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

The Fifty-fifth World Health Assembly took place in Geneva, Switzerland, from 13 to 18 May 2002. The Assembly adopted twenty-five resolutions, three more than in 2001.

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 nineteen of the twenty-five resolutions and the new membership of the WHO 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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1. Introduction

The Fifty-fifth World Health Assembly (WHA55) was held in Geneva, Switzerland, from 13 to 18 May 2002. Dr. José Francisco López Beltrán, Minister of Health, El Salvador, was elected President of the Assembly, and Mrs. Denis Costa Coitinho, Coordinator for Food and Nutrition, Ministry of Health, Brazil, was elected Vice-Chairperson of Committee A.

During its deliberations, the World Health Assembly reviewed the work of the Executive Board at its 109th Session and considered a variety of programmatic, administrative and financial matters and other issues. The Assembly adopted a total of twenty-five resolutions, three more than in 2001.

The work of the Assembly is summarized in the following sections. Only those resolutions 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 complete set of Assembly resolutions can be found on the WHO Web site at <http://www.who.int/gb/>.

2. Program Policy Matters

2.1 *Centenary of the Pan American Health Organization (WHA55.1)*

The first Resolution adopted by the Fifty-fifth World Health Assembly recognizes that the Pan American Health Organization (PAHO) is the oldest international health organization in existence and has served since 1949 as the Regional Office for the Americas of the World Health Organization. The Resolution congratulates PAHO on its centenary and the Member States of the Americas on the improvements in their peoples' health during the past century. It encourages Member States of PAHO to redouble their efforts to achieve equity in health matters and thanks PAHO and WHO for the close cooperation, dedication, leadership, and contributions to the health of the peoples' of the Americas.

The Secretariat and the Member States of PAHO have been celebrating the centennial throughout 2002. It should be noted that, during the Assembly, the Director-General presented the President of the Assembly with a plaque honoring PAHO and that PAHO had an exhibit about the centennial outside the Assembly Hall. Further information will be provided about activities already undertaken and those planned during the remainder of 2002 under item 4.14 of the agenda of the Executive Committee.

2.2 *Mental Health: responding to the call for action (WHA55.10)*

Resolution WHA 55.10 recalls previous resolutions on mental health and related issues, notes the significant number of activities about mental health that took place during 2001, recognizes that the toll of mental health problems is high and rising worldwide, and notes the existence of programs that can prevent the occurrence and negative impact of mental disorders. The Resolution urges Member States to reaffirm the provisions of resolution EB109.R8, to provide support to WHO's global action program for mental health, to increase investments in mental health, and to strengthen action to protect children from and in armed conflict.

PAHO has begun working with WHO's Mental Health Global Action Program, which aims to provide a clear and coherent strategy for closing the gap between what is available and what is needed to reduce the burden of mental disorders. This five-year program has four core strategies: information, policy and service development, advocacy, and research. A major objective of the program is to forge strategic partnerships for mental health action in Member States. PAHO is coordinating its projects with those of the WHO program. The goals established by Resolution CD43.R10 adopted by the PAHO Directing Council in 2001 are largely coincident with the goals of the WHO program. Significant coordination is taking place in the areas of policy and services development, human rights, and information systems.

2.3 *Health and sustainable development (WHA55.11)*

Resolution WHA55.11 recalls the Rio Declaration on Environment and Development and Agenda 21 of the United Nations Conference on Environment and Development, which took place in Rio de Janeiro, Brazil, in 1992; welcomes the report of the WHO Commission on Macroeconomics and Health; notes the requirement for integrated action towards economic growth, including the management and conservation of natural resources and the protection of the environment; bears in mind the contribution that poverty reduction makes to health and health to sustainable poverty reduction; and notes with concern that health continues to be severely compromised in many countries. It urges Member States to address the link between health and sustainable development at the World Summit on Sustainable Development, which will take place in Johannesburg, South Africa, in 2002. It further urges Member States to provide support to the health program as envisioned in the New Partnership for Africa Development; to reaffirm goals contained in the United Nations Millennium Declaration; to implement the United Nations Declaration of Commitment on HIV/AIDS; and to encourage countries in development to prepare and implement sustainable strategies to reduce poverty. It goes on to encourage developed countries to make concrete efforts towards a target of allocating 0.7% of GDP as official development assistance; to apply the 20:20 principle; to dedicate funds to health research; and to adopt policies that create healthy work places and protect

