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RESOLUTIONS OF THE FORTIETH WORLD HEALTH ASSEMBLY OF INTEREST TO THE EXECUTIVE COMMITTEE

The Fortieth World Health Assembly, meeting in Geneva, Switzerland, from 4 to 15 May 1987, enacted 38 resolutions concerning many important program, financial and administrative issues which the World Health Organization is currently addressing. Principal among these are the status of assessed contributions, the program budget for 1988-1989, with its accompanying appropriation resolution, the Special Program on AIDS, the Eighth General Program of Work, and the Technical Discussions on Economic Support for National Health for All Strategies. A resolution was also adopted calling for support to the Caribbean Cooperation in Health initiative.

This document is a synopsis of resolutions which, in the judgment of the Director, are of particular importance to the Regional Committee for the Americas. The Executive Committee is requested to review this analysis in preparation for its presentation to the Regional Committee in September (i.e., XXXII Meeting of the Directing Council).

The decisions and resolutions of the Fortieth World Health Assembly are contained in Annex I and the opening address by the Director-General in Annex II.

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RESOLUTIONS OF THE FORTIETH WORLD HEALTH ASSEMBLY OF
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I. INTRODUCTION

The Fortieth World Health Assembly (WHA40) was held in Geneva, Switzerland, from 4 to 15 May 1987. During its deliberations, the WHA40 considered the work of the Executive Board since the last World Health Assembly, considered the Report of the Technical Discussions on Economic Support for National Health for All Strategies (held on May 6, 7 and 8), discussed the Program Budget for 1988-1989 and the Eighth General Program of Work (1990-1995), and passed 38 resolutions concerning various program, financial and administrative issues. The following is a synopsis of the work of the WHA40. Only those resolutions considered to be of greatest importance to the work of the Regional Committee for the Americas are annotated. They are presented according to subject matter, rather than the sequence in which they were adopted. However, all of the resolutions are included in Annex I, in numerical order. Other items of interest are also presented.

II. DIRECTOR-GENERAL'S ADDRESS

The Director-General of WHO, Dr. Halfdan Mahler, presented his view of the state of the Organization in his opening address (see Annex II). He asked whether WHO was to be the kind of organization envisioned, promoting a new health value system which would lead to new models for social and economic development. Or, was WHO to fail to achieve its potential because of health information protectionism, political pressures, and financial insecurity.

Dr. Mahler reiterated his analysis that the quality of technical cooperation needs improvement in order to "build up permanent, self-sustaining health infrastructures delivering relevant programs and using appropriate technology." Quick fixes, the apparent current emphasis, must yield to fundamental solutions. The regional committees have been advised in the past about this issue.

In regard to regional arrangements, Dr. Mahler stressed that in his view they had been stretched to the limits of the Constitution, possibly leading WHO to be six regional organizations and a headquarters organization. Although he emphasized his support for decentralized management of technical cooperation activities, he asserted this was only on the condition that it take place within the context of WHO's constitutional directing and coordinating roles in international health, that it be based on the new WHO health value system, and that Member Countries accept the responsibility for the use of collective resources within that system, not for their use as pocket money. There are numerous examples of positive results, but the audits in policy and program terms are revealing shortcomings.

Expressing optimism, the Director-General affirmed what he believes will be the future:

- That WHO can maintain its leadership role.
- That Member Countries can benefit domestically by applying policies they have agreed upon together.
- That internal and external resources can be mobilized and that self-sustaining health systems based on primary care can be built.

Within the regional committees, it is expected that Member Countries reciprocally will analyze how they are progressing toward health for all and how they are using WHO's resources. Similarly, it is expected that the Executive Board will monitor what is taking place in the regional committees, and that the World Health Assemblies will follow how Member Countries are using WHO resources.

Finally, Dr. Mahler reiterated his belief that worldwide cooperation will be achieved and that the Organization will lead people to health.

III. FINANCIAL POLICY MATTERS - (Resolutions WHA40.1, 40.2, 40.3, 40.4, 40.6, 40.15 and 40.37)

The financial situation of WHO is more tenuous in the 1986-1987 biennium than it has been for almost its entire previous history. As of 31 December 1986, the rate of collection of contributions was only 73.18%, compared to 93.88% and 90.90% respectively on 31 December 1984 and 31 December 1985. The outstanding balance of assessed contributions was \$67,453,606. Of this, \$55.4 million was due from one Member alone, and another three Members owed close to \$6.5 million. To meet its financial obligations under these conditions, the Organization had reduced its 1986-1987 program implementation by \$35 million, of which \$3.7 million was set aside from the Region of the Americas. Therefore, although the Interim Financial Report for 1986 was accepted (WHA40.1), the Assembly called on Members who had not paid in full to do so, reminding Members that payments are due in full on the first day of the calendar year to which they relate (WHA40.2).

Another factor affecting current operating levels for the program budget (1986-1987) is the unfavorable exchange rate, particularly between the United States dollar and the Swiss franc. Given the current situation, authority was given to increase the amount of exchange loss charges which could be made against casual income from \$31 million to \$41 million in the biennium 1986-1987 (WHA40.3). However, a specially appointed Committee of the Executive Board noted that if current rates persist, WHO would require \$51.6 million to meet its commitments, thus

necessitating up to \$10.6 million more in program implementation reductions later in 1987. A part of these reductions would undoubtedly be made in the operating budget of AMRO. If previous distributions were applied, the reduction could be as much as \$1.1 million.

Looking forward to the next biennium, the WHA40 approved a total program budget of \$705,389,500 for 1988-1989, which represents an increase of 16.5% over 1986-1987. The effective working budget approved was \$633,980,000, which represents an increase of 16.7% over 1986-1987. This budget level was approved with the understanding that a \$50 million implementation reduction would be necessary if the largest contributor did not pay its current assessments. This Region's share of the \$50 million reduction would be \$4,940,000. The Regional Committee, at its September 1987 meeting, will be requested to consider criteria by which the Regional Director would carry out operating program reductions, if required.

The above-described appropriation resolution (WHA40.37) was approved with a provision for \$25 million from casual income to be used to lower assessments due for calendar year 1988. Under these circumstances, contributions from Members for 1988 would increase by 20.2% over 1987. The level of contributions of Members and Associate Members to the Program Budget for the financial period 1988-1989 is based on this appropriation resolution and the scale of assessments adopted in Resolution WHA40.6. The scale of assessments is unchanged from 1987.

In order to ease the level of contributions of Member Countries while still maintaining the financial soundness of the Organization, the Director-General proposed that the Executive Board, in January 1988, consider using an additional \$24.1 million of casual income to lower assessments due for calendar year 1989. If casual income of \$24.1 million is available in this manner, the increase in the level of contributions from Members for 1989 would be reduced to 20.8% relative to 1987.

This aforementioned application of a total of \$49.1 million of casual income (available as of 31 December 1986) to reduce 1988-1989 contributions would be in addition to the authorization to use up to \$31 million of casual income in 1988-1989 to offset the effect of currency losses in the same period (WHA40.4). This latter type of application of casual income would not reduce Members' contributions.

In an unusual step and in a spirit of consensus, the Director-General also proposed a lower budget level for 1988-1989 if the largest contributor paid its assessments, a proposal which the Executive Board will consider in January 1988. Under this plan, the total program budget would be reduced from \$705,389,500 to \$680,389,500, a reduction of \$25 million. Assuming casual income availability of \$25 million for 1988 and additional casual income of \$24.1 million for 1989, as well as an

estimated \$4 million of program support costs from the United Nations Development Program for 1988-1989, the effective working budget would be \$608,980,000 instead of \$633,980,000. This effective working budget of \$608,980,000 would represent an increase of 12.1% over 1986-1987. Under these circumstances, contributions from Members for the 1988-1989 effective working budget would be reduced to an increase of 15.4% over 1986-1987 or 7.7% annually. Therefore, the January 1988 Executive Board may recommend that the Forty-first World Health Assembly reopen the appropriation resolution for 1988-1989.

The Director-General also proposed to maintain the \$25 million budget reduction in real terms for 1990-1991. In June 1987, the Program Committee of the Executive Board will be considering what guidance should be used in the preparation of the 1990-1991 program budget as the first part of a consensus building process which the Board wants to maintain at all levels of the Organization. It will also be considering a report being prepared by the Headquarters Secretariat which will be distributed to all Regional Committees concerning the management of WHO's resources (WHA40.15). Based in substantial part on the Director-General's introduction to the 1988-1989 Program Budget, this document will be reviewed by the Regional Committees (for AMRO, the XXXII Meeting of the Directing Council - September 1987) which will in turn consider how best to use WHO resources and provide its analysis to the Executive Board.

IV. PROGRAM POLICY MATTERS

1. Global Strategy for the Prevention and Control of AIDS (Resolution WHA40.26)

In November 1986, the Director-General announced that WHO would be committed to the complex challenge of global AIDS control in recognition of the fact that cooperation among all countries is needed to combat this global epidemic and that there must be international leadership if a coordinated, participatory approach is to be developed. As a result, the creation of the Special Program on AIDS was supported by the Executive Board and, most recently, endorsed by the WHA40.

Although AIDS is a separate agenda item for consideration by the PAHO Executive Committee and the Directing Council (Regional Committee) during 1987, it is important to note that the World Health Assembly

- expressed its deep concern that this disease caused by one or more naturally occurring retroviruses of undetermined geographical origin has assumed pandemic proportions in all regions and represents a threat to the attainment of health for all;

- stated that the transmission of AIDS can be prevented and that information and individual acceptance of responsibility are essential for control of AIDS;
- recognized that urgent and vigorous action must be directed globally to epidemiological surveillance, intensification of research, training of national health workers, and other actions;
- stressed the need for substantial voluntary contributions; and
- recognized that the worldwide number of AIDS cases would rise in the next several years regardless of public health control measures because of the long incubation period and large number of people already infected.

Given these observations, the Assembly has confirmed WHO's directing and coordinating role in leading the global fight against AIDS. Member Countries are urged to ensure that their control efforts are integrated into existing systems based on primary health care (including effective education and prevention measures) and to cooperate with other countries in the adoption of compatible programs, transfer of technology and sharing of information. The Director-General is to assure the effective implementation for the worldwide strategy at all levels--country, regional and global--so that eventually the spread of infection will be stopped.

Although there will be global management of the strategy to assure a coordinated attack, the regional levels (regional offices and countries) will be very active in carrying out specific operational activities within this framework. Furthermore, the Regional Committee for the Americas will have a specific responsibility to keep the regional situation under review, monitor the use of regional resources in conformance with global strategies, and report annually to the Director-General.

As of June 1987, the Director of the WHO Special Program on AIDS has visited with regional advisors in five countries in the Americas (including CAREC, representing the English-speaking Caribbean). In Brazil, Argentina, Mexico and Haiti, immediate support has been provided and comprehensive national AIDS prevention and control programs have been developed. Other countries (Panama, Costa Rica and several Caribbean countries) have initiated various measures, such as blood bank screening, to reduce HIV transmission. Canada has established a national AIDS center to coordinate AIDS prevention activities, disseminate technical information and assist provincial programs. The United States Government has assigned AIDS and HIV infection the highest priority as a public health problem, investing heavily in research, public information, prevention and control, and providing technical leadership to state and local programs.

Details of regional activities and regular program budget proposals are presented under a separate agenda item.

2. Promotion of Balanced Health Manpower Development (Resolution WHA40.14)

This resolution represents a significant shift in relation to the viewpoints presented in the background materials originally prepared for the Conference sponsored by the Council for International Organizations of Medical Sciences (CIOMS) concerning "Health Manpower Out of Balance," held in 1985 in Acapulco, Mexico.

In those previous documents, the issue of oversupply was stressed as the major problem facing planners in the field of health manpower development. While other professionals were mentioned, physician supply was the prime concern. The existence of underutilized or unemployed physicians was considered a barrier for attaining the goal of health for all. It was proposed that the resources for their training could be more effectively used to train auxiliary personnel, who would be more easily absorbed by national health systems.

In the Region of the Americas, it was feared that this reasoning was leading to a mere quantitative and restrictive approach to the role of medical education without contributing to the solution of the many methodological problems in adjusting to the needs of health service systems. In fact, many restraints in medical school admissions are still in force in most countries as a reaction to the boom in physician production that occurred in Latin America between 1965 and 1975. An international campaign to reduce the number of physicians trained annually is not needed and balancing the supply of health personnel with demand is primarily a national issue.

Among the Latin Americans participating in the Acapulco Conference were representatives from Mexico, Brazil, Colombia, Peru, Argentina, Nicaragua, Cuba and Venezuela. Mexico was the only country to perceive a need for more restrictive measures to diminish the output of physicians and other university trained professionals. The group concluded that the real problem is a persistent and unduly weak demand from the health system. Its weakness was exacerbated as a result of the recent economic crisis. Its report stresses that to attain a balance of supply and demand of health personnel, it is necessary to take into consideration "the needs of the diverse population strata and the model of health services, which may vary from one country to another or historically, from one moment to another, for the same country."

The final report of the Acapulco Conference balances the issue of oversupply with the recognition of other important factors, such as maldistribution and underutilization of manpower.

In the resolution adopted by WHA40, the recommendations for the Member States present a more sensitive and broad vision of health manpower policy problems and goals. The six guidelines for Member States should be adopted fully by the countries in the Region of the Americas, regardless of their current situation or policies concerning manpower supply.

Almost all the guidelines are already incorporated in PAHO/AMRO regional and country actions--health manpower information and planning, labor market studies, continuing education, etc. Nevertheless, there appears a new and stimulating field, "career development." This is an important aspect of human resource management, which will be developed during the preparation of the next annual program plan.

3. Caribbean Cooperation in Health (Resolution WHA40.16)

In an important affirmation of the Caribbean Cooperation in Health already endorsed by the XXII Pan American Sanitary Conference and the Conference of Heads of Government of the Caribbean Community, the Assembly adopted Resolution WHA40.16. This resolution

- urges the Member States, WHO and other international organizations to support the initiative, and
- requests the Director-General to assist AMRO and the Caribbean Community to mobilize financial and technical resources.

The current status of the initiative will be discussed under a separate agenda item.

4. Maternal Health and Safe Motherhood (Resolution WHA40.27)

This resolution deals with the serious problem of maternal mortality. The problem is important in Latin America where, in some countries, the maternal mortality rate is 100 times higher than in developed countries. An estimated 90% of these deaths could be avoided if there were improved access to high quality prenatal, perinatal and postnatal services. Since 1985, PAHO/WHO has begun several studies in the Region in order to better understand the problem.

The resolution adopted by the WHA40 requests the Member States of the Organization to increase their efforts to reduce maternal morbidity and mortality through preventive measures, strengthening of referral systems, earlier detection of high-risk pregnancies, and other strategies.

The relative importance of induced abortions as a cause of maternal mortality implies a need to strengthen family planning programs as a priority. This has substantial implications for the regional maternal and child health program as well as the regional programs in health policy and development of health services.

What is needed now is to take those regional actions necessary to increase the level of recognition of the problem, to improve the understanding of the epidemiology of maternal mortality, to find better interventions, and finally to strengthen the health services infrastructure to deal effectively with these problems.

5. Health of the Working Population (Resolution WHA40.28)

After considering a special report from the Director-General on workers' health, the Assembly adopted a resolution in recognition of the magnitude of the health and safety problems of the working population.

In the Region of the Americas, the percentage of workers that have access to occupational health services varies greatly. Workers' health programs, as part of health care systems based on primary care approaches, need to receive priority, particularly because of the social and economic impact of the health of the work force. As stated in the resolution, Member Countries are urged to pay special attention to the establishment and maintenance of safe working conditions, to identify existing and newly emerging health and safety problems, to extend primary health care in these sectors, and to develop relevant training programs. The resolution also requests the Director-General to promote regional activities in workers' health.

In the Americas, regional program emphases and approaches include 1) increasing political awareness of the problems and political will to mobilize resources to promote improved occupational health services, especially those related to prevention; 2) strengthening organizational, administrative and managerial capacity for workers' health programs and finding new strategies to incorporate appropriate technology; 3) extending coverage of services by identifying underserved populations and eliminating these service gaps, particularly those which occur in primary health care services; 4) maintaining and strengthening epidemiological surveillance; 5) preparing guidelines and educational materials; and 6) supporting research, particularly as a means of evaluating the results of preventive practices.

6. Research on Aging (Resolution WHA40.29)

The global program of Health of the Elderly was recently transferred from Geneva to the European Regional Office (EURO) and appears in the Program Budget for 1988-1989 under EURO. The research program on aging, originally recommended by the Advisory Committee on Health Research, was established by the Fortieth World Health Assembly. In addition to assigning regular budget resources to establish, implement and monitor the program, the Director-General will be seeking extrabudgetary funding.

The global program is now preparing a plan as to what types of research that should be supported. In this Region, it is believed that the program could best be directed toward comparative studies to identify emerging social and health problems of this age group and to obtain information on the conditions causing impairments, disabilities and handicaps in old age. From these research findings should be established a rational basis for preventive health care for the elderly and for elucidating the determinants of healthy aging. They can also provide a basis for evaluating current policies and programs and for the planning and implementation of comprehensive care of the elderly at the national level.

