



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



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

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

- WHA38.5 Assessment of Saint Christopher and Nevis
- WHA38.7 Scale of Assessments for the Financial Period 1986-1987
- WHA38.10 Salaries and Allowances for Ungraded Posts and the Director-General
- WHA38.11 Regional Programme Budget Policy
- WHA38.12 Recruitment of International Staff in WHO: Biennial Report
- WHA38.13 Members in Arrears in the Payment of their Contributions to an Extent which May Invoke Article 7 of the Constitution
- WHA38.14 Number of Members of the Executive Board
- WHA38.16 Collaboration within the United Nations System: General Matters. Additional Support to National Strategies for Health for All in the Least Developed among Developing Countries
- WHA38.17 Collaboration within the United Nations System: General Matters. Repercussions on Health of Economic and Political Sanctions between States
- WHA38.18 Collaboration within the United Nations System. General Matters. Prevention of Disability and Rehabilitation of the Disabled
- WHA38.19 Prevention of Deafness and Hearing Impairment
- WHA38.20 Implementation of the Strategies for Health for All by the Year 2000

- WHA38.21 Maintenance of National Health Budgets at a Level Compatible with Attainment of the Objective of Health for All by the Year 2000
- WHA38.22 Maturity before Childbearing and Promotion of Responsible Parenthood
- WHA38.23 Technical Cooperation Among Developing Countries in Support of the Goal of Health for All
- WHA38.24 Malaria Control
- WHA38.27 Collaboration within the United Nations System: Women, Health and Development
- WHA38.30 Prevention and Control of Chronic Noncommunicable Diseases
- WHA38.31 Collaboration with Nongovernmental Organizations in Implementing the Global Strategy for Health for All
- WHA38.32 Appropriation Resolution for the Financial Period 1986-1987

Annexes

ASSESSMENT OF SAINT CHRISTOPHER AND NEVIS

The Thirty-eighth World Health Assembly,

Noting that Saint Christopher and Nevis, a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 3 December 1984;

Noting that the United Nations General Assembly, in resolution 39/247, established the assessment of Saint Christopher and Nevis at the rate of 0.01% for the years 1983 to 1985;

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

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

DECIDES:

- (1) that Saint Christopher and Nevis shall be assessed at the rate of 0.01% for the financial period 1984-1985 and future financial periods,
- (2) that Saint Christopher and Nevis' assessment relating to the year 1984 shall be reduced to one-ninth of 0.01%.

Eleventh plenary meeting, 13 May 1985
A38/VR/11

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SCALE OF ASSESSMENTS FOR THE FINANCIAL PERIOD 1986-1987

The Thirty-eighth World Health Assembly,

1. DECIDES that the scale of assessments for 1986-1987 shall, subject to the provisions of paragraph 2 below, be as follows:

<u>Member</u>	<u>WHO scale for</u> <u>1986-1987</u>
	(percentage)
Afghanistan	0.01
Albania	0.01
Algeria	0.13
Angola	0.01
Antigua and Barbuda	0.01
Argentina	0.70
Australia	1.54
Austria	0.74
Bahamas	0.01
Bahrain	0.01
Bangladesh	0.03
Barbados	0.01
Belgium	1.26
Benin	0.01
Bhutan	0.01
Bolivia	0.01
Botswana	0.01
Brazil	1.36
Brunei Darussalam	0.03
Bulgaria	0.18
Burkina Faso	0.01
Burma	0.01
Burundi	0.01
Byelorussian Soviet Socialist Republic	0.35
Cameroon	0.01
Canada	3.02
Cape Verde	0.01
Central African Republic	0.01
Chad	0.01
Chile	0.07
China	0.86
Colombia	0.11
Comoros	0.01
Congo	0.01
Cook Islands ^a	0.01
Costa Rica	0.02

^a Not a Member of the United Nations.

<u>Member</u>	<u>WHO scale for</u> <u>1986-1987</u> (percentage)
Cuba	0.09
Cyprus	0.01
Czechoslovakia	0.74
Democratic Kampuchea	0.01
Democratic People's Republic of Korea ^a	0.05
Democratic Yemen	0.01
Denmark	0.74
Djibouti	0.01
Dominica	0.01
Dominican Republic	0.03
Ecuador	0.02
Egypt	0.07
El Salvador	0.01
Equatorial Guinea	0.01
Ethiopia	0.01
Fiji	0.01
Finland	0.47
France	6.39
Gabon	0.02
Gambia	0.01
German Democratic Republic	1.36
Germany, Federal Republic of	8.38
Ghana	0.02
Greece	0.39
Grenada	0.01
Guatemala	0.02
Guinea	0.01
Guinea-Bissau	0.01
Guyana	0.01
Haiti	0.01
Honduras	0.01
Hungary	0.22
Iceland	0.03
India	0.35
Indonesia	0.13
Iran (Islamic Republic of)	0.57
Iraq	0.12
Ireland	0.18
Israel	0.22
Italy	3.67
Ivory Coast	0.03
Jamaica	0.02
Japan	10.13
Jordan	0.01
Kenya	0.01
Kiribati ^a	0.01
Kuwait	0.24
Lao People's Democratic Republic	0.01
Lebanon	0.02
Lesotho	0.01
Liberia	0.01
Libyan Arab Jamahiriya	0.25
Luxembourg	0.06
Madagascar	0.01
Malawi	0.01
Malaysia	0.09
Maldives	0.01

^a Not a Member of the United Nations.