workers' health. The resolution requests the Director-General to provide support to countries to implement strategies and interventions to achieve the internationally agreed development goals; to accelerate development of an action plan to address the ethical recruitment and distribution of skilled health personnel; to provide support to develop effective disease surveillance and health information systems; and to report to the fifty-sixth World Health Assembly on the World Summit on Sustainable Development and on progress made in implementing this resolution.

This resolution relates to many programs, projects, and activities undertaken by PAHO over many years. Particular note may be made of the Pan American Charter on Health and Environment in Sustainable Development, adopted by the 38th Directing Council in 1995, the Summit on Sustainable Development that took place in Santa Cruz, Bolivia, in 1996, and the Meeting of Health and Environment Ministers of the Americas that took place in Ottawa, Canada, in March, 2002. Further details of the last meeting and related actions will be provided under item 4.13 of the agenda of the Executive Committee.

2.4 *Contribution of WHO to the follow-up of the United Nations General Assembly special session on HIV/AIDS (WHA55.12)*

Resolution WHA55.12 expresses deep concern that the global HIV/AIDS pandemic constitutes a global emergency and one of the most formidable challenges both to human life and dignity. It notes with profound concern that HIV continues to spread unabated around the world, recalls and reaffirms the previous commitments on HIV/AIDS, acknowledges WHO's special role within the United Nations (UN) system, recognizes the essential role of the health sector in the response to HIV/AIDS, and further recognizes that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the pandemic. The resolution urges Member States to act upon the political commitments expressed at the UN General Assembly Special Session on HIV/AIDS; to foster mechanisms to increase global resources for HIV/AIDS; to establish and strengthen monitoring and evaluation systems, including epidemiological and behavioral surveillance; to establish or expand counseling services and voluntary, confidential HIV testing; to increase access to care, including prophylactic and therapeutic drugs; to build and strengthen partnerships; to scale up significantly programs to increase coverage; and to advocate the reduction of stigmatization and discrimination. It goes on to request the Director-General to ensure that the WHO plays a key role in providing technical leadership, direction, and support and to provide support to the countries in order to maximize opportunities and to strengthen the health sector. It also requests the Director-General to provide support to countries so that they may take effective measures to ensure that people everywhere have access to the information and services necessary to enable them to protect themselves; to lower the proportion of infants infected with HIV; and to develop national strategies and actions on cure and

support for people living with HIV/AIDS, including prevention and treatment. In addition, the resolution asks the Director-General to provide support for research on new technologies and approaches and to submit a report on WHO's work to the Executive Board at its 111th Session and the Fifty-sixth World Health Assembly.

PAHO's Divisions of Disease Prevention and Control and Health Systems and Services Development are working closely to help Member States in the Americas to extend coverage for HIV/AIDS, including prevention and treatment. They organized a regional consultation in Jamaica in February 2002 to consider how coverage could be expanded in the context of health sector reforms. The "Building Blocks" strategy provides the technical bases for HIV/AIDS care and prevention in the Americas. Further details will be provided to the Executive Committee under item 4.2.

While WHA55.12 does not directly address actions taken by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the first official meeting of the Board of the Fund took place in January 2002, and at the end of April 2002 the first portfolio was announced by the Board. Support for projects will be provided to four countries in the Americas; Argentina, Chile, Haiti, and Panama. The total funds for the first year of the four project will be over \$23 million. The Secretariat of PAHO was involved in helping the countries develop and formulate their proposals for submission to the Global Fund, and it will continue to provide such assistance to all eligible countries in the future.

