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RESOLUTIONS AND OTHER ACTIONS OF THE FIFTY-THIRD WORLD HEALTH ASSEMBLY OF INTEREST TO THE PAHO EXECUTIVE COMMITTEE

The Fifty-third World Health Assembly took place in Geneva, Switzerland, from 15 to 20 May 2000. The Assembly adopted 17 resolutions, 7 fewer than in 1999.

This document provides a summary of the work of the Assembly and the resolutions which, in the judgement of the Regional Director, are of interest to the Executive Committee in its role as working party of the Regional Committee of the World Health Organization for the Americas. The document considers 13 of the 17 resolutions and 2 decisions of the Assembly, including the new membership of the Executive Board.

The Executive Committee is asked to analyze and discuss the significance of the resolutions for the Member States of PAHO/WHO and for the Regional Office.

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Annex

1. Introduction

The Fifty-third World Health Assembly (WHA53) was held in Geneva, Switzerland, from 15 to 20 May 2000. Dr. M. Amédée-Gédéon, Minister of Health, Haiti, was elected one of the four Vice-Presidents, and Mrs. M. McCoy Sánchez, Minister of Health, Nicaragua, was elected Vice-Chairperson of Committee A.

During its deliberations, the World Health Assembly reviewed the work of the Executive Board at its 105th Session and considered a variety of programmatic, administrative and financial, and other issues. The Assembly adopted a total of 17 resolutions, 7 fewer than in 1999 and 14 fewer than in 1998.

The work of the Assembly is summarized in the following sections. Only those resolutions and decisions considered of particular importance to the Region of the Americas are included, and they are presented according to subject matter. Those related to items being considered by the Executive Committee are also noted with cross-references. The 17 Assembly resolutions are included in the annex in numerical order.

2. Program Policy Matters

2.1 *Stop Tuberculosis Initiative (WHA53.1)*

Resolution WHA53.1 encourages Member States to endorse the Amsterdam Declaration to Stop Tuberculosis, an outcome of the Ministerial Conference on Tuberculosis and Sustainable Development; accelerate tuberculosis control through the strategy of directly observed treatment, short course (DOTS); and ensure that sufficient domestic resources are available. It recommends that Member States participate with WHO in the global partnership to stop tuberculosis; include detection and treatment success rates as performance indicators for health sector development; and continue to assess the impact of the AIDS epidemic on tuberculosis. While calling for support and participation of the international community, it requests the Director-General to apply the recommendations of the Ministerial Conference in Amsterdam; explore partnerships and options to enhance access to drugs; promote international investment in research; and support regional programs to coordinate tuberculosis control programs.

Although much progress has been achieved in the Americas, tuberculosis continues to be a threat to public health in the Region. In 1998, over 250,000 cases of all forms of the disease were identified in countries throughout the Region. Of the total, over 136,000 were new cases of smear-positive tuberculosis. In 1997, 16 countries in the Region were using DOTS. Those employing DOTS reported a 79% treatment success rate, while non-DOTS countries had only a 38% treatment success rate. In 2000, it is

expected that countries employing DOTS will increase by 50%, with 24 countries applying the strategy. In 2000-2001, the objective of the regional program is to improve DOTS coverage and treatment success rates in the Region of the Americas.

2.2 *International Decade of the World's Indigenous People (WHA53.10)*

Recalling numerous previous Assembly resolutions and United Nations General Assembly Resolution 50/157, which established the International Decade of the World's Indigenous People, and commending the progress made in the Region of the Americas on the Initiative on Health of the Indigenous People of the Americas, Resolution WHA53.10 urges Member States to make adequate provisions for indigenous health needs in the national health systems; to recognize and protect the right of indigenous people to enjoyment of the highest attainable standard of health; and to respect, preserve and maintain traditional healing practices and remedies. It requests that WHO regional committees consider the adoption of regional action plans on indigenous health, while requesting the Director-General to ensure that all WHO activities relevant to indigenous people are undertaken in close partnership with them; to collaborate with partners to protect and promote the right of indigenous people to the enjoyment of the highest attainable standard of health; and to complete development of a global plan of action to improve the health of indigenous people.