<u>Member</u>	<u>WHO scale for</u> <u>1986-1987</u> (percentage)
Mali	0.01
Malta	0.01
Mauritania	0.01
Mauritius	0.01
Mexico	0.86
Monaco ^a	0.01
Mongolia	0.01
Morocco	0.05
Mozambique	0.01
Namibia ^{a,b}	0.01
Nepal	0.01
Netherlands	1.75
New Zealand	0.25
Nicaragua	0.01
Niger	0.01
Nigeria	0.19
Norway	0.50
Oman	0.01
Pakistan	0.06
Panama	0.02
Papua New Guinea	0.01
Paraguay	0.01
Peru	0.07
Philippines	0.09
Poland	0.71
Portugal	0.18
Qatar	0.03
Republic of Korea ^a	0.18
Romania	0.19
Rwanda	0.01
Saint Christopher and Nevis	0.01
Saint Lucia	0.01
Saint Vincent and the Grenadines	0.01
Samoa	0.01
San Marino ^a	0.01
Sao Tome and Principe	0.01
Saudi Arabia	0.84
Senegal	0.01
Seychelles	0.01
Sierra Leone	0.01
Singapore	0.09
Solomon Islands	0.01
Somalia	0.01
South Africa	0.40
Spain	1.89
Sri Lanka	0.01
Sudan	0.01
Suriname	0.01
Swaziland	0.01
Sweden	1.29
Switzerland ^a	1.08
Syrian Arab Republic	0.03
Thailand	0.08
Togo	0.01
Tonga ^a	0.01
Trinidad and Tobago	0.03
Tunisia	0.03

^a Not a Member of the United Nations.

^b Associate Member of WHO.

<u>Member</u>	<u>WHO scale for</u> <u>1986-1987</u> (percentage)
Turkey	0.31
Uganda	0.01
Ukrainian Soviet Socialist Republic ...	1.29
Union of Soviet Socialist Republics ...	10.34
United Arab Emirates	0.16
United Kingdom of Great Britain and Northern Ireland	4.58
United Republic of Tanzania	0.01
United States of America	25.00
Uruguay	0.04
Vanuatu	0.01
Venezuela	0.54
Viet Nam	0.02
Yemen	0.01
Yugoslavia	0.45
Zaire	0.01
Zambia	0.01
Zimbabwe	0.02

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

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SALARIES AND ALLOWANCES FOR UNGRADED POSTS AND THE DIRECTOR-GENERAL

The Thirty-eighth World Health Assembly,

Noting the recommendations of the Executive Board with regard to remuneration of staff in the ungraded posts and of the Director-General;

1. CONCURS with the recommendations of the Board; and, in consequence,
2. ESTABLISHES the salary for the posts of Assistant Directors-General and Regional Directors at US\$ 107 089 per annum before staff assessment, resulting in a modified net salary of US\$ 59 203 (dependency rate) or US\$ 53 866 (single rate);
3. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 123 197 per annum before staff assessment, resulting in a modified net salary of US\$ 65 320 (dependency rate) or US\$ 58 918 (single rate);
4. ESTABLISHES the salary for the Director-General at US\$ 159 115 per annum before staff assessment, resulting in a modified net salary of US\$ 78 430 (dependency rate) or US\$ 69 334 (single rate);
5. NOTES that, concurrent with the changes of the salary schedules for these officials, appropriate reduction will be made of the post adjustment rates applicable to these posts;
6. DECIDES that these adjustments in remuneration shall be effective from 1 January 1985.

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A38/VR/11

REGIONAL PROGRAMME BUDGET POLICY

The Thirty-eighth World Health Assembly,

Recalling numerous Health Assembly resolutions concerning programme budget policy, WHO's international health work through coordination and technical cooperation, and the functions and related structures of WHO, and in particular resolutions WHA29.48, WHA30.23, WHA33.17 and WHA34.24;

Having considered resolution EB75.R7 on regional programme budget policies,

1. STRONGLY SUPPORTS the preparation of such policies by the regional committees as requested by the Executive Board;
2. URGES Member States to assume their responsibilities for the preparation and implementation of such policies;
3. ENDORSES the Board's decision to monitor their preparation, as well as to monitor and evaluate their implementation in conjunction with the biennial budget reviews, and to report to the Health Assembly thereon;
4. DECIDES to monitor and evaluate their implementation in the light of the Executive Board's reports thereon;
5. REQUESTS the Director-General to provide full support to Member States and to the Health Assembly, regional committees and Executive Board, for the preparation, implementation, monitoring and evaluation of the regional budget policies.

