

directing council

regional committee



**PAN AMERICAN
HEALTH
ORGANIZATION**

XXXVIII Meeting



**WORLD
HEALTH
ORGANIZATION**

XLVII Meeting

Washington, D.C.
25-30 September 1995

Provisional Agenda Item 7.1

CD38/23 (Eng.)
2 August 1995
ORIGINAL: ENGLISH

**RESOLUTIONS AND OTHER ACTIONS OF THE FORTY-EIGHTH WORLD
HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE**

The Forty-eighth World Health Assembly met in Geneva, Switzerland, from 1 to 12 May 1995, with active participation by delegations of Member States from the Region of the Americas. The Assembly adopted 32 resolutions.

This document constitutes a summary of the work of the Assembly and of the resolutions which, in the judgment of the Regional Director, are of particular interest to the Directing Council, in its role as Regional Committee for the Americas. The inclusion on the Directing Council's agenda of the item on new, emerging, and re-emerging infectious diseases is a result of the Assembly's discussions and of a subsequent request by PAHO's Executive Committee. The Council is asked to analyze and discuss the significance of these resolutions for the Member States of PAHO/AMRO and for the Regional Office.

CONTENTS

	<i>Page</i>
1. Introduction	3
2. Program Policy Matters	3
2.1 Emergency and Humanitarian Action	3
2.2 Revision and Updating of the International Health Regulations	4
2.3 Reorientating Medical Education and Medical Practice for Health for All	4
2.4 Prevention of Hearing Impairment	4
2.5 Reproductive Health: WHO's Role in the Global Strategy	5
2.6 An International Strategy for Tobacco Control	5
2.7 Control of Diarrheal Diseases and Acute Respiratory Infections: Integrated Management of the Sick Child	6
2.8 Communicable Diseases Prevention and Control: New, Emerging, and Re-emerging Infectious Diseases	6
2.9 International Decade of the World's Indigenous People	7
2.10 Paris AIDS Summit, and Establishment of the Joint and Cosponsored United Nations Program on HIV/AIDS (UNAIDS)	7
3. Administrative Matters	8
3.1 Status of Collection of Assessed Contributions and Status of Advances to the Working Capital Fund, and Members in Arrears in the Payment of their Contributions to an Extent Which Would Justify Invoking Article 7 of the Constitution	8
3.2 Appointment of External Auditor	8
3.3 Consolidating Budgetary Reform	9
3.4 Reorientation of Allocations	9
3.5 Appropriation Resolution for the Financial Period 1996-1997	9
3.6 Recruitment of International Staff in WHO: Geographical Representation	10
4. Miscellaneous	10
4.1 Intensified Cooperation with Countries in Greatest Need	10
4.2 WHO Response to Global Change: Review of the Constitution of the World Health Organization; Renewing the Health-for-all Strategy; and Technical Discussions	11
4.3 Executive Board Membership	12
Annex A. Resolutions of the Forty-eighth World Health Assembly	
Annex B. Status of Collection of Assessed Contributions and Status of Advances to the Working Capital Fund	

1. Introduction

The Forty-eighth World Health Assembly (WHA48) was held in Geneva, Switzerland, from 1-12 May 1995. During its deliberations, WHA48 considered the work of the Executive Board since the last World Health Assembly, reviewed the proposed program budget for the period 1996-1997, and passed a total of 32 resolutions, the same number passed in 1994. From the Region of the Americas, Dr. J. R. de la Fuente Ramírez (Mexico) was elected as one of the Assembly's Vice-Presidents.

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

2. Program Policy Matters

2.1 *Emergency and Humanitarian Action (Resolution WHA48.2)*

Resolution WHA48.2 calls for Member States to include disaster reduction and emergency preparedness in national development plans and to ensure mechanisms for intersectoral emergency management. It requests the Director-General to support Member States in these efforts, including humanitarian action programs; to seek extrabudgetary resources; to promote coordination of WHO technical programs and cooperation with other agencies; to retain flexibility to carry out certain operational activities, when necessary; and to strengthen the ability of WHO field offices. Noteworthy are the priority given the support of national efforts, the emphasis on regional, bilateral, and national preparedness, and the reduced emphasis on operational roles for WHO.

The actions of the PAHO Secretariat are fully consistent with this resolution. Indeed, PAHO has the most highly developed program on emergency preparedness and disaster relief within WHO and has reiterated its willingness to collaborate closely in the promotion of disaster preparedness in other Regions. The resolution does not mention the following aspects which are prominent concerns of PAHO's program: prevention and mitigation, the impact of economic sanctions on public health and humanitarian assistance, and support for collective responses among developing countries.

2.2 *Revision and Updating of the International Health Regulations (Resolution WHA48.7)*

Resolution WHA48.7 urges Member States, other agencies, and nongovernmental organizations to participate in a review of the International Health Regulations and asks the Director-General to prepare a revision in accordance with Article 21 of the Constitution. The PAHO Secretariat is involved continuously in matters concerning the International Health Regulations and considers the resolution to be of great importance for various reasons, including the following: the presence of cholera, plague, and yellow fever in the Region, sometimes in epidemic form; the application of measures contrary to the International Health Regulations by some countries when epidemics have occurred in the Region; the possibility of including other diseases within the regulations; and increasing trade and movement of people. The Secretariat will promote the participation of Member States in the Region in the review of the regulations and will itself actively participate, in order to make the regulations more effective.

2.3 *Reorientating Medical Education and Medical Practice for Health For All (Resolution WHA48.8)*

Resolution WHA48.8 urges Member States to review the role of medical practitioners, including generalists and specialists, and medical schools in attaining health for all and to promote an optimal mix of medical practitioners with suitable educational programs. It requests the Director-General to promote means for practitioners to better meet the needs of those they serve, to further orient training to health care delivery, to involve nongovernmental organizations and WHO collaborating centers, and to encourage global and regional coordination.

In 1994, PAHO held a regional meeting on "Medical Education and Practice and Social Needs: A New Approach to Quality." This resolution reflects the position of PAHO. The Regional Program of Human Resources Development has close relationships with associations of medical schools, promotes studies of the reformulation of medical education, encourages medical schools to provide continuing medical education, works with schools to achieve self-evaluation and curriculum change, and fosters a closer relationship between medical education and health services.

2.4 *Prevention of Hearing Impairment (Resolution WHA48.9)*

Noting that world wide 120 million people have disabling hearing difficulties, Resolution WHA48.9 calls for Member States to prepare national plans to prevent and control major causes of avoidable hearing loss, to introduce appropriate legislation, to ensure the highest possible level of childhood immunization, and to collaborate with nongovernmental organizations. It asks the Director-General to develop appropriate

technical guidelines, to assist in the assessment of hearing loss as a public health problem, to support national prevention measures, to collaborate with nongovernmental organizations, to promote research, and to mobilize extrabudgetary resources.

Hearing impairment has been relatively neglected in the Region of the Americas. The Regional Program on Rehabilitation and Prevention of Disabilities, which is part of the Division of Health Systems and Services, is working with other programs to advance prevention and treatment of deafness and hearing loss, especially by facilitating the work of other sectors and nongovernmental organizations, mobilizing resources, and promoting cooperation among countries.

2.5 *Reproductive Health: WHO's Role in the Global Strategy (Resolution WHA48.10)*

Resolution WHA48.10 endorses and reaffirms the role of WHO in reproductive health and underlines the need to coordinate with other United Nations agencies. It urges Member States to further develop and strengthen their reproductive health programs, to assess reproductive health needs using accepted principles, to strengthen the capacity of health workers, and to evaluate their programs as part of the health-for-all strategy. It requests the Director-General to continue efforts to increase resources, to include reproductive health in reporting progress on health-for-all, to develop a coherent programmatic approach to be presented at future sessions of the Executive Board and World Health Assemblies, and to promote ethical practices.

The resolution is important to the Americas because it supports proposals previously presented to PAHO's Governing Bodies and processes already initiated by the Secretariat.

2.6 *An International Strategy for Tobacco Control (Resolution WHA48.11)*

Noting that the Ninth World Conference on Tobacco and Health adopted an international strategy consistent with the essential aspects of WHO's policy, Resolution WHA48.11 urges Member States to coordinate their actions with the United Nations system focal point on Tobacco or Health and requests the Director-General to report to the Forty-ninth World Health Assembly on the feasibility of developing an international instrument to be adopted by the United Nations, to inform the Economic and Social Commission of this resolution, and to develop a further plan of action for 1996-2000.

PAHO also participated in the Ninth World Conference on Tobacco and Health, presenting an American Tobacco or Health Initiative, in partnership with the National Cancer Institute and Centers for Disease Control and Prevention of the United States of America. Member Governments in the Americas are encouraged to coordinate with UN

focal points to develop comprehensive strategies for tobacco control and to develop smoke-free environments. The PAHO Secretariat will participate actively in these processes.

2.7 *Control of Diarrheal Diseases and Acute Respiratory Infections: Integrated Management of the Sick Child (Resolution WHA48.12)*

Resolution WHA48.12 endorses the integrated management of the sick child and urges Member States to accelerate their programs for control of diarrheal diseases and acute respiratory infections, to plan for a transition to an integrated approach, to strengthen existing health system mechanisms, and to tackle underlying problems such as malnutrition. It asks the Director-General to continue development of managerial tools, to promote the prevention of major causes of child mortality, to support research, to facilitate the provision of effective vaccines, to promote rational use of antimicrobials, to maintain effective and close collaboration with other organizations, and to seek extrabudgetary funds.

Under the coordination of the Division of Diarrheal and Acute Respiratory Infections, WHO and UNICEF have developed a course to train health facility workers to deal more effectively with five main childhood health problems (pneumonia, diarrhea, malaria, measles, and malnutrition). The course will need extensive review and adaptation in each Region and will have to undergo a field trial in selected countries. To ensure the coherent and effective implementation of this initiative, the PAHO Secretariat will establish a focal point for the program; develop an integrated regional policy; strengthen coordination with UNICEF, UNDP, the World Bank, and bilateral partners; and integrate the strategy into the mandates of the Interagency Coordinating Committees for the Control of Diarrheal Diseases, Acute Respiratory Infections, and World Summit Goals.

2.8 *Communicable Diseases Prevention and Control: New, Emerging, and Re-emerging Infectious Diseases (Resolution WHA48.13)*

Resolution WHA48.13 notes the continuing and increasing threat of various communicable diseases and antimicrobial resistance and urges Member States to strengthen surveillance of such diseases, to improve diagnostic capabilities, to enhance national and international communications, to encourage antimicrobial sensitivity testing, to foster applied research, and to control outbreaks. It requests the Director-General to establish strategies to improve recognition and reporting of new, emerging and re-emerging infectious diseases, to draw up plans to improve national and international surveillance, to strengthen applied research, to establish strategies enabling rapid national and international responses, and to coordinate with other agencies of the United Nations.

The Region of the Americas has had recent outbreaks of cholera, plague, dengue, meningococcal meningitis, and yellow fever; tuberculosis is a persistent threat in all countries; and antimicrobial resistance is a serious problem whose extent is not well documented. Hemorrhagic fever viruses are present in several countries, and hantavirus infection has been documented in North and South America. Therefore, it is important that the countries of the Americas act upon the recommendations in this resolution. As an initial step, the PAHO Secretariat recently convened a meeting of experts to develop a regional plan to address the challenge of emerging infections, to identify institutions that can contribute to implementing that plan, and to prepare guidelines for national plans. The Secretariat is presenting a more detailed document (CD38/17) to the Directing Council.

2.9 *International Decade of the World's Indigenous People (Resolution WHA48.24)*

Resolution WHA48.24 invites Member States to provide the Director-General with details of the indigenous health focal points and asks the Director-General to report on efforts to give priority to indigenous health issues. This is a follow-up to Resolution WHA47.27, which was discussed in Document CE113/28 (1994). In the Americas, 14 countries have already designated one or more focal points, and others will be encouraged to do so. A report will be prepared by the Secretariat on the implementation of Resolution V of the XXXVII Meeting of the Directing Council held in 1993. The report will be submitted to PAHO's Governing Bodies and to WHO.

2.10 *Paris AIDS Summit (Resolution WHA48.27), and Establishment of the Joint and Cosponsored United Nations Program on HIV/AIDS (UNAIDS) (Resolution WHA48.30)*

The Paris AIDS Summit was convened in December 1994 by the Government of France and was attended by participants from 42 nations. Resolution WHA48.27 notes the seven initiatives contained in the declaration of the Summit (involvement of persons living with HIV/AIDS; global collaboration for research; international collaboration for blood transfusion safety; care of affected persons; mobilization in favor of children, young people, and orphans; reduction of the vulnerability of women; and respect for human rights and ethics), invites governments which have not done so to sign the declaration, and invites organizations cosponsoring the Joint United Nations Program on HIV/AIDS (UNAIDS) to include in their programs the provisions of the declaration. PAHO Member Governments and the Secretariat have already included in their work implementation of the seven initiatives contained in the declaration.

Resolution WHA48.30 endorses the establishment of UNAIDS and urges Member States to pursue in the respective governing bodies of the cosponsoring organizations the provision of regular/core budget and staff support to UNAIDS. It further requests the

Director-General to facilitate implementation of the program; provide administrative, financial, and staff support; ensure close collaboration at country level; and integrate HIV/AIDS/STD into the work of WHO. UNAIDS will begin full operation in January 1996 with the intention of strengthening interagency and intersectoral collaboration. There is concern that the complexities of involving and coordinating six agencies may lead to a prolonged transition period which could weaken support to national programs in the Region of the Americas. PAHO is fully committed to the success of UNAIDS and is attempting to reach an agreement to assist UNAIDS activities in the Region. PAHO/WHO Representatives have been informed fully about UNAIDS and have been instructed to work with the United Nations Resident Coordinator to form country theme groups. The PAHO Secretariat has prepared a Regional Plan of Action for 1996-1999 and has initiated regional coordination meetings with United Nations agencies, institutions of the Inter-American System, bilateral partners, and nongovernmental organizations, with the hope of maintaining support to national programs and the gains which have been made during the last decade.

A report on the acquired immunodeficiency syndrome is contained in Document CD38/16.

3. Administrative Matters

3.1 *Status of Collection of Assessed Contributions and Status of Advances to the Working Capital Fund (Resolution WHA48.5), and Members in Arrears in the Payment of their Contributions to an Extent Which Would Justify Invoking Article 7 of the Constitution (Resolution WHA48.6)*

Resolutions WHA48.5 and WHA48.6 note that only 80.32% of contributions were paid in 1994, that only 99 Members had paid their contributions, that 72 Members had made no payment, and that 23 Members, including 3 from the Americas, had their voting privileges suspended for the Assembly. The low level of payment of quota contributions puts in jeopardy the WHO regular budget and the budgets of the Regional Offices, including that of the Region of the Americas. Uncertainty about budgetary resources is compounded by the appropriation resolution for the financial period 1996-1997 (see Resolution WHA48.32).

3.2 *Appointment of External Auditor (Resolution WHA48.18)*

Resolution WHA48.18 appoints the Auditor-General of the Republic of South Africa as the External Auditor for WHO for the financial periods 1996-1997 and 1998-1999. The document presented to the World Health Assembly specified that PAHO would be making its own selection of external auditor.

The Director is proposing to the Directing Council that it authorize PAHO to keep its present External Auditor (Document CD38/21).

3.3 *Consolidating Budgetary Reform (Resolution WHA48.25)*

Resolution WHA48.25 requests the Director-General to involve Member States and the Executive Board in translating the strategic budget into plans of action; to enhance the process of strategic budgeting by establishing priorities, ensuring flexibility, clarifying objectives and outcomes, strengthening accountability, and permitting comparison of expenditure against plans; to present data on actual expenditure; to improve efficiency and productivity; and to present a progress report to the Executive Board.

This resolution responds to previous resolutions to have the program budget be more "user-friendly," more target-oriented, and more measurable. It is evident that the Governing Bodies wish to have actual data on budget execution to compare with future proposals. The information currently available is on previous budgets rather than budget delivery.

3.4 *Reorientation of Allocations (Resolution WHA48.26)*

Resolution WHA48.26 calls for biennial budgetary transfers to priority health programs at country level, starting with a 2% transfer in 1997-1998, with a regular review in every biennium, in order to achieve maximum transfer of resources, based on priorities recommended by the Executive Board. The intent of this resolution is also reflected in Paragraph 2 of Resolution WHA48.32. PAHO will comply with the requested transfers.