Following a conference on the health of the indigenous people held in Winnipeg, Canada in 1993, PAHO undertook the Initiative on Health of Indigenous People of the Americas, which continues as an important activity of the Division of Health Systems and Services Development. The Initiative has been developed with the close collaboration of indigenous groups throughout the Americas and in the participating Member States. The Executive Committee considered in detail the Initiative on Health of Indigenous People of the Americas during its 120th Session in 1997.

2.3 *Global Alliance for Vaccines and Immunization (WHA53.12)*

Noting that each year some 2 million children die worldwide from vaccine-preventable diseases, that existing immunization programs currently save about 3 million lives per year, and recognizing that in some countries immunization rates are stagnating and even declining, Resolution WHA53.12 endorses the objectives of the Global Alliance for Vaccines and Immunization (GAVI) and urges Member States to support the work of the Alliance; to formulate common strategies to enhance immunization delivery; to increase national efforts devoted to childhood immunization; to encourage public and private agencies to support and meet the objectives of the Alliance; and to support new financing mechanisms for vaccine development and immunization. It requests the Director-General to promote the objectives of the Alliance, to advocate increased private

and public support for vaccine research and development, and to promote and monitor strictly the quality assurance of vaccines.

PAHO has been designated to be part of the Country Coordination Task Force, one of three GAVI Task Forces that address critical aspects of immunization. The objective of the Task Force is to facilitate optimal implementation of country coordination mechanisms in support of specific GAVI goals. PAHO has shared its experiences in the following areas: development of successful evaluation methodology to review performance of national immunization programs; development and use of annual national plans of action; establishment of interagency coordinating committees; use of specific lines within national budgets for the procurement of basic inputs for immunization programs; and advocacy at the highest political level to ensure sustained national financing of immunization programs. Two issues concerning GAVI remain to be resolved: the procurement mechanism to be used by the Global Fund for Children's Vaccines and how the Fund will support infrastructure development. It has been PAHO policy to foster the use of national resources to purchase vaccines. Because GAVI proposes to support countries in the introduction of new vaccines, careful coordination will be required to prevent establishing a precedent of external support for the procurement of basic inputs for national immunization programs.

It should be noted that PAHO is working with the Bill and Melinda Gates Children's Vaccine Program on two cooperative agreements. The first, already in place, will focus on the introduction and expansion of the use of four to five vaccines, including hepatitis B, *Hemophilus influenzae* type b, pneumococcal, yellow fever, and rotavirus vaccines. The second agreement is under discussion and would support efforts toward measles eradication and the strengthening of surveillance in the Americas. The Executive Committee will consider PAHO's work on vaccines and immunizations under item 4.3.

2.4 *HIV/AIDS: Confronting the Epidemic (WH53.14)*

Noting that nearly 34 million people worldwide are currently living with HIV/AIDS and that Sub-Saharan Africa has over 23 million infected persons, and recalling the recent session of the United Nations Security Council devoted to HIV/AIDS, Resolution WHA53.14 urges Member States to undertake a wide range of activities, including matching their political commitment to the magnitude of the problem; establishing programs to combat poverty; increasing support for UNAIDS and WHO as one of its co-sponsors; strengthening public education on HIV/AIDS; taking all necessary measures to protect children infected and/or affected by HIV/AIDS; ensuring that blood transfusion services do not constitute an HIV risk factor; implementing key strategies for HIV/AIDS prevention; strengthening health systems to ensure adequate and skilled human resources; reaffirming their commitment to previous resolutions on the revised

