;

Being informed that certain savings could be achieved by issuing in non-serial form the volumes that at present form the Official Records series, since this would make possible a less extensive free distribution outside the Organization;

Convinced that the issue of a number of separate volumes would fulfil the same purpose as the Official Records series, and would continue to meet the needs of Member States;

DECIDES:

(1) that the present Official Records series shall be replaced by a number of separate volumes;

(2) that Rule 95 of its Rules of Procedure shall be amended by the deletion of the words: "in the Official Records of the Organization".

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<sup>1</sup> WHO Official Records, No. 242, 1977, Part I, p. 8 and Annex 2.

III

(1) DECIDES in 1979 and future years to maintain the status quo regarding the translation and publication of the verbatim records of the Health Assembly and the summary records of the Executive Board and the main committees of the Health Assembly.

(2) INVITES the Director-General, in future years, to take the necessary measures to comply with the above provisions, giving due consideration to resolution WHA29.48.

Tenth plenary meeting, 18 May 1978  
A31/VR/10

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18 May 1978

## SCALE OF ASSESSMENT FOR 1979

The Thirty-first World Health Assembly,

1. DECIDES that the scale of assessment for 1979 shall, subject to the provisions of paragraph 2 below, be as follows:

<u>Member</u>	<u>Scale</u> (percentage)
Afghanistan	0.01
Albania	0.01
Algeria	0.10
Angola	0.02
Argentina	0.83
Australia	1.51
Austria	0.63
Bahamas	0.01
Bahrain	0.01
Bangladesh	0.04
Barbados	0.01
Belgium	1.06
Benin	0.01
Bolivia	0.01
Botswana	0.01
Brazil	1.02
Bulgaria	0.14
Burma	0.01
Burundi	0.01
Byelorussian Soviet Socialist Republic	0.40
Canada	2.99
Cape Verde	0.01
Central African Empire	0.01
Chad	0.01
Chile	0.09
China	5.41
Colombia	0.11
Comoros	0.01
Congo	0.01
Costa Rica	0.02
Cuba	0.11
Cyprus	0.01
Czechoslovakia	0.83
Democratic Kampuchea	0.01
Democratic People's Republic of Korea	0.05
Democratic Yemen	0.01
Denmark	0.63
Djibouti	0.01



<u>Member</u>	<u>Scale</u> (percentage)
Dominican Republic	0.02
Ecuador	0.02
Egypt	0.08
El Salvador	0.01
Ethiopia	0.01
Fiji	0.01
Finland	0.43
France	5.73
Gabon	0.01
Gambia	0.01
German Democratic Republic	1.31
Germany, Federal Republic of	7.58
Ghana	0.02
Greece	0.34
Grenada	0.01
Guatemala	0.02
Guinea	0.01
Guinea-Bissau	0.01
Guyana	0.01
Haiti	0.01
Honduras	0.01
Hungary	0.32
Iceland	0.02
India	0.67
Indonesia	0.14
Iran	0.39
Iraq	0.08
Ireland	0.15
Israel	0.23
Italy	3.32
Ivory Coast	0.02
Jamaica	0.02
Japan	8.50
Jordan	0.01
Kenya	0.01
Kuwait	0.15
Lao People's Democratic Republic	0.01
Lebanon	0.03
Lesotho	0.01
Liberia	0.01
Libyan Arab Jamahiriya	0.16
Luxembourg	0.04
Madagascar	0.01
Malawi	0.01
Malaysia	0.09
Maldives	0.01
Mali	0.01
Malta	0.01
Mauritania	0.01
Mauritius	0.01
Mexico	0.78

<u>Member</u>	<u>Scale</u> (percentage)
Monaco	0.01
Mongolia	0.01
Morocco	0.05
Mozambique	0.02
Namibia	0.01
Nepal	0.01
Netherlands	1.40
New Zealand	0.25
Nicaragua	0.01
Niger	0.01
Nigeria	0.13
Norway	0.44
Oman	0.01
Pakistan	0.07
Panama	0.02
Papua New Guinea	0.01
Paraguay	0.01
Peru	0.06
Philippines	0.10
Poland	1.37
Portugal	0.19
Qatar	0.02
Republic of Korea	0.13
Romania	0.23
Rwanda	0.01
Samoa	0.01
Sao Tome and Principe	0.01
Saudi Arabia	0.23
Senegal	0.01
Sierra Leone	0.01
Singapore	0.08
Somalia	0.01
South Africa	0.41
Southern Rhodesia	0.01
Spain	1.51
Sri Lanka	0.02
Sudan	0.01
Surinam	0.01
Swaziland	0.01
Sweden	1.22
Switzerland	0.94
Syrian Arab Republic	0.02
Thailand	0.10
Togo	0.01
Tonga	0.01
Trinidad and Tobago	0.03
Tunisia	0.02
Turkey	0.29
Uganda	0.01
Ukrainian Soviet Socialist Republic	1.51
Union of Soviet Socialist Republics	11.42

<u>Member</u>	<u>Scale</u> (percentage)
United Arab Emirates	0.07
United Kingdom of Great Britain and Northern Ireland	4.45
United Republic of Cameroon	0.01
United Republic of Tanzania	0.01
United States of America	25.00
Upper Volta	0.01
Uruguay	0.04
Venezuela	0.38
Viet Nam	0.03
Yemen	0.01
Yugoslavia	0.38
Zaire	0.02
Zambia	0.02

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

Tenth plenary meeting, 18 May 1978  
A31/VR/10

18 May 1978

APPOINTMENT OF EXTERNAL AUDITOR

The Thirty-first World Health Assembly

1. RESOLVES that Sir Douglas Henley be appointed External Auditor of the accounts of the World Health Organization for the two financial years 1978 and 1979 and that he make his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, with the provision that, should the necessity arise, he may designate a representative to act in his absence;
2. EXPRESSES its appreciation to Mr Lars Lindmark for the service rendered to the Organization during the four years in which he has served as External Auditor; and
3. EXPRESSES to the Government of Sweden and the family of Mr Sven-Ivar Ivarsson its deep regrets over the latter's untimely death, which did not permit him to assume his appointment as External Auditor for the financial years 1978 and 1979.