The Regional Program of Health of the Elderly is now involved in several collaborative studies in this Hemisphere, particularly on the needs of the elderly. These studies may serve as part of the experience upon which the global program will be established.

7. Use of Alcohol in Medicines (Resolution WHA40.32)

Initial interest in the issue of the use of alcohol in medicines was expressed by those countries that want to eliminate all uses of alcohol, including in pharmaceutical preparations. As the resolution recognizes, alcohol can have harmful effects, particularly in children and in pregnant women, and is many times used in excessive concentrations in medicines. Therefore, the resolution recommends that Member Countries reduce alcohol concentrations in medicines as much as possible and intensify efforts to find alternative preparations.

In the Region of the Americas, the impact of this resolution will be limited over the short-term. Although alcohol is used in a relatively large number of preparations, it has not presented problems in the concentrations utilized. The elimination of alcohol would imply the reformulation of many solutions. Apart from being costly, these new solvents would require testing for stability, suitability and safety.

The Regional Program will disseminate the resolution through the "pharmacological section" of PAHO's Boletín.

8. Diarrheal Diseases Control (Resolution WHA40.34)

Although there has been substantial progress made in the implementation of national diarrheal diseases control programs and significant advances in knowledge due to current research, persistent diarrhea and dysentery continue to be major causes of child mortality, including in the Region of the Americas.

PAHO has historically accorded high priority to the problem of diarrheal diseases. In 1974, diarrheal diseases were the subject of the Technical Discussions at the Pan American Sanitary Conference and in 1975 Resolution V of the 74th Executive Committee called for "increased

....efforts to combat the problem of diarrheal disease." In March 1977, as a result of concern for the need to expand PAHO's effort in combating this problem, the Director established a multidisciplinary gastroenteritis task force which was actively functioning when the global initiative was defined at the Thirty-first World Health Assembly in 1978. The Directing Council, in 1979, endorsed the new program's strategies and encouraged implementation. Since then, all countries of the Region have implemented special activities in controlling diarrheal diseases, primarily through primary health care. There has been success as measured by significantly decreased hospitalization rates and mortality rates due to diarrheal diseases, even though diarrheal mortality in children of the Region is still responsible for an estimated 25% of all child deaths.

Regional activities emphasize the need for national programs to include a major effort in training of health workers in areas of treatment and prevention so that they, in turn, can transmit this information to mothers, either through mass media campaigns or face to face. It is anticipated that implementation of well-designed national programs can reduce diarrheal mortality by 60-70%.

Resolution WHA40.34 cites specific areas of importance that PAHO has been stressing over the last several years. Emphasis is also placed on using diarrheal disease control activities as an entry point for other integrated primary health care interventions in the quest for health for all by the year 2000, as has been the practice in the Region.

9. Towards the Elimination of Leprosy (Resolution WHA40.35)

This resolution redraws attention to the continuing existence of leprosy in the Region even though significant progress has been made in recent years in the prevention, diagnosis and treatment of the disease. In the Region of the Americas there are 332,000 registered cases; 20,000 new cases are identified annually. In eight countries in the Americas, the prevalence is more than one case per 1,000 inhabitants. Of these countries, Brazil reports 80% of the newly detected cases. Significantly, leprosy is the third largest cause of disability in the Region, after traffic accidents and stroke.

PAHO's strategy for control emphasizes early case detection and reduction of sources of infection. Multidrug therapy, as recommended by the WHO Study Group, is reducing the period of treatment while preventing the development of resistant bacteria. Strengthening health system infrastructure for early detection and treatment and close coordination with NGOs for financing treatment are also important components of regional program efforts.

10. Eighth General Program of Work, 1990-1995 (Resolution WHA40.31)

The Constitution of the World Health Organization (Article 28 (g)) requires its Executive Board to submit to the World Health Assembly, for consideration and approval, a general program of work for every six-year period. The WHA40 has approved the Eighth General Program of Work, which covers the years 1990-1995 inclusive, and which will provide a framework for the formulation of WHO's medium-term programs and program budgets.

PAHO/AMRO produced a regional contribution to the Eighth General Program of Work, that was approved by the XXII Pan American Sanitary Conference in September 1986, prior to its submission to WHO. The document represented a forward-looking plan that anticipated future problems and sought to identify objectives for the achievement of national and regional health goals.

The resolution approving the Eighth General Program of Work calls upon Member Countries to use it in their cooperative activities with WHO in support of their strategies for health for all. At the same time, the resolution urges that WHO programs and program budgets be prepared on the basis of the Program of Work and that the regional program budget policy be implemented to this end.

The implementation of the Eighth General Program of Work for the Region of the Americas for the period 1990-1995 will have to be done with sufficient flexibility as to enable countries to adapt it to their own needs. It will also have to take into account policy decisions of the PAHO Governing Bodies as set forth in documents such as the "Orientation and Program Priorities for PAHO during the Quadrennium 1987-1990" that was approved in Resolution XXI of the XXII Pan American Sanitary Conference. The latter calls for a concentration of the Organization's resources in priority areas that will have the greatest potential impact on the process of national health development. Finally, the Eighth General Program of Work will have to be translated into medium-term programs for implementation through biennial program budgets, and progress will have to be properly monitored and evaluated.

V. TECHNICAL DISCUSSIONS - ECONOMIC SUPPORT FOR NATIONAL HEALTH FOR ALL STRATEGIES (Resolution WHA40.30)

The Technical Discussions held during the WHA40 were entitled "Economic Support for National Health for All Strategies." The Discussions were promoted worldwide with a WHO document discussing the principal issues. PAHO/AMRO promoted the Technical Discussions by distributing announcements to the Member Countries and by developing a methodology for analyzing economic and other implications of health for all (primary health care) strategies within national contexts. A summary of this approach was distributed to each Member Country in AMRO as a background document for the Discussions.

After receiving the Final Report of the Technical Discussions, the Assembly passed the annexed resolution (WHA40.30).

While recognizing that the current world economic situation limits the possibility of many countries' reaching the goal of HFA/2000, the resolution urges Member States to adopt social measures aimed at mobilizing and better utilizing financial resources devoted to meeting health needs, particularly of the most vulnerable social groups. These measures include intersectoral coordination, private and public sector cooperation, financial planning and management, waste reduction, technological choices, and others. Developed countries and international and bilateral agencies are called upon to increase their support to developing countries in the implementation of their HFA strategies in a spirit of self-reliance, mutual respect and social equity, particularly by strengthening national capacities in economic and financial analysis, research, planning and management.

Among other activities, WHO's Director-General is requested to monitor the impact of economic trends on the health situation of vulnerable groups and to help Member States to mitigate their adverse effects; to promote the exchange of information; and to foster cooperation in developing approaches to expand and better use different sources of domestic financing for health and in strengthening capacity in financial planning and management.

The resolution has several implications for the Region of the Americas. PAHO/AMRO is proposing that the Regional Committee/Directing Council tackle them through the introduction of a specific subprogram entitled "Health Economics and Financing." This subprogram, presented as part of the revised PAHO Classified List of Programs, is contained within the Health Policies Development Program. It will concentrate on developing and implementing various approaches for analysis, research, planning and management related to health economics and financing. It will also include the analysis of the relationship between health and economic development. In preparation for the implementation of this subprogram, several country studies are already being implemented. Analytic methodologies are being developed and field-tested, and training activities are being carried out. Additionally, ongoing regional and country programs devoted to health system infrastructure development are being adjusted so as to place more attention on health economics and financing issues.

VI. ADMINISTRATIVE POLICY MATTERS (Resolutions WHA40.7, 40.8, 40.9, 40.10, 40.11 and 40.25)

The Assembly considered a variety of administrative matters, some of which are worthy of a short note.

In regard to the Real Estate Fund, PAHO/AMRO had submitted to WHO the project to renovate the Headquarters' computer room. The Assembly approved the execution of this project (WHA40.7) for which the participation of the WHO Real Estate Fund amounts to \$33,588, or 25% of the estimated cost of the work to be performed.

Resolution WHA40.8 concerns the salaries of several types of ungraded posts in WHO, including the Director-General, Deputy Director-General, Assistant Director-Generals and the Regional Directors. These salaries have undergone a very slight change at the single rate, as a result of modifications in the staff assessment rates. The change is the same as that which occurred in the salaries of professional staff. The budgetary consequence of these changes, both for graded and ungraded staff, is insignificant. Similar adjustments for PAHO ungraded posts are presented to the 99th Meeting of the Executive Committee in Document CE99/3.

Other personnel resolutions deal with the recruitment of international staff in WHO. The first (WHA40.9) deals with the participation of women in the work of WHO. The Assembly decided to maintain the target of 30% for the proportion of all professional and higher graded posts to be occupied by women. The XXII Pan American Sanitary Conference adopted a similar target for PAHO last year. As of 31 March 1987, of the professional posts, 31.94% in Headquarters and 17.55% in the field were occupied by women (total 24.30%.) The second resolution (WHA40.10) deals with geographical representation of the staff.

The Director of the Pan American Sanitary Bureau is making every effort to have a balanced geographical distribution and equitable balance of women and men, according to the target, within the Secretariat. In this connection, an effort is made to recruit candidates from "under-represented" countries, while at the same time searching for qualified women candidates. Selection committees are well-informed about the Administration's wish to appoint more women, particularly at decision-making levels. A careful review of the candidate roster is underway, and our national focal points have been consulted whenever a vacancy arises. Furthermore, PAHO/AMRO's professional staff have been encouraged, while on mission, to contact these focal points and stimulate the recruitment mechanism on behalf of the Organization.

The Assembly also resolved (WHA40.11) that the External Auditor for WHO for the financial periods 1988-1989 and 1990-1991 continue to be the holder of the office of Comptroller and Auditor General of the United Kingdom of Great Britain and Northern Ireland. PAHO has traditionally appointed WHO's External Auditor as PAHO's External Auditor, thus avoiding unnecessary duplication. This issue will be presented to the Directing Council in September 1987. The Comptroller and Auditor General has already indicated a willingness to accept this responsibility.

Finally, the WHA40 adopted the "Revised Principles Governing Relations between the World Health Organization and Non-Governmental Organizations," which the Regional Committee for the Americas reviewed in 1986 and thereafter transmitted its concurrence to the Director-General (see Resolution WHA40.25).

VII. MISCELLANEOUS ISSUES

Several miscellaneous items were considered by the WHA40, of which the following five may be of particular interest to the Committee:

1. Development of Guiding Principles for Human Organ Transplants (Resolution WHA40.13)

Based on a report of the Director-General, WHA40 discussed the issue of human organ transplants which is very important in a variety of developed and developing countries but which is not a priority within the HFA/2000 strategies. Given the complexity of the issue, the Director-General was asked to study the possibility of developing appropriate guiding principles for human organ transplants. In the preamble to the operative paragraphs, it appears that the resolution is oriented primarily to ethical and legal issues rather than to medical, economic and technological problems that developing countries would need to resolve in order to participate in this technology.

Notwithstanding these considerations, PAHO is preparing a regional consensus conference to be held in the last quarter of 1987 to review the guidelines that might be used in developing countries for kidney dialysis and transplants related to irreversible renal insufficiency. There is a question about the need to recommend more conservative measures due to the economic issues associated with this technology. This type of consensus conference, originally conducted at the National Institutes of Health of the Department of Health and Human Services of the United States of America, might serve as a model approach for development of the type of guidelines which might be needed during the coming years.

2. International Year of Shelter for the Homeless (Resolution WHA40.18)

This resolution requests the regional committees of WHO to initiate the establishment of regional research groups to undertake studies on the improvement in health conditions that might result from better, or more adequate housing. It also urges Member Countries to promote human health through the improvement of living conditions and to increase their support to the U.N. Center for Human Settlements (HABITAT), the U.N. Environment Program, the World Bank, and other agencies involved with shelter and health.

In the Region of the Americas, as part of the preparations for, and follow-up to, the Technical Discussions on Intersectoral Action for Health, held in 1986, studies are being conducted in two Member Countries (Peru and Brazil) which touch on the direct relation of inadequate shelter to health in urban slum areas. Specific studies also exist in relation to housing conditions and tropical disease control programs.

3. The Codex Alimentarius Commission (Resolution WHA40.20)

Based on a report of the Director-General to inform the Executive Board about the Codex Alimentarius Commission, the WHA40, among other things, requested that the Director-General continue to collaborate with FAO to support the work of the Commission, urged Member States to make all appropriate efforts to adopt Codex standards and to utilize the recommendations of the Commission for the promotion of food safety and international food trade, and recommended that the Commission invite Member States which have not yet done so to join the Commission without delay.

The resolution will have little impact on the close collaboration that PAHO has already established with the Codex Alimentarius Commission and the Regional Coordinating Committee for Latin America and the Caribbean. PAHO has supported the work of various specialized committees of the Commission through the provision of temporary advisors, and has disseminated the results of the deliberations of the Commission through various publications. It has also indirectly supported the last three meetings of the Regional Coordinating Committee by sponsoring contemporaneous workshops, seminars and other types of courses on food safety issues as an adjunct to Committee meetings, thereby facilitating attendance by national delegates. This approach was institutionalized by the XXXI Meeting of the Directing Council in 1985.

In regard to membership in the Commission, eight Member Countries of PAHO, with a total population of 5.2 million, still have not joined and are being encouraged to do so.

4. 7 April 1988: A World No-Smoking Day (Resolution WHA40.38)

Resolution WHA39.14 on "Tobacco or Health" recommended to all Member Governments of WHO to take strong measures to combat smoking, recognizing that it is probably the largest cause of avoidable and unnecessary mortality in the world.

Programs on smoking control include a series of international approaches to planning, implementing, and evaluating the programs, such as information and education, training and research, within the context of a governmental commitment for an action program.

The resolution of WHA40 stresses a worldwide smoke-out to be held on 7 April 1988. This type of initiative has been shown to be very successful in countries like the United States of America, where the tenth annual "Great American Smoke-Out," held on 20 November last year, resulted in 7 million smokers quitting for a day. These kinds of activities support the growing public awareness of the harmful effects of smoking, of cigarette advertising, and of the acceptability of tougher restrictions, particularly those protecting the rights of non-smokers.

PAHO is supporting national intersectoral plans of action, under the leadership of the Ministries of Health, and has joined other agencies in a coordinated approach in its campaign against tobacco. It was the first WHO Office to ban smoking on its premises, in 1986. This resolution facilitates maintaining this visible momentum against smoking in the Region of the Americas.

5. Fortieth Anniversary of WHO (Resolution WHA40.36)

The fortieth anniversary of WHO also marks the tenth anniversary of the Declaration of Alma-Ata and the commitment to the goal of health for all by the year 2000. For this reason, the World Health Assembly made it clear that the occasion can be used by Member Countries to intensify efforts to

- mobilize resources for health;
- accelerate health development processes;
- foster interinstitutional and intersectoral collaboration; and
- focus attention on the aspirations of WHO on behalf of all people.

Attention is directed to the role that the media can play through coverage of health-related activities.

Regional Committees are invited to give strong support to their countries in their activities relating to the fortieth anniversary and to mark it solemnly during their meetings. The Director-General is asked to use the anniversary as a global opportunity to inform and mobilize all concerned and to show the world that health development is possible through international collaboration.

Thus, the anniversary presents an opportunity to strengthen advocacy for health at both the national and international levels. PAHO/AMRO will use its resources in public information and public affairs to support national efforts to heighten interest and commitment to health for all strategies. This effort will concentrate on the provision of promotional materials and the conduct of other activities emphasizing health advocacy approaches, rather than the support of purely ceremonial observances.

CE99/23 (Eng.)
ANNEX I

DECISIONS AND RESOLUTIONS
OF THE FORTIETH WORLD HEALTH ASSEMBLY

(Resolutions WHA40.1 to WHA40.38)



DECISIONS AND LIST OF RESOLUTIONS

I. DECISIONS

(1) Composition of the Committee on Credentials

The Fortieth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Member States: Colombia; El Salvador; Ghana; Hungary; Italy; Kenya; Malaysia; Mongolia; Morocco; Portugal; United Arab Emirates; and Zaire.

(First plenary meeting, 4 May 1987)
(A40/VR/1)

(2) Composition of the Committee on Nominations

The Fortieth World Health Assembly elected a Committee on Nominations consisting of delegates of the following 24 Member States: Argentina; Botswana; China; Côte d'Ivoire; Czechoslovakia; Ecuador; Finland; France; India; Jamaica; Lebanon; Nepal; New Zealand; Nigeria; Peru; Sao Tome and Principe; Saudi Arabia; Senegal; Sudan; Tunisia; Uganda; Union of Soviet Socialist Republics; United Kingdom of Great Britain and Northern Ireland; and Venezuela.

(First plenary meeting, 4 May 1987)
(A40/VR/1)

(3) Election of officers of the Fortieth World Health Assembly

The Fortieth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers:

President: Dr J. van Londen (Netherlands)

Vice-Presidents:

Dr E. Hosein (Trinidad and Tobago), Mrs P. Djombe de Mbuamangongo (Equatorial Guinea), Dr Li Jong Ryul (Democratic People's Republic of Korea), Mr T. Bencheikh (Morocco), Dr H. Johar Noordin (Brunei Darussalam).