drug strategy; updating existing databases on prices of essential drugs, including HIV-related drugs; increasing access to treatment and prophylaxis of HIV-related illness; making prophylactic and therapeutic drugs accessible, affordable, and safely and effectively used; establishing or expanding counseling services and confidential testing; continuing research on prevention of mother-to-child transmission; promoting research on behavior change; and establishing and strengthening monitoring and evaluation systems. The resolution further requests the Director-General to undertake even more activities, including strengthening the involvement of WHO as a co-sponsor of UNAIDS; developing a global health sector strategy for responding to the epidemic; giving priority in WHO's regular budget to HIV/AIDS; mobilizing funds in support of national programs; supporting drug price monitoring systems in Member States at their request; developing methods for monitoring the pharmaceutical and public health implications of trade agreements; cooperating with Member States in organizing nationally coordinated blood transfusion services; collaborating with Member States in strengthening the capacity of health systems; pursuing a dialogue with the pharmaceutical industry to make HIV/AIDS-related drugs increasingly accessible; exploring partnerships to make HIV/AIDS-related drugs both accessible and safely and effectively used; promoting research and development on vaccines, diagnostic tools, and treatment; providing technical support for programs to prevent mother-to-child transmission of HIV; and undertaking a variety of other support and research activities.

There are an estimated 1.6 million persons living with HIV in Latin America and the Caribbean and close to 1 million in North America. HIV rates in the Caribbean are second to those in Sub-Saharan Africa, though rates of increase in Latin America and the Caribbean have been slower than in other areas of the world. Progress that has been achieved in the Americas includes improved surveillance, training in counseling and testing services, establishment of HIV/AIDS care models, prevention and control of sexually transmitted infections, reduction of mother-to-child transmission, and maintenance of a safe blood supply. In the Americas, the Caribbean and Central America are priority areas because of their high rates of infection, and plans are being developed for an initiative to mobilize resources for these two subregions. To deal with the difficult issue of the availability of affordable drugs to treat HIV and opportunistic infections, PAHO has discussed establishing a revolving fund for the purchase of strategic public health supplies that could include anti-retroviral drugs. The Executive Committee will consider programs to combat HIV/AIDS and sexually transmitted infections under item 4.2.

2.5 *Food Safety (WHA53.15)*

Expressing concern that foodborne illnesses represent a serious threat to millions of people and recognizing the importance of the Codex Alimentarius Commission for

protecting the health of consumers and assuring fair trading practices, Resolution WHA53.15 urges Member States to integrate food safety as one of their essential public health and nutrition functions; to develop national and regional means for surveillance of foodborne diseases; to integrate measures to prevent the development of resistance to antibiotics; to integrate food safety into health and nutrition education and information programs; to develop outreach programs for the private sector; to coordinate the food safety activities of all relevant national sectors; and to participate actively in the work of the Codex Alimentarius Commission. The resolution requests the Director-General to give greater emphasis to food safety, including collaboration with the Food and Agriculture Organization and within the Codex Alimentarius Commission; to focus on emerging problems related to the development of resistant microorganisms from the use of antimicrobials in food production and clinical practice; to put in place a global strategy for the surveillance of foodborne diseases; to convene a strategic planning meeting of food safety experts; to support the establishment of an expert advisory body on microbiological risk assessment and food safety issues related to chemicals; to support Member States in providing the scientific basis for health-related decisions regarding genetically modified foods; to support the inclusion of health considerations in international trade in food and food donations; and to pursue actions so that the level of technological development in developing countries is taken into account in the adoption and application of international standards on food safety.

In PAHO, food protection is addressed within the work of the Veterinary Public Health Program and the Pan American Institute for Food Protection and Zoonoses, both a part of the Division of Disease Prevention and Control. The objectives of the program are to reduce human morbidity and mortality from foodborne diseases and to achieve a food supply that it is safe, healthy, nourishing, wholesome, and economical. The five components of the program are organization of integrated national programs, strengthening of analytical services, improvement of inspection services, surveillance of foodborne diseases, and community participation in consumer protection. The Executive Committee will consider the food protection program in more detail under item 4.5.