Twelfth plenary meeting, 14 May 1985
A38/VR/12

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RECRUITMENT OF INTERNATIONAL STAFF IN WHO: BIENNIAL REPORT

The Thirty-eighth World Health Assembly,

Noting the report¹ and proposals of the Director-General and the views of the Executive Board with regard to the recruitment of international staff in WHO;

Recalling earlier resolutions of the Health Assembly and the Executive Board on the same subject, and in particular resolution WHA36.19;

Noting the progress made between October 1982 and October 1984 in the geographical representativeness of the staff and in the proportion of women on the staff of WHO;

Noting also the special efforts made by the Director-General to increase significantly the proportion of women staff members;

1. DECIDES to maintain the target of 40% of all vacancies arising in professional and higher-graded posts subject to geographical distribution during the period ending October 1986 for the appointment of nationals of unrepresented and under-represented countries;
2. DECIDES to raise to 30% the target set for the proportion of all professional and higher-graded posts in established offices to be occupied by women;
3. REITERATES again the urgent request to Member States to assist the Director-General in his efforts to increase the number of women on the staff by proposing a much higher proportion of well-qualified and experienced women candidates;
4. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts to continue to improve both the geographical representativeness of the staff and the proportion of posts occupied by women;
5. REQUESTS the Director-General to report on the recruitment of international staff in WHO to the Executive Board and the Health Assembly in 1987.

Twelfth plenary meeting, 14 May 1985
A38/VR/12

¹ Document EB75/1985/REC/1, Annex 2.

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

The Thirty-eighth World Health Assembly,

Having considered the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Thirty-eighth World Health Assembly on Members in arrears to an extent which may invoke the provisions of Article 7 of the Constitution;¹

Recalling resolution WHA37.7 whereby it was decided that in future years the Health Assembly should suspend the voting rights of Members subject to Article 7 of the Constitution as a matter of course, unless in a particular case there were exceptional circumstances justifying the retention of the right to vote which had been communicated by the Member concerned;

Having noted that Burundi, Comoros, Guinea-Bissau, Mauritania, Romania, Saint Lucia and Zaire are in arrears 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;

Having noted that Guinea-Bissau and Zaire have indicated that arrangements for the transfer of funds are being made;

Having noted that Burundi and Comoros have conveyed the nature of difficulties they are experiencing in making payment;

Being of the opinion that Mauritania and Saint Lucia are experiencing difficulties similar to those conveyed by Burundi and Comoros;

Having noted that the indebtedness of Romania dates from 1981 and that no written communications have been received from Romania by the Director-General since the closure of the Thirty-seventh World Health Assembly in May 1984;

1. EXPRESSES serious concern at the number of Members in recent years which have been subject to Article 7 of the Constitution;
2. DECIDES not to suspend the voting privileges of Burundi, Comoros, Guinea-Bissau, Mauritania, Romania, Saint Lucia and Zaire;
3. URGES these Members to intensify efforts in order to regularize their position;
4. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Twelfth plenary meeting, 14 May 1985
A38/VR/12

¹ Document A38/24.

THIRTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA38.14

Agenda item 31

14 May 1985

NUMBER OF MEMBERS OF THE EXECUTIVE BOARD

The Thirty-eighth World Health Assembly,

Having considered resolution EB75.R4 of the Executive Board and resolution WPR/RC35.10 of the thirty-fifth session of the Regional Committee for the Western Pacific;

Recognizing the need to increase the number of Members from the Western Pacific Region entitled to designate a person to serve on the Executive Board from the current three to four, taking into account the recent increase in the number of Members in the Region and the size of its population;

REQUESTS the Director-General to propose for the consideration of the Thirty-ninth World Health Assembly draft amendments to the Constitution in order to increase the membership of the Executive Board from 31 to 32, so that the number of Members of the Western Pacific Region entitled to designate a person to serve on the Executive Board be increased to four, and to transmit such draft amendments to Members at least six months in advance of their consideration in accordance with the provision of Article 73 of the Constitution.

Twelfth plenary meeting, 14 May 1985
A38/VR/12

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COLLABORATION WITHIN THE UNITED NATIONS SYSTEM: GENERAL MATTERS

Additional support to national strategies for health for all
in the least developed among developing countries

The Thirty-eighth World Health Assembly,

Realizing that the deteriorating health situation in the least developed among developing countries stands in flagrant contradiction to the Global Strategy for Health for All adopted unanimously by WHO's Member States;

REQUESTS the Director-General:

- (1) to mobilize new financial and technical resources to support national strategies for health for all in the least developed among developing countries within the existing Special Account for Assistance to the Least Developed among Developing Countries in the Voluntary Fund for Health Promotion;
- (2) to prepare a report for further consideration by the Executive Board and the Health Assembly on possible actions which can support these countries in strengthening their health infrastructures and thereby enhance their capacities to attract and absorb significant quantities of new health resources, including the establishment of a special trust health fund to assist them, the strengthening of existing special funds, and/or other actions in this respect.