Tenth plenary meeting, 18 May 1978  
A31/VR/10

19 May 1978

DEVELOPMENT OF HEALTH INFORMATION SYSTEMS

The Thirty-first World Health Assembly,

Recalling resolutions WHA30.46<sup>1</sup> and EB61.R32;<sup>2</sup>

Reiterating the importance of reliable information systems for planning, programming, implementing and evaluating health programmes;

Recognizing that such information support from all relevant sources, including health and related statistics, should be developed within Member States in accordance with their needs and resources;

Recognizing also the need for WHO to develop its own system for programme management and the international exchange of health and other related information;

Bearing in mind the constitutional obligation of Member States to provide WHO with relevant information on their health status and development, and WHO's role in the analysis of this information and its timely dissemination;

Considering that the WHO information system and national health information systems should be mutually supportive and wherever possible compatible;

Mindful of the need to ensure the coordination of the WHO information system with other information systems within the United Nations institutions and its specialized agencies;

1. URGES Member States to develop or strengthen their health information systems so as to provide adequate support to their management process for health development and to contribute to the international exchange of health and related information;

2. REQUESTS the Director-General:

(1) to develop principles for national health information systems in close collaboration with Member States and to respond to requests from Member States to collaborate with them in establishing or strengthening their health information systems;

(2) to continue to develop and implement the new WHO information system through intensified consultation with national experts in order to improve WHO's programme management and to facilitate the international exchange of information; and

(3) to report periodically, as appropriate, on progress to the Executive Board and to the World Health Assembly.

Eleventh plenary meeting, 19 May 1978  
A31/VR/11

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<sup>1</sup> WHO Official Records, No. 240, 1977, p. 27.

<sup>2</sup> WHO Official Records, No. 244, 1978, p. 21.

19 May 1978

## APPROPRIATION RESOLUTION FOR 1979

The Thirty-first World Health Assembly,

RESOLVES to appropriate for the financial year 1979 an amount of US\$ 208 248 400 as follows:

A.

Appropriation Section	Purpose of Appropriation	Amount US \$
1.	Policy organs	4 226 300
2.	General management, coordination and development	15 069 000
3.	Development of comprehensive health services	25 764 100
4.	Health manpower development	23 659 800
5.	Disease prevention and control	41 946 000
6.	Promotion of environmental health	9 689 800
7.	Health information and literature	18 210 700
8.	General service and support programmes	24 997 400
9.	Support to regional programmes	19 166 900
	Effective working budget	182 730 000
10.	Transfer to Tax Equalization Fund	21 235 800
11.	Undistributed reserve	4 282 600
	Total	208 248 400

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the period 1 January to 31 December 1979 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1979 to sections 1-10.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of Section 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programmes (US\$ 3 242 000). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programmes to those sections of the effective working budget under which the programme expenditure will be incurred. All such transfers shall be reported in the Financial Report for the financial year 1979. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5.

D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the following:

- reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of	US\$ 2 600 000
- casual income in the amount of	US\$ 610 000
Total	<u>US\$ 3 210 000</u>

thus resulting in assessments on Members of US\$ 205 038 400. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization.

Eleventh plenary meeting, 19 May 1978  
A31/VR/11

19 May 1978

TENTATIVE BUDGETARY PROJECTIONS FOR THE BIENNIUM 1980-1981

The Thirty-first World Health Assembly,

Having considered the recommendations of the Executive Board related to the complex issues of the appropriate level of the WHO regular programme budget for 1980-1981 and the factors to be taken into account in planning for the future growth of the WHO regular programme budget;

1. DECIDES that the regular programme budget for 1980-1981 should be developed within a budgetary level that will provide for a real increase of up to 2% per annum, in addition to reasonably estimated cost increases, the underlying factors and assumptions of which should be made explicit;
2. AFFIRMS that the fundamental concern in determining the future development of the programme budget is the capability of WHO, with all the resources, competence and will at its disposal, through the collaboration of Member States, to fulfil its constitutional mandate and carry out the policy and strategy required by the Health Assembly.

Eleventh plenary meeting, 19 May 1978  
A31/VR/11

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23 May 1978

ORGANIZATIONAL STUDY ON WHO'S ROLE AT THE COUNTRY LEVEL,  
PARTICULARLY THE ROLE OF THE WHO REPRESENTATIVES

The Thirty-first World Health Assembly,

Having considered the Executive Board's organizational study on WHO's role at the country level, particularly the role of the WHO representatives;<sup>1</sup>

Recalling resolutions EB57.R31, EB59.R33, EB61.R34, WHA29.33 and WHA30.16;

Emphasizing the indivisibility of world health and the constitutional role of WHO as its unifying agent;

Stressing the need for integrated action throughout the Organization in order to reach the main social target of governments and WHO that was decided upon in resolution WHA30.43, namely the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

1. CONGRATULATES the Executive Board for its study on WHO's role at the country level, particularly the role of the WHO representatives;
2. NOTES with appreciation its findings, conclusions and recommendations especially with regard to WHO's role in fostering national self-reliance in health matters, in particular through technical cooperation with countries in the planning, programming, implementation and evaluation of their health programmes;
3. URGES Member States:
  - (1) to increase their participation in the work of WHO;
  - (2) to increase still further their already close partnership with WHO in the formulation and implementation of the Organization's policies;
  - (3) to take care that their requests for technical cooperation with the Organization conform to the policies adopted by them in the World Health Assembly;
4. DECIDES that the title of WHO representative should be changed to that of WHO programme coordinator;
5. ENDORSES the need to utilize better all the resources which WHO can mobilize, and in this context to experiment further with the employment of national personnel as WHO programme coordinators and project managers and with national coordinating committees;

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<sup>1</sup> WHO Official Records, No. 244, 1978, Part I, Annex 7.

6. REQUESTS the Director-General:

- (1) to apply the conclusions and recommendations of the study in the future activities of WHO;
- (2) to reinforce the managerial and technical competence of WHO programme coordinators, and to modify accordingly the status and functions of the WHO programme coordinators;
- (3) to re-examine the Organization's structures in the light of its functions, as recommended in the study, with a view to ensuring that activities at all operational levels promote integrated action, and to report thereon to the sixty-fifth session of the Executive Board;

7. REQUESTS the Executive Board to review the Director-General's report on his study of the Organization's structures in the light of its functions and to report thereon to the Thirty-third World Health Assembly.