2.6 *Framework Convention on Tobacco Control (WHA53.16)*

Resolution WHA53.16 reaffirms Resolution WHA52.18 which established the Intergovernmental Negotiating Body and calls on the Negotiating Body to commence its work on the draft framework convention and to report on progress to the Fifty-Fourth World Health Assembly. It further requests the Director-General to convene the first session of the Negotiating Body in October 2000, with a draft timetable and information on costs and availability of funds, giving special consideration to the participation of developing countries.

The second meeting of the working group on the framework convention, also established in WHA52.18, took place in Geneva on 27-29 March 2000, with participation of 22 countries from the Americas. Dates have now been set for public hearings (5-6 October 2000) and for the first session of the Intergovernmental Negotiating Body meeting (16-21 October 2000). The availability of funds to support the framework convention remains a concern. Without financial support, it is anticipated that few countries in the Americas will be able to attend the meetings of the working group or Negotiating Body.

PAHO is assisting the work of the Tobacco Free Initiative in the development of legislative toolkits that can be used by countries in formulating tobacco control legislation. Several countries are participating in the Global Youth Tobacco Survey, for which PAHO has provided technical and financial support, including training. PAHO also participated actively in World No Tobacco Day 2000, which in the Americas focused on the impact of tobacco, utilizing the recently translated World Bank publication *Curbing the Epidemic*. PAHO would like to have more countries in the Americas involved in the Tobacco Free Initiative.

2.7 *Prevention and Control of Noncommunicable Diseases (WHA53.17)*

Recognizing the enormous human suffering caused by noncommunicable diseases and the leadership role that WHO should play in promoting global action against these diseases, Resolution WHA53.17 urges Member States to develop a national policy framework, including healthy public policies; to establish programs in the framework of the global strategy as specified in the resolution; to promote the effectiveness of secondary and tertiary prevention; and to share their national experiences. It requests the Director-General to continue giving priority to the prevention and control of noncommunicable diseases; to ensure that the leadership provided by WHO is based on the best available evidence; to provide technical support in developing effective health promotion programs; to strengthen existing partnerships and develop new ones; to collaborate with the international community; to promote the adoption of international intersectoral policies; to promote and initiate collaborative research; and to pursue dialogue with the pharmaceutical industry.

Several of the activities called for in the resolution are underway in the Americas. The Noncommunicable Diseases Program, part of the Division of Disease Prevention and Control, is promoting community-based projects for the prevention of noncommunicable diseases and health promotion, using an integrated (CARMEN) approach. The program is also supporting risk factor surveillance through agreements with the United States Centers for Disease Control and Prevention and the World Bank. Major efforts have focused on cervical cancer prevention and diabetes, with the intention of using these

initiatives to move forward to a more integrated approach. Member States are increasingly demanding cooperation in noncommunicable disease prevention and control, and PAHO recognizes that efforts need to focus on the poor, who are at higher risk of developing noncommunicable diseases

3. Administrative and Financial Matters

3.1 *Real Estate Fund (WHA53.4)*

Resolution WHA53.4 authorizes the financing from the Real Estate Fund of expenditures totaling US\$ 3,583,000 and appropriates to the Real Estate Fund from casual income the sum of \$2,141,721.

The Director-General's report notes the completion of the waterproofing and roof repair in the PAHO headquarters building, for which \$50,000 was contributed by the WHO Real Estate Fund. No mention is made of current plans for further repairs and renovation in the headquarters building, as previously approved by the Executive Committee. A formal request for resources from the WHO Real Estate Fund will be made once the total cost of the project is known. The Executive Committee will receive an update on the current situation and proposed repairs and renovations under item 5.3.

3.2 *Casual Income (WHA53.5)*

Resolution WHA53.5 indicates the Assembly's decision regarding the use of casual income, including amounts to be used to finance the 2000-2003 regular budget and the Real Estate Fund (above) and amounts to replenish the working capital fund and to be returned to Member States to apply against their regular budget assessments.