Fourteenth plenary meeting, 16 May 1985
A38/VR/14

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM: GENERAL MATTERS

Repercussions on health of economic and political
sanctions between States

The Thirty-eighth World Health Assembly,

Bearing in mind the principle set out in the WHO Constitution that the health of all peoples is fundamental to the attainment of peace and security;

Reaffirming that resolution 2625 (XXV) of the United Nations General Assembly concerning friendly relations and cooperation among States remains fully applicable to the solution of the problems facing countries;

Recalling resolution 39/210 of the United Nations General Assembly deploring the fact that some developed countries continue to apply economic measures that have the purpose of exerting political coercion on the sovereign decisions of developing countries, and reaffirming that developed countries should refrain from threatening or applying trade restrictions, blockades, embargoes and other sanctions;

Bearing in mind that the efforts of Member States to improve the health of their peoples may be seriously affected by the application of coercive economic, commercial or political measures by other countries;

1. REITERATES the basic principles regarding the happiness, harmonious relations and security of all peoples, as set out in the WHO Constitution;
2. EXPRESSES its concern that political or economic differences between countries may give rise to actions that obstruct the attainment of the fundamental aims of WHO and prejudice the development of the health programmes of any Member State;
3. DEPLORES the application by any country of measures of this kind against any other country or countries;
4. URGES all Member States to refrain from adopting measures of this kind and to put an end to those currently in force;
5. REQUESTS WHO Member States to maintain and increase their collaboration with countries affected in this way;
6. REQUESTS the Director-General to keep the worldwide situation in this respect under constant review and to take the necessary steps to ensure that WHO collaborates in preventing and offsetting the unfavourable effects on health.

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM: GENERAL MATTERS

Prevention of disability and rehabilitation of the disabled

The Thirty-eighth World Health Assembly,

Recalling resolutions WHA19.37 and WHA29.68;

Noting the great medical, economic, social and psychological impact caused by disability to millions of people throughout the world;

Stressing the importance of the United Nations Decade of Disabled Persons, as underlined in United Nations General Assembly resolution 39/26 concerning the Decade;

Stressing the need to integrate fully activities for the prevention of disability and rehabilitation of the disabled within the framework of the strategies for health for all by the year 2000;

1. CALLS ON Member States:

(1) to emphasize the prevention of disability by achieving the goals of the Expanded Programme on Immunization and by strengthening environmental, occupational and other health programmes;

(2) to increase opportunities for the participation of disabled persons in social, cultural, religious, recreational and community life, and in decision-making at all levels;

(3) to expand education, training and job opportunities for disabled persons;

(4) to facilitate the increased acceptance of disabled persons through communication and education programmes for the general population;

(5) to increase public awareness and education so as to prevent disabling accidents at home, at work, and on the road;

(6) to remove all barriers, whether relating to architecture, transportation, communications or legal considerations, in order to permit disabled persons to participate fully and enjoy equality of opportunity;

2. REQUESTS the Director-General:

(1) to intensify his efforts to publicize the Decade and the goals of the World Programme of Action concerning Disabled Persons;

(2) to support government efforts to prevent disabling diseases and conditions, giving special priority to achieving the goals of the Expanded Programme on Immunization by 1990, in view of the short-term impact in reducing disability to be expected from the decrease in poliomyelitis alone and the potential for eventual elimination of this disease, and to support governments in improving environmental, occupational and other health programmes;

- (3) within existing resources or with voluntary contributions, to support governments in expanding community-based rehabilitation services and self-help programmes involving disabled persons and their families;
- (4) to ensure that WHO, at both headquarters and regional offices, removes barriers in order to permit full participation and provide equal opportunity for all persons, including the disabled;
- (5) to ensure that WHO's programmes for prevention of disability and rehabilitation of the disabled are integrated fully with the implementation of the strategies for health for all by the year 2000;
- (6) to intensify WHO's collaboration and coordination with other concerned agencies and voluntary bodies in programmes aimed at prevention of disability and rehabilitation of the disabled.

Fourteenth plenary meeting, 16 May 1985
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PREVENTION OF DEAFNESS AND HEARING IMPAIRMENT

The Thirty-eighth World Health Assembly,

Recognizing that the attainment of health for all requires increased activity for the prevention of hearing impairment, which affects at least 8% of the population in every country, and of deafness, which is estimated to afflict 70 million people in the world;

Recognizing also that in developing countries most of the hearing impairment, which occurs in excessive prevalence in some communities, results from causes that can be prevented at the primary health level, and that much of the deafness is reversible or remediable;

Aware of the international action being taken to limit the misuse of ototoxic agents and to reduce noise-induced occupational deafness;

Aware also of the rapid advance of technology in otolaryngology and audiology and of the development in some countries of mass treatment programmes using techniques appropriate for the control of hearing impairment and deafness;

Welcoming the readiness of the international nongovernmental organizations to coordinate their activities in support of global, regional and national programmes for the prevention of hearing impairment and deafness;

REQUESTS the Director-General, in collaboration with governments and appropriate nongovernmental organizations, to assess the extent, causes and consequences of hearing impairment and deafness in all countries, and to make proposals to the Thirty-ninth World Health Assembly for strengthening measures of prevention and treatment within existing programmes of health and development.