(Second plenary meeting, 4 May 1987)
(A40/VR/2)

(4) Election of officers of the main committees

The Fortieth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers of the main committees:

COMMITTEE A: Chairman, Dr S. D. M. Fernando (Sri Lanka)
COMMITTEE B: Chairman, Dr R. W. Cumming (Australia)

(Second plenary meeting, 4 May 1987)
(A40/VR/2)

The main committees subsequently elected the following officers:

COMMITTEE A: Vice-Chairmen, Dr Arabang P. Maruping (Lesotho) and Dr H. S. Helmy (Egypt)
Rapporteur, Mrs F. Al-Ghazali (Oman)

COMMITTEE B: Vice-Chairmen, Dr K.-H. Lebentrau (German Democratic Republic) and
Dr A. Al-Saif (Kuwait)

Rapporteur, Miss O. Garrido Ruiz (Mexico)

(First meetings of Committees A and B,
5 and 6 May 1987)

(5) Establishment of the General Committee

The Fortieth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following 16 countries as members of the General Committee: Cameroon; Chile; Côte d'Ivoire; Czechoslovakia; Ecuador; France; Kuwait; Nicaragua; Nigeria; Pakistan; Uganda; Union of Soviet Socialist Republics; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; and Yemen.

(Second plenary meeting, 4 May 1987)
(A40/VR/2)

(6) Adoption of the agenda

The Fortieth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its seventy-ninth session with the deletion of three items and one sub-item.

(Third plenary meeting, 5 May 1987)
(A40/VR/3)

(7) Verification of credentials

The Fortieth World Health Assembly recognized the validity of the credentials of the following delegations:

Members

Afghanistan; Albania; Algeria; Angola; Antigua and Barbuda; Argentina; Australia; Austria; Bahrain; Bangladesh; Barbados; Belgium; Benin; Bhutan; Bolivia; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burma; Burundi; Cameroon; Canada; Cape Verde; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Cuba; Cyprus; Czechoslovakia; Democratic Kampuchea; Democratic People's Republic of Korea; Democratic Yemen; Denmark; Djibouti; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Ethiopia; Fiji; Finland; France; Gabon; Gambia; German Democratic Republic; Germany, Federal Republic of; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kenya; Kiribati; Kuwait; Lao People's Democratic Republic; Lebanon; Lesotho; Liberia; Libyan Arab Jamahiriya; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Mauritania; Mauritius; Mexico; Monaco; Mongolia; Morocco; Mozambique; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Panama; Papua New Guinea;¹ Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Rwanda; Saint Christopher and Nevis; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Sierra Leone; Singapore; Solomon Islands; Somalia; Spain; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Uganda; Union of Soviet Socialist Republics; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Vanuatu; Venezuela; Viet Nam; Yemen; Yugoslavia; Zaire; Zambia; and Zimbabwe.

Associate Member

Namibia¹

(Fifth, tenth and eleventh plenary meetings,
6, 8 and 13 May 1987)
(A40/VR/5, A40/VR/10 and A40/VR/11)

(8) Report of the Director-General on the work of WHO in 1986

The Fortieth World Health Assembly, after reviewing the Director-General's report on the work of the Organization in 1986² noted with satisfaction the manner in which the Organization's programme for this year had been implemented.

(Tenth plenary meeting, 8 May 1987)
(A40/VR/10)

¹ Credentials provisionally accepted.

² Document A40/3.

(9) Election of Members entitled to designate a person to serve on the Executive Board

The Fortieth World Health Assembly, after considering the recommendations of the General Committee¹ elected the following as Members entitled to designate a person to serve on the Executive Board: Bangladesh; Brazil; Italy; Japan; Jordan; Malawi; Mali; Mauritania; Mauritius; and Sweden.

(Eleventh plenary meeting, 13 May 1987)
(A40/VR/11)

(10) Method of work of the Health Assembly

The Fortieth World Health Assembly decided not to consider the draft resolution recommended by the Executive Board in its resolution EB79.R20, on "Method of work of the Health Assembly: amendments to the Rules of Procedure", thus enabling the Executive Board to monitor the method of work of the Health Assembly over the next three years in order to determine whether it would be desirable to adopt the proposed amendments to the Rules of Procedure of the Health Assembly.

(Twelfth plenary meeting, 15 May 1987)
(A40/VR/12)

(11) Annual report of the United Nations Joint Staff Pension Board for 1985

The Fortieth World Health Assembly noted the status of the operation of the Joint Staff Pension Fund, as indicated by the annual report of the United Nations Joint Staff Pension Board for the year 1985 and as reported by the Director-General.²

(Twelfth plenary meeting, 15 May 1987)
(A40/VR/12)

(12) Appointment of representatives to the WHO Staff Pension Committee

The Fortieth World Health Assembly appointed the member of the Executive Board designated by the Government of Malawi as member of the WHO Staff Pension Committee, and the member of the Board designated by the Government of Japan as alternate member of the Committee, the appointments being for a period of three years.

(Twelfth plenary meeting, 15 May 1987)
(A40/VR/12)

(13) Reports of the Executive Board on its seventy-eighth and seventy-ninth sessions

The Fortieth World Health Assembly, after reviewing the Executive Board's reports on its seventy-eighth³ and seventy-ninth⁴ sessions, approved the reports; commended the Board on the work it had performed; and expressed its appreciation of the dedication with which the Board had carried out the tasks entrusted to it. It requested the President to convey the thanks of the Health Assembly in particular to those members of the Board who would be completing their terms of office immediately after the closure of the Assembly.

(Twelfth plenary meeting, 15 May 1987)
(A40/VR/12)

¹ Document A40/28.

² Document A40/16.

³ Document EB78/1986/REC/1.

⁴ Documents EB79/1987/REC/1 and EB79/1987/REC/2.

(14) Selection of the country in which the Forty-first World Health Assembly will be held

The Fortieth World Health Assembly, in accordance with Article 14 of the Constitution, decided that the Forty-first World Health Assembly would be held in Switzerland.

(Twelfth plenary meeting, 15 May 1987)
(A40/VR/12)

II. RESOLUTIONS

- WHA40.1 - Interim financial report for the year 1986
- WHA40.2 - Status of collection of assessed contributions and status of advances to the Working Capital Fund
- WHA40.3 - Use of casual income to reduce adverse effects of currency fluctuations on the programme budget for 1986-1987
- WHA40.4 - Use of casual income to reduce adverse effects of currency fluctuations on the programme budget for 1988-1989
- WHA40.5 - Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution: Burkina Faso, Comoros, Dominican Republic, Equatorial Guinea, Ghana, Guatemala, Guinea-Bissau, Liberia, Mauritania, Peru, Saint Lucia and Sierra Leone
- WHA40.6 - Scale of assessments for the financial period 1988-1989
- WHA40.7 - Real Estate Fund
- WHA40.8 - Salaries for ungraded posts and for the Director-General
- WHA40.9 - Participation of women in the work of WHO
- WHA40.10 - Recruitment of international staff in WHO: geographical representativeness of the staff
- WHA40.11 - Appointment of the External Auditor
- WHA40.12 - Health conditions of the Arab population in the occupied Arab territories, including Palestine
- WHA40.13 - Development of guiding principles for human organ transplants
- WHA40.14 - Promotion of balanced health manpower development
- WHA40.15 - Management of WHO's resources
- WHA40.16 - Caribbean cooperation in health
- WHA40.17 - Implementation of the strategy for health for all by non-aligned and other developing countries
- WHA40.18 - International Year of Shelter for the Homeless
- WHA40.19 - Deteriorating health situation in Somalia caused by the recurring drought
- WHA40.20 - The Codex Alimentarius Commission
- WHA40.21 - Health and medical assistance to Lebanon
- WHA40.22 - Health assistance to refugees and displaced persons in Cyprus
- WHA40.23 - Liberation struggle in southern Africa; assistance to the front-line States; Lesotho and Swaziland
- WHA40.24 - Effects of nuclear war on health and health services
- WHA40.25 - Collaboration with nongovernmental organizations: principles governing relations between WHO and nongovernmental organizations
- WHA40.26 - Global strategy for the prevention and control of AIDS

- WHA40.27 - Maternal health and safe motherhood
- WHA40.28 - Health of the working population
- WHA40.29 - Research on aging
- WHA40.30 - Economic support for national health-for-all strategies
- WHA40.31 - Eighth General Programme of Work Covering a Specific Period (1990-1995 inclusive)
- WHA40.32 - Use of alcohol in medicines
- WHA40.33 - Traditional medicine
- WHA40.34 - Diarrhoeal diseases control
- WHA40.35 - Towards the elimination of leprosy
- WHA40.36 - Fortieth Anniversary of WHO
- WHA40.37 - Appropriation resolution for the financial period 1988-1989
- WHA40.38 - 7 April 1988: a world no-smoking day

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INTERIM FINANCIAL REPORT FOR THE YEAR 1986

The Fortieth World Health Assembly,

Having examined the interim financial report for the year 1986;¹

Having noted the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Fortieth World Health Assembly;²

ACCEPTS the Director-General's interim financial report for the year 1986.

Eleventh plenary meeting, 13 May 1987
A40/VR/11

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¹ Document A40/7

² Document A40/23.

STATUS OF COLLECTION OF ASSESSED CONTRIBUTIONS
AND STATUS OF ADVANCES TO THE WORKING CAPITAL FUND

The Fortieth World Health Assembly,

Noting with concern that as at 31 December 1986:

(a) the rate of collection of contributions in respect of the effective working budget amounted to 72.18%, being the lowest rate since the year 1950; and

(b) only 83 Members had paid their current year contributions to the effective working budget in full, and 45 Members had made no payment towards their current year contributions;

1. EXPRESSES concern at the alarming deterioration in the payment of contributions in 1986, which is already having a deleterious effect on programme implementation during the current financial period;
2. CALLS THE ATTENTION of all Members to the importance of paying their full contributions as early as possible in the year to which they relate, so that the Director-General might cancel planned contingent programme budget implementation reductions;
3. REQUESTS Members that have not yet done so to provide in their national budgets for the payment to the World Health Organization of their contributions when due, in accordance with Financial Regulation 5.6, which provides that instalments of contributions and advances shall be considered as due and payable in full by the first day of the year to which they relate;
4. URGES Members that systematically make a practice of late payment of contributions to take whatever steps may be necessary to ensure earlier payment;
5. REQUESTS the Director-General to draw the contents of this resolution to the attention of all Members.

Eleventh plenary meeting, 13 May 1987
A40/VR/11

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REPORT ON CASUAL INCOME

Use of casual income to reduce adverse effects of currency fluctuations on the
programme budget for 1986-1987

The Fortieth World Health Assembly,

Having considered the recommendation of the Executive Board on the use of casual income to reduce adverse effects of currency fluctuations on the programme budget for the financial period 1986-1987;

1. AUTHORIZES the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the Appropriation Resolution for the financial period 1986-1987, to charge against available casual income the net additional costs to the Organization under the regular programme budget resulting from differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange with respect to the relationship between the US dollar and the CFA franc, the Danish krone, the Egyptian pound, the Indian rupee, the Philippine peso and the Swiss franc prevailing during this financial period, provided that such charges against casual income shall not exceed US\$ 41 000 000 in 1986-1987;
2. REQUESTS the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the Appropriation Resolution for the financial period 1986-1987, to transfer to casual income the net savings under the regular programme budget resulting from differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange with respect to the relationship between the US dollar and the CFA franc, the Danish krone, the Egyptian pound, the Indian rupee, the Philippine peso and the Swiss franc prevailing during this financial period;
3. FURTHER REQUESTS the Director-General to report such charges or transfers in the financial report for the financial period 1986-1987;
4. STRESSES the importance of Members' paying their contributions to the Organization's budget in accordance with Financial Regulations 5.3 and 5.6, that is, not later than the first day of the year to which they relate, in order that the approved programme may be carried out as planned;
5. DECIDES that this resolution cancels and supersedes resolution WHA39.4.

Eleventh plenary meeting, 13 May 1987
A40/VR/11

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REPORT ON CASUAL INCOME

Use of casual income to reduce adverse effects of currency fluctuations on the programme budget for 1988-1989

The Fortieth World Health Assembly,

Having considered the recommendation of the Executive Board on the use of casual income to reduce adverse effects of currency fluctuations on the programme budget for the financial period 1988-1989;

1. AUTHORIZES the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the Appropriation Resolution for the financial period 1988-1989, to charge against available casual income the net additional costs to the Organization under the regular programme budget resulting from differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange with respect to the relationship between the US dollar and the CFA franc, the Danish krone, the Egyptian pound, the Indian rupee, the Philippine peso and the Swiss franc prevailing during this financial period, provided that such charges against casual income shall not exceed US\$ 31 000 000 in 1988-1989;
2. REQUESTS the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the Appropriation Resolution for the financial period 1988-1989, to transfer to casual income the net savings under the regular programme budget resulting from differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange with respect to the relationship between the US dollar and the CFA franc, the Danish krone, the Egyptian pound, the Indian rupee, the Philippine peso and the Swiss franc prevailing during this financial period;
3. FURTHER REQUESTS the Director-General to report such charges or transfers in the financial report for the financial period 1988-1989;
4. STRESSES the importance of Members' paying their contributions to the Organization's budget in accordance with Financial Regulations 5.3 and 5.6, that is, not later than the first day of the year to which they relate, in order that the approved programme may be carried out as planned.

Eleventh plenary meeting, 13 May 1987
A40/VR/11

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MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS
TO AN EXTENT WHICH MAY INVOKE ARTICLE 7 OF THE CONSTITUTION:
BURKINA FASO, COMOROS, DOMINICAN REPUBLIC, EQUATORIAL GUINEA,
GHANA, GUATEMALA, GUINEA-BISSAU, LIBERIA, MAURITANIA, PERU,
SAINT LUCIA AND SIERRA LEONE

The Fortieth World Health Assembly,

Having considered the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Fortieth World Health Assembly¹ on Members in arrears to an extent which may invoke Article 7 of the Constitution;

Having noted that Burkina Faso, Comoros, Dominican Republic, Equatorial Guinea, Ghana, Guatemala, Guinea-Bissau, Liberia, Mauritania, Peru, Saint Lucia and Sierra Leone were in arrears at the time of the opening of the World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended;

Having been informed that Ghana has in the meantime settled its arrears of contributions in full;

Noting that Burkina Faso, Comoros, Equatorial Guinea, Guatemala, Guinea-Bissau, Mauritania, Peru and Saint Lucia have either communicated with the Director-General since the closure of the Thirty-ninth World Health Assembly held in May 1986 indicating their intention to settle their arrears or have made some payments towards their arrears since that date;

Noting further that the Dominican Republic, Liberia and Sierra Leone have neither communicated to the Director-General since the closure of the Thirty-ninth World Health Assembly held in May 1986 their intention to settle their arrears, nor have they made any payments towards their contributions since that date;

1. EXPRESSES serious concern at the number of Members in recent years which have been in arrears to an extent which may invoke Article 7 of the Constitution;
2. URGES the Members concerned to regularize their position at the earliest possible date;
3. FURTHER URGES those Members who have not communicated their intention to settle their arrears to do so as a matter of urgency;
4. DECIDES not to suspend at the Fortieth World Health Assembly the voting privileges of Burkina Faso, Comoros, Dominican Republic, Equatorial Guinea, Ghana, Guatemala, Guinea-Bissau, Liberia, Mauritania, Peru, Saint Lucia and Sierra Leone;
5. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Eleventh plenary meeting, 13 May 1987
A40/VR/11

¹ Document A40/24.