Twelfth plenary meeting, 23 May 1978  
A31/VR/12

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23 May 1978

MONITORING OF THE IMPLEMENTATION OF PROGRAMME BUDGET POLICY  
AND STRATEGY

The Thirty-first World Health Assembly,

Considering the progress made in the implementation of the new programme budget policy embodied in resolutions WHA28.76, WHA29.48 and WHA30.30;

Reiterating that resolutions WHA28.76 and WHA29.48 form a historical and conceptual whole, and that

- (1) their fundamental objective is to unify the potentials, resources and experiences of many countries with different social patterns and cultural traditions and at different stages of development in order to make it easier to bridge the health gap between the developed and the developing countries and to raise the overall level of health in the world; while
- (2) their quantitative objective is to redistribute WHO's regular programme budget resources in order to increase substantially in real terms the allocations for technical cooperation;

Realizing that direct technical cooperation between WHO and its Member States can assume many forms;

Emphasizing the importance of regularly providing the Executive Board and the World Health Assembly with relevant factual information to enable the Executive Board and the World Health Assembly to assess the progress of technical cooperation with individual countries in order to detect shortcomings and introduce improvements, as well as to assist WHO and all countries to gain from the valuable experience thus accumulated;

Referring to resolution EB61.R6 adopted by the Executive Board at its sixty-first session on monitoring the implementation of programme budget policy and strategy;

1. CONCURS with the Executive Board's conclusion on the importance of keeping under constant review the implementation of the programme budget policy and strategy;
2. REQUESTS the Director-General, within the general framework of monitoring the implementation of resolutions WHA28.76 and WHA29.48, to provide the World Health Assembly and Executive Board with all relevant information to illustrate how the new programme budget policy and strategy is being applied in Member States, and in particular in developing countries; and to what extent WHO's regular budget resources are being used for this purpose.

Twelfth plenary meeting, 23 May 1978  
A31/VR/12

23 May 1978

ACTION PROGRAMME ON ESSENTIAL DRUGS

The Thirty-first World Health Assembly,

Recalling resolutions WHA28.66 and EB61.R17;

Having considered the progress report by the Director-General<sup>1</sup> on Drug Policies and Management;

Realizing that large segments of the world's population do not have access to the most essential drugs and vaccines that are indispensable to ensure effective health care;

Recognizing the importance of an adequate supply of essential drugs and vaccines to meet the real health needs of the people, through the implementation of national programmes of health care;

Deeply concerned by the high proportion of health budgets spent on pharmaceuticals by governments, particularly of developing countries, thereby limiting the remaining funds available for the provision of adequate health care to the whole population;

Stressing the need to provide essential drugs of adequate quality, in sufficient quantity and at reasonable costs to meet the health needs of these countries;

Considering that local production of essential drugs and vaccines is a legitimate aspiration which developing countries have expressed on many occasions, and that considerable progress has been achieved in some countries;

Considering that the establishment of a pharmaceutical industry in countries where it does not exist requires transfer of appropriate technology and investment and that most developing countries cannot afford this without international cooperation;

Recognizing the importance of objective information about pharmaceuticals and the risk of uncontrolled promotional activity by manufacturers, particularly in developing countries;

Convinced that collective purchases of large quantities of pharmaceuticals would substantially reduce their costs;

Convinced that urgent international action is required to alleviate this situation through the establishment of an action programme of technical cooperation on essential drugs aimed at strengthening the national capabilities of developing countries in the field of selection and proper use of essential drugs to meet their real needs, and in local production and quality control, wherever feasible, of such drugs;

Highly appreciating the steps already taken by the Director-General to make available essential drugs and vaccines necessary for the extension of the health care coverage of the population;

1. ENDORSES resolution EB61.R17.

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<sup>1</sup> Document A31/12.

2. URGES Member States, particularly developing countries to:

- (1) establish adequate drug procurement, storage and distribution systems in order to make available drugs of adequate quality, at reasonable prices, to the population;
- (2) establish national drug lists or formularies by international nonproprietary names (generic names) including essential drugs selected on the basis of the health needs of the countries and taking into account the criteria of the WHO Expert Committee on the Selection of Essential Drugs (Technical Report Series No. 615);
- (3) enact legislation as appropriate covering drug registration, use or prescription by generic names, control of drug information, including therapeutic indications and mention of side-effects, price regulation and definition of the type of drugs authorized for use or prescription by different levels of health workers;
- (4) collaborate in the exchange of information on drug policies and management through bilateral or multilateral programmes and WHO.

3. REQUESTS the Director-General:

- (1) to continue to identify the drugs and vaccines which, in the light of scientific knowledge, are indispensable for primary health care and control of diseases prevalent in the vast majority of the population, and to update periodically this aspect of the report of the Expert Committee on Essential Drugs;
- (2) to cooperate with Member States in formulating drug policies and management programmes that are relevant to the health needs of populations, aimed at ensuring access of the whole population to essential drugs at a cost the country can afford;
- (3) to improve existing WHO supply services for drugs, including vaccines, and medical equipment through closer collaboration with UNICEF, and to ensure that developing countries take full advantage of such services;
- (4) to ensure collaboration with UNDP, the World Bank and regional Development Banks and Funds, UNICEF and UNIDO with a view to ensuring that technical expertise and financing are made available to interested countries to establish local production, wherever feasible, corresponding to their health needs, it being understood that financing should be independent of the source of technology;
- (5) to develop further the dialogue with pharmaceutical industries in order to assure their collaboration in meeting the health needs of large underserved segments of the world's population;
- (6) to study how prices of pharmaceutical products are determined and possible strategies for reducing such prices including the development of a code of marketing practices, with special emphasis on pharmaceutical products essential for the populations of developing countries;
- (7) to take appropriate steps to cooperate with Member States in developing quality control systems for drugs, either imported or locally produced, and to establish regional quality control networks;
- (8) to foster exchange of information among Member States on drug policies and management and on technical aspects of pharmaceutical products;
- (9) to submit to the sixty-third session of the Executive Board a comprehensive action programme as outlined above aiming at fostering technical cooperation among developing countries and to stimulate bilateral and multilateral cooperation in this programme;
- (10) to invite governments directly interested in the implementation of this action programme in their own countries, governments willing to provide support, relevant United Nations agencies and other appropriate cooperating parties to participate;
- (11) to submit a report on the progress achieved in the implementation of this action programme to subsequent sessions of the Executive Board and World Health Assembly.