3.5 *Appropriation Resolution for the Financial Period 1996-1997 (Resolution WHA48.32)*

WHA48.32 is the last and most important resolution passed by the Assembly. It approves an effective working budget of US\$ 842,654,000 for the next biennium, an increase of only 2.5% over 1994-1995. The resolution calls for the operating budgets of the six Regional Offices to be calculated in accordance with the established principles of equity and on the basis of prevailing exchange rates as of May 1995. It further approves the use of casual income, if available, up to the amount of \$10,000,000 in each year for expenditures on priority country programs, subject to approval by the Executive Board.

In June 1995, just prior to the PAHO Executive Committee Meeting, it was decided that the AMRO Region's share of WHO funds would be no increase over the

amount received for 1994-1995. The original proposal from the Region of the Americas was for an increase of 9.0%

3.6 *Recruitment of International Staff in WHO: Geographical Representation (Resolution WHA48.28)*

To ensure a balanced geographical representation of staff, WHO has a monitoring system which divides countries into four categories: unrepresented, under-represented, within the desirable range (further divided into those below and above the midpoint), and over-represented. Resolution WHA48.28 notes that recruitment of nationals from unrepresented and under-represented countries, and of countries within the desirable range but below the mid-point, has reached 48%, exceeding the previous target of 40%. It sets a new target of 60% of all vacancies arising in professional and higher-graded posts subject to geographic distribution during the period ending September 1996 for the appointment of nationals of these three priority groups. Furthermore, it calls upon the Director-General and the Regional Directors to improve geographic representation and to report progress to the Governing Bodies.

PAHO has experienced no difficulty in maintaining equity in geographical representation. However, PAHO will render its support by intensifying efforts to recruit qualified staff from countries in the three priority groups.

4. Miscellaneous

4.1 *Intensified Cooperation with Countries in Greatest Need (Resolution WHA48.3)*

Resolution WHA48.3 urges Member States to consider all measures to alleviate poverty and its health effects and to strengthen capacity for health development, establishing integrated systems and using effective management tools. It calls upon the international community to mobilize additional resources and to strengthen the capacity of countries in greatest need. It requests the Director-General to respond to more countries in greatest need, to continue to reorient WHO's structure and function to support intensified cooperation, to place renewed emphasis on removing inequities in health, and to intensify efforts to mobilize resources.

The emphasis in the resolution on a country-centered approach and on national capacity-building is consistent with PAHO's approach to technical cooperation, which is already country-centered. There has been coordination and collaboration between WHO and PAHO, including joint missions, both in the work in priority countries and in the approach to donors. Bolivia, Guatemala, Guyana, and Haiti have participated in the initiative, and Cuba and Nicaragua have expressed interest. The Directing Council is

invited to note the process of intensified cooperation in the Region and to comment on whether other countries would benefit from this approach.

4.2 *WHO Response to Global Change (Resolution WHA48.15): Review of the Constitution of the World Health Organization (Resolution WHA48.14); Renewing the Health-For-All Strategy (Resolution WHA48.16); and Technical Discussions (Resolution WHA48.17)*

The Working Group on the WHO Response to Global Change was created in May 1992 during the ninetieth session of the Executive Board. The WHO Secretariat created development teams to carry forward the process of reform in its multiple aspects and has reported on progress periodically to the Governing Bodies. Resolution WHA48.15 requests the Director-General to accelerate and sustain the work of the development teams and to strengthen structural capacity at WHO headquarters to ensure that the reform process receives due priority. It further asks the Director-General to pursue vigorously the implementation of reform.

Resolution WHA48.14 calls upon the Executive Board to examine at its ninety-sixth session whether all parts of the WHO Constitution remain appropriate and relevant given the changes to be implemented. The implications of the resolution are uncertain at this time.

Resolution WHA48.16 focuses on improved political action for health geared toward renewing the health-for-all strategy by developing a new holistic global health policy based on equity and solidarity through a process of broad consultation in all countries, with interagency participation.

Resolution WHA48.17 decides to substitute technical discussions with well-organized technical briefings and by informal forums for dialogue on a trial basis starting in May 1996. At its XXXVII Meeting in 1993, PAHO's Directing Council received the report of the Executive Board's Working Group on the WHO Response to Global Change, and the PAHO Secretariat prepared a document for discussion at the meeting of the Subcommittee on Planning and Programming in December 1993. Organizational reform is already under way in PAHO, with a recent redefinition of the Secretariat's mission and the preparation of the Strategic and Programmatic Orientations for 1995-1998 and their alignment with WHO's Ninth General Program of Work. For the process of renewing health for all in the Americas, the PAHO Secretariat has initiated consultations at national and regional levels, with the meeting of an Advisory Group to the Director on 3-4 April 1995. A background document is being prepared, a draft of which has been shared with the WHO Secretariat. It is anticipated that a complete document will be presented to the Governing Bodies for their consideration during 1996.

4.3 *Executive Board Membership*

The Forty-eighth World Health Assembly elected 12 Member States to designate a person to serve on the WHO Executive Board. From the Region of the Americas, Argentina, Barbados, and Brazil were elected to replace Canada, Jamaica, and Mexico, whose terms of office had expired.

Annexes

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



世界衛生大會 決議

قارعة الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.1

Supplementary agenda item 1

4 May 1995

Transfer of Mongolia to the Western Pacific Region

The Forty-eighth World Health Assembly,

Having considered the request from the Government of Mongolia for the inclusion of that country in the Western Pacific Region;

RESOLVES that Mongolia shall form part of the Western Pacific Region.

Seventh plenary meeting, 4 May 1995
A48/VR/7

= = =



RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.2

Agenda item 19

8 May 1995

Emergency and humanitarian action

The Forty-eighth World Health Assembly,

Recalling resolution WHA42.16 on the International Decade for Natural Disaster Reduction; resolutions WHA44.41 and WHA46.6 on emergency and humanitarian relief operations; resolution WHA46.39 on health and medical services in times of armed conflicts; resolution WHA47.28 on collaboration within the United Nations system and with other intergovernmental organizations; and resolution WHA47.29 on Rwanda;

Recalling United Nations General Assembly resolutions 46/182 and 48/57 on strengthening of the coordination of humanitarian emergency assistance of the United Nations;

Recalling also United Nations General Assembly resolution 49/22 of 13 December 1994 on the International Decade for Natural Disaster Reduction, which calls upon all United Nations bodies and specialized agencies to participate actively in the implementation of the plan of action contained in the Yokohama Strategy for a Safer World and to consider this issue at the forthcoming sessions of their respective governing bodies;

Recognizing that disaster reduction is an integral part of sustainable development and consequently each country bears the primary responsibility for strengthening its capacity to protect its people from various hazards;

Recognizing further that the international community has a responsibility to supplement national efforts in disaster management, especially through mobilization of humanitarian assistance;

Reiterating the special needs of the disaster-prone countries;

Convinced that the primary role of the United Nations and its specialized agencies is to support national efforts in accordance with their respective sectoral responsibilities as well as to assist Member States in strengthening their capacity to deal with the humanitarian and socioeconomic effects of complex emergency situations,

1. THANKS the Director-General for his reports on emergency and humanitarian action;
2. ADOPTS the strategy described in the report of the Director-General on emergency and humanitarian action;¹

¹ Document A48/5.

3. **COMMENDS WHO** for its role in promoting disaster reduction and in implementing related emergency prevention and preparedness strategies, and for improving its capacity to respond quickly and efficiently to urgent health needs arising from complex emergency situations;
4. **ENDORSES** the provisions of United Nations General Assembly resolution 49/22 of 13 December 1994 on the International Decade for Natural Disaster Reduction as they relate to the health sector;
5. **URGES Member States:**
 - (1) to include disaster reduction and emergency preparedness regularly in their national and subnational development plans and to allocate national budgetary resources for this purpose;
 - (2) to ensure permanent national and subnational mechanisms for intersectoral emergency management which include the health sector;
6. **CALLS ON** donors to give greater priority to health and nutrition aspects in the humanitarian assistance programmes which they carry out either on a bilateral or a multilateral basis, taking into consideration the coordinating role of WHO in all international health-related matters;
7. **REQUESTS** the Director-General within available resources:
 - A. in emergency preparedness and disaster reduction**
 1. to continue to support the efforts of Member States to strengthen their capacity in the field of emergency preparedness so as to protect the development achievements of countries and reduce the vulnerability of communities at risk;
 2. to seek extrabudgetary resources which will complement regular budgetary funds for this purpose;
 3. to promote and support the development of regional, bilateral and country emergency preparedness programmes;
 4. to intensify support for the emergency and humanitarian action programmes in disaster-prone countries;
 5. to continue to promote and actively take part in establishing, with appropriate partners in the United Nations system, a comprehensive, integrated and institutionalized approach to disaster reduction with the objective of ensuring comprehensive support to country programmes and related technical activities;
 6. to ensure the coordinated participation of appropriate WHO technical programmes in disaster reduction and preparedness;
 7. to further strengthen the technical and structural capacity of regional and interregional emergency preparedness centres;
 - B. in emergency response and humanitarian action**
 1. to emphasize the Organization's responsibility for technical and normative guidance while retaining the necessary flexibility to carry out certain operational activities, when necessary;

2. to strengthen its partnership with governments, local authorities, organizations of the United Nations system, and particularly with the Department of Humanitarian Affairs (DHA), and with other humanitarian organizations, in the planning, implementation and monitoring of emergency, rehabilitation and recovery programmes;
3. to improve WHO's internal coordination and its capacity to provide effective coordination of health sector activities undertaken in response to emergencies in the field;
4. to strengthen the ability of WHO field offices, particularly in disaster-prone countries, to respond to early warning signals;

C. in humanitarian advocacy

1. to strengthen WHO's advocacy for the respect and protection of health personnel and infrastructure in conflict situations, in accordance with the concept of health as an investment for peace;
2. to advocate the protection of non-combatants and the setting-up of effective treatment and rehabilitation programmes for the victims of anti-personnel mines, as well as the systematic management of delayed health effects of mental and physical injuries in situations of collective violence;
3. to present a progress report to the ninety-ninth session of the Executive Board.

Eleventh plenary meeting, 8 May 1995
A48/VR/11

= = =



RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.3

Agenda item 19

8 May 1995

Intensified cooperation with countries in greatest need

The Forty-eighth World Health Assembly,

Noting the Director-General's report;¹

Recognizing that poverty is the most fundamental obstacle to health and overall development and a permanent menace to world peace;

Emphasizing that an effective response is dependent on country-specific approaches;

Recalling resolutions WHA42.3, WHA43.17 and WHA46.30 on strengthening technical and economic support to countries facing serious economic constraints;

Recognizing the essential role of coordinated technical support from all levels of the Organization in intensified cooperation with countries in greatest need,

1. URGES Member States:

- (1) to consider measures to alleviate poverty and its health effects as essential to progress towards health for all and development;
- (2) to give much greater attention to strengthening their capacity for health development, setting time-limits and targets for achievement;
- (3) to establish integrated strategies for health development, to institutionalize effective systems to coordinate all efforts and resources, internal and external, mobilized for their implementation, and develop more effective management tools in order to maximize efficiency;

2. CALLS ON the international community:

- (1) to mobilize additional resources for health development in countries in greatest need, reversing the current trend of diminishing development assistance;

¹ Document A48/7.

- (2) to place particular emphasis on strengthening the capacity of countries in greatest need to initiate the process of health development, drawing in the first instance on national expertise and in addition on that of other developing and developed countries with appropriate experience;
 - (3) to strengthen collaboration with countries and with WHO in ensuring that resources made available are used to meet national priorities as determined by the countries themselves;
3. REQUESTS the Director-General:
- (1) to accord high priority to providing a well-coordinated, country-specific WHO response to more countries in greatest need, allocating financial and technical resources according to criteria of income, health status and national capacity and willingness of Governments to meet health development needs, setting clearly-defined strategies, time-limits and targets for achievement, and strengthening the WHO country offices in more countries so that the staff have the technical competence and expertise to provide the necessary advice and leadership to the national Governments;
 - (2) to continue to reorient the structure and functions at all levels of the Organization, and strengthen the technical and managerial capacities in order to support WHO's intensified cooperation with countries, using the country-centred approach in the process of reform;
 - (3) to place renewed emphasis on cooperation with these countries in strengthening their capacity to develop and implement health development policies based on community participation which remove inequities in the health field, using intersectoral measures to promote economic and social development and improve financing and management of the health system at all levels;
 - (4) to intensify efforts to mobilize, coordinate and manage external resources, including human resources from countries that have emerged successfully from the state of a developing country to a developed one, and to make available the maximum resources for health development in the countries in greatest need;
 - (5) to report at regular intervals to the Executive Board and Health Assembly on progress achieved in implementing this resolution.

Eleventh plenary meeting, 8 May 1995
A48/VR/11

= = =



世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.4

Agenda item 21.1

8 May 1995

**Interim financial report on the accounts of WHO for 1994
and comments thereon of the Administration,
Budget and Finance Committee**

Interim financial report for the year 1994

The Forty-eighth World Health Assembly,

Having examined the interim financial report for the year 1994;

Having noted the report of the Administration, Budget and Finance Committee of the Executive Board,

ACCEPTS the Director-General's interim financial report for the year 1994.

Eleventh plenary meeting, 8 May 1995
A48/VR/11

= = =



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.5

Agenda item 21.2

8 May 1995

Status of collection of assessed contributions and status of advances to the Working Capital Fund

The Forty-eighth World Health Assembly,

Noting with concern that, as at 31 December 1994:

- (a) the rate of collection in 1994 of contributions to the effective working budget for that year amounted to 80.32%, leaving US\$ 79 846 675 unpaid;
- (b) only 99 Members had paid their contributions to the effective working budget for that year in full, and 72 Members had made no payment;
- (c) unpaid arrears of contributions to the effective working budget in respect of 1993 and prior years exceeded US\$ 52 million,

1. EXPRESSES concern at the level of outstanding contributions, which has had a deleterious effect on programmes and on the financial situation;
2. CALLS THE ATTENTION of all Members to Financial Regulation 5.6, which provides that instalments of contributions and advances shall be considered as due and payable in full by the first day of the year to which they relate, and to the importance of paying contributions as early as possible to enable the Director-General to implement the programme budget in an orderly manner;
3. REMINDS Members that, as a result of the adoption, by resolution WHA41.12, of an incentive scheme to promote the timely payment of assessed contributions, those that pay their assessed contributions early in the year in which they are due will have their contributions payable for a subsequent programme budget reduced appreciably, whereas Members paying later will have their contributions payable for that subsequent programme budget reduced only marginally or not at all;
4. URGES Members that are regularly late in the payment of their contributions to take as rapidly as possible all steps necessary to ensure prompt and regular payment;
5. REQUESTS the Director-General to draw this resolution to the attention of all Members.

Eleventh plenary meeting, 8 May 1995
A48/VR/11



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.6

Agenda item 21.3

8 May 1995

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

The Forty-eighth World Health Assembly,

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

Having been informed that the voting rights of Burundi had been restored as a result of a payment made which reduced its unpaid prior years' arrears of contributions to a level below that indicated in resolution WHA41.7;

Noting that, at the time of opening of the Forty-eighth World Health Assembly, the voting rights of Antigua and Barbuda, Cambodia, Chad, Comoros, Congo, Dominican Republic, Equatorial Guinea, Guinea-Bissau, Haiti, Iraq, Liberia, Somalia and Zaire remained suspended, such suspension to continue until the arrears of the Member State concerned have been reduced, at the present or future Health Assemblies, to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that, in accordance with resolution WHA47.18, the voting privileges of Burkina Faso, Guatemala, Senegal, Yemen and Yugoslavia have been suspended as from 1 May 1995, such suspension to continue until the arrears of the Member State concerned have been reduced, at the present or future Health Assemblies, to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that Angola, Armenia, Azerbaijan, Bosnia and Herzegovina, Cuba, Djibouti, Ecuador, Gabon, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Niger, Nigeria, Peru, Republic of Moldova, Rwanda, Seychelles, Suriname, Tajikistan, Turkmenistan, Ukraine, Uruguay and Uzbekistan were in arrears at the time of the opening of the Forty-eighth World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended at the opening of the Forty-ninth World Health Assembly;

Having been informed that as a result of payments received after the opening of the Forty-eighth World Health Assembly the arrears of contributions of Suriname and Uruguay have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution,

¹ Document A48/20.