2.5 *Protection of medical missions during armed conflict (WHA55.13)*

Resolution WHA55.13 expresses deep concern from recent reports of increasing attacks on medical personnel, establishment and units during armed conflict; views with alarm the extent to which civilian populations are being affected as a consequence of such attacks; and recognizes the benefits of ceasefires brokered for national immunization days. It calls on all parties to armed conflicts fully to adhere to and implement the applicable rules of international humanitarian law and urges Member States to condemn all attacks directed at health personnel and to promote actions that ensure the safety of health personnel. It requests the Director-General to promote the protection of and respect for health personnel and establishments and to liaise closely with the competent organizations of the United Nations system, together with the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, and other relevant intergovernmental and nongovernmental bodies.

It is important to recall the applicable rules of international humanitarian law, the provisions of the Geneva Conventions of 1949 and their additional protocols of 1977. The Americas has a history of using health as a bridge for peace since the 1980s, in particular using ceasefires for national immunization days. It is to be hoped that,

wherever conflict arises, the health of all persons, especially non-combatants, will be paramount and the safety of health personnel will be respected.

2.6 *Ensuring accessibility of essential medicines (WHA55.14)*

Resolution WHA55.14 welcomes adoption of the “Declaration on the TRIPS agreement and public health” at the Fourth WTO Ministerial Conference held in Doha on 14 November 2001. It recalls discussions and proposals reported by Member States at both the 53rd session of the Regional Committee for the Americas in September 2001 and the Forty-eighth session of the Regional Committee for the Eastern Mediterranean in October 2001. The resolution urges Member States to reaffirm their commitments to increasing access to medicines, especially enactment of national drug policies and establishment of lists of essential medicines based on evidence and with reference to WHO’s Model List; to establish the necessary mechanisms for essential medicines lists that are science-based, independent of external pressures, and subject to regular views; and to ensure that national lists of essential medicine are supported by standard clinical guidelines, national therapeutic formularies, and rational prescription practices. It requests the Director-General to strengthen the Expert Committee on the Use of Essential Drugs; to ensure that WHO’s medicines strategy addresses the important issue of the impact of international trade agreements on access to medicines; to promote market-based differential pricing; to advocate the concept and policies of essential medicines as a tool for implementing rational prescription of medicines; to work on the methodology for computerized databases on reference prices; to pursue all opportunities to overcome barriers to access to essential medicines; and to join with and support nongovernmental organizations in these efforts.

As noted, the issue of procedures for updating WHO’s Model List of Essential Medicines was discussed at the 53rd Directing Council in September 2001. The Secretariat of PAHO works with the Member States to review and revise their essential medicines lists, as part of an overall effort to improve the availability of and access to essential medicines of reliable quality. Considerable effort has gone into strengthening national drug authorities and drug regulatory capacity. In April 2002, PAHO hosted the Third Regional Conference on Drug Regulatory Harmonization during which Member States addressed issues in various areas: good manufacturing practices, bioequivalence, good clinical practices, drug falsification, pharmacopeias and quality control, standards and procedures for harmonization, and networking. PAHO is working closely with its Member States and with WHO to ensure that appropriate mechanisms are used for revising lists of essential medicines and that they are developed in the context of overall strategies to improve access to essential medicines of reliable quality.

2.7 *Smallpox eradication: destruction of Variola virus stocks (WHA55.15)*

Resolution WHA55.15 decides to authorize the further, temporary, retention of the existing stocks of live *Variola virus* at the current locations for the purpose of enabling further international research. The proposed new date for destruction should be set when research accomplishments and outcomes allow consensus to be reached. It requests the Director-General to continue the work of the Advisory Committee on Variola Virus Research, to ensure the regular biosafety inspection of the storage and research facilities, to ensure that research results and the benefits of this research are made available to all Member States, and to report regularly to the World Health Assembly through the Executive Board.