23 May 1978

DRUG POLICIES AND MANAGEMENT:  
Medicinal Plants

The Thirty-first World Health Assembly,

Recognizing the importance of medicinal plants in the health care systems in many developing countries;

Noting the increasing awareness of governments and the scientific and medical communities of this matter;

Considering that these plants contain substances which may be of therapeutic value but which may also possibly show potential toxicity when improperly used;

Realizing that the use of medicinal plants is likely to continue in many countries;

Noting with interest the efforts of the World Health Organization to deal with this matter;

REQUESTS the Director-General:

- (1) to compile an inventory of medicinal plants used in the different countries and to standardize botanical nomenclature for the ones most widely used;
- (2) to compile and update periodically a therapeutic classification of medicinal plants, related to the therapeutic classification of all drugs;
- (3) to review the available scientific data relating to the efficacy of medicinal plants in the treatment of specific conditions and diseases, and make available, in summary form, the results of the review;
- (4) to coordinate the efforts of the Member States to:
  - develop and apply scientific criteria and methods for proof of safety and efficacy of medicinal plant products, especially galenical preparations;
  - develop international standards and specifications of identity, purity and strength for medicinal plant products, especially galenical preparations and manufacturing practices to achieve these ends;
  - develop methods for safe and effective use of medicinal plant products, especially galenical preparations, including labelling, containing adequate directions for use and criteria for use or prescription by various levels of health workers;
- (5) to disseminate information on these matters among the Member States;
- (6) to designate regional research and training centres for the study of medicinal plants;
- (7) to report on the subject to a subsequent World Health Assembly.

Twelfth plenary meeting, 23 May 1978  
A31/VR/12

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23 May 1978

ACTION PROGRAMME OF APPROPRIATE TECHNOLOGY FOR HEALTH

The Thirty-first World Health Assembly,

Having considered the report of the Director-General<sup>1</sup> and resolution EB61.R31 on the activities of the programme of Appropriate Technology for Health,

1. THANKS the Director-General for his report;
2. NOTES with satisfaction the development of the programme of Appropriate Technology for Health in pursuance of resolution WHA29.74 and expresses its desire to see it implemented throughout all levels of the Organization;
3. INVITES Member States to promote the use of available appropriate technology and develop new technology needed for the better implementation of health care, particularly of primary health care;
4. REQUESTS the Director-General
  - (1) to intensify involvement of Member States in the further development of a global plan of action for the programme of Appropriate Technology for Health and to foster cooperation with and between Member States as well as with other appropriate international agencies both inside and outside the United Nations system in this very important field of public health;
  - (2) to report to a future session of the Executive Board and a subsequent World Health Assembly on the progress of this action programme.

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<sup>1</sup> Document A31/14.

23 May 1978

DEVELOPMENT AND COORDINATION OF BIOMEDICAL  
AND HEALTH SERVICES RESEARCH

The Thirty-first World Health Assembly,

Having considered the Director-General's report on Development and Coordination of Biomedical and Health Services Research;<sup>1</sup>

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

Reaffirming that effective biomedical and health services research aimed at the solution of major health problems of Member States, especially of developing countries, plays an increasingly important role in effective technical cooperation between the World Health Organization and Member States;

1. THANKS the Director-General for his report;
2. ENDORSES steps already taken to implement the relevant resolutions of the World Health Assembly;
3. NOTES with satisfaction the reorientation of the Organization's research activities, particularly through the greater involvement of regional Advisory Committees on Medical Research in defining programmes of action consonant with national and regional health priorities;
4. URGES Member States to:
  - (1) review their research needs and institutions with a view towards strengthening their research capabilities;
  - (2) collaborate among themselves and with WHO in accelerating relevant programmes for biomedical and health services research;
5. REQUESTS the Director-General:
  - (1) to continue to pursue the Organization's long-term efforts to coordinate and promote research, emphasizing:
    - (a) strengthening the research capability of Member States;
    - (b) fostering technical cooperation with and between research establishments of Member States;
    - (c) involving more closely the Executive Board, Regional Committees as appropriate, and the Advisory Committees on Medical Research in the formulation of policy, the definition of priorities and evaluation of the Organization's research activities;

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<sup>1</sup> Document A31/15.



(2) to present to the Executive Board and the World Health Assembly a comprehensive programme of research in which WHO is involved, as requested by the previous resolutions of the World Health Assembly, covering priorities of Member States outlined in the Sixth General Programme of Work, as well as the special research programmes, including the programme of health services research; and

(3) to report periodically on progress, as appropriate, to the Executive Board and the World Health Assembly.

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23 May 1978

SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND  
RESEARCH TRAINING IN HUMAN REPRODUCTION

The Thirty-first World Health Assembly,

Having examined the reports<sup>1</sup> of the Director-General on the Special Programme of Research, Development and Research Training in Human Reproduction;

Recalling resolutions WHA18.49, WHA19.43, WHA20.41, WHA21.43, WHA22.32, and WHA28.44;

Reiterating the need for research in human reproduction, taking account of the complexity of the problem, the fact that experience in providing for fertility regulation through health services is still limited and that such activities may need to reach substantial sections of the community;

1. THANKS the Director-General for his reports;

2. ENDORSES the objectives of the Special Programme concerning collaboration with Member States in:

(1) devising appropriate technology and ways of applying it to provide for fertility regulation including the prevention and treatment of infertility;

(2) strengthening the resources for research in this field;

3. NOTES with satisfaction:

(1) the Special Programme's reliance on national personnel and institutions in the spirit of resolution WHA29.48;

(2) the innovative mechanisms for research management evolved by the Special Programme, such as the multidisciplinary task force approach and the inclusion of evaluation as an integral part of research management;

(3) the balance of clinical, epidemiological, psychosocial, operational, and laboratory research in the Special Programme;

(4) the rigorous scientific and ethical reviews that precede the implementation of all its research activities and the strict observance of the rules derived therefrom;

4. CONGRATULATES the participating Member States and institutions, as well as the Director-General, on the achievements to date of the Special Programme in generating knowledge and technology of immediate social relevance and in promoting self-reliance for research in developing countries;

<sup>1</sup> Documents A31/15, Appendix I, and A31/16.

5. THANKS those governments which have contributed scientific and financial resources to the Programme;

6. URGES Member States to participate as fully as possible in the work of the Special Programme through the cooperation of their research workers making available national research facilities and through financial contributions;

7. URGES the Director-General:

(1) to further intensify health service research in human reproduction in the Special Programme so as to facilitate the complete integration of services for fertility regulation in the primary health care systems of the countries concerned;

(2) to continue efforts to strengthen the capacity of the Organization to secure the cooperation of the pharmaceutical industries in order that participating Member States derive the highest possible scientific and economic benefits from the Programme.