1. EXPRESSES serious concern at the increasingly large number of Members that have been in arrears in the payment of their contributions in recent years to an extent which would justify invoking Article 7 of the Constitution, and at the unprecedented level of contributions owed by them;
2. URGES the Members concerned to regularize their position at the earliest possible date;
3. FURTHER URGES Members that have not communicated their intention to settle their arrears to do so as a matter of urgency;
4. REQUESTS the Director-General to approach the Members in arrears to an extent which would justify invoking Article 7 of the Constitution, with a view to pursuing the question with the governments concerned;
5. REQUESTS the Executive Board, in the light of the Director-General's report to the Board at its ninety-seventh session and after the Members concerned have had an opportunity to explain their situation to the Board, to report to the Forty-ninth World Health Assembly on the status of payment of contributions;
6. DECIDES:
 - (1) that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Forty-ninth World Health Assembly, Angola, Armenia, Azerbaijan, Bosnia and Herzegovina, Cuba, Djibouti, Ecuador, Gabon, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Niger, Nigeria, Peru, Republic of Moldova, Rwanda, Seychelles, Tajikistan, Turkmenistan, Ukraine and Uzbekistan are still in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;
 - (2) that any suspension which takes effect as aforesaid shall continue at the Forty-ninth and subsequent Health Assemblies, until the arrears of the Member concerned have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;
 - (3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

Eleventh plenary meeting, 8 May 1995
A48/VR/11

= = =



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.7

Agenda item 18.2

12 May 1995

Revision and updating of the International Health Regulations

The Forty-eighth World Health Assembly,

Recalling the adoption of the International Health Regulations by the Twenty-second World Health Assembly in 1969, their amendment by the Twenty-sixth World Health Assembly in 1973 with provisions for cholera, and their further revision by the Thirty-fourth World Health Assembly in 1981 to exclude smallpox in view of its global eradication;

Aware that plague, cholera and yellow fever are designated as diseases subject to the Regulations;

Recognizing that the purpose of the Regulations is to ensure the maximum possible protection against infection with minimum interference in international traffic;

Recognizing further that the Regulations seek to ensure such protection by preventing infection from spreading from countries where it exists or by containing it upon arrival;

Noting that there is a continuous evolution in the public health threat posed by infectious diseases related to the agents themselves, the facilitation of their transmission in changing physical and social environments and to diagnostic and treatment capacities;

Noting that regulations should be based on sound epidemiological and public health expertise;

Concerned about the threat posed by the considerable increases in international travel, especially commercial air transport, which may serve to disseminate infectious diseases rapidly;

Fully aware that the strengthening of epidemiological surveillance and disease control activities at national level is the main defence against the international spread of communicable diseases,

1. URGES Member States to participate in revision of the International Health Regulations, contributing national expertise, experience and suggestions;
2. URGES other specialized agencies and organizations of the United Nations system, nongovernmental organizations and other groups concerned to cooperate in revision of the International Health Regulations;

3. REQUESTS the Director-General:

- (1) to take steps to prepare a revision of the International Health Regulations and to submit it to the Health Assembly in accordance with Article 21 of the Constitution.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



世界衛生大會決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.8

Agenda item 18.2

12 May 1995

Reorientating medical education and medical practice for health for all

The Forty-eighth World Health Assembly,

Considering the need to achieve relevance, quality, cost-effectiveness and equity in health care throughout the world;

Mindful of the importance of an adequate number and mix of health care providers to achieve optimal health care delivery and the reorientation of the education and practice of all health care providers for health for all and the need to begin systematic consideration of each;

Recognizing the importance of medical education being put into the context of multidisciplinary education and of primary health care being provided in a multidisciplinary way;

Recognizing the important influence of medical practitioners on health care expenditure and in decisions to change the manner of health care delivery;

Aware that medical practitioners can play a pivotal role in improving the relevance, quality and cost-effectiveness of health care delivery and in the attainment of health for all;

Concerned that current medical practices should be adapted in order to respond better to health care needs of both individuals and communities, using existing resources;

Acknowledging the need for medical schools to improve their contribution to changes in the manner of health care delivery through more appropriate education, research and service delivery, including preventive and promotional activities in order to respond better to people's needs and improve health status;

Recognizing that reforms in medical practice and medical education must be coordinated, relevant and acceptable;

Recognizing the important contribution that women make to the medical workforce;

Considering WHO's privileged position in facilitating working relations between health authorities, professional associations and medical schools throughout the world,

1. URGES Member States:

- (1) to review, within the context of their needs for human resources for health, the special contribution of medical practitioners and medical schools in attaining health for all;
- (2) to collaborate with all bodies concerned, including professional associations, in defining the desired profile of the future medical practitioner and, where appropriate, the respective and complementary roles of generalists and specialists and their relations with other primary health care providers, in order to respond better to people's needs and improve health status;
- (3) to promote and support health systems research to define optimal numbers, mix, deployment, infrastructure and working conditions to improve the medical practitioner's relevance and cost-effectiveness in health care delivery;
- (4) to support efforts to improve the relevance of medical educational programmes and the contribution of medical schools to the implementation of changes in health care delivery, and to reform basic education in the spirit and roles of general practitioners for their contributions towards primary health care oriented services;

2. REQUESTS the Director-General:

- (1) to promote coordinated efforts by health authorities, professional associations and medical schools to study and implement new patterns of practice and working conditions that would better enable general practitioners to identify the health needs of the people they serve and to respond to these needs to enhance the quality, relevance, cost-effectiveness and equity of health care;
- (2) to support the development of guidelines and models that enable medical schools and other educational institutions to enhance their capacity for initial and continuing training of the medical workforce and reorient their research, clinical and community health activities to make an optimal contribution to changes in the manner of health care delivery;
- (3) to respond to requests from Member States for technical cooperation in the implementation of reforms in medical education and medical practice by involving networks of WHO collaborating centres and nongovernmental organizations as well as using available resources within WHO;
- (4) to encourage and facilitate coordination of worldwide efforts to reform medical education and medical practice in line with the principles of health for all, by cosponsoring consultative meetings and regional initiatives to put forward appropriate policies, strategies and guidelines for undergraduates and postgraduates, by collecting and disseminating relevant information and monitoring progress in the reform process;
- (5) to pay particular attention to the needs of many countries that do not have facilities to train their own medical practitioners;
- (6) to present to the Executive Board at its ninety-seventh session a report on the reorientation of education and practice of nurses and midwives, and at its ninety-ninth session a similar report relating to other health care providers for health for all, complementary to the reorientation of medical education and practice in this resolution, and to request the Executive Board to present its recommendations on the reorientations of nurses and midwives and other health care providers to the Forty-ninth and Fiftieth World Health Assemblies.

Twelfth plenary meeting, 12 May 1995
A48/VR/12



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.9

Agenda item 18.2

12 May 1995

Prevention of hearing impairment

The Forty-eighth World Health Assembly,

Recalling resolution WHA38.19 on prevention of hearing impairment and deafness, and WHA42.28 on disability prevention and rehabilitation;

Concerned at the growing problem of largely preventable hearing impairment in the world, where at present 120 million people are estimated to have disabling hearing difficulties;

Recognizing that severe hearing impairment in children constitutes a particularly serious obstacle to optimal development and education, including language acquisition, and that hearing difficulties leading to communication problems are a major subject of concern in the elderly and thus one of growing worldwide importance in view of the aging of populations;

Aware of the significant public health aspects of avoidable hearing loss, related to causes such as congenital disorders and infectious diseases, as well as use of ototoxic drugs and exposure to excessive noise;

Noting the persistent inadequacy of resources for hearing impairment prevention, despite the increasing commitment of international nongovernmental organizations,

1. URGES Member States:

(1) to prepare national plans for the prevention and control of major causes of avoidable hearing loss, and for early detection in babies, toddlers, and children, as well as in the elderly, within the framework of primary health care;

(2) to take advantage of existing guidelines and regulations or introduce appropriate legislation for the proper management of particularly important causes of deafness and hearing impairment, such as otitis media, use of ototoxic drugs and harmful exposure to noise, including noise in the work environment and loud music;

(3) to ensure the highest possible coverage of childhood immunization against the target diseases of the Expanded Programme on Immunization and against mumps, rubella and (meningococcal) meningitis whenever possible;

(4) to consider the setting-up of mechanisms for collaboration with nongovernmental or other organizations for support to, and coordination of, action to prevent hearing impairment at country level, including the detection of hereditary factors, by genetic counselling;

(5) to ensure appropriate public information and education for hearing protection and conservation in particularly vulnerable or exposed population groups;

2. REQUESTS the Director-General:

(1) to further technical cooperation in the prevention of hearing impairments, including the development of appropriate technical guidelines;

(2) to assist countries in the assessment of hearing loss as a public health problem;

(3) to support, to the extent that resources are available, the planning, implementation, monitoring and evaluation of measures in countries to prevent hearing impairment;

(4) to develop further collaboration and coordination with nongovernmental and other interested organizations and institutions;

(5) to promote and support, to the extent feasible, applied and operations research for the optimal prevention and treatment of major causes of hearing impairment;

(6) to mobilize extrabudgetary resources to strengthen technical cooperation in hearing impairment prevention, including possible support from organizations concerned;

(7) to keep the Executive Board and the Health Assembly informed of progress, as appropriate.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.10

Agenda item 19

12 May 1995

Reproductive health: WHO's role in the global strategy

The Forty-eighth World Health Assembly,

Noting the report by the Director-General¹ on maternal and child health and family planning: quality of care - reproductive health: WHO's role in the global strategy;

Recalling resolutions WHA32.42, WHA38.22, WHA40.27, WHA41.9, WHA42.42, WHA43.10, WHA47.9 and EB95.R10 concerned with many different aspects of reproductive health;

Welcoming the Director-General's report² on collaboration within the United Nations system: the International Conference on Population and Development, and in particular the WHO position paper on health, population and development prepared for the Conference;

Noting United Nations General Assembly resolution 49/128, on the report of the International Conference on Population and Development (ICPD), particularly operative paragraph 22 which requests the specialized agencies and all related organizations of the United Nations system to review and where necessary adjust their programme and activities in line with the programme of action;

Recognizing that, as a central component of women's health, reproductive health needs to be promoted by WHO at the forthcoming Fourth World Conference on Women in Beijing and other international forums;

Noting the present fragmentation of reproductive health activities within WHO, and calling for a more coherent approach in priority setting, programme development and management,

1. ENDORSES the role of the Organization within the global reproductive health strategy, as expressed in document A48/10;
2. REAFFIRMS the unique role of the Organization with respect to advocacy, normative functions, research and technical cooperation in the area of reproductive health;

¹ Document A48/10.

² Document A48/35.

3. **UNDERLINES** the need to coordinate with other agencies of the United Nations system to provide international support for the development and implementation of reproductive health strategies in countries in keeping with the principles elaborated in the Programme of Action of the ICPD and in particular with full respect for the various religious and ethical values and cultural backgrounds and in conformity with universally recognized international human rights;

4. **URGES** Member States to further develop and strengthen their reproductive health programmes, and in particular:

(1) to assess their reproductive health needs and develop medium- and long-term guiding principles on the lines elaborated by WHO, with particular attention to equity and to the perspectives and participation of those to be served and with respect for internationally recognized human rights principles;

(2) to strengthen the capacity of health workers to address, in a culturally sensitive manner, the reproductive health needs of individuals, specific to their age, by improving the course content and methodologies for training health workers in reproductive health and human sexuality, and to provide support and guidance to individuals, parents, teachers and other influential persons in these areas;

(3) to monitor and evaluate, on a regular basis, the progress, quality and effectiveness of their reproductive health programmes, reporting thereon to the Director-General as part of the regular monitoring of the progress of health-for-all strategies,

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

(1) to include the progress made in reproductive health in his regular reporting of the progress of health-for-all strategies;

(2) to continue his efforts to increase the resources for strengthening reproductive health in the context of primary health care, including family health;

(3) to develop a coherent programmatic approach for research and action in reproductive health and reproductive health care within WHO to overcome present structural barriers to efficient planning and implementation. This would be carried out in close consultation with Member States and interested parties, and a report submitted to the ninety-seventh session of the Executive Board and the Forty-ninth World Health Assembly;

(4) to promote ethical practices in the field of human reproduction to protect the health and human rights of individuals in different social and cultural settings.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.11

Agenda item 19

12 May 1995

An international strategy for tobacco control

The Forty-eighth World Health Assembly,

Recalling and reaffirming resolutions WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive multisectoral, long-term tobacco strategies and outlining the most important aspects of national, regional and international policies and strategies in this field;

Recognizing the work carried out by the Organization in the field of tobacco or health, and noting that the plan of action of the "tobacco or health" programme for 1988-1995 comes to an end this year;

Noting that the Director-General and the Secretariat contributed to the success of the Ninth World Conference on Tobacco and Health (Paris, October 1994) at which an international strategy for tobacco control was adopted covering the essential aspects of WHO policy in this field: curbing of the promotion of tobacco products, demand reduction particularly among women and young people, smoking cessation programmes, economic policies, health warnings, regulation of tar and nicotine content of tobacco products, smoke-free environments, and marketing and monitoring,

1. COMMENDS the International Civil Aviation Organization response to ban smoking on all international flights as of 1 July 1996;

2. URGES those Member States that have already successfully implemented all or most of a comprehensive strategy for tobacco control to provide assistance to WHO, working with the United Nations system focal point on Tobacco or Health (located in United Nations Conference on Trade and Development), so that these bodies can effectively coordinate the provision of timely and effective advice and support to Member States seeking to improve their tobacco control strategies, including health warnings on exported tobacco products;

3. REQUESTS the Director-General:

(1) to report to the Forty-ninth World Health Assembly on the feasibility of developing an international instrument such as guidelines, a declaration, or an International Convention on Tobacco Control to be adopted by the United Nations, taking into account existing trade and other conventions and treaties;

(2) to inform the Economic and Social Council of the United Nations of this resolution;

(3) to strengthen WHO's advocacy role and capacity in the field of "tobacco or health" and submit to the Forty-ninth World Health Assembly a plan of action for the tobacco or health programme for the period 1996-2000.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.12

Agenda item 19

12 May 1995

Control of diarrhoeal diseases and acute respiratory infections: integrated management of the sick child

The Forty-eighth World Health Assembly,

Recalling resolutions WHA40.34 and WHA44.7 concerning the strengthening of national programmes for the prevention and case management of diarrhoeal diseases and acute respiratory infections in children;

Mindful of the target for reduction of infant and child mortality rates by the year 2000 set at the World Summit for Children in 1990, and of WHO's commitment to ensuring survival and healthy development of children, as reflected in the Ninth General Programme of Work;

Noting with appreciation the progress made in the implementation of national programmes for control of diarrhoeal diseases and acute respiratory infections and the effect they are likely to have in the global reduction of mortality in children under five years of age;

Concerned, however, at the fact that diarrhoeal diseases and acute respiratory infections remain the two major causes of child mortality, accounting, together with malaria, measles and malnutrition, for seven out of 10 deaths in children less than five years of age in the developing world;

Considering, also, that significantly intensified efforts and increased resources at global level will be needed to meet the end-of-decade goals for reduction of child mortality;

Noting that WHO has pioneered research and the development of guidelines and training materials for integrated case management of major childhood illness at first-level health facilities;

Recognizing that UNICEF, agencies for bilateral cooperation and national research institutions in developed and developing countries have committed themselves to supporting the WHO research and development initiative on the integrated management of childhood illness,

1. ENDORSES the integrated management of the sick child as a more cost-effective approach to ensuring the survival and healthy development of children;
2. URGES governments of countries which have not yet reached the infant and child mortality reduction targets for the year 2000:

- (1) to accelerate and sustain the programmes for control of diarrhoeal disease and acute respiratory infections in order to reach the target of reduction of infant and child mortality rates by the year 2000;
- (2) to apply existing technical guidelines for the integrated management of the sick child, and to plan for the transition from specific programmes against childhood diseases to an integrated approach to illness in children with continued efforts to prevent sickness among young children, using, where available, all the primary health care development logistics;
- (3) to strengthen the existing health system mechanisms for disease prevention, in-service training, logistics, communication, supervision, monitoring and evaluation in order to provide a solid basis for the integrated management of the sick child;
- (4) to strengthen and maintain managerial activities for the prevention and control of diarrhoea and acute respiratory infections and activities to tackle the underlying problems of malnutrition in children during the transition to the integrated approach;

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

- (1) to continue the development of managerial tools including technical guidelines, planning guides, training courses, communication materials, and manuals for the planning, supervision, monitoring and evaluation of national activities for integrated management of the sick child;
- (2) to promote the prevention of the major causes of child mortality;
- (3) to promote, coordinate and support research and development on activities to overcome technical and operational problems arising during the development of managerial tools and the initial implementation of the integrated management of the sick child;
- (4) to facilitate the provision of tools for prevention of acute respiratory infections such as haemophilus influenza B vaccine and a conjugate pneumococcal for vaccination of children in developing countries;
- (5) to promote the rational use of antimicrobials as an essential element of the integrated management of the sick child and to monitor the evolution and antimicrobial resistance of the main causative organisms of the major infectious diseases of children, in close coordination with the Organization's efforts in relation to new, emerging and re-emerging infectious diseases;
- (6) to cooperate with Member States in formulating technical guidelines, based on the WHO managerial tools, for the planning and implementation of national activities for integrated management of the sick child;
- (7) to maintain close and effective collaboration with other interested agencies and organizations, in particular UNICEF, UNDP and the World Bank, to promote the concept and practice of the integrated management of the sick child;
- (8) to step up the search for the extrabudgetary funds required for the implementation of this initiative;
- (9) to keep the Executive Board and the Health Assembly informed of the progress made, as appropriate.