The need for and potential benefits of further research on *Variola virus* was given further impetus by the events of 11 September 2001 and the deliberate release of anthrax spores in the United States during October 2001. At its meeting in December 2001, the WHO Advisory Committee on Variola Virus Research noted that considerable progress had been made but that additional research was needed and could not be completed by the end of 2002. It recommended that the destruction of stocks held in the United States and Russia be postponed until a defined research agenda could be completed.

It may be noted that in December 2001, PAHO hosted an expert consultation to explore the possible need for *vaccinia virus* vaccine and the potential for its production in the Americas. Because production capacity outside of the United States would be limited and the acquisition of large vaccine stocks would be difficult and expensive, it is hoped that any available vaccine stocks would be made available should smallpox appear anywhere in the Region.

2.8 *Global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health (WHA55.16)*

Resolution WHA55.16 expresses serious concerns about threats against civilian populations which may be caused by the natural, accidental, or deliberate release of biological or chemical agents or radionuclear material. It notes that such release could have serious global public health implications and recalls Resolution WHA54.14 on global health security: epidemic alert and response, which stresses the need for all Member States to work together. It further recognizes that one of the most effective methods of preparing for deliberately caused disease is to strengthen public health surveillance and response activities for naturally or accidentally occurring diseases. The resolution urges Member States to ensure that they have in place natural disease surveillance plans which are complementary to regional and global disease surveillance mechanisms and to collaborate in the rapid analysis and sharing of surveillance data; to

collaborate and provide mutual support to enhance national capacity; and to treat any deliberate use of such agents as a global public health threat by sharing expertise, supplies and resources in order to rapidly contain the event and mitigate its effects. The resolution requests the Director-General to strengthen global surveillance of infectious diseases, water quality, and food safety; to provide tools and support for Member States to strengthen their national health systems, notably with regard to emergency preparedness and response plans; to continue to issue international guidance and technical information on recommended public health measures; and to examine the possible development of new tools, including modeling of possible scenarios and collective mechanisms concerning a public health response.

In October 2001, PAHO hosted a meeting of experts from various Member States to consider what more should be done to prepare for the possible occurrence of biological, chemical, or radiological terrorism in the Americas. A report of that meeting was published in the *Epidemiological Bulletin – PAHO (volume 22, number 3)* and included recommendations for PAHO Member States and the Secretariat. The recommendations are largely consistent with Resolution WHA55.16 and place emphasis on the need to strengthen public health surveillance and response to natural or accidentally occurring diseases, whether cause by infectious, chemical, or radiological agents. Since that meeting, PAHO has initiated measures to strengthen preparedness and response capacity to potential terrorism as part of regional and national emergency preparedness and disaster response programs.

2.9 *Dengue fever and dengue haemorrhagic fever prevention and control (WHA55.17)*

Resolution WHA55.17 recalls Resolution WHA46.31 and three resolutions of the PAHO Directing Council, including CD43.R4 adopted in September 2001. The resolution notes that an estimated 50 million dengue infections occur annually, acknowledges the progress made in reducing the case fatality rate of dengue haemorrhagic fever in some countries, and recognizes that prevention or reduction of dengue virus transmission depends entirely on control of the mosquito vector *Aedes aegypti* and, to a lesser extent, *A. albopictus*. The resolution urges Member States to improve and sustain prevention and control efforts and research; to build and strengthen the capacity of health systems for management, surveillance, prevention and control, of dengue fever and dengue haemorrhagic fever; to strengthen the capacity of diagnostic laboratories; to promote active intersectoral partnerships; to pursue new and improved tools and strategies for prevention and control; and to strengthen health measures at borders. It also urges other specialized agencies to increase their cooperation in dengue fever prevention and control. The resolution requests the Director-General to further develop and support implementation of the global strategy for prevention and control of dengue fever and dengue haemorrhagic fever through integrated environmental

management; to continue to seek resources for advocacy and research; to study the need for and feasibility of incorporating the surveillance and research of other arthropod-borne viral infections; and to mobilize financial resources to be spent on vector control and research into vaccines.