SCALE OF ASSESSMENTS FOR THE FINANCIAL PERIOD 1988-1989

The Fortieth World Health Assembly,

1. DECIDES that the scale of assessments for 1988-1989 shall, subject to the provisions of paragraph 2 below, be as follows:

<u>Member</u>	<u>WHO scale for 1988-1989</u>
	(percentage)
Afghanistan	0.01
Albania	0.01
Algeria	0.14
Angola	0.01
Antigua and Barbuda	0.01
Argentina	0.61
Australia	1.63
Austria	0.72
Bahamas	0.01
Bahrain	0.02
Bangladesh	0.02
Barbados	0.01
Belgium	1.16
Benin	0.01
Bhutan	0.01
Bolivia	0.01
Botswana	0.01
Brazil	1.37
Brunei Darussalam	0.04
Bulgaria	0.16
Burkina Faso	0.01
Burma	0.01
Burundi	0.01
Byelorussian Soviet Socialist Republic	0.33
Cameroon	0.01
Canada	3.00
Cape Verde	0.01
Central African Republic	0.01
Chad	0.01
Chile	0.07
China	0.77
Colombia	0.13
Comoros	0.01
Congo	0.01
Cook Islands	0.01
Costa Rica	0.02
Côte d'Ivoire	0.02
Cuba	0.09
Cyprus	0.02
Czechoslovakia	0.69

<u>Member</u>	<u>WHO scale for</u> <u>1988-1989</u> (percentage)
Democratic Kampuchea	0.01
Democratic People's Republic of Korea	0.05
Democratic Yemen	0.01
Denmark	0.71
Djibouti	0.01
Dominica	0.01
Dominican Republic	0.03
Ecuador	0.03
Egypt	0.07
El Salvador	0.01
Equatorial Guinea	0.01
Ethiopia	0.01
Fiji	0.01
Finland	0.49
France	6.25
Gabon	0.03
Gambia	0.01
German Democratic Republic	1.30
Germany, Federal Republic of	8.10
Ghana	0.01
Greece	0.43
Grenada	0.01
Guatemala	0.02
Guinea	0.01
Guinea-Bissau	0.01
Guyana	0.01
Haiti	0.01
Honduras	0.01
Hungary	0.21
Iceland	0.03
India	0.34
Indonesia	0.14
Iran (Islamic Republic of)	0.62
Iraq	0.12
Ireland	0.18
Israel	0.21
Italy	3.72
Jamaica	0.02
Japan	10.64
Jordan	0.01
Kenya	0.01
Kiribati	0.01
Kuwait	0.28
Lao People's Democratic Republic	0.01
Lebanon	0.01
Lesotho	0.01
Liberia	0.01
Libyan Arab Jamahiriya	0.25
Luxembourg	0.05
Madagascar	0.01
Malawi	0.01
Malaysia	0.10
Maldives	0.01
Mali	0.01
Malta	0.01
Mauritania	0.01
Mauritius	0.01
Mexico	0.87

<u>Member</u>	<u>WHO scale for</u> <u>1988-1989</u> (percentage)
Monaco	0.01
Mongolia	0.01
Morocco	0.05
Mozambique	0.01
Namibia ^a	0.01
Nepal	0.01
Netherlands	1.71
New Zealand	0.23
Nicaragua	0.01
Niger	0.01
Nigeria	0.19
Norway	0.53
Oman	0.02
Pakistan	0.06
Panama	0.02
Papua New Guinea	0.01
Paraguay	0.02
Peru	0.07
Philippines	0.10
Poland	0.63
Portugal	0.18
Qatar	0.04
Republic of Korea	0.19
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	0.01
Sao Tome and Principe	0.01
Saudi Arabia	0.95
Senegal	0.01
Seychelles	0.01
Sierra Leone	0.01
Singapore	0.10
Solomon Islands	0.01
Somalia	0.01
South Africa	0.43
Spain	1.99
Sri Lanka	0.01
Sudan	0.01
Suriname	0.01
Swaziland	0.01
Sweden	1.23
Switzerland	1.10
Syrian Arab Republic	0.04
Thailand	0.09
Togo	0.01
Tonga	0.01
Trinidad and Tobago	0.04
Tunisia	0.03
Turkey	0.33
Uganda	0.01
Ukrainian Soviet Socialist Republic	1.25

^a Associate Member.

<u>Member</u>	<u>WHO scale for</u> <u>1988-1989</u> (percentage)
Union of Soviet Socialist Republics	10.01
United Arab Emirates	0.18
United Kingdom of Great Britain and Northern Ireland	4.77
United Republic of Tanzania	0.01
United States of America	25.00
Uruguay	0.04
Vanuatu	0.01
Venezuela	0.59
Viet Nam	0.01
Yemen	0.01
Yugoslavia	0.45
Zaire	0.01
Zambia	0.01
Zimbabwe	0.02
	<hr/>
TOTAL	100.00
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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.

Eleventh plenary meeting, 13 May 1987
A40/VR/11

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FORTIETH WORLD HEALTH ASSEMBLY

WHA40.7

Agenda item 25

13 May 1987

REAL ESTATE FUND

The Fortieth World Health Assembly,

Having considered resolution EB79.R14 and the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1987 to 31 May 1988;

Recognizing that certain estimates must necessarily remain provisional because of the fluctuation of exchange rates;

AUTHORIZES the financing from the Real Estate Fund of the projects summarized in part III of the Director-General's report, at the revised estimated cost of US\$ 260 588.

Eleventh plenary meeting, 13 May 1987
A40/VR/11

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SALARIES FOR UNGRADED POSTS AND FOR THE DIRECTOR-GENERAL

The Fortieth 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\$ 85 609 per annum before staff assessment, resulting in a net salary of US\$ 59 203 (dependency rate) or US\$ 53 887 (single rate);
3. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 96 155 per annum before staff assessment, resulting in a net salary of US\$ 65 320 (dependency rate) or US\$ 58 938 (single rate);
4. ESTABLISHES the salary for the Director-General at US\$ 119 429 per annum before staff assessment, resulting in a net salary of US\$ 78 430 (dependency rate) or US\$ 69 814 (single rate);
5. DECIDES that these adjustments in remuneration shall be effective from 1 April 1987.

Eleventh plenary meeting, 13 May 1987
A40/VR/11

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RECRUITMENT OF INTERNATIONAL STAFF IN WHO:

Participation of women in the work of WHO

The Fortieth World Health Assembly,

Noting the report of the Director-General and the views of the Executive Board with regard to the employment and participation of women in the work of WHO;

Recalling earlier resolutions of the Health Assembly and the Executive Board on this subject, and in particular resolution WHA38.12;

Noting the progress made by October 1986 regarding the proportion of women on the staff and the information presented on the participation of women in WHO's programmes as consultants, temporary advisers, members of technical groups, and fellows;

1. DECIDES to maintain the target of 30% for the proportion of all professional and higher-graded posts in established offices to be occupied by women;
2. URGES Member States to assist the Director-General in his efforts to find ways of increasing the participation of women in the programmes of WHO by proposing women candidates for long- and short-term assignments, expert advisory panels, and for fellowships, and by encouraging the increased participation of women in technical meetings and meetings of WHO's governing bodies;
3. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts in this regard;
4. REQUESTS the Director-General to report on the employment and participation of women in the work of WHO to the Executive Board and the Health Assembly in 1989.

Eleventh plenary meeting, 13 May 1987
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RECRUITMENT OF INTERNATIONAL STAFF IN WHO: GEOGRAPHICAL
REPRESENTATIVENESS OF THE STAFF

The Fortieth World Health Assembly,

Noting the report 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 WHA38.12;

Noting the progress made between October 1984 and October 1986 in the geographical representativeness of the staff;

Concerned at the continuing imbalance in the geographical distribution of professional and higher-graded posts in WHO;

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 1988 for the appointment of nationals of unrepresented and under-represented countries;
2. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts to continue to improve the geographical representativeness of the staff;
3. REQUESTS the Director-General to modify the method of calculating desirable ranges by revising the number of posts used in that calculation to 1450;
4. REQUESTS the Director-General to report on the recruitment of international staff in WHO to the Executive Board and the Health Assembly in 1989.

Eleventh plenary meeting, 13 May 1987
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APPOINTMENT OF THE EXTERNAL AUDITOR

The Fortieth World Health Assembly

1. RESOLVES that the holder of the office of Comptroller and Auditor General of the United Kingdom of Great Britain and Northern Ireland be appointed External Auditor of the accounts of the World Health Organization for the financial periods 1988-1989 and 1990-1991 and that he conduct his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, provided that, should the necessity arise, he may designate a representative to act in his absence;
2. EXPRESSES its thanks to Sir Gordon Downey, K.C.B., for the work he has performed for the Organization in his audit of the accounts for the financial periods 1982-1983 and 1984-1985.

Eleventh plenary meeting, 13 May 1987
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HEALTH CONDITIONS OF THE ARAB POPULATION
IN THE OCCUPIED ARAB TERRITORIES, INCLUDING PALESTINE

The Fortieth World Health Assembly,

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

Aware of its responsibility for ensuring proper health conditions for all peoples who suffer from exceptional situations, including foreign occupation and especially settler colonialism;

Affirming the principle that acquisition of territories by force is inadmissible and that any occupation of territories by force and the practice of repression and violence against the civilian population as well as acts of deportation have serious repercussions on the health and psychosocial conditions of the people under occupation, including mental and physical health;

Expressing its deepest concern for the failure of Israel to secure basic health services and to establish and strengthen the health centers and the hospitals in the occupied Arab territories, including Palestine and the Golan;

Recalling its previous resolutions on the health conditions of the Arab population in the occupied Arab territories, including Palestine;

Taking into consideration the report of the Director-General on "WHO collaborating centers in Primary Health Care Research in the occupied Arab territories";

1. EXPRESSES ITS DEEPEST CONCERN AND WORRY about the deterioration of the health conditions of the population of the Arab occupied territories including Palestine and the Golan, as a result of the perpetuation of the Israeli occupation;
2. AFFIRMS that the Israeli occupation is contradictory to the basic requirements for the development of an adequate health system to meet the needs of the population of the occupied Arab territories, including Palestine and the Golan;
3. REGRETS the refusal of Israel to implement resolution WHA39.10 and to allow the Special Committee of Experts to review the health conditions of the Arab inhabitants of the Arab occupied territories, including Palestine;
4. CONSIDERS that it is necessary to report to the World Health Assembly regularly on the health conditions of the Arab inhabitants living under occupation, by allowing the Special Committee of Experts to visit these territories and to present a report on these conditions to the Forty-first World Health Assembly;

5. DEMANDS that Israel abide by the 1949 Geneva Conventions and allow all institutions, societies and organizations, both local and international which strive to develop health care services and establish hospitals and health units for the Arab population of the Arab occupied territories including Palestine and the Golan, to do so;
6. REAFFIRMS the right of the Palestinian people to have their own institutions which provide health and social services;
7. THANKS the Director-General for his efforts to implement World Health Assembly resolutions and requests him to:
 - (1) undertake necessary measures to enable the Special Committee of Experts to visit the Arab occupied territories and present its report to the Forty-first World Health Assembly;
 - (2) to collaborate and coordinate further with the Arab States concerned and with the Palestine Liberation Organization regarding the provision of the necessary assistance to the inhabitants of the Arab occupied territories, including Palestine and the Golan;
 - (3) provide the necessary assistance to the centers that train cadres working in the health field, and train more Palestinian workers in that field, in order to develop primary health care services in the Arab occupied territories to achieve health for all by the year 2000;
 - (4) continue the development and further support to the health centers that are under the direct supervision of WHO in the occupied Arab territories and to strengthen their services;
 - (5) to provide financial and moral support to all local and international institutions, societies and organizations that seek to establish hospitals and health units in the occupied Arab territories;
 - (6) present a report to the Forty-first World Health Assembly about the implementation of this resolution.
8. THANKS all regional and international agencies and institutions for their assistance, and in particular the UNRWA, and urges all Member States to further support those institutions.

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DEVELOPMENT OF GUIDING PRINCIPLES FOR
HUMAN ORGAN TRANSPLANTS

The Fortieth World Health Assembly,

Recognizing the scientific progress achieved in human organ transplants in many Member States;

Concerned at the trade for profit in human organs among living human beings;

Affirming that such trade is inconsistent with the most basic human values and contravenes the Universal Declaration of Human Rights and the spirit of the WHO Constitution;

Commending the measures taken by some Member States to regulate human organ transplants and their decision to develop a unified legal instrument to regulate these operations;

REQUESTS the Director-General:

- (1) to study, in collaboration with other organizations concerned, the possibility of developing appropriate guiding principles for human organ transplants;
- (2) to report to the World Health Assembly on the action taken in this regard.

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PROMOTION OF BALANCED HEALTH MANPOWER DEVELOPMENT

The Fortieth World Health Assembly,

Having considered resolution EB79.R16 and the highlights of the conference sponsored by the Council for International Organizations of Medical Sciences (CIOMS) on health manpower out of balance;¹

Aware that health manpower development appropriate to people's health needs and social and economic circumstances is essential for the attainment of health for all;

Concerned that, while shortage of certain categories of health manpower is still a problem in many countries, an increasing number of Member States have an over-supply of certain categories of health professionals, such as physicians and dentists, leading to their under-utilization, unemployment and migration to other countries;

Recognizing that over-supply of manpower is only one manifestation of health manpower imbalances, which include discrepancies between, on the one hand, the quality, numbers, types, functions, and distribution of health workers, and, on the other, a country's needs for their services and its ability to employ, support and maintain them;

Recalling that imbalances in health manpower exist in many countries and are due to socioeconomic and political factors, and to a failure of manpower planning, and therefore urgent preventive and corrective actions are needed by Member States in order to cope with current economic stringencies and not to retard the attainment of health for all;

1. THANKS the Government of Mexico, its various agencies, CIOMS and the other nongovernmental organizations which co-sponsored the conference for their material and technical support;
2. URGES Member States:
 - (1) to undertake, as a matter of priority, the strengthening of their health manpower policies and systems, including manpower planning, and ensure that they respond fully to the strategies for the achievement of health for all through primary health care;
 - (2) to develop sufficient relevant demographic information about health manpower, a set of reliable and realistic country specific criteria and indicators based on accessible data, and appropriate mechanisms to identify and monitor changes according to the actual needs of countries;
 - (3) to reorient or, as appropriate, encourage reorientation of education and training of health manpower to respond fully to local needs in the light of integrated development of health systems and manpower;
 - (4) to ensure that manpower is not only adequately planned for and trained, but also skilfully managed, including the improvement of career development and incentive schemes, to ensure its most effective utilization;

¹ Bankowski, Z. and Fülöp, T., ed. Health manpower out of balance: conflicts and prospects. Highlights of the XXth CIOMS Conference, Acapulco, Mexico, 7-12 September 1986. Geneva, Council for International Organizations of Medical Sciences, 1987.

(5) to employ measures urgently, when actual imbalances exist or occur, to adjust the production of health manpower in order to bring the supply and distribution into line with expected future demand for services, bearing in mind the country's ability to support such services;

(6) to take steps, where necessary and appropriate, to extend or complete the coverage of their health services to meet the needs of the entire population;

3. REQUESTS the Director-General:

(1) to cooperate with Member States in strengthening their health manpower systems, including manpower planning, consistent with the strategies for health for all;

(2) to promote urgent research into the fast-growing problem of health manpower imbalances and the exchange between Member States of relevant information and indicators concerning such imbalances;

(3) to intensify efforts to cooperate with all relevant national and international agencies and organizations to stimulate awareness, promote balanced health manpower development, and encourage prompt measures to deal with imbalances when they arise.

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MANAGEMENT OF WHO'S RESOURCES

The Fortieth World Health Assembly,

Having reviewed the Director-General's Introduction to the proposed programme budget for the financial period 1988-1989, and in particular his evaluation of WHO's programme budget during the period of the Seventh General Programme of Work and his reflections for 1988-1989 and beyond, as well as the Executive Board's comments thereon;

1. REQUESTS the regional committees:

(1) to review these documents and the comments of the Health Assembly thereon with a view to taking all necessary action to secure the best possible use of WHO's limited resources, in keeping with the letter and spirit of all relevant resolutions of the Health Assembly and the Executive Board;

(2) to report on the outcome of their deliberations to the Executive Board at its eighty-first session in January 1988;

2. REQUESTS the Executive Board:

(1) to review the action taken by the regional committees;

(2) to report thereon to the Forty-first World Health Assembly in May 1988.

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CARIBBEAN COOPERATION IN HEALTH

The Fortieth World Health Assembly,

Recognizing the long tradition of subregional cooperation in the English-speaking Caribbean.

Sensitive to the current threat and/or danger of deterioration of environmental conditions and health services of the countries of this subregion as a result of their economic constraints and the measures which must be taken to deal with them;

Having heard the presentation on the Caribbean Cooperation in Health initiative which gives another opportunity for the Caribbean countries to work cooperatively to strengthen further their health systems and improve the health of the people through a focused approach,

1. CONGRATULATES the countries of the subregion on their continuing efforts to work cooperatively towards strengthening their health systems and address some of the most important of their environmental problems;
2. URGES the Member States, WHO and other international organizations to support the Caribbean Cooperation in Health initiative;
3. REQUESTS the Director-General to assist the WHO Regional Office for the Americas and the Caribbean Community in mobilizing from potential donors such financial and technical resources as may facilitate the optimum development of the Caribbean Cooperation in Health.

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IMPLEMENTATION OF THE STRATEGY FOR HEALTH FOR ALL
BY NON-ALIGNED AND OTHER DEVELOPING COUNTRIES

The Fortieth World Health Assembly,

Noting with great satisfaction the decisions taken by a group of Member States - the non-aligned and other developing countries - concerning the implementation of the Strategy for Health for All by the Year 2000;

Stressing the importance of the decisions adopted by the non-aligned and other developing countries as expressed in the resolution on the implementation of the Strategy for Health for All by the Year 2000 and TCDC;

1. CONGRATULATES the non-aligned and other developing countries on their continuing political commitment and vigorous efforts to attain the goal of health for all.
2. REQUESTS the Director-General to mobilize support for these and other Member countries for the implementation of their strategies for achieving health for all and for technical cooperation among them, and to keep the World Health Assembly informed of the progress made.

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COLLABORATION WITHIN THE UNITED NATIONS SYSTEM: GENERAL MATTERS

International Year of Shelter for the Homeless

The Fortieth World Health Assembly,

Taking into consideration resolution 37/221 adopted in December 1982 by the United Nations General Assembly at its thirty-seventh session, proclaiming the year 1987 International Year of Shelter for the Homeless;

Bearing in mind WHO's fundamental commitment to attaining the goal of health for all by the year 2000;

Noting the positive influence that adequate shelter has on the health of individuals;

Aware that homelessness is a problem affecting many nations, especially the developing countries, and that, despite the efforts of governments and international organizations at national and local level to improve the living conditions of people living in slums, squat areas and rural settlements in many countries, the situation continues to deteriorate in both absolute and relative terms;

1. URGES Member States:

(1) to promote human health through the improvement of living conditions (habitat);

(2) to increase their support to the United Nations Centre for Human Settlements (HABITAT), the United Nations Environment Programme, the World Bank, and other agencies and nongovernmental organizations involved with shelter and health issues;

2. REQUESTS the regional committees to initiate the establishment of regional research groups to undertake studies on the improvements in health conditions that result from adequate housing;

3. REQUESTS the Director-General to maintain and strengthen collaboration between WHO and the relevant organizations and agencies mentioned in paragraph 1(2).