Twelfth plenary meeting, 12 May 1995
A48/VR/12



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.13

Agenda item 19

12 May 1995

Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases

The Forty-eighth World Health Assembly,

Having considered the report of the Director-General on new, emerging, and re-emerging infectious diseases;¹

Recalling resolutions WHA39.27 on rational use of drugs, WHA44.8 and WHA46.36 on tuberculosis, WHA45.35 on human immunodeficiency virus, WHA46.31 on dengue prevention and control, WHA46.32 on malaria, and WHA46.6 on emergency and humanitarian relief;

Aware that with the increasing global population many are forced to live under conditions of overcrowding, inadequate housing, and poor hygiene; that more frequent international travel leads to rapid global exchange of human pathogens; that changes in health technology and food production, as well as its distribution (including international trade) and handling, create new opportunities for human pathogens; that human behavioural changes expose large segments of the global population to diseases not previously experienced; that expanding areas of human habitation expose thousands of people to zoonotic pathogens previously unknown as causes of human disease; and that microbes continue to evolve and adapt to their environment, leading to the appearance of new pathogens;

Aware also of the continued threat of well-known diseases such as influenza and meningococcal infections, and of tuberculosis, cholera and plague, once thought to be conquered, and the growing danger of diseases transmitted by vectors no longer controlled, such as dengue haemorrhagic fever and yellow fever;

Concerned at the lack of coordinated global surveillance to monitor, report and respond to new, emerging, and re-emerging infectious diseases, by the general absence of the diagnostic capabilities necessary to identify accurately pathogenic microorganisms and the insufficient numbers of trained health care professionals to investigate these infectious diseases;

Alarmed by the increasing frequency of antimicrobial resistance in bacterial pathogens, which can make some diseases such as tuberculosis virtually untreatable with currently available antibiotics,

¹ Document A48/15.

1. URGES Member States:

- (1) to strengthen national and local programmes of active surveillance for infectious diseases, ensuring that efforts are directed to early detection of outbreaks and prompt identification of new, emerging and re-emerging infectious diseases;
- (2) to improve routine diagnostic capabilities for common microbial pathogens so that outbreaks due to infectious diseases may be more easily identified and accurately diagnosed;
- (3) to enhance, and to participate actively in, communications between national and international services involved in disease detection, early notification, surveillance, control and response;
- (4) to encourage routine testing of antimicrobial sensitivity, and to foster practices for rational prescription, availability and administration of antimicrobial agents in order to limit the development of resistance in microbial pathogens;
- (5) to increase the number of staff skilled in both epidemiological and laboratory investigations of infectious diseases and promotion in such specialization;
- (6) to foster more applied research in areas such as the development of sensitive, specific and inexpensive diagnostics, the setting of standards for basic public health procedures, and the establishment of fundamental disease prevention strategies;
- (7) to control outbreaks and promote accurate and timely reporting of cases at national and international levels;

2. URGES other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned to increase their cooperation in the recognition, prevention and control of new, emerging and re-emerging infectious diseases both through continued support for general social and health development and through specific support to national and international programmes to recognize and respond to new, emerging, and re-emerging infectious diseases;

3. REQUESTS the Director-General:

- (1) to establish, in consultation with Member States, strategies to improve recognition and response to new, emerging and re-emerging infectious diseases in a manner sustainable by all countries and prompt dissemination of relevant information among all Member States;
- (2) to draw up plans for improved national and international surveillance of infectious diseases and their causative agents, including accurate laboratory diagnosis and prompt dissemination of case definition, surveillance information, and to coordinate their implementation among interested Member States, agencies and other groups;
- (3) to increase WHO's capacity, within available resources, for directing and strengthening applied research for the prevention and control of these diseases, and to ensure that reference facilities remain available for safely characterizing new or unusual pathogens;
- (4) to establish strategies enabling rapid national and international responses to investigate and to combat infectious disease outbreaks and epidemics including identifying available sources of diagnostic, preventive and therapeutic products meeting relevant international standards. Such strategies should involve active cooperation and coordination among pertinent organizational programmes and activities

including those of the Global Programme for Vaccines, the Action Programme on Essential Drugs, and the Division of Drug Management and Policy;

(5) to coordinate WHO's initiative on new, emerging and re-emerging infectious diseases in cooperation with other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations, Member States, and other groups concerned;

(6) to improve programme monitoring and evaluation at national, regional and global levels;

(7) to keep the Executive Board and the Health Assembly informed of progress in the implementation of this resolution.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



世界衛生大會決議

قارر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.14

Agenda item 22

12 May 1995

WHO response to global change: Review of the Constitution of the World Health Organization

The Forty-eighth World Health Assembly,

Noting that the World Health Organization is approaching a landmark in its history, the fiftieth anniversary in 1998;

Noting the significant changes in the international system and in the composition and membership of the Organization in recent years;

Noting the WHO response to global change and its far-reaching implications for the Organization, some of which may exceed its present legal framework;

Noting that the Constitution has not been thoroughly reviewed since its entry into force in 1948;

Recognizing the need for review of the Constitution to ensure that the Organization remains equal to the international health challenges of the late twentieth century and beyond,

1. **CALLS UPON** the Executive Board to examine at its ninety-sixth session whether all parts of the Constitution of the World Health Organization remain appropriate and relevant; and if the Executive Board concludes there is a need for a review of the Constitution, to consider how best the review of the Constitution should be taken forward;
2. **REQUESTS** the Director-General to report to the Forty-ninth World Health Assembly in 1996 on progress on this matter.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.15

Agenda item 22.1

12 May 1995

WHO response to global change

The Forty-eighth World Health Assembly,

Recalling the requests and recommendations of the Forty-seventh World Health Assembly to the Executive Board and the Director-General in its resolution WHA47.6 on WHO response to global change;

Having considered the progress report by the Director-General contained in document A48/23;

Having also considered the Executive Board's decision on the subject;

Welcoming the steps taken since the Forty-seventh World Health Assembly to implement further the recommendations on global change;

Recognizing the difficulties faced by the Organization in adapting to the needs of global change;

Convinced that reform should permeate the Organization at all levels and in all regions without delay, and that it should remain an integral part of WHO's management culture once action has been taken on all 47 recommendations;

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

1. WELCOMES the action of the Director-General and his staff in their continuing implementation of the comprehensive plan for managerial and administrative reform endorsed by the Health Assembly;
2. REQUESTS the Director-General:
 - (1) to accelerate and sustain the work of the development teams created to carry forward the process of WHO reform, in particular those dealing with WHO's policy and mission, WHO's personnel policy and WHO country offices;
 - (2) to strengthen the structural capacity at WHO headquarters to ensure that reform permeates all levels of the Organization and that the reform process receives due priority and becomes an integral part of WHO's management culture;
 - (3) to report regularly to the Executive Board on progress and any obstacles encountered in the process of WHO reform;

- (4) to report to the Forty-ninth World Health Assembly on further progress made in implementation of reform throughout WHO;
3. REQUESTS the Regional Directors to pursue vigorously the implementation of reform as well as to report regularly to the Executive Board on progress and any obstacles encountered in the implementation of reform in their regions;
4. REQUESTS the Executive Board to continue to monitor progress in reform and advise the Director-General on measures to overcome any obstacles encountered.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.16

Agenda item 22.2

12 May 1995

WHO response to global change: Renewing the health-for-all-strategy

The Forty-eighth World Health Assembly,

Stressing the continued validity of "health for all" as a timeless aspirational goal, while recognizing that it may not be universally attainable by the year 2000;

Recognizing that political, economic, social, cultural and environmental situations are changing throughout the world;

Concerned by the negative trends in some of the major health determinants shown by the third monitoring of progress in implementation of strategies for health for all by the year 2000;¹

Recognizing the need to give priority attention to those most seriously deprived in terms of health or health care, whether owing to poverty, marginalization or exclusion; and recognizing also in this regard, the need for intensified support of the international community;

Stressing the importance of a broad national and international consultation among those dedicated to health and social development in order to create a renewed commitment to health under WHO leadership;

Having considered the report of the Director-General² outlining the steps taken to implement the recommendations of the Executive Board Working Group on the WHO Response to Global Change³ on the updating of the health-for-all strategy, objectives and targets in response to global change;

Having noted with appreciation the contribution of the task force on health in development created by resolution WHA45.24;

Agreeing that a new global health policy should be elaborated,

1. ENDORSES the steps already taken by the Director-General to implement the recommendations on updating the health-for-all targets in response to global change;

¹ Monitoring of progress in implementation of strategies for health for all by the year 2000, third report (documents EB95/5 and EB95/INF.DOC./13).

² Document EB95/1995/REC/1, Annex 5.

³ Document EB92/1993/REC/1, Annex 1.

2. **URGES Member States:**

(1) to take appropriate steps for consultations to raise the awareness of the general public, political leaders, ministries and other partners concerned with social and economic development policy to the need to place health high on the political agenda, in order to address the serious health challenges of the coming decades and to ensure that the foundation is laid for implementation of the global health policy in countries;

(2) to forward to WHO the consensus views on health challenges and major policy orientations resulting from the national consultation to serve as a basis for the elaboration of the global health policy;

(3) to adapt the global health policy, after its adoption, into national or subnational context for implementation, selecting approaches specific to their social and economic situation and culture;

3. **CALLS ON** other organizations of the United Nations system as well as intergovernmental and nongovernmental organizations active in the field of health to participate in the elaboration of the global health policy, to define their role in carrying it out and to join forces with WHO for its implementation;

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

(1) to take the necessary steps for renewing the health-for-all strategy together with its indicators, by developing a new holistic global health policy based on the concepts of equity and solidarity, emphasizing the individual's, the family's and the community's responsibility for health and placing health within the overall development framework;

(2) to ensure the convergence of all relevant work carried out on the subject at all levels of the Organization;

(3) to consult widely with all Member States and other partners of WHO in health development to this effect;

(4) to support Member States in the elaboration of their contribution to the global health policy, *inter alia*, by preparing user-friendly material to that effect, accessible to all sectors;

(5) to solicit the contribution of other institutions dedicated to health and social development, such as those of the United Nations system and other international and nongovernmental organizations, to the formulation and implementation of the global health policy;

(6) to elaborate the new global health policy, based on the outcome of the consultation process, to serve as objective and guidance for the updating of global, regional and national health-for-all strategies and for the development of mechanisms to enable all concerned to fulfil their role, taking into account that essential aspects of primary health care have not yet been achieved by a number of countries, especially the least developed countries;

(7) to redefine WHO's mission and the meaning of technical cooperation for WHO in pursuance of that global health policy;

- (8) to take the necessary measures for WHO to secure, at a special event connected to the World Health Assembly of 1998, in conjunction with the fiftieth anniversary of WHO, high level political endorsement of a health charter based on the new global health policy, in order to obtain political ownership of the policy and commitment to its implementation;
- (9) to report on the plans for securing this endorsement to the Forty-ninth World Health Assembly.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.17

Agenda item 22.3

12 May 1995

WHO response to global change: Technical discussions

The Forty-eighth World Health Assembly,

Having considered the report of the Director-General on Technical Discussions at the Forty-ninth World Health Assembly (1996);¹

Recalling the recommendations of the Executive Board Working Group on the WHO Response to Global Change and the report by the Director-General on implementation of the Working Group recommendations on methods of work of the World Health Assembly;²

Acknowledging the need to further streamline and improve methods of work of the Health Assembly as well as the desirability of providing Member States with technical briefings focusing on important health problems in a flexible and innovative manner,

1. DECIDES that, from the Forty-ninth World Health Assembly in May 1996, and on a trial basis, Technical Discussions will be replaced by a limited number of well organized technical briefings and by informal forums for dialogue;
2. REQUESTS the Director-General to continue to review methods of work of the Health Assembly with a view to further savings.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =

¹ Document EB94/1994/REC/1, Annex 1.

² Document EB93/1994/REC/1, Annex 1, Part 2, section IV.



世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.18

Agenda item 24

12 May 1995

Appointment of External Auditor

The Forty-eighth World Health Assembly

- 1. RESOLVES** that the holder of the Office of the Auditor-General of the Republic of South Africa be appointed External Auditor of the accounts of the World Health Organization for the financial periods 1996-1997 and 1998-1999 and that he/she conduct his/her audits in accordance with the principles incorporated in Article XII of the Financial Regulations, provided that, should the necessity arise, he/she may designate a representative to act in his/her absence;
- 2. EXPRESSES** its thanks to the Comptroller and Auditor General of the United Kingdom of Great Britain and Northern Ireland for the work he has performed for the Organization in his audit of the accounts for the financial periods 1992-1993 and 1994-1995.

**Twelfth plenary meeting, 12 May 1995
A48/VR/12**

= = =



世界衛生大會 決議

قارر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.19

Agenda item 26.1

12 May 1995

Assessment of new Members and Associate Members

Assessment of Palau

The Forty-eighth World Health Assembly,

Noting that Palau became a Member of the World Health Organization on 9 March 1995;

Noting that the United Nations General Assembly has not yet established an assessment rate for Palau;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,

DECIDES:

- (1) that Palau shall be assessed for the second year of the financial period 1994-1995 and for future financial periods at a rate to be fixed by the Health Assembly, as and when an assessment rate for this country has been established by the United Nations General Assembly;
- (2) that Palau shall be assessed at the provisional rate of 0.01% for the second year of the financial period 1994-1995 and for future financial periods, to be adjusted to the definitive assessment rate when established by the Health Assembly;
- (3) that the 1995 instalment of the assessment shall be reduced to nine-twelfths of 0.01%.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.20

Agenda item 26.2

12 May 1995

Scale of assessments for the financial period 1996-1997

The Forty-eighth World Health Assembly,

1. DECIDES that the scales of assessments for the years 1996 and 1997 shall, subject to the provisions of paragraph 2 below, be as follows:

(1) Members and Associate Members	(2) WHO scales		(4) United Nations scales	
	(3) 1996	(3) 1997	(4) 1996	(5) 1997
	%	%	%	%
Afghanistan	0.0100	0.01	0.0100	0.01
Albania	0.0100	0.01	0.0100	0.01
Algeria	0.1573	0.16	0.1600	0.16
Angola	0.0100	0.01	0.0100	0.01
Antigua and Barbuda	0.0100	0.01	0.0100	0.01
Argentina	0.4719	0.47	0.4800	0.48
Armenia	0.0541	0.05	0.0550	0.05
Australia	1.4550	1.45	1.4800	1.48
Austria	0.8504	0.85	0.8650	0.87
Azerbaijan	0.1155	0.11	0.1175	0.11
Bahamas	0.0197	0.02	0.0200	0.02
Bahrain	0.0197	0.02	0.0200	0.02
Bangladesh	0.0100	0.01	0.0100	0.01
Barbados	0.0100	0.01	0.0100	0.01
Belarus	0.2876	0.27	0.2925	0.28
Belgium	0.9905	0.99	1.0075	1.01
Belize	0.0100	0.01	0.0100	0.01
Benin	0.0100	0.01	0.0100	0.01
Bhutan	0.0100	0.01	0.0100	0.01
Bolivia	0.0100	0.01	0.0100	0.01
Bosnia and Herzegovina	0.0123	0.01	0.0125	0.01

(1) Members and Associate Members	(2) WHO scales		(3) United Nations scales	
	1996	1997	1996	1997
	%	%	%	%
Botswana	0.0100	0.01	0.0100	0.01
Brazil	1.5927	1.59	1.6200	1.62
Brunei Darussalam	0.0197	0.02	0.0200	0.02
Bulgaria	0.0811	0.08	0.0825	0.08
Burkina Faso	0.0100	0.01	0.0100	0.01
Burundi	0.0100	0.01	0.0100	0.01
Cambodia	0.0100	0.01	0.0100	0.01
Cameroon	0.0100	0.01	0.0100	0.01
Canada	3.0501	3.06	3.1025	3.11
Cape Verde	0.0100	0.01	0.0100	0.01
Central African Republic	0.0100	0.01	0.0100	0.01
Chad	0.0100	0.01	0.0100	0.01
Chile	0.0786	0.08	0.0800	0.08
China	0.7226	0.73	0.7350	0.74
Colombia	0.0983	0.10	0.1000	0.10
Comoros	0.0100	0.01	0.0100	0.01
Congo	0.0100	0.01	0.0100	0.01
Cook Islands ^a	0.0100	0.01	0.0100 ^b	0.01 ^b
Costa Rica	0.0100	0.01	0.0100	0.01
Côte d'Ivoire	0.0100	0.01	0.0100	0.01
Croatia	0.0885	0.09	0.0900	0.09
Cuba	0.0516	0.05	0.0525	0.05
Cyprus	0.0295	0.03	0.0300	0.03
Czech Republic	0.2556	0.24	0.2600	0.25
Democratic People's Republic of Korea	0.0492	0.05	0.0500	0.05
Denmark	0.7054	0.71	0.7175	0.72
Djibouti	0.0100	0.01	0.0100	0.01
Dominica	0.0100	0.01	0.0100	0.01
Dominican Republic	0.0100	0.01	0.0100	0.01
Ecuador	0.0197	0.02	0.0200	0.02
Egypt	0.0688	0.08	0.0700	0.08
El Salvador	0.0100	0.01	0.0100	0.01
Equatorial Guinea	0.0100	0.01	0.0100	0.01
Eritrea	0.0100	0.01	0.0100	0.01
Estonia	0.0418	0.04	0.0425	0.04
Ethiopia	0.0100	0.01	0.0100	0.01
Fiji	0.0100	0.01	0.0100	0.01

^a Not a Member of the United Nations.