The situation of dengue and dengue haemorrhagic fever in the Americas was considered in detail by the 43rd Directing Council in September 2001, with the adoption of Resolution CD43.R4. PAHO supports fully Resolution WHA55.17 and notes that strong emphasis is being placed on intersectoral activities. These include social communication and efforts to seek behavior change that will lead to a reduction in the breeding sites for mosquito vectors in and around homes, the main sites at which dengue transmission occurs.

2.10 *Quality of care: patient safety (WHA54.18)*

Resolution WHA55.18 expresses concern that the incidence of adverse events in health care is a significant avoidable cause of human suffering and takes a high toll in financial loss and opportunity cost to health services. It urges Member States to pay the closest possible attention to the problem of patient safety and to establish and strengthen science-based systems necessary for improving patients' safety and the quality of health care. The resolution requests the Director-General to develop global norms, standards, and guidelines for quality of care and patient safety and the definition, measurement, and reporting of adverse events and near misses in health care; to promote framing of evidence-based policies; to support the efforts of Member States to promote a culture of safety within health care organizations; to encourage research into patient safety; and to report on progress to the Executive Board and the World Health Assembly.

PAHO considers that improved quality of health services is an essential component of health sector reform. However, it should be noted that the entire issue of quality of care goes beyond an exclusive focus on patient safety. It also concerns the safety and advocacy of medical devices, equipment, and pharmaceuticals, as well as the competencies and proficiency of health professionals, the norms and standards of care, and the inputs and resources necessary to provide appropriate and effective health interventions. The issue of quality of care, or even patient safety, is complex in circumstances of scarce resources for the general operation of health services, a reality that exists in essentially all countries. It should be noted that two countries mentioned in the Fifty-fifth World Health Assembly document (A55/13), Canada and the United States, are leaders in quality of care and patient safety. Because of the importance of improving the quality of health services in the context of health sector reform, PAHO is actively seeking extrabudgetary resources to undertake additional projects in the Region.

2.11 *WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration (WHA55.19)*

Resolution WHA55.19 recalls the commitments made in the United Nations Millennium Declaration adopted by the United Nations General Assembly in September 2000 and recalls in particular the goals set out in the Millennium Declaration to have reduced, by the year 2015, maternal mortality by three-quarters and under-five mortality by two-thirds, from their 1990 levels. It expresses concern that 11 million children under five years of age, nearly 4 million of them within the first months of life, die every year of preventable diseases and malnutrition, and complications related to pregnancy and childbirth kill more than half a million women and adolescent girls every year. The resolution welcomes the report of the Commission on Macroeconomics and Health, which provides a useful approach to achievement of the Millennium Development Goals, and recognizes that improvements in maternal and neonatal health and survival are vital contributions to poverty reduction. The resolution urges Member States to strengthen and scale up efforts to achieve the development goals; to continue to advocate as public health priorities safe pregnancy and childbirth, breastfeeding, neonatal child and adolescent health and development; and to include plans of action for making pregnancy safer. It encourages developed countries that have not done so to make concrete efforts towards the target of allocating 0.7% of GNP as official development assistance and further calls upon countries and other partners in development to increase their investments in the health sector. The resolution requests the Director-General to lead an international drive to generate resources and investments for health to improve health in developing countries and to facilitate a process to consider, together with Member States, the recommendations of the Commission on Macroeconomics and Health.

The Director of PAHO served as a co-chair of Working Group 1 of the Commission on Macroeconomics and Health. Since the release of the report in December 2001, PAHO has held a consultation with partners, including the World Bank, the Inter-American Development Bank and bilateral development agencies, to discuss how the findings of the report can best be disseminated and implemented in the Region. PAHO is also considering how it can best work with its Member States to implement the recommendations of the report, including increased investments in health and greater contributions to official development assistance, as appropriate. PAHO already has many programs in place to provide technical cooperation to Member States that will help them to achieve the Millennium Development Goals. Members of the Executive Committee may wish to refer to item 4.7 on extension of Social Protection in Health and to item 4.9 on the Regional Strategy for Maternal Mortality and Morbidity Reduction.