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COLLABORATION WITHIN THE UNITED NATIONS SYSTEM: GENERAL MATTERS

Deteriorating health situation in Somalia caused by the recurring drought

The Fortieth World Health Assembly,

Deeply concerned that drought is again threatening life and causing serious loss of livestock and property in Somalia;

Bearing in mind the information provided by the Government of Somalia, which estimates that 1.6 million people, including 700 000 children, are affected by the drought and that 800 people have died, and indicates that the situation is rapidly deteriorating, especially in northern and central Somalia;

Noting that the Government appealed on 29 April 1987 for emergency assistance, and has taken steps to coordinate the relief efforts together with the United Nations and the donor community, including the establishment of a drought action committee on 30 April 1987;

Aware of the relief needs as stated in the information report/alert message issued on 5 May 1987 by the United Nations Disaster Relief Coordinator;

1. COMMENDS the strenuous efforts of the Government of Somalia to alleviate the hardships suffered by the victims of the drought;
2. EXPRESSES its gratitude to the Director-General for his prompt support to the Somali Government;
3. REQUESTS Member States, nongovernmental organizations and other organizations of the United Nations system to participate in the concerted effort to alleviate the adverse effects of the drought on the Somali population;
4. REQUESTS the Director-General to:
 - (1) draw the attention of Member States to the deteriorating health situation in Somalia caused by the recurring drought;
 - (2) take further steps to alleviate the health effects on the drought-stricken population, in collaboration with the United Nations and other organizations;
 - (3) explore the possibilities of providing further support from within WHO or from external sources to assist the Government in the relief programmes;
 - (4) support the Government in monitoring the health situation of the affected population and in strengthening the Government's disaster preparedness capacity within the overall health development programmes.

THE CODEX ALIMENTARIUS COMMISSION

The Fortieth World Health Assembly,

Having studied the first report by the Director-General on the Codex Alimentarius Commission¹ and the discussions during the seventy-ninth session of the Executive Board;

Recognizing the role of the Joint FAO/WHO Food Standards Programme and the Codex Alimentarius Commission for the promotion of food safety and the facilitation of international trade;

Recognizing the essential role of sufficient and safe food for health promotion and disease prevention;

Aware of the benefits to all countries to be derived from the work of the Codex Alimentarius Commission;

1. CALLS UPON Member States:

- (1) to participate actively, particularly their health sectors, in the work of the Codex Alimentarius Commission and its committees;
- (2) to make all appropriate efforts to adopt Codex standards, and to fully utilize the recommendations of the Commission for the promotion of food safety and the international food trade;
- (3) to promote active collaboration on the part of both the public and private sectors and nongovernmental organizations in national Codex work;

2. REQUESTS the Director-General:

- (1) to continue to collaborate with FAO in support of the Commission;
- (2) to maintain appropriate technical and financial support of the Commission;
- (3) to collaborate with Member States in strengthening their infrastructure for food safety in order to facilitate the implementation of Codex standards and recommendations;

3. RECOMMENDS the Codex Alimentarius Commission:

- (1) to give priority consideration to the work of the general subject committees and the regional coordinating committees, which are responsible for food safety and consumer information;
- (2) to encourage Member States to fully utilize and implement Codex standards and recommendations;
- (3) to invite Member States which have not yet joined the Commission to do so without delay.

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¹ Document EB79/1987/REC/1, Annex 12.

HEALTH AND MEDICAL ASSISTANCE TO LEBANON

The Fortieth World Health Assembly,

Recalling resolutions WHA29.40, WHA30.27, WHA31.26, WHA32.19, WHA33.23, WHA34.21, WHA35.19, WHA36.23, WHA37.25, WHA38.26 and WHA39.12 on health and medical assistance to Lebanon;

Taking note of United Nations General Assembly resolutions 33/146 of 20 December 1978, 34/135 of 14 December 1979, 35/85 of 5 December 1980, 36/205 of 16 December 1981, 37/163 of 17 December 1982, 38/220 of 20 December 1983, 39/197 of 17 December 1984, 40/229 of 17 December 1985 and 41/196 of 8 December 1986 on international assistance for the reconstruction and development of Lebanon, calling on the specialized agencies, organs and other bodies of the United Nations to expand and intensify programmes of assistance within the framework of the needs of Lebanon;

Having examined the Director-General's report¹ on the action taken by WHO, in cooperation with other international bodies, for emergency health and medical assistance to Lebanon in 1986 and the first quarter of 1987;

Aware that the situation arising from the increase in the numbers of wounded, handicapped and displaced persons and the paralysis of economic activities requires urgent health and medical assistance;

Aware that the increased financial burden upon the State, coinciding with the alarming drop in budgetary revenue requires assistance to the health services that are the responsibility of the State;

Noting the health and medical assistance provided by the Organization to Lebanon during 1986-1987;

1. EXPRESSES its appreciation to the Director-General for his continuous efforts to mobilize health and medical assistance for Lebanon;
2. EXPRESSES also its appreciation to all the international agencies, organs and bodies of the United Nations, and to all governmental and nongovernmental organizations, for their cooperation with WHO in this regard;
3. CONSIDERS that the growing health and medical problems in Lebanon, which have recently reached a critical level, constitute a source of great concern and necessitate thereby a continuation and substantial expansion of programmes of health and medical assistance to Lebanon;

¹ Document A40/13.

4. REQUESTS the Director-General to continue and to expand substantially the Organization's programmes of health, medical and relief assistance to Lebanon and to allocate for this purpose, as far as possible, funds from the regular budget and other financial resources;
5. CALLS UPON the specialized agencies, organs and bodies of the United Nations, and on all governmental and nongovernmental organizations, to intensify their cooperation with WHO in this field, and in particular to put into operation the recommendations of the report on the reconstruction of the health services of Lebanon;
6. CALLS ALSO UPON Member States to increase their technical and financial support for relief operations and the reconstruction of the health services of Lebanon in consultation with the Ministry of Health and Social Affairs in Lebanon;
7. CALLS UPON donors, as far as possible, to direct their assistance in cash or in kind to the Ministry of Health, which has responsibility for the hospitals, dispensaries and public health services;
8. REQUESTS the Director-General to report to the Forty-first World Health Assembly on the implementation of this resolution.

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HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN CYPRUS

The Fortieth World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolutions WHA28.47, WHA29.44, WHA30.26, WHA31.25, WHA32.18, WHA33.22, WHA34.20, WHA35.18, WHA36.22, WHA37.24, WHA38.25 and WHA39.11;

Noting all relevant United Nations General Assembly and Security Council resolutions on Cyprus;

Considering that the continuing health problems of the refugees and displaced persons in Cyprus call for further assistance;

1. NOTES with satisfaction the information provided by the Director-General on health assistance to refugees and displaced persons in Cyprus;
2. EXPRESSES its appreciation for all the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus to obtain the funds necessary for the Organization's action to meet the health needs of the population of Cyprus;
3. REQUESTS the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus, in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus, and to report to the Forty-first World Health Assembly on such assistance.

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LIBERATION STRUGGLE IN SOUTHERN AFRICA; ASSISTANCE
TO THE FRONT-LINE STATES; LESOTHO AND SWAZILAND

The Fortieth World Health Assembly,

Considering that the front-line States continue to suffer from the consequences of military, political and economic destabilization by South Africa which hamper their economic and social development and lead to the temporary displacement of large numbers of inhabitants of those countries;

Considering resolution 41/199 of the United Nations General Assembly, requesting the international community for special assistance for the front-line States;

Considering that the front-line States have to accept enormous sacrifices to rehabilitate and develop their health infrastructure which has suffered as a result of destabilization by South Africa;

Considering also resolutions AFR/RC31/R12 and AFR/RC32/R9 of the Regional Committee for Africa, which call for a special programme of health cooperation with the People's Republic of Angola;

Bearing in mind that the consequences of these destabilization activities still force the countries concerned to divert large amounts of financial and technical resources from their national health programmes to defence and reconstruction;

1. THANKS the Director-General for his report;¹
2. RESOLVES that WHO shall:
 - (1) continue to take appropriate and timely measures to help the front-line States, Lesotho and Swaziland solve the acute health problems of the Namibian and South African refugees;
 - (2) continue to provide countries which are or have been targets of destabilization by South Africa with technical cooperation in the health field, for the rehabilitation of their damaged health infrastructures, and assist them to overcome the problems arising from people being displaced, both within each country and across boundaries;
3. CALLS UPON the Member States, according to their capabilities, to continue to provide adequate health assistance to liberation movements recognized by the Organization of African Unity and to the front-line States (Angola, Botswana, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe) and Lesotho and Swaziland;

¹ Document A40/15.

4. REQUESTS the Director-General:

(1) to intensify humanitarian assistance to national liberation movements recognized by the Organization of African Unity;

(2) to make use, when necessary, of funds from the Director-General's Development Programme to assist the countries concerned to overcome the problems arising both from the presence of the Namibian and South African refugees and displaced persons and from destabilization activities, as well as for the rehabilitation of their damaged health infrastructures;

(3) to report to the Forty-first World Health Assembly on the progress made in the implementation of this resolution.

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EFFECTS OF NUCLEAR WAR ON HEALTH AND HEALTH SERVICES

The Fortieth World Health Assembly,

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

Recalling United Nations General Assembly resolutions 34/58, 38/188J and 40/10, and also World Health Assembly resolutions WHA34.38 and WHA36.28 stressing the close interrelationship between health and the preservation of peace;

Having considered the second report on the effects of nuclear war on health and health services prepared by the WHO Management Group;

1. THANKS the Management Group for its work;
2. EXPRESSES its deep concern at the conclusions contained in the Management Group's report on the effects of nuclear war on health and health services;
3. URGES the Governments of Member States to take into consideration in their activities the main points and conclusions of the report;
4. DECIDES to continue, in collaboration with interested United Nations bodies and other international organizations, the investigation of other health aspects of the effects of nuclear war that are not reflected in the report;
5. REQUESTS the Director-General:
 - (1) to make the report widely known by publishing it with all its scientific annexes and prefacing it with this resolution;
 - (2) to transmit the report to the Secretary-General of the United Nations and also to the executive heads of other international organizations with a view to its consideration by the appropriate United Nations bodies and other organizations;
 - (3) to report periodically to the World Health Assembly on progress in this field.

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COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS: PRINCIPLES GOVERNING
RELATIONS BETWEEN WHO AND NONGOVERNMENTAL ORGANIZATIONS

The Fortieth World Health Assembly,

Recalling Article 71 of the Constitution whereby WHO may make suitable arrangements for consultation and cooperation with nongovernmental organizations in carrying out its international health work;

Recalling that the Working Principles Governing the Admission of Nongovernmental Organizations into Official Relations with WHO were adopted by the First World Health Assembly and amended by the Third, Eleventh and Twenty-first World Health Assemblies (resolutions WHA1.130, WHA3.113, WHA11.14 and WHA21.28);

Recognizing the important role of nongovernmental organizations, as emphasized by the Thirty-eighth World Health Assembly in resolution WHA38.31, and the complementarity of the resources they represent in the network of governments, peoples and WHO striving for health development;

Emphasizing the need to mobilize national and international nongovernmental organizations for accelerated implementation of health-for-all strategies;

Taking into account the usefulness of a broad framework dealing with the development of informal relations with nongovernmental organizations as well as with their admission into official relations with WHO;

DECIDES to adopt the revised Principles Governing Relations between the World Health Organization and Nongovernmental Organizations, annexed hereto.

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ANNEX

PRINCIPLES GOVERNING RELATIONS BETWEEN THE WORLD HEALTH ORGANIZATION
AND NONGOVERNMENTAL ORGANIZATIONS

1. Introduction

1.1 As stated in Article 2 of the Constitution, one of the main functions of the World Health Organization (WHO) is to act as the directing and coordinating authority on international health work. In support of this function, and in accordance with Article 71 of the Constitution, WHO may make suitable arrangements for consultation and cooperation with nongovernmental organizations (NGOs) in carrying out its international health work.

1.2 WHO should, in relation to NGOs, act in conformity with any relevant resolutions of the General Assembly or Economic and Social Council of the United Nations.

1.3 The objectives of WHO's collaboration with NGOs are to promote the policies, strategies and programmes derived from the decisions of the Organization's governing bodies; to collaborate with regard to various WHO programmes in jointly agreed activities to implement these strategies; and to play an appropriate role in ensuring the harmonizing of intersectoral interests among the various sectoral bodies concerned in a country, regional or global setting.

2. Types of relations at the global level and their development

2.1 WHO recognizes only one category of formal relations, known as official relations, with those NGOs which meet the criteria described in these Principles. All other contacts, including working relations, are considered to be of an informal character.

2.2 The establishment of relations with NGOs shall be an evolving process proceeding through a number of separate stages as described in the following paragraphs.

2.3 First contacts with an NGO in order to create mutual understanding and assist in developing mutual interests frequently take the form of exchanges of information and reciprocal participation in technical meetings. This type of informal contact may continue on an ad hoc basis, without time limit and without written agreement. However, the definition of the broad objectives of collaboration and the possibility of enlarging its scope to include specific joint activities in line with the particular expertise of the nongovernmental organization are also explored at this stage.

2.4 When a number of specific joint activities have been identified, collaboration may be taken a stage further by proceeding to a period (usually two years) of working relations entered into by an exchange of letters. Such letters set out the agreed basis for the collaboration, indicating details of the activities to be undertaken during the period, providing an estimate of the resources to be supplied by WHO and the NGO, and naming focal points in the NGO and in WHO (designated technical officer). A joint assessment of the outcome of the collaboration thus planned is undertaken at the end of the period of working relations by the parties concerned, including also consideration of the future relationship. This may result: in the continuation of the working relations for a further period; in an application for admission into official relations with WHO from an international NGO, for examination by the Executive Board, should there be a number of activities which might form the basis of a long-term and closer relationship with WHO; or in a decision that there is no scope for further contacts in the foreseeable future. This arrangement for consultation and cooperation with NGOs is considered as informal.

2.5 The Executive Board shall be responsible for deciding on the admission of NGOs into official relations with WHO.

3. Criteria for the admission of NGOs into official relations with WHO

3.1 The main area of competence of the NGO shall fall within the purview of WHO. Its aims and activities shall be in conformity with the spirit, purposes and principles of the Constitution of WHO, shall centre on development work in health or health-related fields, and shall be free from concerns which are primarily of a commercial or profit-making nature. The major part of its activities shall be relevant to and have a bearing on the implementation of the health-for-all strategies as envisaged in the Global Strategy for Health for All by the Year 2000 and the WHO General Programme of Work covering a Specific Period.

3.2 The NGO shall normally be international in its structure and/or scope, and shall represent a substantial proportion of the persons globally organized for the purpose of participating in the particular field of interest in which it operates. When there are several international NGOs with similar areas of interest, they may form a joint committee or other body authorized to act for the group as a whole.

3.3 The NGO shall have a constitution or similar basic document, an established headquarters, a directing or governing body, an administrative structure at various levels of action, and authority to speak for its members through its authorized representatives. Its members shall exercise voting rights in relation to its policies or action.

3.4 Thus, organizations eligible for admission into official relations with WHO include various types of international NGOs with a federated structure (made up of national or regional groups or having individual members from different countries), foundations that raise resources for health development activities in different parts of the world, and similar bodies promoting international health.

3.5 In exceptional cases a national organization, whether or not affiliated to an international NGO, may be considered for admission into official relations, in consultation with and subject to the recommendations of the WHO Regional Director and the Member State involved. Such a national organization (or a number of national organizations working under a federated (umbrella) structure) shall be eligible for admission provided that: the major part of its activities and resources are directed towards international health and related work; it has developed a programme of collaborative activities with WHO as indicated in paragraph 2.4; and its activities offer appropriate experience upon which WHO may wish to draw.

3.6 There shall normally have been at least two years of successfully completed working relations, as described in paragraph 2.4, prior to an application for admission into official relations.

4. Procedure for admitting NGOs into official relations with WHO

4.1 Applications should normally reach WHO headquarters not later than the end of the month of July in order to be considered by the Executive Board in January of the following year. They shall specify a structured plan for collaborative activities agreed upon by the organization and WHO. Applications from national organizations shall contain the endorsements of the WHO Regional Director and the Government of the Member State concerned. Applications should normally be transmitted to Board members by the Secretariat two months in advance of the session at which they will be considered.

4.2 During its January session the Board's Standing Committee on Nongovernmental Organizations, composed of five members, shall consider applications submitted by NGOs, voluntarily or by invitation, and shall make recommendations to the Board; it may invite any such organization to speak before it in connection with the organization's application. Should the applicant organization be considered not to meet the established criteria, and bearing in mind the desirability of ensuring a valuable continuing partnership based on defined objectives and evidenced by a record of successful past collaboration and a framework for future collaborative activities, the Standing Committee may recommend postponement of consideration or rejection of an application.