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23 May 1978

COORDINATION WITHIN THE UNITED NATIONS SYSTEM -  
GENERAL MATTERS

The Thirty-first World Health Assembly,

Having reviewed the report by the Director-General<sup>1</sup> concerning the major resolutions of direct relevance to WHO adopted by the Economic and Social Council at its sixty-second and sixty-third sessions and by the United Nations General Assembly at its thirty-second session;

Having also reviewed the addenda to the report by the Director-General concerning, respectively, the restructuring of the economic and social sectors of the United Nations system; the developments which have occurred regarding the coordination of administrative and budgetary matters; and the results of the United Nations Conference on Human Settlements (Habitat);

Recognizing that the restructuring of the economic and social sectors of the United Nations system, as decided by the United Nations General Assembly in its resolution 32/197, adopted on 20 December 1977, presents a new challenge to the organizations and institutions of the United Nations system regarding ways and means of streamlining their collective machinery for coordinating their work and regarding new approaches to concerted action at the intergovernmental and intersecretariat levels, within countries, regions and globally;

REQUESTS the Director-General:

- (1) to ensure the full collaboration of WHO in the restructuring of the economic and social sectors of the United Nations system, within the framework of the Administrative Committee on Coordination and in other fora, as appropriate, and to report to the sixty-third Executive Board and to the Thirty-second World Health Assembly on progress achieved in this respect and to submit to the Health Assembly through the Executive Board such recommendations which will require decisions by the Health Assembly;
- (2) to continue WHO's support for coordinated approaches within the United Nations system with respect to all socioeconomic development programmes, as well as in the field of human settlements, and in administrative and budgetary matters;
- (3) to contribute as extensively as possible within the approved WHO programme budget to the success of the International Year of the Child, the International Year for Disabled Persons, the International Anti-Apartheid Year, and the United Nations Conference on Science and Technology for Development.

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<sup>1</sup> Document A31/40 and Addenda 1, 2 and 3.

23 May 1978

COORDINATION WITHIN THE UNITED NATIONS SYSTEM: UNITED  
NATIONS WATER CONFERENCE

The Thirty-first World Health Assembly,

Having considered the reports of the Director-General on follow-up to the Mar del Plata Action Plan of the United Nations Water Conference,<sup>1</sup> and on WHO's Human Health and Environment Programme;<sup>2</sup>

Recalling resolution WHA30.33 on the United Nations Water Conference;

Emphasizing the need to make a determined effort to attain the targets of the International Drinking Water Supply and Sanitation Decade and particularly to meet the needs of those populations now deprived of these services;

Emphasizing further the need for participation by all sectors of national and international institutions that can contribute to attain the Decade target;

Considering that the participation of the community is indispensable and that special efforts are required to provide full information to the population to encourage community participation;

1. URGES governments:

- (1) to mobilize all possible resources for an accelerated effort to provide safe water and sanitation to all people within the framework of the Decade;
- (2) to prepare plans with realistic standards for water supply and sanitation;
- (3) to develop necessary organizational arrangements that will facilitate pooling of all available resources and focusing them on meeting priority health needs;

2. REQUESTS the Director-General:

- (1) to strengthen technical cooperation with Member States in preparing for the International Drinking Water Supply and Sanitation Decade;
- (2) to promote cooperation and coordination at the international level with the aim of increasing awareness, priority and the flow of external resources for water supply and sanitation;
- (3) to identify clearly the contribution of the Organization for the Decade as part of the medium-term programme for the promotion of environmental health.

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<sup>1</sup> Document A31/45.

<sup>2</sup> Document A31/27.

24 May 1978

TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

The Thirty-first World Health Assembly,

Bearing in mind the resolutions of the United Nations General Assembly and Economic and Social Council on the importance of the fullest possible economic and technical cooperation among developing countries,

Mindful that many developing countries . Member States of WHO, are developing and strengthening their programmes of health network with the aim of attaining total population coverage in the shortest possible time that national conditions permit;

Recalling resolutions WHA28.75, WHA28.76, WHA29.48, WHA30.30, WHA30.43, EB60.R4 and EB61.R19 on programme budget policy and technical cooperation with developing countries;

Convinced that technical cooperation among developing countries is an important instrument for technological liberation of developing countries particularly in the fields of research, development and training and exchange of experience and information on health care;

Bearing in mind that health constitutes an integral component of overall development programmes of the developing countries for which appropriate mechanisms of cooperation should be created at regional and interregional levels;

Realizing that the developing countries have attained a degree of development allowing the establishment of profitable cooperation with mutual benefits,

1. INVITES the Regional Committees:

- (1) to discuss and/or reinforce at their 1978 sessions technical cooperation among developing countries for the promotion of health care, and
- (2) to set up appropriate regional and interregional mechanisms for developing and strengthening TCDC, in health;

2. URGES Member States, and in particular the developing countries:

- (1) to cooperate among themselves for the development of their national health services;
- (2) to collaborate actively within their regions in the establishment and effective use of national research and training centres;
- (3) to collaborate with WHO in the development and promotion of TCDC and in ensuring support for its realization;

3. REQUESTS the Director-General:

- (1) to strengthen WHO's programme of TCDC;
- (2) to collaborate with the developing countries for the establishment and promotion of TCDC;

- (3) to support in all possible ways, with the means at his disposal, the establishment and maintenance of the centres for TCDC referred to in operative paragraph 2 (2) above;
- (4) to attract extrabudgetary funds for the support of technical cooperation among developing countries on health projects;
- (5) to report to the Thirty-second World Health Assembly on progress made in this respect.

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24 May 1978

EDUCATION OF PEOPLE IN COMMUNITY HEALTH

The Thirty-first World Health Assembly,

Bearing in mind that the effective participation of the community is indispensable to guarantee the development of health activities and the prevention and control of disease;

Realizing that health education of individuals, families and communities is essential to permit them to participate effectively in health promotion;

Aware that a number of countries are promoting programmes that foster active participation in health development, particularly through primary health care, as well as programmes for preparing health personnel with the necessary knowledge, skill and attitudes;

Noting that these countries have initiated activities for the creation and development of health education including people's health courses with some success through which people have access to valid information on health problems and enabling them to take a greater interest in health activities and to participate in carrying them out;

1. INVITES Member States:

(1) to further develop their health education and establish people's health courses whenever appropriate starting at as early an age as possible with a view to fostering community participation in health development by a knowledgeable public and creating a positive attitude towards health;

(2) to cooperate among themselves in sharing experiences on the planning, operation and evaluation of these activities;

2. INVITES the Director-General:

(1) to collaborate with Member States, and in particular with developing countries, in the development of appropriate educational technology for active participation of communities in health development and in the training of all health workers in applying this technology;

(2) to promote the establishment and development of health education activities;

(3) to attract extrabudgetary funds for the establishment and development of health education including people's health courses.