^b Assumed United Nations rate if State or territory had been a Member of the United Nations.

(1) Members and Associate Members	(2) WHO scales		(4) United Nations scales	
	(3) 1996	1997	1996	1997
	%	%	%	%
Finland	0.6071	0.61	0.6175	0.62
France	6.2994	6.31	6.4075	6.42
Gabon	0.0100	0.01	0.0100	0.01
Gambia	0.0100	0.01	0.0100	0.01
Georgia	0.1155	0.11	0.1175	0.11
Germany	8.8899	8.91	9.0425	9.06
Ghana	0.0100	0.01	0.0100	0.01
Greece	0.3736	0.37	0.3800	0.38
Grenada	0.0100	0.01	0.0100	0.01
Guatemala	0.0197	0.02	0.0200	0.02
Guinea	0.0100	0.01	0.0100	0.01
Guinea-Bissau	0.0100	0.01	0.0100	0.01
Guyana	0.0100	0.01	0.0100	0.01
Haiti	0.0100	0.01	0.0100	0.01
Honduras	0.0100	0.01	0.0100	0.01
Hungary	0.1376	0.14	0.1400	0.14
Iceland	0.0295	0.03	0.0300	0.03
India	0.3048	0.30	0.3100	0.31
Indonesia	0.1376	0.14	0.1400	0.14
Iran (Islamic Republic of)	0.4596	0.44	0.4675	0.45
Iraq	0.1376	0.14	0.1400	0.14
Ireland	0.2065	0.21	0.2100	0.21
Israel	0.2630	0.26	0.2675	0.27
Italy	5.1098	5.16	5.1975	5.25
Jamaica	0.0100	0.01	0.0100	0.01
Japan	15.1746	15.38	15.4350	15.65
Jordan	0.0100	0.01	0.0100	0.01
Kazakhstan	0.1966	0.19	0.2000	0.19
Kenya	0.0100	0.01	0.0100	0.01
Kiribati ^a	0.0100	0.01	0.0100 ^b	0.01 ^b
Kuwait	0.1868	0.19	0.1900	0.19
Kyrgyzstan	0.0319	0.03	0.0325	0.03
Lao People's Democratic Republic	0.0100	0.01	0.0100	0.01
Latvia	0.0811	0.08	0.0825	0.08
Lebanon	0.0100	0.01	0.0100	0.01
Lesotho	0.0100	0.01	0.0100	0.01
Liberia	0.0100	0.01	0.0100	0.01

^a Not a Member of the United Nations.

^b Assumed United Nations rate if State or territory had been a Member of the United Nations.

(1) Members and Associate Members	(2) WHO scales		(4) United Nations scales	
	(3) 1996	(3) 1997	(4) 1996	(5) 1997
	%	%	%	%
Libyan Arab Jamahiriya	0.1991	0.20	0.2025	0.20
Lithuania	0.0836	0.08	0.0850	0.08
Luxembourg	0.0688	0.07	0.0700	0.07
Madagascar	0.0100	0.01	0.0100	0.01
Malawi	0.0100	0.01	0.0100	0.01
Malaysia	0.1376	0.14	0.1400	0.14
Maldives	0.0100	0.01	0.0100	0.01
Mali	0.0100	0.01	0.0100	0.01
Malta	0.0100	0.01	0.0100	0.01
Marshall Islands	0.0100	0.01	0.0100	0.01
Mauritania	0.0100	0.01	0.0100	0.01
Mauritius	0.0100	0.01	0.0100	0.01
Mexico	0.7742	0.78	0.7875	0.79
Micronesia (Federated States of)	0.0100	0.01	0.0100	0.01
Monaco	0.0100	0.01	0.0100	0.01
Mongolia	0.0100	0.01	0.0100	0.01
Morocco	0.0295	0.03	0.0300	0.03
Mozambique	0.0100	0.01	0.0100	0.01
Myanmar	0.0100	0.01	0.0100	0.01
Namibia	0.0100	0.01	0.0100	0.01
Nauru ^a	0.0100	0.01	0.0100 ^b	0.01 ^b
Nepal	0.0100	0.01	0.0100	0.01
Netherlands	1.5607	1.56	1.5875	1.59
New Zealand	0.2359	0.23	0.2400	0.24
Nicaragua	0.0100	0.01	0.0100	0.01
Niger	0.0100	0.01	0.0100	0.01
Nigeria	0.1131	0.11	0.1150	0.11
Niue ^a	0.0100	0.01	0.0100 ^c	0.01 ^c
Norway	0.5505	0.55	0.5600	0.56
Oman	0.0393	0.04	0.0400	0.04
Pakistan	0.0590	0.06	0.0600	0.06
Panama	0.0100	0.01	0.0100	0.01
Papua New Guinea	0.0100	0.01	0.0100	0.01
Paraguay	0.0100	0.01	0.0100	0.01
Peru	0.0590	0.06	0.0600	0.06
Philippines	0.0590	0.06	0.0600	0.06

^a Not a Member of the United Nations.

^b Assessment imposed on a State which is not a Member of the United Nations but participates in certain of its activities.

^c Assumed United Nations rate if State or territory had been a Member of the United Nations.

(1) Members and Associate Members	(2) WHO scales		(3) United Nations scales	
	1996	1997	1996	1997
	%	%	%	%
Poland	0.3318	0.32	0.3375	0.33
Portugal	0.2704	0.27	0.2750	0.28
Puerto Rico ^{a,b}	0.0100	0.01	0.0100 ^c	0.01 ^c
Qatar	0.0393	0.04	0.0400	0.04
Republic of Korea	0.8037	0.80	0.8175	0.82
Republic of Moldova	0.0836	0.08	0.0850	0.08
Romania	0.1475	0.15	0.1500	0.15
Russian Federation	4.3749	4.20	4.4500	4.27
Rwanda	0.0100	0.01	0.0100	0.01
Saint Kitts and Nevis	0.0100	0.01	0.0100	0.01
Saint Lucia	0.0100	0.01	0.0100	0.01
Saint Vincent and the Grenadines	0.0100	0.01	0.0100	0.01
Samoa	0.0100	0.01	0.0100	0.01
San Marino	0.0100	0.01	0.0100	0.01
Sao Tome and Principe	0.0100	0.01	0.0100	0.01
Saudi Arabia	0.7078	0.70	0.7200	0.71
Senegal	0.0100	0.01	0.0100	0.01
Seychelles	0.0100	0.01	0.0100	0.01
Sierra Leone	0.0100	0.01	0.0100	0.01
Singapore	0.1376	0.14	0.1400	0.14
Slovakia	0.0811	0.08	0.0825	0.08
Slovenia	0.0688	0.07	0.0700	0.07
Solomon Islands	0.0100	0.01	0.0100	0.01
Somalia	0.0100	0.01	0.0100	0.01
South Africa	0.3171	0.31	0.3225	0.32
Spain	2.3226	2.34	2.3625	2.38
Sri Lanka	0.0100	0.01	0.0100	0.01
Sudan	0.0100	0.01	0.0100	0.01
Suriname	0.0100	0.01	0.0100	0.01
Swaziland	0.0100	0.01	0.0100	0.01
Sweden	1.2068	1.21	1.2275	1.23
Switzerland ^a	1.1896	1.19	1.2100 ^d	1.21 ^d
Syrian Arab Republic	0.0492	0.05	0.0500	0.05
Tajikistan	0.0197	0.02	0.0200	0.02

^a Not a Member of the United Nations.

^b Associate Member of WHO.

^c Assumed United Nations rate if State or territory had been a Member of the United Nations.

^d Assessment imposed on a State which is not a Member of the United Nations but participates in certain of its activities.

(1) Members and Associate Members	(2) WHO scales		(4) United Nations scales	
	1996	1997	1996	1997
	%	%	%	%
Thailand	0.1278	0.13	0.1300	0.13
The Former Yugoslav Republic of Macedonia	0.0100	0.01	0.0100	0.01
Togo	0.0100	0.01	0.0100	0.01
Tokelau ^{a,b}	0.0100	0.01	0.0100 ^c	0.01 ^c
Tonga ^a	0.0100	0.01	0.0100 ^d	0.01 ^d
Trinidad and Tobago	0.0319	0.03	0.0325	0.03
Tunisia	0.0295	0.03	0.0300	0.03
Turkey	0.3687	0.37	0.3750	0.38
Turkmenistan	0.0319	0.03	0.0325	0.03
Tuvalu ^a	0.0100	0.01	0.0100 ^c	0.01 ^c
Uganda	0.0100	0.01	0.0100	0.01
Ukraine	1.1208	1.07	1.1400	1.09
United Arab Emirates	0.1868	0.19	0.1900	0.19
United Kingdom of Great Britain and Northern Ireland	5.2253	5.23	5.3150	5.32
United Republic of Tanzania	0.0100	0.01	0.0100	0.01
United States of America	25.0000	25.00	25.0000	25.00
Uruguay	0.0393	0.04	0.0400	0.04
Uzbekistan	0.1352	0.13	0.1375	0.13
Vanuatu	0.0100	0.01	0.0100	0.01
Venezuela	0.3318	0.32	0.3375	0.33
Viet Nam	0.0100	0.01	0.0100	0.01
Yemen	0.0100	0.01	0.0100	0.01
Yugoslavia	0.1008	0.10	0.1025	0.10
Zaire	0.0100	0.01	0.0100	0.01
Zambia	0.0100	0.01	0.0100	0.01
Zimbabwe	0.0100	0.01	0.0100	0.01

^a Not a Member of the United Nations.

^b Associate Member of WHO.

^c Assumed United Nations rate if State or territory had been a Member of the United Nations.

^d Assessment imposed on a State which is not a Member of the United Nations but participates in certain of its activities.

2. REQUESTS the Director-General, in the event that assessments are fixed provisionally or definitively by the present Health Assembly for any new Members not already included in the scales, to adjust the scales as set forth in paragraph 1.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.21

Agenda item 27

12 May 1995

Review of the Working Capital Fund

The Forty-eighth World Health Assembly,

Having considered the recommendation of the Executive Board on the Working Capital Fund,

1. DECIDES that:

(1) Parts I and II of the Working Capital Fund be consolidated into one single Working Capital Fund with effect from 1 January 1996;

(2) the amount standing to the credit of each Member or Associate Member in the present Part I of the Working Capital Fund shall be refunded on 1 January 1996 by offsetting this amount against any regular budget contributions due by that date;

(3) an amount of US\$ 5 million shall be transferred by the Director-General on 1 January 1996 from casual income to the Working Capital Fund to partly compensate for the refund of advances to Members and Associate Members;

2. DECIDES to amend the Financial Regulations with effect from 1 January 1996 accordingly, as shown in the report of the Director-General;¹

3. REQUESTS the Director-General to make consequent amendments to the Financial Rules at an appropriate time.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =

¹ Document EB95/1995/REC/1, Annex 12, Appendix.



世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.22

Agenda item 28

12 May 1995

Real Estate Fund

The Forty-eighth World Health Assembly,

Having considered the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1995 to 31 May 1996;

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

1. **AUTHORIZES** the financing from the Real Estate Fund of the expenditures summarized in part III of the Director-General's report, at an estimated cost of US\$ 9 295 000;
2. **APPROPRIATES** to the Real Estate Fund, from casual income, the sum of US\$ 7 691 000.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.23

Agenda item 29.2

12 May 1995

Salaries for ungraded posts and the Director-General

The Forty-eighth World Health Assembly,

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

1. ESTABLISHES the salary for the posts of Assistant Directors-General and Regional Directors at US\$ 131 617 per annum before staff assessment, resulting in a modified net salary of US\$ 85 972 (dependency rate) or US\$ 77 763 (single rate);
2. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 145 236 per annum before staff assessment, resulting in a modified salary of US\$ 93 735 (dependency rate) or US\$ 84 232 (single rate);
3. ESTABLISHES the salary for the Director-General at US\$ 179 537 per annum before staff assessment, resulting in a modified net salary of US\$ 113 286 (dependency rate) or US\$ 100 525 (single rate);
4. DECIDES that these adjustments in remuneration shall come into effect on 1 March 1995.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.24

Agenda item 32.1

12 May 1995

International Decade of the World's Indigenous People

The Forty-eighth World Health Assembly,

Recalling United Nations General Assembly resolution 48/163 of 21 December 1993, which proclaimed the International Decade of the World's Indigenous People commencing on 10 December 1994, and requested specialized agencies to consider with governments and indigenous people how they can contribute to the success of the Decade;

Recalling also that United Nations General Assembly resolution 49/214 of 23 December 1994 invited the specialized agencies to give increased priority and resources to improving the conditions of indigenous people, with particular emphasis on the needs of those people in developing countries, including by the preparation of specific programmes of action for the implementation of the goals of the Decade, within their areas of competence;

Noting that the goal of the Decade is the strengthening of international cooperation for the solution of problems faced by indigenous people in such areas as health;

Mindful of WHO's objective of health for all by the year 2000;

Recalling further resolution WHA47.27 concerning WHO's participation in planning for, and implementing the objectives of, the International Decade of the World's Indigenous People,

1. REQUESTS the Director-General to report to the Forty-ninth World Health Assembly on WHO's implementation of resolution WHA47.27, including measures at the regional level;
2. INVITES those Member States which have designated a focal point for indigenous health issues as suggested in resolution WHA47.27 to provide the Director-General with the contact details of the focal point.