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4.3 The Board, after considering the recommendations of the Standing Committee, shall decide whether an organization is to be admitted into official relations with WHO. A re-application from an NGO shall not normally be considered until two years have elapsed since the Board's decision on the original application.

4.4 The Director-General shall inform each organization of the Board's decision on its application. He shall maintain a list of the organizations admitted into official relations, and this list and any amendments thereto shall be circulated to the Members of WHO.

4.5 A plan for collaboration based on mutually agreed objectives and outlining activities for the coming three-year period shall form the basis of official relations between WHO and the NGO. This plan shall be transmitted also to the WHO regional offices to encourage closer collaboration at regional level as appropriate.

4.6 The Board, through its Standing Committee on Nongovernmental Organizations, shall review collaboration with each NGO every three years and shall determine the desirability of maintaining official relations. The Board's review shall be spread over a three-year period, one-third of the NGOs in official relations being reviewed each year.

4.7 The Board may discontinue official relations if it considers that such relations are no longer appropriate or necessary in the light of changing programmes or other circumstances. Similarly, the Board may suspend or discontinue official relations if an organization no longer meets the criteria that applied at the time of the establishment of such relations, or fails to fulfil its part in the agreed programme of collaboration.

5. Relations with NGOs at the regional and national levels¹

5.1 Regional or national NGOs affiliated to international NGOs in official relations with WHO

These NGOs are, by definition, in official relations with the WHO regional office(s). They shall develop and implement a programme of collaboration with the regional and national levels of WHO to ensure implementation of health-for-all strategies at the country level.

5.2 Regional and national NGOs for which there is no international NGO

The regional office concerned may establish working relations with these organizations, subject to consultation between the Regional Director and the Director-General of WHO. A programme of activities developed and implemented as described in paragraph 2.4 would be essential.

5.3 Regional or national NGOs affiliated to international NGOs not in official relations with WHO

In order that WHO may promote and support the formation of strong international NGOs in the various technical fields, the regional office concerned may establish working relations with the above-mentioned regional or national organizations, subject to consultation between the Regional Director and the Director-General of WHO. Such working relations shall be based on a programme of activities developed and implemented as described in paragraph 2.4.

6. Privileges conferred on NGOs by relationship with WHO

6.1 The privileges conferred by official relationship shall include:

- (i) the right to appoint a representative to participate, without right of vote, in WHO's meetings or in those of the committees and conferences convened under its authority, on the following conditions:

¹ Before working relations are established between WHO and a national NGO, and before a programme of collaboration with such an organization is agreed, appropriate measures will be taken to consult the Government concerned in accordance with Article 71 of the WHO Constitution.

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whenever the Health Assembly, or a committee or conference convened under WHO's authority, discusses an item in which a related NGO is particularly interested, that NGO, at the invitation of the chairman of the meeting or on his acceding to a request from the organization, shall be entitled to make a statement of an expository nature, and may, with the consent of the meeting, be invited by the chairman to make, in the course of the discussion of the item before the meeting, an additional statement for purposes of clarification;

(ii) access to non-confidential documentation and such other documentation as the Director-General may see fit to make available through such special distribution facilities as WHO may establish;

(iii) the right to submit a memorandum to the Director-General, who would determine the nature and scope of the circulation.

6.2 In the event of a memorandum being submitted which the Director-General considers might be placed on the agenda of the Health Assembly, such memorandum shall be placed before the Executive Board for possible inclusion in the agenda of the Assembly.

6.3 Privileges similar to those stated above shall normally be accorded to national/regional NGOs having working relations with WHO regional offices, in accordance with section 5, as determined by the Regional Directors in consultation with the regional committees.

6.4 A national organization which is affiliated to an international NGO covering the same subject on an international basis shall normally present its views through its government or through the international NGO to which it is affiliated, unless other arrangements are made in view of its particular relationship with WHO.

7. Responsibilities of NGOs in their relationship with WHO

7.1 NGOs shall be responsible for implementing the mutually agreed programme of collaboration and shall inform WHO as soon as possible if for any reason they are unable to fulfil their part of the agreement.

7.2 NGOs shall utilize the opportunities available to them through their normal work to disseminate information on WHO policies and programmes.

7.3 NGOs shall collaborate individually or collectively in WHO programmes to further health-for-all goals.

7.4 NGOs shall individually or collectively collaborate with the Member States where their activities are based in the implementation of the national/regional/global health-for-all strategies.

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GLOBAL STRATEGY FOR THE PREVENTION AND CONTROL OF AIDS

The Fortieth World Health Assembly,

Having considered the report of the Director-General on WHO's Special Programme on AIDS;¹

Deeply concerned that this disease caused by one or more naturally occurring retroviruses of undetermined geographical origin has assumed pandemic proportions affecting all regions of the world and which represents a threat to the attainment of health for all;

Realizing that the transmission of AIDS can be prevented, that information is an essential element in all control of AIDS, and that every individual has a responsibility;

Reiterating that information and education on the modes of transmission as well as the assurance and use of safe blood and blood products, and sterile practices in invasive procedures, are still the only measures available that can limit the further spread of AIDS;

Convinced of the crucial importance of countries closely integrating their programme for the prevention and control of AIDS within their health systems based on primary health care;

Impressed by the accelerated response of WHO to this emergency during the past year;

Noting with satisfaction that WHO has invested funds from its regular 1986-1987 budget to deal with this serious public health problem despite current financial constraints;

Grateful to all those whose generous extrabudgetary contributions have made it possible to give the required momentum to WHO's efforts to combat AIDS;

Stressing the need for substantial additional voluntary contributions to permit WHO to fulfil its international directing and coordinating role in this field;

Emphasizing that all contributing countries are protecting the health of their own people no less than that of others, since AIDS knows no geographical boundaries;

Realizing that the worldwide emergency created by AIDS will require urgent and vigorous globally directed action in the development of epidemiological surveillance, the intensification of research in prevention, control, diagnosis and treatment including social science research, the training of national health workers and other relevant areas of prevention, control and research;

Recognizing that due to the relatively long incubation period of the virus and the large number of people already infected with it, the worldwide number of AIDS cases will continue to rise in the next few years irrespective of public health strategies to prevent viral transmission;

1. CONFIRMS that WHO should continue to fulfil its role of directing and coordinating the global, urgent and energetic fight against AIDS;
2. ENDORSES the establishment of a Special Programme on AIDS and stresses its high priority;
3. FURTHER ENDORSES the global strategy and programme structure prepared by WHO to combat AIDS;

¹ A40/5.

4. URGES Member States:

(1) to establish or strengthen effective programmes to combat AIDS in line with the above-mentioned global strategy and recommendations of the Third meeting of Participating Parties;¹ and to ensure that control is integrated into the existing system based on primary health care, and is based on effective educational and preventive measures to enable each person to protect himself/herself from the disease;

(2) to cooperate fully with one another in facing this worldwide emergency within the context of the policy of technical cooperation among countries through the adoption of compatible programmes and transfer of appropriate technology;

(3) to share in full openness with WHO and with other Member States all relevant and reliable information on AIDS and related infections;

5. URGES Member States to make voluntary contributions in cash and kind for the implementation of the global strategy;

6. APPEALS to bilateral and multilateral agencies, as well as nongovernmental and voluntary organizations, to support the worldwide struggle against AIDS in conformity with WHO's global strategy;

7. REQUESTS the regional committees:

(1) to keep the situation concerning AIDS in the regions under constant review;

(2) to ensure that regional resources to combat AIDS are used in conformity with the global AIDS strategy; and

(3) to report annually to the Director-General on the situation in the region;

8. REQUESTS the Executive Board to review yearly until further notice the global epidemiological situation concerning AIDS and progress in implementing WHO's global strategy to combat it;

9. REQUESTS the Director-General:

(1) to ensure that the global strategy to combat AIDS is effectively implemented by all levels of the Organization - country, regional and global - with the aim of containing, progressively reducing and eventually stopping the spread of the infection;

(2) to assert WHO's international directing and coordinating role in support of national AIDS programmes;

(3) to support national AIDS prevention and control programmes in due balance with other health programmes by ensuring adequate coordination and cooperation of the governments concerned, WHO and other external partners;

(4) to continue to develop effective strategies to prevent the transmission of AIDS, including social and behavioural research and the advocacy of the role of women in preventing transmission;

(5) to reinforce the Organization's support to Member States in designing or strengthening, implementing, monitoring and evaluating national programmes for AIDS prevention and control;

(6) to issue guidance on the prevention and control of AIDS on a continuing basis as new information comes to light and the Special Programme evolves;

¹ A40/INF.DOC./8.

- (7) to continue to seek extrabudgetary funds to implement the global AIDS strategy;
- (8) to establish a Special Account for AIDS in the Voluntary Fund for Health Promotion; and
- (9) to report on the matter to the Executive Board and to the World Health Assembly annually.

Twelfth plenary meeting, 15 May 1987
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MATERNAL HEALTH AND SAFE MOTHERHOOD

The Fortieth World Health Assembly,

Recalling resolutions WHA32.42, WHA38.22 and WHA39.18 - on the WHO long-term programme for maternal and child health; maturity before childbearing and promotion of responsible parenthood; and implementation requirements of the Nairobi Forward-looking Strategies for the Advancement of Women in the health sector, respectively;

Noting the extremely high levels of maternal mortality and related morbidity prevailing in many developing countries, constituting in some cases more than 50% of all deaths in women of childbearing age;

Further considering that the low social status of women, and the poor nutrition of girls, as well as the lack of appropriate care in pregnancy and childbirth, contribute to this problem;

Recognizing that maternal and child care, including family planning, forms the core of primary health care;

Recalling the recommendations of the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women and the Forward-looking Strategies for the Advancement of Women, which set a specific target to reduce maternal mortality and morbidity;

Taking account of the recommendations of the International Conference on Safe Motherhood in Nairobi in February 1987 cosponsored by WHO, the World Bank and the United Nations Fund for Population Activities, and supported by the United Nations Development Programme;

1. THANKS the Organization for its initiatives in the field of maternal health;
2. URGES Member States:
 - (1) to give high priority to improving the health of women and reducing maternal mortality and morbidity through appropriate primary health care, adequate food and health programmes for girls from infancy to adolescence, and support to family planning programmes in the context of primary health care, making family planning services available to all those who need them in order to avoid unwanted or high-risk pregnancies;
 - (2) to provide appropriate (prenatal) care with efficient and early detection and referral of high-risk pregnancies;
 - (3) to seek to ensure the attendance of appropriately trained personnel for all women in childbirth;
 - (4) to strengthen referral facilities and supervision measures in maternal and child health and family planning in order to deal with obstetrical emergencies and provide essential obstetrical care, and take the necessary steps to prepare appropriate staff at all levels;
 - (5) to coordinate action within the health and other sectors to improve women's education and nutrition; and the generation of financial and other resources for appropriate social support during pregnancy, delivery and the first year following childbirth;

3. REQUESTS the Director-General:

(1) to assist countries with high rates of maternal mortality in studies on the dimensions and causes of the problem, and to support national efforts to reorient primary health care action so as to give adequate priority to the reduction of maternal mortality and morbidity;

(2) to support collaborative operational research on safe motherhood, with emphasis on preventing the five main causes of maternal mortality and finding local solutions to overcome the obstacles to appropriate maternal care;

(3) to intensify technical cooperation in the field of maternal and child health, including family planning, focusing on measures to reduce maternal mortality and morbidity;

(4) to increase the Organization's collaboration with appropriate United Nations agencies and nongovernmental organizations, with emphasis on the promotive and preventive aspects of maternal health and family planning and the availability of essential obstetric care at first referral level and in emergencies of pregnancy and childbirth;

(5) to intensify efforts to mobilize appropriate human, scientific and financial resources for maternal health programmes, including epidemiological and operational research aspects, and in particular to seek financial support from multilateral and bilateral agencies and foundations to this end.

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HEALTH OF THE WORKING POPULATION

The Fortieth World Health Assembly,

Concerned about the magnitude of the health and safety problems of the working population in many parts of the world;

Emphasizing that certain groups of workers, in particular in agriculture, construction, mining, and small and medium-sized industries, still continue to be underserved in many countries, especially developing ones;

Realizing that the development and application of modern technologies may give rise to new health hazards;

Noting the various organizational patterns of occupational health services at the national level in different parts of the world, and aware of the need to enhance coordination and cooperation among the various governmental agencies concerned with occupational health;

Emphasizing also the need to extend primary health care to the underserved sectors of the working population both in the workplace and in the home, and taking note of the good experience many Member States have gained in integrating occupational health into national health services;

Having noted the Director-General's report on workers' health to the Executive Board at its seventy-ninth session, and recalling resolutions WHA32.14 and WHA33.31 as well as other relevant resolutions;

1. EXPRESSES its appreciation of the Director-General's report on workers' health to the seventy-ninth session of the Executive Board;¹
2. URGES Member States:
 - (1) to pay special attention to the establishment and maintenance of safe working conditions, and if appropriate, to consider workers' health care as an integral component of primary health care;
 - (2) to identify the existing and newly-emerging health and safety problems of workers in the underserved sectors, and to extend primary health care in these sectors along the lines recommended in the Director-General's report to the seventy-ninth session of the Executive Board;
 - (3) to develop relevant training programmes;
3. INVITES nongovernmental organizations and other interested parties to collaborate with national authorities, employers and employees in promoting appropriate health care delivery;

¹ EB79/1987/REC/1, Part I, Annex 15.

4. REQUESTS the Director-General:

- (1) to pay due attention to the workers' health programme, and to promote its implementation in close collaboration with other relevant programmes, as part of national health systems based on primary health care;
- (2) to promote regional activities in workers' health where appropriate;
- (3) to elaborate guidelines on primary health care in the workplace, addressed particularly to the underserved working population and including the educational material needed at the various levels;
- (4) to continue to mobilize extrabudgetary resources, particularly for the implementation of the primary health care approach in the underserved sectors of the working population;
- (5) to develop guidelines on health promotion in the workplace in cooperation with the WHO collaborating centres, and to strengthen cooperation with these centres, particularly in developing countries;
- (6) to continue collaboration with all United Nations agencies concerned with workers' health, particularly the International Labour Organisation.

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RESEARCH ON AGING

The Fortieth World Health Assembly,

Recalling resolutions WHA32.25 and WHA35.28 on health care of the elderly;

Noting the recommendation of the Advisory Committee on Health Research on the establishment of an international research programme on aging;

Believing that the attainment of health for all will result in the survival of increasing numbers of the world's population into old age;

Realizing that greater knowledge is required to understand both the determinants of healthy aging and how to apply this knowledge optimally with a view to adding healthy life to years;

Considering that research on aging and research training need to be extended to the countries in which most elderly people will be living in the year 2000;

REQUESTS the Director-General:

(1) to establish an international research programme on aging, as an integral part of the Organization's programme on health of the elderly;

(2) to secure the cooperation of interested governments, voluntary organizations, foundations, private donors and other bodies in raising the extrabudgetary funds, in addition to the WHO support to the research programme within its existing budgetary provisions, for establishing, implementing and monitoring the programme.

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ECONOMIC SUPPORT FOR NATIONAL HEALTH FOR ALL STRATEGIES

The Fortieth World Health Assembly,

Appreciating the outcome of the Technical Discussions held at the Fortieth World Health Assembly on "Economic support for national health for all strategies", and recalling resolution WHA39.22 on the Technical Discussions held during the Thirty-ninth World Health Assembly;

Reaffirming that health is an integral part of development and is therefore the responsibility of the health sector, of the people, other related sectors and that of the community in general;

Further reaffirming that the goal of health for all can only be achieved through primary health care which requires major reorientation of policies and perspectives in the way health is perceived, protected, provided and delivered;

Aware that the prevailing adverse trends in the world economy, aggravated in the developing countries by the formidable burden of servicing external debts and the deterioration of the balance of trade, constrain the possibility of many countries in reaching the goal of health for all by the year 2000;

Stressing the need for continued political leadership and determination in the face of these adverse trends for the achievement of the goal of health for all in the spirit of social equity;

Mindful of the need to intensify action to increase economic support for national strategies for health for all and in particular to mobilize and utilize health resources, with emphasis on social relevance, equity, managerial efficiency and effectiveness;

1. URGES Member States:

(1) to continue to ensure that the health of the most disadvantaged and vulnerable population groups is protected when economic adjustment policies are designed and implemented;

(2) to consider the responsibilities and contributions of all potential partners in health including health-related sectors, the community, social security agencies, nongovernmental organizations, and the private sector when developing national health-for-all strategies, and to establish appropriate mechanisms to achieve their maximum involvement and collaboration in financing health development;

(3) to review their current patterns of resource allocation in the health sector and reorient as appropriate their spending priorities, including allocation of any additional resources for the provision of primary health care, giving preferential attention to the underserved and the neediest segments of population;

(4) to strengthen the capacity of local bodies to mobilize, channel and allocate resources and ensure that monies raised by health services remain at the disposal of the health sector;

- (5) to take urgent steps to reduce waste and increase efficient use of resources through technical and administrative decentralization, better management, information and supervision;
- (6) to pay particular attention to the choice of technologies appropriate to each level of the health care system with a view to improving efficiency and effectiveness and develop methods for cost control with due regard to maintaining the quality of care;
- (7) to encourage more rational use of drugs thereby avoiding misuse and wastage of resources;
- (8) to establish a programme for better management and maintenance of equipment through appropriate procedures, training of personnel and ensuring the availability of spare parts;
- (9) to pay special attention to health manpower development in order to raise appreciation of the need for efficiency and cost control through new and innovative teaching/learning experiences which concentrate on in situ problems - solving methods and use of practical health system research;
- (10) to establish realistically the costs of implementing their national health-for-all strategies and plans which reflect national priorities, paying particular attention to future recurrent costs, and to identify the means of closing any gaps between resources required and available and to review health policies and strategies with the joint involvement of ministries of health, planning, finance and other relevant ministries;
- (11) to evaluate the adequacy of existing revenue-raising measures and to explore new financing options consistent with the overall goals of equity and effectiveness;
- (12) to strengthen their capacities in financial planning and management at all levels particularly at the district level through training in financial analysis, health economics and financial planning and management; by strengthening management information systems; and by incorporating research and economic analysis as an important input to the process of decision-making;
- (13) to consider regulatory measures that will be effective in controlling cost increase and maintaining an acceptable level of quality in the health services, public and private;
- (14) to promote individual responsibility for health through the adoption of healthy life-styles, and other measures which protect their population from avoidable health risks thereby also reducing the future financial burden on the health care system;
- (15) to publicize their health plans to get public understanding and support;
- (16) to focus on the education of the public in the appropriate use of health care services, paying special attention to the role of women in health and health care, and optimizing the use of the mass media in such educational activities.