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24 May 1978

MANAGERIAL PROCESS FOR HEALTH DEVELOPMENT

The Thirty-first World Health Assembly,

Bearing in mind the importance of applying appropriate managerial processes for health development;

Recalling resolutions WHA31.10, WHA31.11, WHA31.12 and WHA31.20;

Stressing the need for a unified, managerial process for national health development, incorporating country health programming, national health programme budgeting and health programme evaluation, as well as adequate information support;

1. URGES Member States:

- (1) to introduce or strengthen, as applicable and as appropriate to their social and economic conditions, an integrated process for defining health policies; for formulating priority programmes to translate these policies into action; ensuring the preferential appropriation of funds from the health budget to these priority programmes; delivering these programmes through the general health system; monitoring, controlling and evaluating these health programmes and the services and institutions that deliver them; and providing adequate information support to the process as a whole and to each of its component parts;
- (2) to make use, as applicable, of the methods developed under the aegis of WHO for country health programming, national health programme budgeting, health programme evaluation and national health information systems;
- (3) to provide appropriate training for all health workers in the field of managerial processes and continued education in this field, particularly for health administrators;
- (4) to collaborate with WHO and among themselves, as required, in applying these methods as integral parts of the health development process;
- (5) to cooperate among themselves and with WHO for the exchange of experience and information on these managerial methods for health development, and on their practical application in an integrated and effective manner.

2. REQUESTS the Director-General:

- (1) to ensure that managerial methods for health development are devised and applied by WHO in an integrated manner;
- (2) to promote and conduct research for the further improvement and integration of these methods;
- (3) to collaborate with countries, on request, on the application of their managerial process for national health development;

- (4) to foster appropriate training in health management, particularly through learning-by-doing;
- (5) to formulate the Organization's medium-term programmes wherever possible with indications of priorities between programmes on the basis of information resulting from national health development processes, of the prevailing General Programme of Work and programme budget policy and strategy, and of relevant resolutions of the World Health Assembly, the Executive Board and the Regional Committees;
- (6) to continue to develop in an integrated manner the Organization's processes for medium-term programming, programme budgeting, health programme evaluation and the provision of adequate information support; and
- (7) to report on progress periodically, as appropriate, to the Executive Board and the World Health Assembly.

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24 May 1978

PROGRAMME ON DIARRHOEAL DISEASES CONTROL

The Thirty-first World Health Assembly,

Concerned by the high rates of morbidity and mortality from acute diarrhoeal diseases, particularly in children;

Recognizing that diarrhoeal diseases constitute a serious socioeconomic and public health problem;

Aware of the recent advances in knowledge on different aspects of acute diarrhoeal diseases, particularly the progress made towards the application of simplified and effective methods of diagnosis, treatment, including rehydration, and control;

Recalling the commitments made by Member States in various forums towards the control of these diseases;

Endorsing the priority accorded to this problem in the WHO Sixth General Programme of Work;

Noting with satisfaction the actions already taken by the Organization at the country, regional and global levels, with a view to launching a major attack on diarrhoeal diseases;<sup>1</sup>

Conscious that the application of simple and effective measures for prevention and control of diarrhoeal diseases would constitute an important element in increasing the effectiveness and acceptability of primary health care services;

Bearing in mind the importance of proper nutrition for the prevention of diarrhoea and its complications, especially in infants and young children, as stressed in resolution WHA31.47;

1. URGES Member States to identify diarrhoeal diseases as a major priority area for action, and to apply known effective measures for the management and control of diarrhoeal diseases in the primary health care context;
2. REQUESTS the Director-General:
  - (i) to intensify involvement of Member States in the development of a plan of action for an expanded programme on diarrhoeal diseases control and to collaborate with Member States in the development of the Programme at country level, with particular reference to its integration into present or future development activities in health and other fields;
  - (ii) to promote technical cooperation with and among Member States in programme formulation, implementation and evaluation, and in training health workers at different levels;
  - (iii) to accord high priority to research activities for the further development of simple, effective and inexpensive methods of treatment, prevention and control of diarrhoeal diseases in areas having varying kinds of health service facilities;
3. EXPRESSES appreciation to UNICEF for the support already given to action against diarrhoeal diseases and for its continued cooperation;

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<sup>1</sup> Document A31/A/Conf. Paper No.14.

4. CALLS UPON UNDP, IBRD, UNFPA and other international organizations and funds actively to support this Programme;

5. THANKS the Government of the United Kingdom of Great Britain and Northern Ireland which, through its generous contribution, has given an initial impetus to the Programme, and urges other governments to provide further support to allow the Programme to expand;

6. REQUESTS the Director-General to keep the Executive Board and the World Health Assembly informed of the progress made in the implementation of the Programme on Diarrhoeal Diseases Control.

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24 May 1978

MALARIA CONTROL STRATEGY

The Thirty-first World Health Assembly,

Having considered the Director-General's report on malaria control strategy;<sup>1</sup>

Recognizing that the critical situation in malaria in many countries spread over all regions of the world is jeopardizing not only the health of their populations but also their overall socioeconomic development;

Considering that there are areas where man has caused the spread of malaria through the building of barrages, dams and artificial lakes;

Aware that such trend of deterioration if not checked immediately would result in a problem of global dimensions and that it could often be reversed with determination and political will of Member countries and by the flexible selection and judicious utilization of malaria control methods that are already available;

Considering with regret that most of the recommendations in resolution WHA22.39 adopted by the Twenty-second World Health Assembly, when it re-examined the global strategy for malaria eradication, and in subsequent resolutions of the Executive Board and Health Assembly, have not been adequately implemented;

Subscribing with satisfaction to the decision of the Executive Board to re-establish an ad hoc Committee on Malaria;

1. ENDORSES the report of the Director-General;
2. EMPHASIZES that it will not be possible to stop the dramatic recrudescence of malaria unless firm national commitments are made to combat it and adequate resources are devoted to antimalaria activities, nationally and internationally;
3. URGES Member States to reorient their antimalaria programmes - with the final objective of malaria eradication where possible - as an integral part of their national health programme in accordance with the guidelines set out in the Director-General's report and to increase their commitments (fiscal, administrative and technical) against malaria within their national development plans;
4. REQUESTS the Director-General:
  - (1) to stimulate and strengthen technical cooperation between the Organization and its Member States and among countries themselves in the rapid development and effective implementation of their antimalaria programmes;
  - (2) to promote intercountry and interregional coordination of the national antimalaria control programmes;

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<sup>1</sup> Document A31/19.