Twelfth plenary meeting, 12 May 1995
A48/VR/12



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.25

Agenda item 18.2

12 May 1995

Consolidating budgetary reform

The Forty-eighth World Health Assembly,

Recalling resolutions WHA46.35 and WHA47.8, which set out a number of matters of concern to Member States relating to the budgetary process;

Reiterating the importance of achieving the highest standards of accountability and transparency in the programme budget of the Organization;

Reaffirming the fundamental importance of realistic programme targets and measurable outcomes;

Thanking the Director-General for the initial efforts made to respond to these resolutions in the preparation of the proposed programme budget for 1996-1997;

Welcoming the first steps in developing a strategic approach to the programme budget process and in preparing a clearer, simpler, and more "user-friendly" document than previous programme budget documents;

Recognizing that other provisions of resolutions WHA46.35 and WHA47.8 still need to be fulfilled;

Considering that the preparation of each programme budget should be a continuous process building on the achievements of preceding programme budgets;

Convinced of the need to take greater account of the relation between regular and extrabudgetary funds in budget preparation;

Noting the need for greater harmonization of budget policies and programme budgeting procedures in all areas and at all levels of the Organization,

1. REQUESTS the Director-General:

(1) to involve Member States and the Executive Board at an early stage in translating the strategic budget into detailed, annual, operational plans of action, including indications of extrabudgetary resources;

(2) to enhance the process of strategic budgeting for future bienniums along the following lines:

- (a) provide greater opportunity for Member States' involvement, in the appropriate forums, in the establishment of priorities at each stage and every level, for the development of the programme budget;
 - (b) ensure sufficient flexibility in the process to permit the continuous assessment of priorities and programmes and appropriate adjustments in implementations;
 - (c) at the strategic level, continue to clarify objectives, including health outcomes, for the programme budget;
 - (d) strengthen the principle of accountability at the programme level, through the establishment of qualitative and quantitative performance targets for programme managers to be reached during the period of the programme budget, and report to the Member States on the results achieved during the biennium;
 - (e) present financial statements and schedules in a format that permits comparison of expenditure against the programme budget and the operational plans of action;
- (3) to present, in future programme budgets, data on actual expenditure for comparison with the most recently completed biennium, and data on forecasted final expenditure for the current biennium;
- (4) to continue to identify areas of duplication, overlapping, and redundant procedures in budget planning, with a view to improving efficiency and productivity, in order that WHO resources may be used in the areas of highest priority;
- (5) to present to the Executive Board at its ninety-seventh session, a progress report on the experiences thus far with the strategic programme budget approach, including evidence of consistency of programme budgeting procedures and policies in all areas and at all levels of WHO, and an analysis of the ways in which these experiences and any deficiencies in the new approach may be taken into account when preparing the 1998-1999 biennial programme budget; and to request the Executive Board to present to the Forty-ninth World Health Assembly its recommendations on this subject.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.26

Agenda item 18.2

12 May 1995

Reorientation of allocations

The Forty-eighth World Health Assembly,

Aware of the great inequities persisting between developed and developing countries where health status is concerned, and the lack of human, material and financial resources in the developing countries to cope with their urgent health problems and establish national health services;

Noting with deep concern that there has been no real growth in the WHO budget for the last ten years, and that the instability of financial markets is causing unforeseeable cost increases;

Recalling resolution WHA29.48, whereby the Director-General was requested to cut down "all avoidable and non-essential expenditure on establishment and administration", and the effect of that resolution in achieving an orientation of 60% of the regular budget towards technical cooperation,

REQUESTS the Executive Board and the Director-General:

- (1) to initiate, as part of the process of budgetary reform, a process of biennial budgetary transfers from global and interregional activities to priority health programmes at country level, in the context of priorities recommended by the Board, starting with a 2% transfer in the 1998-1999 programme budget, and to regularly review this need in every biennium in order to achieve maximum transfer of resources to priority health programmes at country level;
- (2) to ensure that the respective proposed programme budgets show from which programme areas the transfer has been effected;
- (3) to report to the Forty-ninth World Health Assembly on steps taken in implementing this resolution.

Twelfth plenary meeting, 12 May 1995
A48/VR/12



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.27

Agenda item 19

12 May 1995

Paris AIDS Summit

The Forty-eighth World Health Assembly,

Having considered the reports of the Director-General on the global strategy for prevention and control of AIDS,¹ expressing the exemplary role of the World Health Organization, and on the implementation of the joint and cosponsored United Nations programme on HIV/AIDS;²

Mindful that, among its objectives, the programme must not only obtain and facilitate a worldwide consensus on policies and programmes, but must also strengthen the capacity of the United Nations system to follow up trends and ensure that appropriate and effective policies and strategies are implemented at the national level;

Having in mind the seven initiatives contained in the declaration of the AIDS Summit adopted in Paris on 1 December 1994³ with regard to involvement of people living with HIV/AIDS; global collaboration for HIV/AIDS research; international collaboration for blood transfusion safety; care of affected persons; mobilization in favour of children, young people and orphans; reduction of the vulnerability of women; and respect for human rights and ethics related to HIV/AIDS;

Emphasizing that improved coordination of the activities conducted by governments, multilateral and intergovernmental organizations, and community-based organizations, including people living with HIV/AIDS, will make more effective control of the pandemic possible,

1. WELCOMES the declaration of the AIDS Summit adopted by the Heads of Government or representatives of the 42 States meeting in Paris on 1 December 1994;
2. INVITES governments which have not signed the declaration to do so;
3. INVITES the organizations cosponsoring the joint United Nations programme on HIV/AIDS to include in their programmes the provisions defined in the declaration adopted at the Paris Summit;

¹ Document A48/14.

² Document A48/34.

³ Document EB95/1995/REC/1, Annex 7.

4. REQUESTS the Director-General, within the framework of the joint and cosponsored United Nations programme on HIV/AIDS, and in close cooperation with its Director, to contribute to the implementation of the priority initiatives set out in the declaration of the Paris Summit.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.28

Agenda item 29.1

12 May 1995

Recruitment of international staff in WHO: geographical representation

The Forty-eighth 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 Board on the same subject, the last of which was WHA46.23;

Noting that recruitment of nationals from unrepresented and under-represented countries and countries below the mid-point of the desirable range has exceeded the target of 40% and reached 48%;

Reaffirming that the principles embodied in Articles 4.2, 4.3 and 4.4 of the Staff Regulations remain the paramount consideration in staff recruitment,

1. DECIDES to set a target of 60% of all vacancies arising in professional and higher-graded posts subject to geographical distribution during the period ending September 1996 for the appointment of nationals of unrepresented and under-represented countries and those below the mid-point of the desirable range;
2. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts to continue to improve geographical representation;
3. REQUESTS the Director-General to report on the recruitment of international staff in WHO to the Executive Board and the Health Assembly in 1998.

Twelfth plenary meeting, 12 May 1995
A48/VR/12



世界衛生大會決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.29

Agenda item 31

12 May 1995

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

The Forty-eighth World Health Assembly,

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

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

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

Noting the signing in Washington D.C. on 13 September 1993 of the Declaration of Principles on Interim Self-Government Arrangements between the Government of Israel and the Palestine Liberation Organization, and the commencement of the implementation of the Declaration of Principles following the signing of the Cairo Accord on 4 May 1994, and the transfer of health services to the Palestinian Health Authority on 1 December 1994;

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

Recognizing the need for increased support and health assistance to the Arab populations in the occupied Arab territories, including the Palestinians as well as the Syrian Arab population;

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

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

Recognizing the need for support and health assistance to the Arab populations in the occupied territories, including the occupied Golan;

Having considered the report of the Director-General¹ on the subject,

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

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =

¹ Document A48/32.



RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.30

Agenda item 32.2

12 May 1995

Establishment of the joint and cosponsored United Nations programme on HIV/AIDS ("UNAIDS")

The Forty-eighth World Health Assembly,

Stressing the increasingly grave implications of the HIV/AIDS epidemic for health and the provision of adequate and appropriate health services, as well as for many other economic and social sectors;

Recalling that resolution EB93.R5 recommends the development and establishment of a joint and cosponsored United Nations programme on HIV/AIDS ("UNAIDS") administered by WHO, in keeping with the consensus option as presented in the report of the Director-General on this issue;

Further recalling that resolution EB95.R13 requests the Director-General to pursue efforts towards establishing the programme;

Having examined the report of the Director-General on progress to this end;

Welcoming the endorsement of the programme's establishment by the governing bodies of the other cosponsoring organizations;

Taking note of resolution 1994/24 adopted by the Economic and Social Council at its July 1994 session;

Considering the support given to the programme in the Declaration of the Paris AIDS Summit;

Taking note of the report of the Committee of Cosponsoring Organizations to the Economic and Social Council;

Welcoming the appointment of an Executive Director for the programme, with effect from 1 January 1995;

Aware of the urgent need to proceed with the establishment of the programme in order to ensure that it is fully operational by 1 January 1996;

Considering that the programme must play a central normative and coordinating role in the development, at national and global levels, of common strategies whose activities concerning HIV/AIDS will be supported by the cosponsoring organizations;

Recognizing that substantial capacity has been built up within WHO to respond to the HIV/AIDS epidemic, primarily through its Global Programme on AIDS;

Reaffirming the importance of the role of the national authorities as principal coordinators of national response to the HIV/AIDS epidemic;

Stressing that an important function of the programme will be to strengthen national capacities to plan, coordinate, implement and monitor the overall response to HIV/AIDS;

Welcoming the progress made towards establishing the joint United Nations programme on HIV/AIDS,

1. ENDORSES the establishment of UNAIDS, to which WHO will provide the administrative framework as described in the report of the Director-General;¹
2. ENCOURAGES UNAIDS to promote the development of the basic elements of a common message for HIV/AIDS prevention, care and health education which considers the different social and cultural contexts of Member States;
3. URGES Member States elected to the Programme Coordinating Board (PCB) of UNAIDS to consider the importance of maintaining public health experience and expertise on HIV/AIDS/STD when selecting their representatives to PCB;
4. URGES Member States to pursue in the respective governing bodies of cosponsoring organizations the provision to the programme of financial support from their regular/core budget, as well as staff support in accordance with the requirements of the programme;
5. REQUESTS the Director-General:
 - (1) to facilitate implementation of the programme in accordance with resolutions EB93.R5 and EB95.R13, taking into account the report of the Committee of Cosponsoring Organizations to the Economic and Social Council;
 - (2) to provide administrative support to the Executive Director of the programme and his staff during the transition period and to arrange for WHO to meet the administrative needs of the programme once it is operational, in the light of the Organization's role as administering agency;
 - (3) to provide the programme with financial support from the regular budget of WHO and with staff support;
 - (4) to give the WHO Representatives the necessary instructions to ensure close collaboration at country level with the other cosponsoring organizations;
 - (5) to ensure continuation of the work of the Global Programme on AIDS during the period of transition until the joint programme is fully operational;
 - (6) to ensure that strategies are developed, in close collaboration with UNAIDS, for integrating HIV/AIDS/STD into the work of WHO;
 - (7) to report on progress made towards establishment of the programme to the Forty-ninth World Health Assembly in May 1996.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =

¹ Document A48/34.



FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.31

Agenda item 32.6

12 May 1995

Collaboration within the United Nations system and with other intergovernmental organizations: Health assistance to specific countries

The Forty-eighth World Health Assembly,

Recalling and confirming the previous resolutions of the Health Assembly on health assistance to specific countries, the most recent being resolution WHA47.28, which includes reference to earlier resolutions WHA44.37 (Health and medical assistance to Lebanon); WHA44.38 (Health assistance to refugees and displaced persons in Cyprus); WHA44.39 (Assistance to Lesotho and Swaziland); WHA44.40 (Reconstruction and development of the health sector in Namibia); and WHA44.43 (Health and medical assistance to Somalia); and also resolution WHA44.41 (Emergency relief to Bangladesh);

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

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

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

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

Twelfth plenary meeting, 12 May 1995
A48/VR/12



RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA48.32

Agenda item 18.3

12 May 1995

Appropriation resolution for the financial period 1996-1997¹

The Forty-eighth World Health Assembly

1. RESOLVES to appropriate for the financial period 1996-1997 an amount of US\$ 922 654 000 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US\$
1.	Governing bodies	21 600 000
2.	Health policy and management	261 464 000
3.	Health services development	162 871 000
4.	Promotion and protection of health	131 146 000
5.	Integrated control of disease	120 756 000
6.	Administrative services	144 817 000
	Effective working budget	842 654 000
7.	Transfer to Tax Equalization Fund	80 000 000
	Total	922 654 000

B. Within the overall appropriation of US\$ 842 654 000, the operating budgets for 1996-1997 for the six regional offices shall be calculated in accordance with established principles of equity, and on the basis of the prevailing United Nations/WHO accounting rates of exchange, effective May 1995, for all regional offices' currencies *vis-à-vis* the US dollar.

C. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 1996 - 31 December 1997 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 1996-1997 to sections 1-6.

¹ Taking into account the financing proposals contained in document A48/17.

D. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of section 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme (US\$ 6 643 000). 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 1996-1997. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5.

E. 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	3 600 000
(ii) casual income (other than interest earned)	7 594 300
	11 194 300

thus resulting in assessments on Members of US\$ 911 459 700. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by (a) 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, and (b) the amount of interest earned and available for appropriation (US\$ 3 352 700) credited to them in accordance with the incentive scheme adopted by the Health Assembly in resolution WHA41.12.

F. The maximum net level of the exchange rate facility provided for under Article 4.6 of the Financial Regulations is established at US\$ 31 000 000 for the biennium 1996-1997, on the basis of the United Nations/WHO accounting rates of exchange (for all regions and at the global level) prevailing during May 1995.

2. APPROVES the use of casual income, if available, up to the amount of US\$ 10 000 000 in each of the years 1996-1997 for expenditure on priority country programmes, such expenditure to be approved by the Executive Board at its ninety-seventh session in January 1996;
3. URGES Member States to make every possible effort to pay their annual assessments in full and on time in order to ensure effective programme delivery;
4. REQUESTS that the Director-General, in preparing future programme budgets, presents data from authoritative sources, *inter alia* international financial institutions and regional economic cooperation bodies, on estimated inflation rates.

Twelfth plenary meeting, 12 May 1995
A48/VR/12

= = =

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



**World Health Organization
Organisation mondiale de la Santé**

FORTY-EIGHTH WORLD HEALTH ASSEMBLY

Provisional agenda item 21.2

A48/19
1 May 1995

**Status of collection of assessed contributions
and status of advances to the Working Capital Fund**

Report by the Director-General

This report is presented to update the Director-General's report on the same subject to the ninety-fifth session of the Executive Board in January 1995 and to assist the Health Assembly in reviewing the financial position of the Organization.

1. The attached statement shows the status of collection of assessed contributions and the status of advances to the Working Capital Fund as at 30 April 1995. As required by resolution WHA16.20, the Director-General is submitting a separate report concerning those Members subject to the provisions of paragraph 2 of resolution WHA8.13, referring to the possible suspension of the voting rights of Members.

COLLECTION OF CONTRIBUTIONS, 1995 ASSESSMENTS (part 2, pages 2, 3 and 4 of the attached statement)

2. Collections of contributions payable in 1995 in respect of the effective working budget amount to US\$ 169 111 423, or 41.68% of the assessments on the Members concerned, as compared with 32.3% at the same time in 1994 and 41.67% in 1993.

STATUS OF ADVANCES TO THE WORKING CAPITAL FUND (part 3, pages 5 and 6)

3. Part 3, on pages 5 and 6 of the attached statement, shows the status of advances to the Working Capital Fund. All Members have paid their advances to the Working Capital Fund in full.

ARREARS OF CONTRIBUTIONS

4. On 1 January 1995 total arrears of contributions due for years prior to 1995 from Members actively participating in the work of the Organization amounted to US\$ 136 863 889. Payments received since that date amount to US\$ 22 300 466, reducing such arrears to US\$ 114 563 423 at 30 April 1995. The corresponding figure at 30 April 1994 was US\$ 104 620 347.

Contributions for which the Health Assembly authorized special arrangements (part 4, page 7)

4.1 This part of the report shows the status of the instalment payments due from certain Members under the provisions of resolutions WHA33.7, WHA37.6, WHA39.16 and WHA45.23 in the amount of US\$ 5 162 879.

Contributions due from other Members in respect of the effective working budget and unbudgeted assessments (part 5, page 8)

4.2 This part of the report shows other arrears of contributions due from Members in respect of the effective working budget for years prior to 1995 in the amount of US\$ 107 814 627, and the unbudgeted assessments of two Members in the amount of US\$ 1 585 917.

Contributions included in the Undistributed Reserve (part 6, page 9)

4.3 Part 6 of the report shows the unpaid contributions included in the Undistributed Reserve.

MATTERS FOR PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

5. The Health Assembly may wish to consider for possible adoption the text of the resolution recommended by the Executive Board in its resolution EB95.R15.¹

¹ Document EB95/1995/REC/1, p.17.



STATEMENT SHOWING THE STATUS OF COLLECTION OF ANNUAL CONTRIBUTIONS
AND OF ADVANCES TO THE WORKING CAPITAL FUND AS AT 30 APRIL 1995

(Expressed in US dollars)

TABLEAUX INDIQUANT L'ETAT DU RECOUVREMENT DES CONTRIBUTIONS ANNUELLES
ET DES AVANCES AU FONDS DE ROULEMENT A LA DATE DU 30 AVRIL 1995

(En dollars des Etats-Unis)

1. SUMMARY

As of 30 April 1995, the rate of collection of contributions in respect of the effective working budget is higher than in 1994. Out of a total amount of \$ 405 782 500, \$ 169 111 423 or 41.68% has been collected, as compared to 32.30% in 1994. Whereas 62 Members had paid their contributions in full and 14 Members in part, 111 Members had not yet paid any part of their assessment.

1. RESUME

Au 30 avril 1995, le taux de recouvrement des contributions au budget effectif est plus élevé qu'en 1994. Pour un total de \$ 405 782 500 mis en recouvrement les encaissements atteignent \$ 169 111 423 soit 41.68% contre 32.30% en 1994. Alors que 62 Membres ont versé leur contribution en totalité et 14 en partie, 111 Membres n'ont encore fait aucun versement.