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IMPLEMENTATION OF THE STRATEGIES FOR
HEALTH FOR ALL BY THE YEAR 2000

The Thirty-eighth World Health Assembly,

Bearing in mind the serious adverse implications of the continuing economic crisis afflicting many countries for international development, cooperation, national development policies, the achievement of balanced economic and social development, and the availability of international and national resources for health;

Recalling that the Member States of WHO have unanimously adopted a long-term common policy and strategy for achieving the goal of health for all by the year 2000;

Considering that the present critical economic situation in many countries is a serious constraint to the achievement of this goal;

Emphasizing the importance and urgency of devising effective measures to overcome this constraint and to ensure the achievement of the goal of health for all by the year 2000;

REQUESTS the Director-General:

(1) to prepare a report on the repercussions of the world economic situation on the national, regional and global efforts undertaken by Member States in order to achieve the goal of health for all by the year 2000, including recommendations on ways and means of achieving that goal, for submission to the Executive Board at its seventy-seventh session and to the Thirty-ninth World Health Assembly;

(2) to transmit his report to the Secretary-General of the United Nations for circulation to all its Member States.

Fifteenth plenary meeting, 17 May 1985
A38/VR/15

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MAINTENANCE OF NATIONAL HEALTH BUDGETS AT A LEVEL
COMPATIBLE WITH ATTAINMENT OF THE OBJECTIVE OF
HEALTH FOR ALL BY THE YEAR 2000

The Thirty-eighth World Health Assembly,

Conscious of the enormous differences in levels of health between the developed and the developing countries, which lack the human, material and financial resources needed to cope with their substantial health problems and to build up their national health services;

Bearing in mind the economic crisis affecting the developing countries;

Considering, furthermore, that policies for economic recovery practised by many countries may affect the health services and thus bring in their train pernicious consequences for socioeconomic development;

Reaffirming resolutions WHA30.43, WHA34.36 and WHA35.23 on the policy, strategy and plan of action for attaining the objective of health for all by the year 2000;

Recalling resolution WHA33.17, in which the World Health Assembly decided to concentrate the Organization's activities on the support of strategies designed to achieve that objective;

1. URGES Member States to maintain, or even increase as far as possible, the percentage of national budgetary expenditures devoted to health;

2. REQUESTS the Director-General:

(1) in collaboration with other international organizations and institutions, to support Member States in this action;

(2) to report to a forthcoming World Health Assembly on the results of the steps taken in application of this resolution.

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MATURITY BEFORE CHILDBEARING AND PROMOTION
OF RESPONSIBLE PARENTHOOD

The Thirty-eighth World Health Assembly,

Recalling resolutions WHA31.55 and WHA32.42 on the long-term programme on maternal and child health;

Recognizing the disastrous world-wide health, educational, economic and social consequences of premature pregnancy in adolescent women, and in particular the high risks of maternal morbidity and mortality, as well as low birth-weight, with consequent infant mortality and physical or mental handicap which may persist throughout life;

Recognizing that these effects are compounded where poverty, illiteracy, adverse environmental conditions or undernutrition prevail, and where for many reasons prenatal care is not available or sought;

Aware that a large and increasing proportion of the populations of many Member States is adolescent and that, pending the provision of adequate health services for all, trained health workers and resources are limited, especially in rural areas;

1. URGES all Member States to act immediately:

- (1) to promote healthy families through the provision of adequate information and guidance for responsible parenthood to adolescents;
- (2) to promote the delay of childbearing until both prospective parents, but especially the mother, have reached maturity in adulthood;
- (3) to ensure that their populations are aware of the need for both prospective parents to be fully grown, adequately nourished, and disease-free before conception;
- (4) to ensure that health, education and social service providers are enabled to provide sound, culturally acceptable information and guidance; and

2. REQUESTS the Director-General:

- (1) to encourage collaborative action-oriented research on both biomedical and culturally relevant social factors contributing to the prevention of pregnancy before the couple are biologically and socially mature, and on the adverse consequences of pregnancy and childbearing in adolescence;
- (2) to increase the Organization's collaboration with Member States and their relevant governmental and nongovernmental agencies in providing primary health care with the emphasis on promotive and preventive programmes for adolescents including family life education, antenatal, delivery and postnatal care, and supporting family services as an urgent step in the implementation of the 1978 Declaration of Alma-Ata.

TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES
IN SUPPORT OF THE GOAL OF HEALTH FOR ALL

The Thirty-eighth World Health Assembly,

Recalling resolutions WHA28.75, WHA28.76, WHA29.48, WHA30.30, WHA30.43, WHA31.41, WHA32.27 and WHA34.36, which emphasize the importance of technical and economic cooperation among developing countries (TCDC/ECDC) as a fundamental element of national, regional and global strategies and the need for strengthening the WHO programme to promote TCDC/ECDC and provide support to developing countries for the establishment and implementation of that form of cooperation;

Reaffirming resolutions WHA35.24, WHA37.16 and WHA37.17, especially in view of the concrete activities initiated during 1984 in implementing the medium-term programme (1984-1989) and the Initial Plan of Action adopted by the Eighth Meeting of Health Ministers of the Non-Aligned and other Developing Countries and welcomed by the Thirty-seventh World Health Assembly;