- (3) to provide technical guidance and support to malaria control activities; and to study ways and means of securing for Member States reliable sources of cheap and least toxic pesticides and antimalaria drugs;
- (4) to increase the Organization's participation in the comprehensive and multipurpose training of public health workers in the malaria field;
- (5) to expand and support the antimalaria basic and applied field research programme with a view to improving antimalaria methodology;
- (6) to identify, stimulate, promote and coordinate international and bilateral financial involvement and technical cooperation in the field of malaria;
- (7) to give a higher priority to the malaria control programme in the proposed programme budget for 1980-81 whether in the regular budget or through the mobilization of extrabudgetary resources, so that the necessary national efforts can be adequately supported;
- (8) to take the appropriate steps in order to achieve an active coordination of malaria control activities with the activities of the Special Programme of Research and Training in Tropical Diseases, thus ensuring the quickest implementation of any new technology;
- (9) to review the functional structures of the Organization dealing with malaria so as to gear itself to undertake a comprehensive, purposeful and effective drive with the goal of speedy control of the disease;
- (10) to report to the Executive Board and to the Thirty-third World Health Assembly on the evolution of the malaria situation and on the implementation of the malaria control strategy by Member States and by the Organization.

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24 May 1978

PREVENTION AND CONTROL OF ZOOSES AND FOODBORNE DISEASES  
DUE TO ANIMAL PRODUCTS

The Thirty-first World Health Assembly,

Having considered the report<sup>1</sup> of the Director-General on the prevention and control of zoonoses and foodborne diseases due to animal products;

Recalling resolution EB51.R25 on veterinary public health, adopted by the Executive Board at its fifty-first session;

Recognizing the progress made in strengthening the veterinary public health services in Member States for the control of zoonoses and foodborne diseases;

Taking into account that a reorientation of the Organization's zoonoses programme is under way;

1. WELCOMES the steps taken by the Organization to develop global and regional strategies, and detailed codes of practice and guidelines, as a basis for national programmes;
2. NOTES with satisfaction the collaboration of Member States and of the United Nations Development Programme in establishing a network of international centres to provide essential services for the control of zoonoses;
3. INVITES Member States:
  - (1) to formulate and implement appropriate countrywide programmes for the control of zoonoses as an integral part of national health programmes;
  - (2) to strengthen cooperation between national veterinary and public health services in improving the surveillance, prevention and control of these diseases; and
  - (3) to collaborate further in ensuring the appropriate development of zoonoses centres wherever they are required, and their contribution to national health programmes;
4. REQUESTS the Director-General:
  - (1) to continue the reorientation of the veterinary public health programme towards increased technical cooperation with Member States, including the development of national, regional and global strategies, and of methods for the surveillance, prevention and control of zoonoses;

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<sup>1</sup> Document A31/23.

(2) to promote the extension of the network of zoonoses centres in all regions, in cooperation with the United Nations Development Programme, the Food and Agriculture Organization and other agencies, so that the necessary support can be provided to country health programmes dealing with these diseases;

(3) to report on results of this reorientation of the WHO activities in the field of zoonoses prevention and control in a future biennial report of the Director-General.

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24 May 1978

PROBLEMS OF THE HUMAN ENVIRONMENT: FOOD HYGIENE

The Thirty-first World Health Assembly,

Having considered the reports of the Director-General on the control of food-borne diseases<sup>1</sup> and on food hygiene;<sup>2</sup>

Recalling resolutions WHA25.59, WHA27.46, WHA30.51 and EB61.R33;

Re-emphasizing the importance of safe food for developing and developed countries, inter alia, with a view to international exchange and communication;

Considering the interrelationship with the other activities of WHO in the field of control of food-borne diseases and nutrition policies;

Agreeing with the policy and orientation of the WHO food safety programme as proposed;

REQUESTS the Director-General to develop the food safety programme along the lines outlined in the report in collaboration with national authorities and with other interested United Nations agencies and programmes and to report on the progress of the programme to the Thirty-second World Health Assembly.

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<sup>1</sup> Document A31/23.

<sup>2</sup> Document A31/28.

24 May 1978

COORDINATION WITHIN THE UNITED NATIONS SYSTEM

Activities financed from extrabudgetary sources within  
the United Nations system

The Thirty-first World Health Assembly,

Having considered the report of the Director-General on coordination within the United Nations system - activities financed from extrabudgetary sources within the United Nations system;<sup>1</sup>

Recalling the terms of resolution WHA30.34;<sup>2</sup>

1. NOTES the report and the steps taken to enhance cooperation with the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Nations Fund for Population Activities (UNFPA), the United Nations Fund for Drug Abuse Control (UNFDAC), the United Nations Environment Programme (UNEP), the World Bank and other organizations;
2. NOTES with satisfaction the co-sponsorship by UNDP and the World Bank of the WHO Special Programme for Research and Training in Tropical Diseases;
3. EXPRESSES appreciation of the continued financial contribution from UNDP to other special programmes being developed through WHO, including the Onchocerciasis Control Programme, the Expanded Programme on Immunization, and the drinking-water supply programme;
4. EXPRESSES the hope that additional support will be forthcoming for these programmes and for other priority areas of WHO's technical cooperation activities with developing countries, in particular with reference to primary health care, essential drugs, communicable disease prevention and control, and activities with intersectoral implications;
5. REQUESTS the Director-General to continue his efforts towards improving coordination between WHO, UNDP and other organizations and bodies engaged in technical cooperation, particularly at country and regional levels;
6. EXPRESSES appreciation of the continued collaboration provided by UNICEF in the priority health sectors;
7. URGES Member States to continue their individual and combined efforts to translate the concepts of technical cooperation among developing countries (TCDC) into practical measures in the health field, with a view to enhancing national and collective self-reliance;

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<sup>1</sup> Document A31/41.

<sup>2</sup> WHO Official Records, No. 240, 1977, p. 18.

WHA31.51

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8. REQUESTS the Director-General to review the decisions to be taken at the forthcoming United Nations Conference on Technical Cooperation among Developing Countries and to bring them to the attention of Member States at the Technical Discussions on "Technical cooperation in the field of health among developing countries" to be held at the Thirty-second World Health Assembly.

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24 May 1978

EXPANDED PROGRAMME ON IMMUNIZATION

The Thirty-first World Health Assembly,

Having considered the Director-General's progress report<sup>1</sup> on the Expanded Programme on Immunization;

1. NOTES the accomplishments being achieved in pursuance of resolutions WHA27.57, WHA29.63, WHA30.53 and WHA30.54 especially with respect to:

- strengthening national capacities through training in programme management and in vaccine quality control and production,
- improving materials and methods used in the cold chain, and
- improving vaccines and vaccine delivery systems through basic and applied research;

2. RECOGNIZES that the available data pertaining to immunizations and disease incidence is far from complete, and emphasizes the need to improve information and reporting systems at both national and international levels;

3. WELCOMES the establishment of an Expanded Programme on Immunization Global Advisory Group as an additional means of involving representatives of the Member States in the guidance of the programme;

4. EMPHASIZES the importance of immunization as a component of related programmes being supported by the Organization such as Primary Health Care, Maternal and Child Health, and of such special initiatives as the International Year of the Child;

5. URGES Member States and other potential donors to give particular consideration to the support of programme implementation at the country level through medium- and long-term commitments, and acknowledges with thanks those contributions already made through the Voluntary Fund for Health Promotion, through UNICEF, UNDP and other international agencies, and on a bilateral basis;

6. REQUESTS the Director-General to provide Member States on request all technical support needed in implementing the programme including support in improving the capability of those countries who have the potentiality to produce vaccines locally;

7. REQUESTS the Director-General to continue to pursue the implementation of this programme as a high priority so that the goal of providing immunizations for all children of the world by 1990 may be achieved.