2.12 *Diet, physical activity and health (WHA55.23)*

Resolution WHA55.23 recalls that mortality, morbidity, and disability attributed to major noncommunicable diseases currently account for approximately 60% of all deaths and 43% of the global burden of disease. It recognizes the need to reduce the level of exposure to the major risk factors of unhealthy diets, physical inactivity and tobacco use, and the importance of the proposed framework for action on diet and physical activity within the integrated prevention and control of noncommunicable diseases. The resolution urges Member States to collaborate with WHO in developing a global strategy on diet, physical activity, and health to reduce the common risks of chronic noncommunicable diseases and to encourage strategies for diet, physical activity and health involving all sectors. It further urges Member States to celebrate a “Move for Health Day” each year. The resolution requests the Director-General to develop a global strategy on diet, physical activity, and health; to support further research; to ensure that a multidisciplinary and multisectoral approach is utilized; to ensure collaboration and technical support involving all programs, emphasizing the introduction and strengthening of global and regional demonstration projects; to strengthen collaboration with other organizations; and to submit a progress report to the Executive Board and World Health Assembly in two years time.

Since the establishment of the Program on Noncommunicable Diseases in 1995, PAHO has pursued an integrated approach to the reduction of risk factors contributing to noncommunicable diseases, including diet and physical activity. In the program on food and nutrition, PAHO has incorporated a specific component on physical activity, which looks at the entire spectrum of health promotion, including the physical environment and individual behavior. In the area of food and nutrition itself, PAHO has taken an increasing interest in the dietary factors that contribute to obesity, while maintaining a concern with the continuing problems of malnutrition and micronutrient deficiency in poor and marginalized populations. A number of the issues related to chronic diseases will be considered by the Executive Committee under item 4.10.

2.13 *Infant and young child nutrition (WHA55.25)*

Resolution WHA55.25 notes that as much as 55% of infant deaths from diarrheal diseases and acute respiratory infections may be the result of inappropriate feeding practices, that less than 35% of infants worldwide are exclusively breastfed for even the first four months of life, and that complimentary feeding practices are frequently ill-timed, inappropriate, and unsafe and that they may contribute to malnutrition and micronutrient deficiency. It recognizes that infant and young-child mortality can be reduced through exclusive breastfeeding for the first six month of life, followed by the introduction of nutritionally adequate and safe complementary foods with continued breastfeeding for up to two years or beyond. The resolution recalls previous World

Health Assembly resolutions, the International Code of Marketing of Breastmilk Substitutes, and the Innocenti Declaration on the Protection, Promotion, and Support of Breastfeeding. It endorses the global strategy for infant and young child feeding contained in document A55/15 and urges Member States to adopt and implement the global strategy; to strengthen existing, or establish new, structures for implementing the global strategy; to define national goals and objectives, with a realistic timeline and measurable process and output indicators; to ensure that the introduction of products does not replace or undermine exclusive breastfeeding and optimal complementary feeding; and to mobilize social and economic resources for this efforts. It calls upon other international organizations and bodies to provide support to governments to achieve these goals. The resolution requests the Codex Alimentarius Commission to take action to improve the quality standards of processed foods for infants and young children and to promote their safe and proper use, including through adequate labelling. It further requests the Director-General to provide support to Member States; to generate specific information and develop training materials; to strengthen international cooperation; and to promote continued cooperation with and among all parties.