Noting with satisfaction from his introduction to the proposed programme budget for the financial period 1986-1987 that the Director-General intends to initiate action to build up critical masses of health-for-all leaders, and considering the need for the preparation of a comprehensive strategy for leadership development through a variety of actions;

Expressing appreciation of the concrete action taken by the developing countries in the implementation of their Medium-Term Programme (1984-1989) and Initial Plan of Action (1984-1985) in support of the goal of health for all by the year 2000, and particularly the initiation of the process of building up critical masses of health-for-all leaders through international and national colloquia on leadership development for health for all and TCDC and other complementary activities;

Recognizing that the international and national colloquia on leadership development for health for all and TCDC organized in Brioni, Yugoslavia, in 1984 and programmed for 1985 and 1986 in Cuba, Thailand, United Republic of Tanzania, and Yugoslavia, are concrete efforts for the building up of critical masses of health-for-all leaders;

1. WELCOMES and strongly supports the priority given by the Director-General, in his introduction to the proposed programme budget for the financial period 1986-1987, to the objective of building up critical masses of health-for-all leaders;
2. CALLS UPON all Member States, and specially developed countries, international organizations and bilateral, multilateral, nongovernmental and voluntary agencies, to concentrate their technical and financial cooperation on the programmes, actions and activities relating to TCDC/ECDC;
3. REQUESTS the Director-General:
 - (1) to establish and/or strengthen specific focal points for the promotion and support of TCDC/ECDC in the regional offices of WHO, in accordance with resolution WHA32.27, and to strengthen the capacity of WHO Programme Coordinators at the country level, in order to secure the most effective catalytic action and support of WHO at all levels to countries carrying out TCDC programmes and activities to implement the strategies of health for all by the year 2000;

(2) to report to the Executive Board and to the Health Assembly, in even-numbered years, on the progress made in the catalytic and supportive action of WHO for TCDC/ECDC;

4. REQUESTS the Executive Board to give particular importance to the promotion and support of TCDC/ECDC in preparing the Eighth General Programme of Work covering a specific period and when reviewing programme budget proposals.

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MALARIA CONTROL

The Thirty-eighth World Health Assembly,

Recalling resolutions WHA28.87, WHA29.73 and WHA31.45;

Noting that the problems caused by the spread of malaria in many developing countries in tropical and subtropical zones are adversely affecting health and socioeconomic development in these countries;

Recognizing that coordinated efforts are necessary to prevent further deterioration of the situation;

Bearing in mind that control of malaria is essential in the context of the implementation of the Global Strategy for Health for All by the Year 2000;

Realizing that Malaria control programmes are extremely complex and that full and active community involvement is essential in order to achieve the desired objectives;

Taking note of the report of the WHO Study Group on Malaria Control as Part of Primary Health Care.¹

1. RECOMMENDS that malaria control should be developed as an integral part of national primary health care systems;
2. URGES the Members States concerned:
 - (1) to undertake an immediate review and an appraisal of the malaria situation and of existing control strategies, in terms of their effectiveness, efficiency, and prospects of achieving and maintaining their objectives, as a basis for planning the necessary modifications to maximize their contribution to the objective of health for all;
 - (2) in compliance with the targets of the Seventh General Programme of Work, to plan antimalaria activities, utilizing appropriate technologies, in order to contain the deterioration of the malaria problem in the immediate future and to ensure sustained progress in control;
 - (3) to mobilize adequate national resources for malaria control and conduct of applied research on malaria;
3. REQUESTS the Director-General to continue his efforts, in coordination with other international agencies, to provide technical support and to assist in the mobilization of adequate resources at national and international levels for malaria control in endemic countries, giving particular attention to the development and strengthening of intercountry technical and operational collaboration, with emphasis on research for the development of effective methods and means for the prevention and control of malaria, especially the development of vaccines.

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¹ WHO Technical Report Series, No. 712, 1984.

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM:
WOMEN, HEALTH AND DEVELOPMENT

The Thirty-eighth World Health Assembly,

Taking note of the report of the Director-General¹ and of the views of the Executive Board on the health situation of women and their role in health and development, and particularly in the implementation of the Global Strategy for Health for All by the Year 2000;

Noting the close relationship between equal rights for men and women and the participation of women in health activities and in the promotion of health for all, particularly as decision-makers;

Recalling previous resolutions of the Health Assembly on the role of women and, in particular, resolutions WHA28.40, WHA29.43 and WHA36.21;

Recognizing the great importance of the forthcoming World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace;

Concerned at the slow progress made by a number of countries in realizing the objectives of the United Nations Decade for Women, which are formulated in the reports of the World Conference of the International Women's Year, Mexico City (1975), the World Conference of the United Nations Decade for Women, Copenhagen (1980), and the International Conference on Population, Mexico (1984), particularly with regard to women's physical and mental health and also with regard to their social security and the safeguarding of their rights;

Concerned at the very high maternal mortality rates in many countries and at the frequency and severity of the repercussions of women's physical and mental health of certain practices, particularly during pregnancy or childbirth but also during puberty or childhood;

Concerned at the adverse effects on women's physical and mental health and the risks for their children produced by inadequate conditions of domestic work or paid employment;

Concerned at the frequency of nutritional anaemia in many countries, especially among pregnant women;

Concerned at the close spacing of pregnancies, particularly in the developing countries, and at the importance of adequate spacing of pregnancies as part of an appropriate family planning policy integrated within the general economic and social development programme of each country;

Bearing in mind with anxiety the prevalence in some countries of adolescent marriages and pregnancies;

Concerned with the increasing incidence and impact of family violence on women and children;

¹ Document A38/12.