Payments may be made as follows:

Les sommes en cause peuvent être payées:

(1) in US dollars to:

en dollars des Etats-Unis à:

or

ou

(2) in Swiss francs to:

en francs suisses à:

World Health Organization
Account No.1 ABA No.021080083
The Federal Reserve Bank of New York
33 Liberty Street
New York, N.Y. 10045
United States Of America

Organisation mondiale de la Santé
Compte No.44032-8-32
Banque Nationale Suisse
8022 Zurich
Suisse

or (3) partly in US dollars as in (1) above, and partly in Swiss francs
as in (2) above.

ou *en partie en dollars des Etats-Unis comme en (1) ci-dessus, et
en partie en francs suisses comme en (2) ci-dessus.*

**2. STATUS OF COLLECTION OF CONTRIBUTIONS IN RESPECT
OF THE 1995 ASSESSMENTS**

2. ETAT DU RECOUVREMENT DES CONTRIBUTIONS FIXEES POUR 1995

Members and Associate Members	Assessments Sommes fixeés (US\$)	Cash receipts and credits given Encaissements et crédits bonifiés (US\$)	Balances due Sommes restant à payer (US\$)	Membres et Membres associés
MALTA	39,795	39,795	-	MALTE
MARSHALL ISLANDS	40,470	-	40,470	ILES MARSHALL
MAURITANIA	41,070	-	41,070	MAURITANIE
MAURITIUS	39,890	39,890	-	MAURICE
MEXICO	3,524,610	-	3,524,610	MEXIQUE
MICRONESIA (FEDERATED STATES OF)	40,500	-	40,500	MICRONESIE (ETATS FEDERES DE)
MONACO	39,820	39,820	-	MONACO
MONGOLIA	39,915	39,915	-	MONGOLIE
MOROCCO	122,115	-	122,115	MAROC
MOZAMBIQUE	39,935	39,935	-	MOZAMBIQUE
MYANMAR	39,790	39,790	-	MYANMAR
NAMIBIA	39,935	39,935	-	NAMIBIE
NEPAL	39,855	39,855	-	NEPAL
NETHERLANDS	5,844,270	5,844,270	-	PAYS-BAS
NEW ZEALAND	914,735	914,735	-	NOUVELLE-ZELANDE
NICARAGUA	41,070	-	41,070	NICARAGUA
NIGER	41,070	-	41,070	NIGER
NIGERIA	819,230	-	819,230	NIGERIA
NORWAY	2,151,550	2,151,550	-	NORVEGE
OMAN	121,360	1	121,359	OMAN
PAKISTAN	245,975	8,100	237,875	PAKISTAN
PANAMA	82,140	-	82,140	PANAMA
PAPUA NEW GUINEA	41,045	13,253	27,792	PAPOUASIE-NOUVELLE-GUINEE
PARAGUAY	80,090	18	80,072	PARAGUAY
PERU	246,420	-	246,420	PEROU
PHILIPPINES	287,470	287,470	-	PHILIPPINES
POLAND	1,889,130	-	1,889,130	POLONDE
PORTUGAL	817,595	-	817,595	PORTUGAL
PUERTO RICO	41,055	-	41,055	PORTO RICO
QATAR	205,350	-	205,350	QATAR
REPUBLIC OF KOREA	2,768,240	2,768,240	-	REPUBLIQUE DE COREE
REPUBLIC OF MOLDOVA	616,050	-	616,050	REPUBLIQUE DE MOLDOVA
ROMANIA	698,190	-	698,190	ROUMANIE
RUSSIAN FEDERATION	26,824,270	-	26,824,270	FEDERATION DE RUSSIE
RWANDA	40,515	-	40,515	RWANDA
SAINT KITTS AND NEVIS	39,960	39,960	-	SAINT-KITTS-ET-NEVIS
SAINT LUCIA	39,890	39,890	-	SAINTE-LUCIE
SAINT VINCENT AND THE GRENADINES	40,340	-	40,340	SAINT-VINCENT-ET-GRENADINES
SAMOA	40,310	40,310	-	SAMOA
SAN MARINO	39,855	-	39,855	SAINT-MARIN
SAO TOME AND PRINCIPE	39,970	39,970	-	SAO TOME-ET-PRINCIPE
SAUDI ARABIA	3,749,645	-	3,749,645	ARABIE SAOUDITE
SENEGAL	40,830	-	40,830	SENEGAL
SEYCHELLES	41,035	-	41,035	SEYCHELLES
SIERRA LEONE	41,070	-	41,070	SIERRA LEONE
SINGAPORE	480,890	-	480,890	SINGAPOUR
SLOVAKIA	524,740	201,825	322,915	SLOVAQUIE
SLOVENIA	369,630	369,630	-	SLOVENIE
SOLOMON ISLANDS	41,070	-	41,070	ILES SALOMON
SOMALIA	41,070	-	41,070	SOMALIE
SPAIN	7,784,740	-	7,784,740	ESPAGNE
SRI LANKA	40,480	40,060	-	SRI LANKA
SUDAN	40,480	-	40,480	SUDAN
SURINAME	41,070	-	41,070	SURINAME
SWAZILAND	39,830	10,686	29,224	SWAZILAND
SWEDEN	4,322,835	4,322,835	-	SUEDE
SWITZERLAND	4,551,955	4,551,955	-	SUISSE
SYRIAN ARAB REPUBLIC	160,860	160,860	-	REPUBLIQUE ARABE SYRIENNE
TAJIKISTAN	205,350	-	205,350	TADJIKISTAN
THAILAND	438,595	438,595	-	THAILANDE
THE FORMER YUGOSLAV REP OF MACEDONIA	82,140	-	82,140	EX-REP. YUGOSLAVE DE MACEDOINE
TOGO	40,380	-	40,380	TOGO
TOKELAU	41,010	-	41,010	TOKELAU
TONGA	39,775	39,775	-	TONGA
TRINIDAD AND TOBAGO	203,115	-	203,115	TRINITE-ET-TOBAGO
TUNISIA	120,875	-	120,875	TUNISIE
TURKEY	1,069,110	-	1,069,110	TURQUIE
TURKMENISTAN	246,420	-	246,420	TURKMENISTAN
TUVALU	41,070	41,070	-	TUVALU
UGANDA	41,555	41,555	-	UGANDA
UKRAINE	7,556,865	-	7,556,865	UKRAINE
UNITED ARAB EMIRATES	852,895	-	852,895	EMIRATS ARABES UNIS
UNITED KINGDOM	19,744,585	19,744,585	-	ROYAUME-UNI
UNITED REPUBLIC OF TANZANIA	37,810	-	37,810	REPUBLIQUE-UNIE DE TANZANIE
UNITED STATES OF AMERICA	104,319,920	-	104,319,920	ETATS-UNIS D'AMERIQUE
URUGUAY	159,850	-	159,850	URUGUAY
UZBEKISTAN	1,026,745	-	1,026,745	DUZBEKISTAN
VANUATU	40,515	-	40,515	VANUATU
VENEZUELA	1,923,220	-	1,923,220	VENEZUELA
VIET NAM	39,950	39,950	-	VIET NAM
YEMEN	41,070	-	41,070	YEMEN
YUGOSLAVIA	574,980	-	574,980	YUGOSLAVIE
ZAIRE	41,070	-	41,070	ZAIRE
ZAMBIA	40,500	6,195	34,305	ZAMBIE
ZIMBABWE	40,360	40,360	-	ZIMBABWE
Total: Contributions in respect of the Effective Working Budget	405,782,500	169,111,423 (41.68%)*	236,671,077	Total: Contributions relatives au Budget effectif

* of contributions to the Effective Working Budget - the comparable percentages for 1994 and 1993 are } 32.30% & 41.67%
des contributions au Budget effectif - les pourcentages comparables pour 1994 et 1993 sont

**2. STATUS OF COLLECTION OF CONTRIBUTIONS IN RESPECT
OF THE 1995 ASSESSMENTS (Concluded)**

2. ETAT DU RECOUVREMENT DES CONTRIBUTIONS FIXEES POUR 1995 (Fin)

Members and Associate Members	Assessments Sommes fixées (US\$)	Cash receipts and credits given Encaissements et crédits bonifiés (US\$)	Balances due Sommes restant à payer (US\$)	Membres et Membres associés
Brought forward	405,782,500	169,111,423	236,671,077	Report
II. Contributions of new and formerly inactive Members				II. Contributions des nouveaux Membres et des Membres autrefois inactifs
ERITREA	41,070	41,070	-	ERYTHREE
NAURU	41,070	-	41,070	NAURU
NIUE	41,070	-	41,070	NIIOUE
SOUTH AFRICA *	1,642,800	1,642,800	-	AFRIQUE DU SUD *
Total: Contributions of new and formerly inactive Members	1,766,010	1,683,870	82,140	Total: Contributions des nouveaux Membres et des Membres autrefois inactifs
Grand total	407,548,510	170,795,293	236,753,217	Total general

* Of a total of US\$ 3 285 680 received from South Africa in 1994, US\$ 80 represented an additional advance to the Working Capital Fund and the remaining balance (US\$ 3 285 600) has been provisionally applied to the 1994 instalment (US\$ 1 642 800) and 1995 instalment (US\$ 1 642 800) of South Africa's assessed contribution for the financial period 1994-1995, notwithstanding the provisions of Financial regulation 5.8 and without in any way wishing to prejudge the outcome of decisions to be taken by the World Health Assembly in respect of assessments on South Africa covering the period 1966 to 1993.

* Sur le total de US\$ 3 285 680 versé par l'Afrique du Sud en 1994, US\$ 80 représentait une avance supplémentaire au fonds de roulement, le solde (US\$ 3 285 600.-) venant provisoirement en déduction du montant dû pour 1994 (US\$ 1 642 800) et pour 1995 (US\$ 1 642 800) au titre de la contribution de l'Afrique du Sud pour l'exercice 1994-1995, nonobstant les dispositions de l'article 5.8 du Règlement financier et sans préjuger des décisions que prendra l'Assemblée mondiale de la Santé au sujet des contributions de l'Afrique du Sud pour la période 1966 à 1993.

3. STATUS OF ADVANCES TO THE WORKING CAPITAL FUND

3. ETAT DES AVANCES AU FONDS DE ROULEMENT

Members and Associate Members	Assessments Sommes fixes (US\$)	Amounts received Sommes reçues (US\$)	Balances due Sommes restant à payer (US\$)	Members et Membres associés
AFGHANISTAN	510	510	-	AFGHANISTAN
ALBANIA	510	6,680	-	ALBANIE
ALGERIA	510	510	-	ALGERIE
ANGOLA	510	510	-	ANGOLA
ANTIGUA AND BARBUDA	510	510	-	ANTIGUA-ET-BARBUDA
ARGENTINA	55,250	55,250	-	ARGENTINE
AUSTRALIA	79,080	79,080	-	AUSTRALIE
AUSTRIAC	56,000	56,000	-	AUTRICHE
AZERBAIDJAN	13,780	13,780	-	AZERBAIDJAN
BAHAMAS	510	510	-	BAHAMAS
BAHRAIN	510	510	-	BAHREIN
BAHRAIN	1,540	1,540	-	BAHREIN
BARBADOS	510	510	-	BARBADE
BEARU	17,980	17,980	-	BEARU
BELGIUM	64,700	64,700	-	BELGIQUE
BELIZE	510	510	-	BELIZE
BENIN	510	510	-	BENIN
BHUTAN	510	510	-	BHUTAN
BOLIVIA	510	510	-	BOLIVIE
BOSNIA AND HERZEGOVINA	2,240	2,240	-	BOSNIE-HERZEGOVINE
BOTSWANA	510	510	-	BOTSWANA
BRAZIL	69,840	69,840	-	BRESIL
BRUNEI DARUSSALAM	1,540	1,540	-	BRUNEI DARUSSALAM
BULGARIA	9,250	9,250	-	BULGARIE
BURKINA FASO	510	510	-	BURKINA FASO
BURUNDI	510	510	-	BURUNDI
CAMBODIA	510	510	-	CAMBODGE
CAMEROON	510	510	-	CAMEROON
CANADA	155,070	155,070	-	CANADA
CAP-VERDE	510	510	-	CAP-VERT
CENTRAL AFRICAN REPUBLIC	510	510	-	REPUBLIQUE CENTRAFRICAINE
CHAD	510	510	-	CHAD
CHILE	5,400	5,400	-	CHILE
CHINA	46,160	46,160	-	CHINE
COLOMBIA	5,650	5,650	-	COLOMBIE
COMOROS	510	510	-	COMORES
CONGO	510	510	-	CONGO
COOK ISLANDS	510	510	-	ILES COOK
COSTA RICA	1,030	1,030	-	COSTA RICA
COTE D'IVOIRE	1,540	1,540	-	COTE D'IVOIRE
CROATIA	7,330	7,330	-	CROATIE
CUBA	4,630	4,630	-	CUBA
CYPRUS	510	510	-	CYPRE
DEMOCRATIC REPUBLIC OF CONGO	25,330	25,330	-	REPUBLIQUE DEM. DE CONGO
DEMOCRATIC PEOPLE'S REP. OF KOREA	32,870	32,870	-	REP. POPULAIRE DEM. DE CORÉE
DEMOCRATIC PEOPLE'S REP. OF KOREA	38	38	-	REP. POPULAIRE DEM. DE CORÉE
DJIBOUTI	510	510	-	DJIBOUTI
DOMINICAN REPUBLIC	1,540	1,540	-	REPUBLIQUE DOMINICAINE
DOMINICAN REPUBLIC	1,030	1,030	-	REPUBLIQUE DOMINICAINE
DOMINICAN REPUBLIC	3,400	3,400	-	REPUBLIQUE DOMINICAINE
EGYPT	510	510	-	EGYPTE
EL SALVADOR	510	510	-	EL SALVADOR
ECUATORIAL GUINEA	510	510	-	GUINEE ECUATORIALE
EGYPT	4,590	4,590	-	EGYPTE
ESTONIA	510	510	-	ESTONIE
ETHIOPIA	510	510	-	ETHIOPIE
FIJI	510	510	-	FIJI
FINLAND	34,140	34,140	-	FINLANDE
FRANCE	329,030	329,030	-	FRANCE
GABON	1,030	1,030	-	GABON
GAMBIA	510	510	-	GAMBIE
GERMANY	13,200	13,200	-	ALLEMAGNE
GERMANY	500,140	500,140	-	ALLEMAGNE
GHANA	1,030	1,030	-	GHANA
GREECE	20,030	20,030	-	GRECE
GRENADA	510	510	-	GRENADE
GUATEMALA	1,030	1,030	-	GUATEMALA
GUINEA-BISSAU	510	510	-	GUINEE-BISSAU
GUINEA-BISSAU	510	510	-	GUINEE-BISSAU
HAWAII	510	510	-	HAWAII
HONG KONG	510	510	-	HONG KONG
HUNGARY	11,500	11,500	-	HONGRIE
HUNGARY	1,540	1,540	-	HONGRIE
IRELAND	17,980	17,980	-	IRLANDE
INDIA	6,680	6,680	-	INDE
INDONESIA	29,270	29,270	-	INDONESIE
IRAN (ISLAMIC REPUBLIC OF)	6,170	6,170	-	IRAN (REPUBLIQUE ISLAMIQUE D'I)
IRAQ	9,250	9,250	-	IRAQ
IRELAND	11,500	11,500	-	IRLANDE
ISRAEL	189,450	189,450	-	ISRAEL
ITALY	1,030	1,030	-	ITALIE
JAMAICA	520,160	520,160	-	JAMAIQUE
JAPAN	510	510	-	JAPON
JORDAN	510	510	-	JORDANIE
KAZAKHSTAN	21,010	21,010	-	KAZAKHSTAN
KENYA	510	510	-	KENYA
KIRIBATI	510	510	-	KIRIBATI
KUWAIT	12,330	12,330	-	KOUEÏT
KUWAIT	3,440	3,440	-	KOUEÏT
LAO PEOPLE'S DEMOCRATIC REPUBLIC	510	510	-	REP. DEMOCRATIQUE POPULAIRE LAO
LATVIA	8,040	8,040	-	LETTONIE
LESOTHO	1,030	1,030	-	LESOTHO
LIBERIA	510	510	-	LIBERIA
LIBERIA ARAB JAMAHRIVA	12,040	12,040	-	JAMAHRIVA ARABE LIBYENNE
LITHUANIA	9,180	9,180	-	LITHUANIE
LUXEMBOURG	3,080	3,080	-	LUXEMBOURG
Madagascar	510	510	-	MADAGASCAR
Malawi	510	510	-	MALAWI
Maldives	4,610	4,610	-	MALDIVE
Maldives	510	510	-	MALDIVE
Maldives	510	510	-	MALDIVE
MALTA	510	510	-	MALTE
MARSHALL ISLANDS	510	510	-	ILES MARSHALL