PAHO has been fully supportive of and has participated in the development of the global strategy, which will provide a platform for the development and implementation of policies and programs in the areas of infant and young child feeding in the Region. The resolution clears up the long-standing debate about the recommended duration of exclusive breastfeeding. The following actions have already been taken: quantifying the benefits of breastfeeding with an annotated bibliography in English and Spanish, and developing guiding principles for complementary feeding of the breastfed child, also in English and Spanish. The latter document lays up ten principles, with supporting scientific evidence, for breastfeeding and complementary feeding. WHO has joined with PAHO in finalizing the guiding principles.

3. Administrative and Financial Matters

3.1 *Financial report on the accounts of WHO for 2000-2001; report of the External Auditor, and comments thereon made on behalf of the Executive Board; report of the Internal Auditor (WHA55.3)*

Resolution WHA55.3 accepts the Director-General's Financial report and audited financial statements for the financial period 1 January 2000 – 31 December 2001 and the Report of the External Auditor to the Health Assembly.

During the period under consideration, WHO's quota collection rate improved to 92% for the biennium. However, the high level of outstanding assessed contributions from prior financial periods (\$82.3 million) remains a concern. The level of implementation of the budget reached 99% as compared to 97% in the previous

biennium. Extra-budgetary funds increased to \$1.45 billion, which is the highest level to date and is 73% greater than the regular budget. The External Auditor, Auditor General of the Republic of South Africa, noted that the WHO Secretariat does not have an information technology strategy that effectively sets the direction for the management of information technology. This has resulted in unstructured and inefficient development of systems throughout the Organization. The External Auditor also recommended the establishment of a Code of Ethics, which the Secretariat has agreed to complete by the end of 2002. The Executive Committee will want to note the Financial Report of the Director of PAHO and the Report of the External Auditor of PAHO for 2000-2001, which will be considered under item 5.3 of the agenda.

3.2 *Members in arrears to an extent which would justify invoking Article 7 of the Constitution (WHA55.4)*

Resolution WHA55.4 notes that, at the time of the opening of the Fifty-fifth World Health Assembly, the voting rights of Antigua and Barbuda and the Dominican Republic remained suspended, such suspension to continue until the arrears of those Member States have been reduced to a level below the amount which will justify invoking Article 7 of the Constitution. It also notes that in accordance with Resolution WHA54.5, the voting privileges of Suriname have been suspended as from 13 May 2002. It goes on to note that Argentina and Paraguay were in arrears at the time of the opening of the Fifty-fifth World Health Assembly to such an extent that it was necessary for the Health Assembly to consider in accordance with Article 7 of the Constitution whether or not the voting privileges of those countries should be suspended at the opening of the Fifty-sixth World Health Assembly. The resolution decides that if, by the time of the opening of the Fifty-sixth World Health Assembly, Argentina and Paraguay are still in arrears in the payment of their contributions to an extent which will justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening; and that any suspension which takes effect shall continue at the Fifty-sixth and subsequent Health Assemblies, until the arrears have been reduced.

While the overall level of quota payments has been good, as noted in the previous section, PAHO remains concerned that some countries in the Region are having difficulties paying their quota contributions or adhering to their payment plans. The Executive Committee may wish to refer to item 5.1 on its agenda, the report on the collection of PAHO quota contributions.

3.3 *Arrears in payment of contributions: The Dominican Republic (WHA55.6)*

Resolution WHA55.6 notes the second report of the Administration, Budget and Finance Committee of the Executive Board with respect to the request of the Dominican Republic for the settlement of its outstanding contributions and decides to restore the

voting privileges of the Dominican Republic at the Fifty-fifth World Health Assembly. It accepts that the Dominican Republic should settle its outstanding contributions for the period 1993-2001 in ten annual installments as specified and decides that voting privileges will automatically remain suspended if the Dominican Republic does not meet the requirements laid down. The resolution requests the Director-General to report to the Fifty-sixth World Health Assembly and to communicate this resolution to the Government of the Dominican Republic.

Reference is made to the previous section dealing with resolution WHA55.4 and to agenda item 5.1 of the Executive Committee.