PAHO welcomes the initiative to replenish the working capital fund and to finance part of the Real Estate Fund with casual income. This approach strengthens WHO's financial position and its ability to effectively implement programs while maintaining the necessary infrastructure and fiscal soundness.

3.3 *Amendments to the Financial Regulations (WHA53.6)*

Resolution WHA53.6 adopts the proposed revised Financial Regulations to enter into force upon confirmation of the new Financial Rules by the Executive Board.

Document A53/22 presents the new Financial Regulations and the timetable for their adoption. The revised Financial Regulations will become effective in January 2001 after the Executive Board confirms the Financial Rules established by the Director-

General. The Fifty-fourth World Health Assembly will note the new Financial Rules. The new Financial Regulations mean that the procedures employed in WHO will be closer to those already in force in PAHO. Therefore, PAHO fully supports the changes that have been made.

3.4 *Salaries of Staff in Ungraded Posts and of the Director-General (WHA53.7)*

Resolution WHA53.7 establishes the salaries for ungraded posts and for the Director-General, with the adjustments to take effect on 1 March 2000.

The Executive Committee will consider the salary for ungraded posts under item 6.1, in order to bring those salaries into line with the decision made by the Assembly. The Executive Committee will make a recommendation to the Directing Council regarding the salary of the Director of PAHO, under the same item.

4. Other Matters

4.1 *Regulations for Expert Advisory Panels and Committees (WHA53.8)*

Resolution WHA53.8 approves the amendments to the Regulations for Expert Advisory Panels and Committees and endorses Resolution EB105.R7 concerning the Regulations for Study and Scientific Groups, Collaborating Institutions, and other Mechanisms of Collaboration.

PAHO has already made significant progress in strengthening work with its network of Collaborating Centers and in identifying additional institutions of high scientific and technical standing to serve as centers of expertise. National meetings of WHO/PAHO Collaborating Centers have been held in several countries, and Collaborating Centers are encouraged to communicate among themselves about their work involving WHO and PAHO. The primary responsibility for ensuring close and effective collaboration lies with technical programs, with overall support from the Research Coordination Program in the Division of Health and Human Development. Therefore, PAHO is fully supportive of the recommendations contained in EB105.R7.

4.2 *Participation of WHO in the 1986 Vienna Convention on the Law of Treaties between States and International Organizations or between International Organizations (WHA53.9)*

Resolution WHA53.9 authorizes the Director-General to deposit with the Secretary General of the United Nations an act of formal confirmation of the 1986 Vienna

Convention on the Law of Treaties between States and International Organizations or between International Organizations.

The Regional Office for the Americas is included in the 1986 Vienna Convention as a part of WHO once the Director-General confirms the Convention with the Secretary General of the United Nations. As a separate legal entity, PAHO is considering adhering to the 1986 Vienna Convention under article 84 of the Convention. The United Nations is encouraging international organizations to do so as one of the activities of the UN Decade of International Law. The Secretariat will keep the PAHO Governing Bodies informed before any action is taken.

4.3 *Executive Board Membership, Decision WHA53(8)*

The Assembly elected 10 Member States entitled to designate a person to serve on the Executive Board. From the Region of the Americas, Brazil and Venezuela were elected to replace Canada and Peru, whose terms had expired. The persons designated by Brazil and Venezuela joined those from Chile, Guatemala, Trinidad and Tobago, and the United States of America, at the 106th session of the Executive Board, which took place on 22-23 May 2000. During that session, Dr. Jorge Jiménez de la Jara of Chile was elected Chairman of the Board.

4.4 *Infant and Young Child Nutrition, Decision WHA53(10)*

In a decision taken on 20 May 2000, the Assembly requested the Director-General to include in the agenda for the 107th session of the Executive Board an item on infant and young child nutrition and asked the Secretariat to include a draft resolution proposed by Brazil and amendments made available to the Board. The decision also encourages discussion at the regional level, including through the upcoming regional committees.

The Director of PAHO will consider appropriate mechanisms for discussion at the regional level, including consideration of the issue during the Directing Council.