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<sup>1</sup> Document A31/21.

24 May 1978

SMALLPOX ERADICATION PROGRAMME  
CURRENT STATUS AND CERTIFICATION

The Thirty-first World Health Assembly,

Having considered the Director-General's report<sup>1</sup> on smallpox eradication;

Endorsing Executive Board resolution EB61.R10 on smallpox eradication;

Recognizing that for six months reported smallpox incidence throughout the world has been nil, that achievement of smallpox eradication is now imminent, and that it will constitute an unprecedented event in the history of medicine;

1. CONGRATULATES Somalia on the effective eradication campaign and adjacent countries on their intensive surveillance and maintenance of their smallpox-free status;
2. COMMENDS Bangladesh, Burma, the nine countries of Central Africa (Burundi, Central African Empire, Chad, Congo, Equatorial Guinea, Gabon, Rwanda, United Republic of Cameroon, and Zaire), and the four countries of south-east Africa (Malawi, Mozambique, United Republic of Tanzania, and Zambia), where international commissions have visited and certified eradication of smallpox in 1977 and in 1978 to date;
3. REQUESTS the 31 countries where certification activities will take place in 1978 and 1979 to proceed with their planned activities, in collaboration with WHO and the Global Commission for the Certification of Smallpox Eradication so that these activities can be completed by the end of 1979;
4. REQUESTS all laboratories except WHO collaborating centres to destroy or transfer remaining stocks of variola virus to a collaborating centre;
5. REQUESTS the Director-General to establish a reward of US\$ 1000 for the first person who, in the period preceding final certification of global eradication, reports an active case of smallpox resulting from person-to-person transmission and confirmed by laboratory tests, in the belief that such a reward will strengthen worldwide vigilance for smallpox as well as national surveillance in priority countries;
6. REITERATES the final paragraph of Executive Board resolution EB61.R10, which urged all governments to continue full support and cooperation for this final phase of the programme.

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<sup>1</sup> Document A31/20.

24 May 1978

MATERNAL AND CHILD HEALTH

The Thirty-first World Health Assembly,

Aware that mothers and children are particularly vulnerable groups who have special health needs and are exposed to serious risks;

Concerned by the magnitude and gravity of the health problems of mothers and children mainly as related to the interaction between malnutrition and infection in combination with adverse environmental factors and inadequate health care and social services;

Recognizing the crucial importance of family health, particularly for infants, as well as for pre-school and schoolchildren, for subsequent adult health and the quality of life of future generations;

Considering that 1979 has been declared "International Year of the Child" the significance and objectives of which should serve as a stimulus to continuing actions which by virtue of their scope and continuity will make these aspirations a reality;

Convinced that the social objective of WHO, "Health for All by the Year 2000", requires the immediate adoption of practical measures to guarantee all mothers and children an acceptable level of health;

1. URGES Member States to give high priority to maternal and child health, including school health as part of their overall health and socioeconomic plans and programmes, and in particular within the framework of a health policy designed to extend health coverage by strengthening primary health care; and within this context,

(a) to undertake and further develop social, legislative, educational, preventive and curative measures that will promote family health particularly maternal and child health, with special emphasis on areas such as nutrition, communicable disease control and education for family life and others as appropriate to local social and economic conditions and cultural habits in child bearing and child rearing practices;

(b) to cooperate with one another and with WHO in the promotion of the health of mothers and children;

2. REQUESTS the Director-General:

(a) to intensify technical cooperation with countries for the strengthening of their maternal and child health programmes as an important part of primary health care, and to encourage to that end technical cooperation among developing countries; specifically, to support measures for improving the efficiency and effectiveness of such health care and training; for the development of appropriate technology and exchange of relevant knowledge in relation to priority problems in pregnancy, the perinatal period, infancy, childhood and adolescence;

(b) to promote, through the regional committees, meetings of experts from their Member countries to collaborate in the planning and evaluation of maternal and child welfare programmes, particularly in the context of primary health care, and to advise on the adoption of measures for developing and improving them.

(c) to continue to collaborate to the utmost with UNICEF and with the other relevant United Nations agencies;

(d) to proceed with the preparation of a WHO medium-term programme for maternal and child health;

(e) to present to the Thirty-second World Health Assembly on the occasion of the International Year of the Child information on the present status of maternal and child health in the world, as well as on trends in development of relevant services.

Thirteenth plenary meeting, 24 May 1978  
A31/VR/13

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24 May 1978

CONTROL OF ENDEMIC TREPONEMATOSES

The Thirty-first World Health Assembly,

Recognizing that the endemic treponematoses in general and yaws in particular are resurging as serious public health problems, especially in parts of the world where the diseases were once controlled by Member States in cooperation with WHO and UNICEF;

Recognizing the grave consequences, especially for children, of the deteriorating epidemiological situation in a number of countries;

Conscious of the seriousness of the present situation and the danger of further extension and entrenchment of the diseases;

Emphasizing the urgent need for prompt and vigorous action to control the diseases;

1. REQUESTS Member States:

(1) to formulate and implement integrated treponematoses control programmes with particular emphasis on active surveillance so as to interrupt transmission of the diseases at the earliest possible time in the areas where they are still endemic and to prevent recurrence of the diseases in areas from which they have been eliminated or have never been endemic;

(2) to report regularly to WHO on the current epidemiological situation of endemic treponematoses;

2. REQUESTS the Director-General:

(1) to encourage the national and international surveillance of these diseases;

(2) to cooperate with Member States, on the request of the governments concerned, in the planning, implementation and evaluation of control programmes;

(3) to try to obtain from various sources within the United Nations system, as well as from governmental and private organizations extrabudgetary resources for the implementation of control programmes;

(4) to report on this matter in the biennial reports to the World Health Assembly.

Thirteenth plenary meeting, 24 May 1978  
A31/VR/13