3. STATUS OF ADVANCES TO THE WORKING CAPITAL FUND (Concluded)

3. ETAT DES AVANCES AU FONDS DE ROULEMENT (Fin)

Members and Associate Members	Assessments Sommes fixées (US\$)	Amounts received Sommes reçues (US\$)	Balances due Sommes restant à payer (US\$)	Membres et Membres associés
MAURITANIA	510	510	-	MAURITANIE
MAURITIUS	510	510	-	MAURICE
MEXICO	44,160	44,160	-	MEXIQUE
MICRONESIA (FEDERATED STATES OF)	510	510	-	MICRONESIE (ETATS FEDERES DE)
MONACO	510	510	-	MONACO
MONGOLIA	510	510	-	MONGOLIE
MOROCCO	2,570	2,570	-	MAROC
MOZAMBIQUE	510	510	-	MOZAMBIQUE
MYANMAR	510	510	-	MYANMAR
NAMIBIA	510	510	-	NAMIBIE
NAURU	510	510	-	NAIRU
NEPAL	510	510	-	NEPAL
NETHERLANDS	89,860	89,860	-	PAYS-BAS
NEW ZEALAND	12,840	12,840	-	NOUVELLE-ZELANDE
NICARAGUA	510	510	-	NICARAGUA
NIGER	510	510	-	NIGER
NIGERIA	9,760	9,760	-	NIGERIA
NIUE	510	510	-	NIQUE
NORMAY	25,680	25,680	-	NORVEGE
OMAN	510	510	-	OMAN
PAKISTAN	3,080	3,080	-	PAKISTAN
PANAMA	1,030	1,030	-	PANAMA
PAPUA NEW GUINEA	510	510	-	PAPOUASIE-NOUVELLE-GUINEE
PARAGUAY	510	510	-	PARAGUAY
PERU	3,600	3,600	-	PEROU
PHILIPPINES	4,630	4,630	-	PHILIPPINES
POLAND	36,460	36,460	-	POLONNE
PORTUGAL	9,250	9,250	-	PORTUGAL
PUERTO RICO	510	510	-	PORTO RICO
QATAR	1,540	1,540	-	QATAR
REPUBLIC OF KOREA	9,250	9,250	-	REPUBLIQUE DE COREE
REPUBLIC OF MOLDOVA	9,180	9,180	-	REPUBLIQUE DE MOLDOVA
ROMANIA	9,760	9,760	-	ROUMANIE
RUSSIAN FEDERATION	416,720	416,720	-	FEDERATION DE RUSSIE
RWANDA	510	510	-	RWANDA
SAINT KITTS AND NEVIS	510	510	-	SAINT-KITTS-ET-NEVIS
SAINT LUCIA	510	510	-	SAINTE-LUCIE
SAINT VINCENT AND THE GRENADINES	510	510	-	SAINT-VINCENT-ET-GRENADINES
SAMOA	510	510	-	SAMOA
SAN MARINO	510	510	-	SAINT-MARIN
SAO TOME AND PRINCIPE	510	510	-	SAO TOME-ET-PRINCIPE
SAUDI ARABIA	43,140	43,140	-	ARABIE SAOUDITE
SENEGAL	510	510	-	SENEGAL
SEYCHELLES	510	510	-	SEYCHELLES
SIERRA LEONE	510	510	-	SIERRA LEONE
SINGAPORE	4,630	4,630	-	SINGAPOUR
SLOVAKIA	12,670	12,670	-	SLOVAQUIE
SLOVENIA	5,070	5,070	-	SLOVENIE
SOLOMON ISLANDS	510	510	-	ILES SALOMON
SOMALIA	510	510	-	SOMALIE
SOUTH AFRICA	20,540	20,540	-	AFRIQUE DU SUD
SPAIN	97,050	97,050	-	ESPAGNE
SRI LANKA	510	510	-	SRI LANKA
SUDAN	510	510	-	SOUDAN
SURINAME	510	510	-	SURINAME
SWAZILAND	510	510	-	SWAZILAND
SWEDEN	66,240	66,240	-	SUEDE
SWITZERLAND	55,460	55,460	-	SUISSE
SYRIAN ARAB REPUBLIC	1,540	1,540	-	REPUBLIQUE ARABE SYRIENNE
TAJIKISTAN	3,440	3,440	-	TADJIKISTAN
THAILAND	4,110	4,110	-	THAILANDE
THE FORMER YUGOSLAV REP OF MACEDONIA	1,030	1,030	-	EX-REP. YUGOSLAVE DE MACEDOINE
TOGO	510	510	-	TOGO
TOKELAU	510	510	-	TOKELAU
TONGA	510	510	-	TONGA
TRINIDAD AND TOBAGO	1,540	1,540	-	TRINITE-ET-TOBAGO
TUNISIA	1,540	1,540	-	TUNISIE
TURKEY	15,920	15,920	-	TURQUIE
TURKMENISTAN	3,450	3,450	-	TURKMENISTAN
TUVALU	510	510	-	TUVALU
UGANDA	510	510	-	OUANDA
UKRAINE	66,240	66,240	-	UKRAINE
UNITED ARAB EMIRATES	9,220	9,220	-	EMIRATS ARABES UNIS
UNITED KINGDOM	235,180	235,180	-	ROYAUME-UNI
UNITED REPUBLIC OF TANZANIA	510	510	-	REPUBLIQUE-UNIE DE TANZANIE
UNITED STATES OF AMERICA	1,283,700	1,283,700	-	ETATS-UNIS D'AMERIQUE
URUGUAY	2,060	2,060	-	URUGUAY
UZBEKISTAN	16,070	16,070	-	OUZBEKISTAN
VANUATU	510	510	-	VANUATU
VENEZUELA	27,730	27,730	-	VENEZUELA
VIET NAM	1,030	1,030	-	VIET NAM
YEMEN	1,020	1,020	-	YEMEN
YUGOSLAVIA	7,420	7,420	-	YUGOSLAVIE
ZAIRE	510	510	-	ZAIRE
ZAMBIA	510	510	-	ZAMBIE
ZIMBABWE	1,030	1,030	-	ZIMBABWE
Total	5,139,390	5,139,390	0	Total

4. OUTSTANDING CONTRIBUTIONS RELATING TO THE EFFECTIVE WORKING BUDGETS OF YEARS PRIOR TO 1995 FOR WHICH THE WORLD HEALTH ASSEMBLY AUTHORIZED SPECIAL ARRANGEMENTS

4. CONTRIBUTIONS DUES AU TITRE DU BUDGET EFFECTIF D'EXERCICES ANTERIEURS A 1995 POUR LESQUELLES L'ASSEMBLEE MONDIALE DE LA SANTE A AUTORISE DES ARRANGEMENTS SPECIAUX

Members and Associate Members	Year in which instalments are payable Année au cours de laquelle les acomptes sont dus	Outstanding instalments payable in respect of consolidated arrears of contributions as of 1.1.1995 Acomptes restant à verser au titre des contributions arriérées consolidées au 1.1.1995 (US\$)	Payments received in 1995 Versements reçus en 1995 (US\$)	Balance of instalments payable Solde des acomptes à verser (US\$)	Membres et Membres associés
BELARUS arrangements in accordance with resolution WHA45.23	1997/06	908,361	-	908,361	BELARUS arrangements conformément à la résolution WHA45.23
Total		908,361	-	908,361	Total
CHAD arrangements in accordance with resolution WHA37.6	1990 1991 1992 1993 1994	11,177 11,177 11,177 11,177 11,177	- - - - -	11,177 11,177 11,177 11,177 11,177	TCHAD arrangements conformément à la résolution WHA37.6
Total		55,885	-	55,885	Total
DOMINICAN REPUBLIC arrangements in accordance with resolution WHA33.7	1985 1986 1987 1988 1989	14,048 25,683 25,683 25,683 25,682	14,048 1,457 - - -	- 24,226 25,683 25,683 25,682	REPUBLIQUE DOMINICAINE arrangements conformément à la résolution WHA33.7
Total		116,779	15,505	101,274	Total
ROMANIA arrangements in accordance with resolution WHA39.16	1994 1995 1996	222,958 222,958 222,958	- - -	222,958 222,958 222,958	ROUMANIE arrangements conformément à la résolution WHA39.16
Total		668,874	-	668,874	Total
UKRAINE arrangements in accordance with resolution WHA45.23	1997/06	3,428,485	-	3,428,485	UKRAINE arrangements conformément à la résolution WHA45.23
Total		3,428,485	-	3,428,485	Total
Grand total		5,178,384	15,505	5,162,879	Total général

OTHER OUTSTANDING CONTRIBUTIONS RELATING TO:

- A) THE EFFECTIVE WORKING BUDGETS OF YEARS PRIOR TO 1995, AND
B) UNBUDGETED ASSESSMENTS

AUTRES SOMMES DUES AU TITRE

- A) DES CONTRIBUTIONS AU BUDGET EFFECTIF D'EXERCICES ANTERIEURS A 1995, &
B) DES CONTRIBUTIONS NON INSCRITES AU BUDGET

Members and Associate Members	Balances due - Sommes restant dues						Members et Membres associés
	1984-1990 (US\$)	1991 (US\$)	1992 (US\$)	1993 (US\$)	1994 (US\$)	Total (US\$)	
AFGHANISTAN					40,765	40,765	AFGHANISTAN
ALBANIA					90	90	ALBANIE
ANGOLA			30,494	33,070	40,355	104,719	ANGOLA
ANTIGUA AND BARBUDA	28,484	31,055	37,290	36,695	41,070	174,594	ANTIGUA-ET-BARBUDA
ARMENIA			186,440	513,710	533,910	1,234,060	ARMENIE
AZERBAIJAN			107,720	880,650	862,470	1,850,840	AZERBAIDJAN
BELARUS					1,927,420	1,927,420	BELARUS
BOSNIA AND HERZEGOVINA			16,570	146,770	164,280	327,620	BOSNIE-HERZEGOVINE
BRAZIL					3,203,455	3,203,455	BRESIL
BULGARIA					261,355	261,355	BULGARIE
BURKINA FASO		21,743	37,105	36,590	40,880	136,398	BURKINA FASO
BURUNDI		21,708	37,290	36,695	41,070	136,763	BURUNDI
CAMBODIA	132,959	31,055	37,290	36,695	41,070	279,069	CAMBODGE
CAMEROON					28,428	28,428	CAMEROUN
CENTRAL AFRICAN REPUBLIC				33,958	41,070	75,028	REPUBLIQUE CENTRAFRICAINE
CHAD	5,724	31,055	37,290	36,695	41,070	151,834	TCHAD
CHILE					318,560	318,560	CHILI
COMOROS	167,174	31,055	37,290	36,695	41,070	313,284	COMORES
CONGO	317,191	227,055	266,290	265,695	191,070	1,267,301	CONGO
COSTA RICA				12,731	39,370	52,101	COSTA RICA
CROATIA			202,823	314,745	533,910	533,910	CROATIE
CUBA			15,873	35,805	369,630	887,198	CUBA
DJIBOUTI			111,865	73,385	40,765	92,443	DJIBOUTI
DOMINICAN REPUBLIC	340,165	93,170			700,725	700,725	REPUBLIQUE DOMINICAINE
EQUADOR			29,666	110,880	123,210	262,956	EQUATEUR
EL SALVADOR					41,070	41,070	EL SALVADOR
EQUATORIAL GUINEA	107,336	31,055	37,290	36,695	41,070	253,446	GUINEE EQUATORIALE
ESTONIA				220,160	287,498	507,658	ESTONIE
GABON			13,057	73,385	81,120	167,562	GABON
GAMBIA				14,235	41,065	55,300	GAMBIE
GEORGIA			298,310	843,950	862,470	2,004,730	GEORGIE
GRENADA				28,952	41,070	70,022	GRENADE
GUATEMALA			28,967	73,385	82,140	184,492	GUATEMALA
GUINEA				1,367	41,070	42,437	GUINEE
GUINEA-BISSAU		11,323	37,290	36,695	41,070	126,378	GUINEE-BISSAU
HAITI		31,055	35,670	35,075	41,070	142,870	HAITI
HONDURAS					33,335	33,335	HONDURAS
IRAN (ISLAMIC REPUBLIC OF)					1,472,194	1,472,194	IRAN (REPUBLIQUE ISLAMIQUE D')
IRAQ	888,352	372,675	447,465	477,015	533,910	2,719,417	IRAQ
KAZAKHSTAN			165,730	1,394,360	1,394,375	2,956,465	KAZAKHSTAN
KENYA			74,580	220,160	32,814	32,814	KENYA
KIRGHIZISTAN			323,290	513,710	246,420	541,160	KIRGHIZISTAN
LETTONIE			37,290	36,695	533,910	1,370,910	LETTONIE
LIBERIA	86,327	31,055			41,070	232,437	LIBERIA
LIBYAN ARAB JAMAHIRIYA				854,051	844,605	1,798,656	JAMAHIRIYA ARABE LIBYENNE
LITHUANIA			127,330	587,100	616,050	1,330,480	LITUANIE
MADAGASCAR					30,024	30,024	MADAGASCAR
MALAWI					10,658	10,658	MALAWI
MALI					26,695	26,695	MALI
MAURITANIA				36,108	41,070	77,178	MAURITANIE
MICRONESIA (FEDERATED STATES OF)					3,500	3,500	MICRONESIE (ETATS FEDERES DE)
NIGER			51	36,695	41,070	77,816	NIGER
NIGERIA			84,796	710,720	819,230	1,614,746	NIGERIA
PANAMA				36,592	82,140	118,732	PANAMA
PERU			173,730	220,160	246,420	640,310	PEROU
POLAND					1,298,586	1,298,586	Pologne
QATAR					102,675	102,675	QATAR
REPUBLIC OF MOLDOVA			211,300	587,100	616,050	1,414,450	REPUBLIQUE DE MOLDOVA
ROMANIA					494,168	494,168	ROUMANIE
RUSSIAN FEDERATION				7,582,420	26,824,270	34,406,690	FEDERATION DE RUSSIE
RWANDA				36,145	40,515	76,660	RWANDA
SAINT VINCENT AND THE GRENADINES					19,647	19,647	SAINT-VINCENT-ET-GRENADINES
SENEGAL		19,463	36,150	35,555	40,830	131,998	SENEGAL
SEYCHELLES			2,366	34,225	41,035	77,626	SEYCHELLES
SOMALIA	59,213	31,055	37,290	36,695	41,070	205,323	SOMALIE
SURINAME				36,695	41,070	77,765	SURINAME
TAJIKISTAN			74,580	220,160	205,350	500,090	TADJIKISTAN
TOGO				34,082	40,380	74,462	TOGO
TRINIDAD AND TOBAGO					156,033	156,033	TRINITE-ET-TOBAGO
TUNISIA					31,501	31,501	TUNISIE
TURKEY			24,860	220,160	419,110	491,440	TURQUIE
TURKMENISTAN				4,256,450	246,420	491,440	TURKMENISTAN
UKRAINE					7,556,865	11,813,315	UKRAINE
UNITED STATES OF AMERICA					13,226,949	13,226,949	ETATS-UNIS D'AMERIQUE
URUGUAY				146,775	159,850	306,625	URUGUAY
UZBEKISTAN			372,890	1,027,420	1,026,745	2,427,055	OUZBEKISTAN
VENEZUELA				1,523,463	1,923,220	3,246,683	VENEZUELA
YEMEN			18,739	57,265	61,070	137,074	YEMEN
YUGOSLAVIA		1,097,530	1,339,460	478,022	574,980	3,490,192	YOUgoslavie
ZAIRE		31,055	37,290	36,695	41,070	146,110	ZAIRE
Total A	2,132,925	2,144,162	5,231,347	25,276,056	73,030,137	107,814,627	Total A
NAURU					142	142	NAURU
UKRAINE			1,585,775			1,585,775	UKRAINE
Total B			1,585,775		142	1,585,917	Total B
Grand total	2,132,925	2,144,162	6,817,122	25,276,056	73,030,279	109,400,544	Total General

6. UNPAID CONTRIBUTIONS INCLUDED IN THE UNDISTRIBUTED RESERVE

6. CONTRIBUTIONS IMPAYEES COMPRISES DANS LA RESERVE NON REPARTIE

Member	Balances due - Sommes restant à payer							Membre
	1966/88 (US\$)	1989 (US\$)	1990 (US\$)	1991 (US\$)	1992 (US\$)	1993 (US\$)	Total (US\$)	
* SOUTH AFRICA	15,292,415	1,211,280	1,366,475	1,366,475	1,640,715	1,467,700	22,345,060	* AFRIQUE DU SUD
	15,292,415	1,211,280	1,366,475	1,366,475	1,640,715	1,467,700	22,345,060	

* See note on page 4.
Voir note page 4.