Aware that in some countries the general public does not know enough about the nature of the risk to the health or even the life of women presented by such factors as deficient or inadequate diet, lack of hygiene, excessive workloads and pregnancy prior to full physical maturity and corresponding mental development, risks that may also have repercussions on the health of the children;

Recalling the correlation between the education of mothers and the reduction of child mortality levels;

1. THANKS the Director-General for his report to the Executive Board;
2. CALLS UPON Member States to show greater concern, within the context of national activities and international cooperation, for the protection of women's physical and mental health, particularly as regards the nutrition of women, the health of pregnant women and young mothers and conditions of work; to assist women to carry out their functions as providers of primary health care; to strengthen their efforts to provide women with greater opportunities to pursue activities in the context of the realization of the objectives of the strategies for health for all; and to take an active part in the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women;
3. REQUESTS the Executive Board to monitor developments in the field of women, health and development;
4. REQUESTS the Director-General:
 - (1) to ensure the Organization's active participation in the World Conference and to present to it a report on the role of women in health and development, on the principal risks threatening women and on the possibilities of guarding against those risks;
 - (2) to continue to pay close attention to cooperation with Member States in their activities and to provide expertise to promote women's physical and mental health, including information and education of the public, to intensify the participation of women, particularly as decision-makers, in health and socioeconomic development, and to assist them to evaluate the effect of health development programmes and social services on the situation of women and on the protection and promotion of women's physical and mental health;
 - (3) to strengthen coordination with the other United Nations agencies that pay special attention to the economic role of women;
 - (4) to evaluate the contribution made by WHO's programmes to the promotion and protection of women's physical and mental health and the effects of these programmes on the participation of women in health activities;
 - (5) to report periodically to the Executive Board and the Health Assembly on the progress achieved in this field.

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PREVENTION AND CONTROL OF CHRONIC NONCOMMUNICABLE DISEASES

The Thirty-eighth World Health Assembly,

Recalling resolutions WHA29.49 and WHA36.32, which led to the rapid development of a long-term programme to control cardiovascular diseases, with special emphasis on research into prevention, etiology, early detection, treatment and rehabilitation;

Mindful of the Director-General's progress report on the Global Strategy for Health for All by the Year 2000,¹ in which he underlines the growing importance of chronic noncommunicable diseases, notably those of the cardiovascular system, cancers and diabetes mellitus, as major factors adversely affecting life expectancy and health in general in both developed and developing countries;

Bearing in mind that information is accumulating that points to a number of features common to several noncommunicable diseases, such as their origins in and aggravation by tobacco smoking and other life style factors including unbalanced nutrition;

Taking also into account the proposals regarding the application of existing knowledge to national health services made by the WHO Expert Committee on Community Prevention and Control of Cardiovascular Diseases,² in the report of the twenty-fourth session of the UNICEF/WHO Joint Committee on Health Policy on progress and issues on prevention of rheumatic fever and rheumatic heart disease,³ and by the WHO Study Group on Diabetes Mellitus,² together with the recommendations of the WHO Meeting on Reappraisal of the Present Situation in Prevention and Control of Lung Cancer;⁴

1. APPRECIATES the Organization's increasing efforts to coordinate scientific activities in the prevention and control of chronic noncommunicable diseases and welcomes the results attained thus far;

2. CALLS on Member States:

(1) to assess the importance of noncommunicable diseases in their countries;

(2) where the problem is of high priority, to promote and introduce community studies with a view to arriving at population-centred measures to prevent and control cardiovascular diseases, lung cancer, diabetes mellitus, chronic respiratory and other noncommunicable diseases, and, where these measures are already being applied, to exchange information on their operation and on the training of relevant personnel,

(3) to offer other Member States opportunities for training and further education in the community control of noncommunicable diseases as an integral part of existing health services and to make information available on the national criteria applied in defining persons at risk, early detection, therapy and rehabilitation;

¹ Document A38/3.

² WHO Technical Report Series (in press).

³ Document JC24/UNICEF-WHO/83.4(d).

⁴ Bulletin of the World Health Organization, 60(6): 809-819 (1982).

(4) to make use of the latest findings in chronic noncommunicable disease control with the aim of devising, testing and introducing into existing health services mode , for the integrated control of several chronic conditions;

3. REQUESTS the Executive Board to consider the inclusion in the Eighth General Programme of Work, as a continuation and intensification of the Seventh General Programme of Work, of research and development aimed at the integrated prevention and control of several noncommunicable diseases into health systems based on primary health care;

4. REQUESTS the Director-General, in view of the overriding importance of noncommunicable diseases in several countries for the implementation of their strategy for health for all by the year 2000:

(1) to intensify measures to promote the prevention of cardiovascular diseases, as an example for other noncommunicable diseases;

(2) to foster and support community studies aimed at the joint control of a number of risk-related noncommunicable diseases;

(3) to encourage particularly the coordination within WHO of programmes aimed at influencing risk factors closely related to individual life-styles;

(4) to ensure the availability of resources for the exchange of study protocols and experience among Member States involved in this initiative;

(5) to encourage and sponsor workshops in Member States so that information about the practical implementation of control programmes can be quickly exchanged.