2. APPEALS again to the developed countries to increase their cooperation with, and assistance to, developing countries through bilateral and multilateral channels, including WHO, in implementing their national health-for-all strategies, in a spirit of self-reliance, mutual respect and social equity in the international economic field;

3. CALLS upon international and bilateral agencies to increase their support to developing countries to accelerate the implementation of national strategies for health for all, and in particular to help strengthen national capacities in research and development, in economic analysis and in financial planning and management;

4. REQUESTS the Director-General:

- (1) to publish the report of the Technical Discussions on this issue and disseminate it widely to governments, organizations and agencies of the United Nations system, academic institutions and other intergovernmental, nongovernmental and voluntary organizations;
- (2) to continue to monitor the impact of economic trends and policies on the health status of the most disadvantaged and vulnerable groups, and to help Member States to identify ways of mitigating their adverse repercussions;
- (3) to promote the exchange of information and experiences among countries on approaches and options being used for expanding domestic economic support for health for all and for achieving optimum use of their resources effectively;
- (4) to give further guidance to countries on methodologies and the potentialities of using different options for financing;
- (5) to intensify technical cooperation with Member States to improve national capabilities in financial planning and management and economic analysis of the health strategies; through relevant training and research activities, including through the strengthening of centres for such training and research in developing countries;
- (6) to review and strengthen as appropriate WHO capacity at regional and global levels to provide the required technical support to countries in financial planning and management and in economic analysis of their health policies and strategies; and to mobilize additional resources for intensifying such support;
- (7) to include in progress reports on the implementation of the strategy for health for all, in-depth reviews of efforts within countries to achieve economic support for their national strategies, including the use of nationally relevant indicators related to resource allocation.

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EIGHTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD (1990-1995 INCLUSIVE)
(ARTICLE 28(g))

The Fortieth World Health Assembly,

Having reviewed, in accordance with Article 28 (g) of the Constitution, the draft of the Eighth General Programme of Work covering a specific period (1990-1995 inclusive)¹ submitted by the Executive Board;

Realizing that the Eighth General Programme of Work is the penultimate programme in support of the Global Strategy for Health for All by the Year 2000;

Convinced that the Eighth General Programme of Work constitutes a satisfactory response of the Organization to that Strategy;

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

Recognizing the important contribution of the regional committees to the development of the Programme;

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

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¹ Document A40/6.

USE OF ALCOHOL IN MEDICINES

The Fortieth World Health Assembly,

Aware of the risks of excessive alcohol consumption to the individual's health;

Noting that alcohol is present in many medicines, including medicine administered to children, in unnecessary concentrations which may even have a deleterious effect;

Recognizing the harmful effects of alcohol, especially during pregnancy, and the interactions that may take place when alcohol is taken at the same time as medicines;

Noting the increasing concern felt by physicians and pharmacists at the inappropriate use of alcohol in medicines;

Taking into account the feasibility, proved by scientific research, of replacing alcohol in many medicines by non-alcoholic substances without affecting the efficacy of the medicines;

Believing that national lists of essential drugs should include drugs that contain alcohol only when alcohol is an essential ingredient;

Taking note of resolution EM/RC32/R.9 on the use of alcohol in medicaments, adopted by the Regional Committee for the Eastern Mediterranean at its thirty-second session;

1. URGES Member States:

- (1) to review the registration of medicines containing alcohol as an active ingredient with a view to reducing its use as much as feasible, in particular where it can be replaced by a non-alcoholic substance;
- (2) to take steps to reduce as much as possible the alcohol concentration in medicines in cases where no suitable alternative to alcohol is available;
- (3) to review available pharmaceutical preparations so as to ascertain their alcohol content;
- (4) to intensify efforts, and encourage scientific research, to find alternative pharmaceutical preparations that contain no alcohol and are equally effective;

2. REQUESTS the Director-General:

- (1) to provide Member States with the technological assistance and information necessary to undertake the above-mentioned activities;
- (2) to follow up the implementation of this resolution and report on action taken in this regard.

TRADITIONAL MEDICINE

The Fortieth World Health Assembly,

Aware that traditional systems of medicine play an important role in preventive, promotive and curative aspects of health, particularly in developing countries;

Noting that there exists a vast reservoir of practitioners of traditional systems of medicine and an almost untapped wealth of medicinal flora;

Recalling the earlier resolutions of the Assembly concerning health manpower (WHA29.72), training and research in traditional medicine (WHA30.49) and medicinal plants (WHA31.33) and the related recommendations of the Alma-Ata Conference;

1. URGES Member States:

(1) to utilize optimally practitioners of their traditional systems of medicine in primary health care, whenever possible and appropriate;

(2) to initiate comprehensive programmes for the identification, evaluation, preparation, cultivation and conservation of medicinal plants used in traditional medicine;

(3) to ensure quality control of drugs derived from traditional plant remedies by using modern techniques and applying suitable standards and good manufacturing practices;

(4) to support research into traditional ways of treating ailments and promoting family health, nutrition and well-being;

(5) to extend cooperation and exchange of experts, skills and training in traditional systems of medicine and related fields, particularly between countries with a similar cultural background;

2. REQUESTS the Director-General:

(1) to mobilize extrabudgetary funds to assist Members in implementing these activities; and

(2) to promote intercountry seminars to improve mutual understanding, the dissemination of knowledge and the exchange of experience.

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DIARRHOEAL DISEASES CONTROL

The Fortieth World Health Assembly,

Recalling resolutions WHA31.44 and WHA35.22;

Having considered the Director-General's report on the Diarrhoeal Diseases Control Programme,¹ which includes specific reference to quantitative indicators of progress towards the control of diarrhoeal diseases;

Noting with appreciation the progress made in the implementation of national diarrhoeal diseases control programmes resulting in an increasing reduction of mortality due to diarrhoea;

Aware of the recent advances in knowledge of different aspects of diarrhoea management, and of current research to develop new approaches and tools for control, including simplified methods for prevention;

Concerned, however, by the toll that diarrhoeal diseases continue to take, especially among children;

Aware of the fact that persistent diarrhoea and dysentery continue to be major causes of child mortality;

Confirming that effective diarrhoeal diseases control programmes, including the provision of safe water supply, are the best means of ensuring the recognition and control of epidemics of cholera;

1. REAFFIRMS that:

- (1) diarrhoeal diseases control includes both prevention and proper case management;
- (2) for the prevention of diarrhoeal diseases it is necessary also to improve nutrition, including the control of nutritional deficiencies, and to promote breast-feeding, improved weaning practices, access to and use of safe water, personal hygiene, including hand washing with soap, and sanitation, as well as immunization against measles;
- (3) adequate diarrhoea management includes in particular the administration of oral rehydration fluid and appropriate feeding during and after diarrhoea;
- (4) diarrhoeal diseases control should be an integral part of primary health care;

¹ A40/4.

2. STRESSES the role that mothers and the community can play in the prevention and correct treatment of diarrhoea, and the need for mothers and those who care for children to receive adequate instruction in the preparation and use of oral rehydration fluid, in appropriate feeding, and to receive the necessary training to recognize when referral is necessary;

3. URGES Member States:

(1) to intensify their diarrhoeal diseases control activities as part of primary health care and as one of the priorities for achieving health for all by the year 2000, giving special attention to activities that can have an immediate impact on childhood mortality, while at the same time implementing sectoral and intersectoral interventions that can reduce diarrhoea morbidity;

(2) to recognize that an effective diarrhoeal diseases control programme must include careful planning, adequate health manpower training and information, effective communication as well as education on health, sanitation, nutrition promotion, adequate production, distribution and social marketing of oral rehydration preparations, and appropriate supervision, monitoring and evaluation;

4. EXTENDS its appreciation to the United Nations Children's Fund, the United Nations Development Programme, the World Bank, and other international, bilateral and nongovernmental agencies, for their continued collaboration in and support to the WHO Diarrhoeal Diseases Control Programme and to national programmes;

5. URGES Member States and concerned agencies to further support national diarrhoeal diseases control programmes in developing countries, through financial and technical cooperation, in particular, through technical cooperation among developing countries;

6. EMPHASIZES the need for continued adequate financial support to enable the Diarrhoeal Diseases Control Programme to carry out its planned activities and achieve its objectives;

7. REQUESTS the Director-General:

(1) to increase collaboration with Member States in strengthening national control programmes in order to strengthen prevention and improve case management, with the global targets of 80% access to oral rehydration salts and 50% use of oral rehydration therapy by 1989;

(2) to continue to support biomedical, socio-cultural and health services research relevant to diarrhoeal diseases control, with a view to developing and applying simplified and effective methods of prevention, diagnosis and treatment, with due attention being given to persistent diarrhoea and dysentery;

(3) to continue collaboration with the relevant research institutions;

(4) to maintain close and effective collaboration with the United Nations Children's Fund, the United Nations Development Programme, the World Bank, bilateral and other agencies in carrying out programme activities;

(5) to make efforts to attract the necessary extrabudgetary resources to meet the requirements of the programme;

(6) to keep Member States, the Executive Board and the Health Assembly informed of the progress made in the implementation of the Diarrhoeal Diseases Control Programme.

TOWARDS THE ELIMINATION OF LEPROSY

The Fortieth World Health Assembly,

Recalling resolution WHA32.39 and previous resolutions of the Health Assembly and the Executive Board regarding leprosy;

Noting:

(a) the increasing commitment of several Member States to eliminate leprosy as a public health problem in their countries, as part of their goal of health for all by the year 2000;

(b) the significant progress made in recent years in leprosy treatment, including the use of new drugs in multidrug therapy, which has made leprosy treatment far more effective;

(c) the very promising research advances being made towards the development of early diagnosis, immunology and vaccines, leading to effective leprosy prevention programmes;

(d) the increasing role being played by nongovernmental organizations in leprosy control;

1. URGES Member States with endemic leprosy:

(1) to allocate adequate priority to and resources for leprosy control within their public health services as part of primary health care;

(2) to strengthen health education through the media and community participation with a view to overcoming the stigma and phobias traditionally associated with the disease in many societies, and to institute adequate legal guarantees protecting the rights of cured leprosy patients;

(3) to provide improved training in leprosy for health workers of all categories, and especially those working in the field of leprosy, to ensure early case-finding, accurate diagnosis, and the implementation of multidrug therapy programmes;

(4) to institute active programmes, including research, for the rehabilitation of leprosy patients who have acquired disabilities and deformities;

(5) to work out a system of awards, prizes and rewards for outstanding contributions to leprosy control and research.

2. REQUESTS the Director-General:

- (1) to continue the successful technical and scientific guidance to Member States and to support their multidrug therapy programmes for leprosy control;
- (2) to intensify the Organization's activities in leprosy control by additional mobilization and coordination of scientific and material resources directed at implementing multidrug therapy, rehabilitation and training;
- (3) to strengthen support for the development of more effective tools against leprosy through multidisciplinary research in both the natural and social sciences;
- (4) to intensify the search for improved drugs and vaccines through the Special Programme for Research and Training in Tropical Diseases;
- (5) to promote further the partnership approach between nongovernmental organizations, Member States and WHO to achieve leprosy control and rehabilitation where necessary;
- (6) to keep the Executive Board and the Health Assembly informed of the progress made.

Twelfth plenary meeting, 15 May 1987
A40/VR/12

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FORTIETH ANNIVERSARY OF WHO

The Fortieth World Health Assembly,

Noting that in 1988 forty years will have elapsed since the World Health Organization was founded, and justifiably proud of the results so far achieved, under WHO's guidance and leadership, in many fields of health development, the most vivid example being the eradication of smallpox from the planet in 1977;

Deeply conscious, nevertheless, of the immense tasks that still remain to be accomplished by countries in order to reach the goal of health for all through the implementation of national strategies, paying special attention to the development of primary health care in line with the 1978 Declaration of Alma-Ata, the tenth anniversary of which coincides with the fortieth anniversary of WHO;

Aware that these tasks will be greatly facilitated by full technical, moral and political cooperation within WHO;

1. INVITES Member States to intensify their efforts during 1988 and the years to come to attain the global goal of health for all by the year 2000, and in particular,

- (1) to mobilize all possible human, physical and financial resources to the above end;
- (2) to set in motion social forces which will accelerate the health development process through the primary health care approach so that the health and social targets set for the end of this century, and unanimously agreed upon by all Member States, can be reached;
- (3) to foster still greater collaboration between health authorities, other health-related sectors, WHO and all interested nongovernmental and voluntary organizations working in health-related fields in a spirit of true partnership for health development;
- (4) to ensure the media's interest in and coverage of health programmes and health-related activities, emphasizing health systems based on primary health care to attain health for all by the year 2000;
- (5) to take the greatest possible advantage of the fortieth anniversary to focus the attention of people in all walks of life - from ordinary citizens to the highest political leaders - upon past achievements, and present and future aspirations of the World Health Organization through appropriate events, celebrations and information dissemination;
- (6) to report to the Director-General on action taken or planned, in time for him to present a consolidated report to the Forty-first World Health Assembly;

2. INVITES the regional committees to give strong support to countries in their activities relating to the fortieth anniversary throughout the year, and to mark the anniversary solemnly on the occasion of their meetings;

3. INVITES the Executive Board to participate actively in the planning and implementation of WHO's action relating to the anniversary, and to suggest appropriate ways of celebrating the occasion during the Forty-first World Health Assembly as a manifestation of worldwide health solidarity;

4. REQUESTS the Director-General:

(1) to use the fortieth anniversary as a global opportunity to inform and mobilize all concerned and show to the world that health development is possible through international collaboration in an atmosphere of goodwill, consensus and mutual respect;

(2) to transmit this resolution to the United Nations Economic and Social Council with a view to seeking the Council's support for the observance of the fortieth anniversary of WHO in pursuance of United Nations General Assembly resolution 36/43 on the global strategy for Health for All by the Year 2000;

(3) to report to the Forty-first World Health Assembly on action taken or planned by Member States and the Organization as a whole;

5. CALLS UPON the United Nations, its specialized agencies, bilateral agencies, and intergovernmental and nongovernmental organizations concerned to observe the Organization's fortieth anniversary and, on that occasion, consider measures to strengthen further the links with WHO in order to ensure closer collaboration and concrete action in support of health ... all sectors of development;

6. RESOLVES that all delegates to this Assembly shall stimulate urgent and vigorous action in their countries to ensure that the anniversary becomes a successful booster to the health of people everywhere.

Twelfth plenary meeting, 15 May 1987
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Appropriation resolution for the financial period 1988-1989

The Fortieth World Health Assembly

RESOLVES to appropriate for the financial period 1988-1989 an amount of US\$ 705 389 500 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US \$
1.	Direction, coordination and management	77 934 800
2.	Health system infrastructure	201 343 800
3.	Health science and technology: health promotion and care	114 508 300
4.	Health science and technology: disease prevention and control	90 808 500
5.	Programme support	149 384 600
	Effective working budget	633 980 000
6.	Transfer to Tax Equalization Fund	59 000 000
7.	Undistributed reserve	12 409 500
	Total	705 389 500

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 1988 - 31 December 1989 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 1988-1989 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\$ 10 662 000). 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 1988-1989. 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	4 000 000
(ii) casual income in the amount of	25 000 000
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	29 000 000
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thus resulting in assessments on Members of US\$ 676 389 500. Notwithstanding the provision of Financial Regulation 5.3, the deduction of US\$ 25 000 000 of casual income shall be applied to the first annual instalment of the assessed contributions due from Members. 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.