3.4 *Salaries of staff in ungraded posts and of the Director-General (WHA55.20)*

Resolution WHA55.20 establishes the salary for ungraded posts and for the Director-General, which shall take effect on 1 March 2002.

The Executive Committee may wish to refer to item 6.1 on its agenda, which deals with adjustments to the salary of the Director, Deputy Director, and Assistant Director of PAHO, as they are affected by resolution WHA55.20.

3.5 *Amendments to the Staff Regulations (WHA55.21)*

Resolution WHA55.21 notes the amendments to the Staff Rules made by the Director-General and confirmed by the Executive Board at its 109th Session concerning contractual reforms and the system for performance management and development and adopts the amendment proposed to Staff Regulation 4.5, to take effect on 1 July 2002.

The amendment to Staff Regulation 4.5 brings about a change in the types of appointments that can be offered to staff. Under the new contractual reform, there will no longer be any permanent or career service appointments. These two types of appointments have been replaced by what is known as a service appointment, whose continuation depends on the continuing need for the function and satisfactory performance. Those staff members who currently hold career service appointments will continue to do so until they retire. No new appointments of this type will be granted. In addition, the term "temporary appointment" will now refer only to appointments that are less than eleven months which are of two types: short-term and term-limited. The Executive Committee may wish to refer to items 6.1 and 6.2 on its agenda, which deal with amendments to the PASB Staff Rules and the statement by the Representative of the PASB Staff Association, respectively.

3.6 *The need for increased representation of developing countries in the Secretariat and in Expert Advisory Panels and Committees (WHA55.24)*

Resolution WHA55.24 reaffirms the principle of equitable participation of all Members of the Organization in its work, expresses concern that the developing countries are underrepresented in the Secretariat, in the professional category, including at headquarters, and on Expert Advisory Panels and Committees. It underlines that the Secretariat of WHO is a common secretariat for all Member States and should therefore reflect the composition of its membership and stressed adherence to the principle of equitable geographical representation and gender balance at all levels in the Secretariat. It emphasizes the principles of the transparency, fair selection, objectivity, competence and merit in appointments both in the Secretariat and to Expert Advisory Panels and Committees and underlines that country ranges for appointments in the Secretariat should, in principle, be based on membership, equitable geographical representation, population criteria, and balance between developed and developing countries with less emphasis on financial contributions to the Organization. The resolution requests the Director-General to ensure that the principles of equitable geographical representation, gender balance, and a balance of experts from developed and developing countries are respected in making appointments, and further requests the Director-General to consult with health authorities, to circulate information on all appointments, and to encourage developing countries to send nominations for the panels. It decides to amend the Regulations for Expert Advisory Panels and Committees as per the annex to the resolution and requests the Director-General to submit a report to the Fifty-sixth World Health Assembly.

The composition of the Secretariat of PAHO and the selection of consultants and temporary advisors are consistent with the principles and policies lay down in Resolution WHA55.24. Nonetheless, the PAHO Secretariat will study this resolution to determine whether additional improvements in the composition of staff or selection procedures can be made, in order to assure appropriate representation of Member States while selecting the most highly qualify individuals for the positions to be filled.

4. Other Matters

4.1 *Awards presented in the Assembly*

The Programa Nacional de Atención Odontológica Integral para Mujeres Trabajadoras de Escasos Recursos of Chile was awarded the Sasakawa Health Price for its work in the area of women's dental health. PAHO expresses appreciation to the program in Chile for its contributions and congratulates it on receiving this important award.

4.2 *Election of new members to the Executive Board*

The United States of America was elected by the Assembly to designate a person to serve on the WHO Executive Board at the expiration of the term held by Guatemala. The Executive Board held its 110th Session on 20-21 May, following conclusion of the Fifty-fifth World Health Assembly. During that session, Dr. Clarice Modeste-Curwen, Minister of Health, Grenada, was elected Vice President of the Executive Board.

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The complete set of Assembly resolutions can be found on the WHO Web site at <http://www.who.int/gb/>.