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COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS IN
IMPLEMENTING THE GLOBAL STRATEGY FOR HEALTH FOR ALL

The Thirty-eighth World Health Assembly,

Recalling resolution WHA34.36, and reaffirming its commitment to the implementation of the Global Strategy for Health for All by the Year 2000 through the solemnly agreed, combined efforts of governments, people and WHO;

Mindful that the attainment of the goal of health for all by the year 2000 is an integral part of international social and economic development as well as a direct contribution to world peace;

Emphasizing the crucial need for a real partnership between governments, nongovernmental organizations and WHO in order to achieve the goal of health for all by the year 2000;

Recognizing the commitment of nongovernmental organizations and the complementarity of the resources which they can mobilize for the achievement of strategies for health for all;

Taking into account the conclusions and recommendations of the Technical Discussions held during the Thirty-eighth World Health Assembly on "Collaboration with nongovernmental organizations in implementing the Global Strategy for Health for All";

1. APPEALS to the global family of nongovernmental organizations to support the strategies for health for all, and calls for their involvement and the increased use of national and international resources towards this end;
2. CALLS on the national nongovernmental organizations:
 - (1) to commit themselves in practice to the implementation of the strategies for health for all by the year 2000;
 - (2) to establish close collaboration with governments, in a spirit of partnership, for the implementation of national health for all policies and programmes;
 - (3) to encourage and support in all ways self-care and self-help groups at the community level for the effective implementation of primary health care;
 - (4) to establish appropriate national coordinating mechanisms, such as national councils of nongovernmental organizations, to provide a focal point for nongovernmental activities in health and health-related fields;
3. URGES international nongovernmental organizations:
 - (1) to take appropriate measures to further the collaboration between national nongovernmental organizations and Member States in the implementation of health for all strategies,
 - (2) to collaborate with WHO and other international organizations in providing support and cooperation in health for all activities;
 - (3) to coordinate their activities to ensure mutual support and cooperation in health matters,

4. CALLS on Member States:

- (1) to promote, foster and support the partnership approach by involving nongovernmental organizations in policy formulation, planning, implementation, and evaluation of the national health for all strategies;
- (2) to encourage and support the establishment of self-help and self-care nongovernmental groups at the community level, giving particular emphasis to women's groups, in order to implement primary health care approaches effectively;
- (3) to stimulate the active involvement of youth and student organizations, since these represent the generation that will be responsible for the world's health in the year 2000;
- (4) to encourage and support the establishment of nongovernmental coordinating or other appropriate mechanisms at the national level to facilitate mutual dialogue and close consultation on health matters;
- (5) to utilize the expertise and experience of nongovernmental organizations through consultation, and for this purpose prepare inventories of their resources, skills and collaborative health activities with governments;
- (6) to facilitate the mobilization of adequate resources for the work of national nongovernmental organizations for health work;

5. REQUESTS the regional committees to consider ways and means of strengthening the involvement of national and regional nongovernmental organizations in the implementation of regional and national strategies for health for all;

6. REQUESTS the Executive Board to review the existing framework of WHO's collaboration with organizations from the nongovernmental sector, together with the existing rules and procedures, with a view to strengthening it and making it more effective;

7. REQUESTS the Director-General:

- (1) to pursue his efforts to promote the involvement of international nongovernmental organizations in the Global Strategy for Health for All;
- (2) to promote and support partnership activities of Member States, WHO and nongovernmental organizations for the implementation of strategies for health for all;
- (3) to review periodically the progress made in promoting and fostering collaboration between governments and nongovernmental organizations.

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THIRTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA38.32

Agenda item 22.3

20 May 1985

APPROPRIATION RESOLUTION FOR THE FINANCIAL PERIOD 1986-1987

The Thirty-eighth World Health Assembly

RESOLVES to appropriate for the financial period 1986-1987 an amount of US\$ 605 327 400 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US \$
1.	Direction, coordination and management	62 812 700
2.	Health system infrastructure	179 084 500
3.	Health science and technology: health promotion and care	101 123 300
4.	Health science and technology: disease prevention and control . . .	84 480 400
5.	Programme support	115 799 100
	Effective working budget	543 300 000
6.	Transfer to Tax Equalization Fund . .	52 000 000
7.	Undistributed reserve	10 027 400
	Total	605 327 400

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 1986 - 31 December 1987 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 1986-1987 to sections 1-6.

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 1 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme (US\$ 10 334 000). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programme 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 period 1986-1987. 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:

	US \$
(i) reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of	5 000 000
(ii) casual income in the amount of	56 790 000
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	61 790 000

thus resulting in assessments on Members of US\$ 543 537 400. 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.

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