Twelfth plenary meeting, 15 May 1987
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7 APRIL 1988: A WORLD NO-SMOKING DAY

The Fortieth World Health Assembly,

Bearing in mind the objective of the World Health Organization contained in Article 1 of the Constitution "the attainment by all peoples of the highest possible level of health";

Recalling resolution WHA39.14 on "Tobacco or health";

Expressing its satisfaction at the measures increasingly being taken by Member States to reduce smoking;

Gratified at the decision taken by the Director-General of WHO to declare the WHO premises a smoking-free area;

Aware that the consumption and use of tobacco result in serious health consequences, as well as economic and social problems, notably in developing countries;

Noting that on 7 April 1988 the World Health Organization will celebrate its fortieth anniversary;

1. CALLS UPON all Member States, as part of their continuing efforts to reduce the smoking pandemic, through all appropriate means including, where applicable, legislative and regulatory measures:

- (1) to celebrate 7 April 1988 as world no-smoking day;
- (2) to encourage the population, by all appropriate means, to desist from smoking and from using tobacco in all other forms on that day;
- (3) in conjunction with governmental and nongovernmental organizations, to use the occasion to launch, or strengthen existing, anti-smoking campaigns and health promoting initiatives;
- (4) to encourage vendors to refrain voluntarily from selling all forms of tobacco on that day; and
- (5) to inform the Director-General on actions taken in response to this resolution;

2. APPEALS to all manufacturers of tobacco and those who promote its consumption, in the spirit of this resolution and of resolution WHA39.14, to refrain voluntarily from all publicity activities in all countries, especially in developing countries, and calls upon the press and all the other media in each country voluntarily to do likewise;

3. REQUESTS the Director-General to report to a subsequent World Health Assembly on the action taken in this regard.

CE99/23 (Eng.)
ANNEX II

ADDRESS BY DR. H. MAHLER
TO THE FORTIETH WORLD HEALTH ASSEMBLY



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

WHA40/DIV/4
5 May 1987

ADDRESS BY DR H. MAHLER
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION
IN PRESENTING HIS REPORT FOR 1986
TO THE FORTIETH WORLD HEALTH ASSEMBLY

Geneva, Tuesday 5 May 1987

WORLD HEALTH FOR ALL: TO BE!

Mr President, honourable delegates, ladies and gentlemen,

1. Son of Denmark that I am, I believe I am entitled to ask with Shakespeare's Hamlet:

"To be, or not to be - that is the question".

Yes, to be or not to be. Is WHO to be the Organization you have decided it should be, the Organization that will lead the people of this world to health for all by the year 2000? Or is not to be that kind of Organization? Is it to be merely a congregation of romanticists talking big and acting small; or just another international group of middlemen, giving pocket money to ministries of health and keeping a percentage for its own survival?

2. Why do I raise these questions? Does WHO not have sufficient success stories to its credit to make the answer so clear that the questions should never have been asked? To be sure, your Organization has plenty of success stories to be proud of, but it also has unsuccessful stories that tarnish its image and so its power to lead. I shall explain, not in order to lay blame on any institution, individual or group of individuals, but in order to lay even more solid foundations for international health leadership. To lead towards health for all, your Organization needs to maintain the purity of the value system for health it has established over the years. Its Member States have to believe in that system and to put it into practice in their domestic affairs. For that to happen your Organization needs a high degree of political tranquillity, a reasonable state of financial security, and responsible management of its own resources.

3. I am convinced that Member States do believe in the WHO health value system. Just listening to delegates to successive Health Assemblies is enough to convince anyone of that. If further evidence is needed, add the outstanding phenomenon of last year's Assembly when 90% of Member States reported fearlessly on the evaluation of their national strategy for health for all. Consider the fact that senior planners in developing countries, not to speak of their health ministers, have called this value system a new model for social and economic development, based on the initiatives of people working towards their own salvation; and

senior planners in industrialized countries have grasped that, contrary to previous beliefs, health improvements can be targeted for, just as economic growth levels can be targeted for. That realization is taking root in particular throughout the Member States of Europe, where even countries that have resisted change in the past are joining the health-for-all movement with growing enthusiasm. And some of the most powerful industrialized countries have reshaped their domestic health policy in the wake of the WHO value system they contributed to setting up.

4. Alas, all is not perfect. Alas, part of the declarations of faith at the Health Assembly are empty litanies. Alas, some of the evaluation reports were considered by the government as a WHO exercise and written by the WHO representative in the country. But in spite of these imperfections, there can be little doubt, your Organization has set in motion a new paradigm for health, a new health culture whose influence will not be easily effaced, come what may, but will be felt for many years to come, well beyond the year 2000.

5. Why then the troubling part of the question - "or not to be?". I regret to say that the badly needed political tranquillity I mentioned some moments ago is conspicuous by its absence. Never would I have dreamed before I took up this position as your Director-General, never would I have dreamed that I would have to shield you from the kind of political pressures that some of your governments are exerting. I would have understood the contrary - the cooperating parties that make up WHO shielding its chief technical and administrative officer from extraneous political pressures so that he can devote all his energies to health matters. But that was not to be. I have raised a note of alarm on several occasions, not the least two years ago in this forum when I supported the President of the Health Assembly in pleading to exclude from its deliberations thinly veiled political conflicts masquerading as genuine health issues.

6. Distinguished delegates, the situation has worsened since then. Pressures not related to health are being exerted on your Organization outside the Health Assembly as well. I am being demanded not to disseminate certain technical information on the grounds that doing so is a supranational act that might damage commercial interests or have adverse effects on tourism. I can only call that health information protectionism, and wonder how those who condemn protectionism can condone it. I have to face governments insisting on the appointment of their nationals to specific senior staff positions, sometimes without thought for their suitability as clearly required by the Constitution. Sometimes their insistence is even accompanied by hints that a positive response on my part is the key to voluntary contributions to WHO. Worse, ghosts have appeared on the scene in recent months, not victims as was Hamlet's father, living heads of state who have taken little interest in health or in WHO in the past. They are now trying to mobilize other heads of state, individually and in groups, to support their candidate for the most senior staff position. So senior staff have become the pawns of power politics. Did I not plead with you to limit the intrusion of extraneous politics into the affairs of your Organization! Forgive me if I repeat with Hamlet:

"O my prophetic soul!".

7. Another sword of Damocles that I have tried hard to prevent from descending on your heads is financial insecurity. It is difficult to live with uncertainty, not the least financial uncertainty. Awaiting a verdict is often more painful than the verdict itself. For more than a year now your Organization is being held financial hostage due to the uncertainty of payments of assessed contributions. I am sorry to have to say that indifference on the part of some Member States, tacit agreement on the part of others, and the naive belief of yet others that somehow your Director-General will get you out of the situation, I am sorry to have to say that these factors are to say the least not helping the situation. Very few Member States are standing up seriously in defence of your Organization.

8. What crimes has WHO committed against those who are withholding mandatory contributions? Surely it cannot be the influence of commercial lobbies who falsely believe that WHO is blocking their expansion, whereas in fact adding resources for the health underprivileged as part of WHO's value system could open up new markets in the most ethical of ways. What crimes then has WHO committed? That it has stimulated Member States to adopt health policies in line with the WHO health culture? That it has saved them more than they have ever contributed to WHO by eradicating smallpox? That WHO has taken the international lead in the battle against AIDS in response to widespread social anguish, and that it has done so with very meagre means, scraped from the bottom of the barrel, until a few generous voluntary contributions provided partial financial relief. Or that your Organization has displayed outstanding fiscal responsibility?

9. No living ghosts have intervened to protect WHO on this crucial matter. No heads of state have raised their voice to support your Director-General in his efforts on behalf of the developing countries. No heads of state have contacted other heads of state to extricate WHO from this liquidity limbo. I have done my best to do just that. I cannot say with Hamlet:

"The time is out of joint, O cursed spite
That ever I was born to set it right."

I have taken drastic, unpopular fiscal measures to keep your Organization afloat. Now it is your duty to influence your governments to set the situation right.

10. Another situation that is not as right as it should be, is the management of WHO's own resources for technical cooperation. That does not mean that it is wrong. It does mean that it could be much better. I have spelt all that out in my Introduction to the Programme Budget Proposals 1988-1989 and I shall not repeat the arguments. I merely want to say once more that WHO's strength, the strength that will permit it to lead the people of this world to health for all, will depend on interlinked action in four dimensions by all its Member States. It will depend on Member States forging strong links between WHO's health value system, its policy frame based on it, its strategy for carrying out that policy, and technical cooperation with Member States that reinforces national strength to build up permanent, self-sustaining health infrastructures delivering relevant programmes and using

appropriate technology. If any of the links in that chain are at variance with the others, we will move forward towards health for all, not steadily and harmoniously as we must, but like a drunk centipede. I am sorry to have to repeat that the weakest link in the chain is technical cooperation. It is still too fragmented; it is still not the catalyst it should be to help countries crystallize a new kind of health system as envisaged at Alma-Ata and enshrined in the Strategy for health for all.

11. My statements in the programme budget introduction about the weakness of our technical cooperation have been misconstrued as an insult to governments and a slur on WHO's regional arrangements. Is it an insult to remind governments of the resolutions they adopted in Health Assemblies? I am not oblivious to the stark realities in many countries, particularly the least developed ones. I realize that many of these countries have serious economic problems, are heavily indebted, have difficulty in purchasing supplies and equipment for their health system and are short of fuel for the motor vehicles in the system. But using WHO's strictly limited resources to do no more than fill those gaps is like feeding elephants on a handful of seeds. The seeds will quickly be consumed but the elephants will remain hungry. However, if these seeds are used so that solid national health systems grow from them, self-sustaining permanence will gradually be achieved. That is what led to the success of the Marshall plan for Europe some 40 years ago, after the Second World War. The seeds were know-how and management more than money. And you know the rest. Building systems from seeds takes time and needs patience; but it will pay off in the long run. Chasing after quick results, no matter how attractively these are presented, will pay no long-term dividends and will squander the capital.

12. That applies to external as well as internal capital. Bilateral agencies are finding it more and more difficult to persuade their constituencies that their support to developing countries is worthwhile. Once they concentrated on supporting development; then the pendulum swung in favour of emergencies; now there is uncertainty - no development, no emergency, what then? There is an emergency. It is a long standing one and therefore goes unnoticed; it is underdevelopment. Our health policy is another kind of road to human development. Implementing it means sacrificing quick fixes in favour of fundamental solutions. I have no illusions that it is easy to make such sacrifices, but the alternatives are even worse. That is why I have been warning the regional committees for the past few years that all is not well in the state of technical cooperation, and that unless WHO's resources for technical cooperation in the field of health are used as a lever for development, they will be swept away when the gathering storm bursts. I have been obliged to pronounce these warnings in the spirit of Hamlet:

"I must be cruel only to be kind."

13. I believe we have been very kind in WHO with our regional arrangements. We have stretched them to the absolute limits of the Constitution. The Constitution states that the work of the Organization shall be carried out by three organs - the Health Assembly, the Executive Board and the Secretariat. The regional arrangements are mentioned much further

on, suggesting that they arose as an afterthought to justify local historical inertia. Their functions are defined in the Constitution as being of an exclusively regional character. Yet, when you come to review the programme budget proposals, you will find the regional committees among the Organization's governing bodies. As the constitutional chief technical and administrative officer of the Organization, I am ready to take the blame, if blame there is, for having influenced you to take that step. I do not regret it. What I do regret is that it may be leading WHO to consist of six separate regional organizations and one separate headquarters organization. What I do regret is the increasing tendency to appoint staff in countries and in regional offices in their great majority from within the region. That to my mind contradicts the very spirit of the Constitution. What I do regret is that decentralization, rather than being accepted by each and every Member State as delegation to them of responsibility for the work of WHO and accountability to the Organization as a whole for the use of its collective resources, rather than that it is all too often being regarded as a blank cheque for pocket money. The first batch of financial audits in policy and programme terms clearly reveals that.

14. Having said all that, I cannot repeat often enough, and I do so again in order to dispel all suspicions, I cannot repeat often enough that I firmly believe in decentralized management of our technical cooperation activities. But I believe in it on one condition, and that is that it takes place on the basis of the new WHO value system for health and leads to the kind of cooperative activities the Thirty-fourth World Health Assembly had in mind when it stated in no uncertain terms that WHO's Constitutional roles of directing and coordinating authority on international health work and of technical cooperation must be mutually supportive. On the positive side, numerous examples of that are taking place. Congratulations to all those who are making it take place; and I can only plead with those who are not to follow in their footsteps.

15. On that note of guarded optimism I should like to reassure you that I have never been guilty of pessimism concerning the long-term future of your Organization, its viability and its vitality. I have no doubt that we can and will repair the present day fissures in our front and restore WHO to long-lasting solidity. But to do that we must try harder, have stronger belief in the value of our values for health and, guided by that belief, work together in harmony. It is in that spirit that I shall enumerate my beliefs in WHO.

16. I firmly believe that your Organization can maintain its leadership role in international health. That depends on you as individuals and as a group.

17. I firmly believe that Member States at all levels of development can derive great benefit from WHO by applying domestically the policies they have agreed upon collectively, and that many are already doing that.

18. I firmly believe that Member States engaged in technical cooperation with WHO will gain most by using its resources to build up self-sustaining health systems based on primary health care.

19. I firmly believe that, if Member States cohabit with WHO as their most intimate health partner, and exploit all the potentials it has to offer, irrespective of where these are located, I firmly believe that if they do that they will be able to mobilize additional internal and external resources for health and to use them more rationally, so that the total will far exceed the sum of the individual parts.

20. I firmly believe that Member States acting within the regional arrangements will soon realize the benefits that accrue from close cooperation with one another so that common goals and individual ones become identical and reflect the goals that Health Assemblies have endorsed.

21. I firmly believe that these Member States will come to look forward to the opportunity of analysing reciprocally in their regional committee the way they are progressing towards health for all domestically and using WHO's resources to that end.

22. I firmly believe that the members of the Executive Board will find it worth their precious time to follow closely what is taking place in the regional committees and in the Secretariat, as requested by the Thirty-third World Health Assembly.

23. I firmly believe that with increasing insistence Health Assemblies will hold all Member States accountable to it for the way they use their WHO.

24. I firmly believe that Health Assemblies will learn to separate the health wheat from the political chaff and will concentrate on the wheat.

25. I firmly believe that Health Assemblies will consistently aim at reaching consensus, in spite of differences of opinion, in order to foster higher health values that transcend individual interests. That belief is strengthened by the remarkable way in which the Executive Board reached consensus this January on the programme budget proposals for 1988-1989, in spite of the widely varying view-points of Board members, reflecting those of the Member States that designated them.

26. I firmly believe that, in turn, Member States will respond to the Health Assembly's resolutions with the utmost seriousness and will draw practical conclusions for action, domestically, regionally and globally.

27. I firmly believe that my beliefs will materialize, and will lead to genuine cooperation among all Member States throughout the world, irrespective of regional boundaries, to ensure the attainment of health for all by the year 2000 - the central theme of this general debate. That belief is fortified by the solidarity you have shown around the goal of health for all, making your Organization an outstanding pioneer of a new kind of international, North:South:East:West, development dialogue.

28. And I firmly believe that when that comes to pass, staff members at all stations will have only one loyalty - to the Organization as a whole, since the individual components and the totality will coexist in harmony.

29. Utopia? Distinguished delegates, I believe that that kind of utopia is well within our grasp since we do have all the foundations for it. You have been laying them over the years. Sometimes these foundations tend to be forgotten. It is my duty to remind you of them. Some Member States are bound by a political philosophy, some by an economic philosophy, others by a cultural philosophy, and yet others by a religious philosophy. I believe our health philosophy can permeate all of them, not to modify them, but to add a further dimension to them. And for those who doubt if that is possible, may I declare with Hamlet:

"There are more things in heaven and earth ...
Than are dreamt of in your philosophy."

30. Distinguished delegates, in the coming year you will have a golden opportunity to demonstrate that your Organization does continue to lead towards health for all by the year 2000. 1988 marks the fortieth anniversary of WHO; it also marks the tenth anniversary of the International Conference on Primary Health Care held in Alma-Ata. I propose to use the whole of that year to strike home those health messages that you have endorsed and that will bring the people of spaceship earth much nearer to their goal of health for all, if only they subscribe to them. I am sure that all of you will want to celebrate this anniversary by advocating WHO's collective policies. I am convinced that doing that will also serve to enhance the prestige of your Organization, not for its own sake, but for the sake of the ideals for which it stands. During that year we can surely act out in words and in deeds a model for the future - WHO as the health conscience of the world. And here I must disagree with my famous historical compatriot Hamlet when he stated:

"Thus conscience does make cowards of us all."

I believe we have shown in the past that it is precisely our conscience that has made us courageous; and I believe that that same conscience will continue to make us just as courageous in the future - courageous in daring to cooperate worldwide in spite of all our differences, in daring to cooperate in pursuit of higher goals for health, for human development and for human dignity.

31. Mr President, distinguished delegates, with these words permit me to return to my point of departure today, to my roots, to my native Denmark. I was born in a small village called Vivild. It means "We will". Let that be our motto. We will cooperate worldwide. We will lead the people of the world to health for all by the year 2000 - and beyond. The question is not "To be?". "To be!" That is the answer.

32. Thank you.