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RESOLUTIONS OF THE THIRTY-FOURTH WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE

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

- WHA34.3 Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution
- WHA34.4 Reimbursement of travel costs of representatives to regional committees
- WHA34.6 Assessment of Saint Lucia
- WHA34.7 Scale of assessments for the financial period 1982-1983
- WHA34.12 Real Estate Fund
- WHA34.14 Organizational study on the role of WHO in training in public health and health programme management, including the use of country health programming
- WHA34.15 Recruitment of international staff in WHO
- WHA34.16 Appropriation resolution for the financial period 1982-1983
- WHA34.17 Programme support costs
- WHA34.22 International Code of Marketing of Breastmilk Substitutes
- WHA34.23 Nutritional value and safety of products specifically intended for infant and young child feeding
- WHA34.24 The meaning of WHO's international health work through coordination and technical cooperation
- WHA34.25 International Drinking Water Supply and Sanitation Decade
- WHA34.26 Promotion of prevention of adverse health effects of disasters and emergencies through preparedness
- WHA34.30 International Year of Disabled Persons, 1981: WHO's cooperative activities within the United Nations system for disability prevention and rehabilitation
- WHA34.36 Global Strategy for Health for All by the Year 2000
- WHA34.37 Resources for strategies for health for all by the year 2000

Annexes

15 May 1981

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

The Thirty-fourth World Health Assembly,

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

Having noted that the Central African Republic, Chad, Grenada and Mali are in arrears to such an extent that it is necessary for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended;

1. DECIDES not to suspend the voting privileges of the Central African Republic, Chad, Grenada and Mali;
2. URGES these Members to intensify efforts in order to regularize their position, either by the payment of contributions or by proposing special arrangements for payment at the earliest possible date;
3. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Twelfth Plenary Meeting, 15 May 1981
A34/VR/12

¹ Document A34/31.

15 May 1981

REIMBURSEMENT OF TRAVEL COSTS OF REPRESENTATIVES
TO REGIONAL COMMITTEES

The Thirty-fourth World Health Assembly,

Having noted that in recent years certain Member States have either been unable to send representatives to sessions of regional committees because of financial constraints, or have sent representatives and incurred financial hardship in doing so;

Having noted further the views and recommendations of regional committees and the Executive Board on this matter;

DECIDES that the actual cost of travel, excluding per diem, of one representative to sessions of regional committees may be financed by the Organization upon request of those Members and Associate Members whose contributions to the WHO regular budget are at the minimum rate in the scale of assessments, the maximum reimbursement being restricted to the equivalent of one economy/tourist return air ticket from the capital city of the Member to the place of the session.

Twelfth Plenary Meeting, 15 May 1981
A34/VR/12

15 May 1981

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS:
ASSESSMENT OF SAINT LUCIA

The Thirty-fourth World Health Assembly,

Noting that Saint Lucia a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 11 November 1980;

Noting that the United Nations General Assembly, in resolution 35/11, established the assessment of Saint Lucia at the rate of 0.01% for the years 1980 to 1982;

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

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

DECIDES:

(1) that Saint Lucia shall be assessed at the rate of 0.01% for 1980-1981 and future financial periods;

(2) that that portion of the 1980-1981 assessment which relates to the year 1980 shall be reduced to one-ninth of 0.01%.

Twelfth Plenary Meeting, 15 May 1981
A34/VR/12

15 May 1981

SCALE OF ASSESSMENTS FOR THE FINANCIAL PERIOD 1982-1983

The Thirty-fourth World Health Assembly,

1. DECIDES that the scale of assessments for 1982-1983 shall, subject to the provisions of paragraph 2 below, be as follows:

<u>Member</u>	<u>Assessment</u>
	(percentage)
Afghanistan	0.01
Albania	0.01
Algeria	0.12
Angola	0.01
Argentina	0.77
Australia	1.80
Austria	0.70
Bahamas	0.01
Bahrain	0.01
Bangladesh	0.04
Barbados	0.01
Belgium	1.20
Benin	0.01
Bolivia	0.01
Botswana	0.01
Brazil	1.23
Bulgaria	0.16
Burma	0.01
Burundi	0.01
Byelorussian Soviet Socialist Republic	0.38
Canada	3.22
Cape Verde	0.01
Central African Republic	0.01
Chad	0.01
Chile	0.07
China	1.59
Colombia	0.11
Comoros	0.01
Congo	0.01
Costa Rica	0.02
Cuba	0.11
Cyprus	0.01
Czechoslovakia	0.81
Democratic Kampuchea	0.01
Democratic People's Republic of Korea	0.05
Democratic Yemen	0.01
Denmark	0.73
Djibouti	0.01
Dominican Republic	0.03
Ecuador	0.02
Egypt	0.07
El Salvador	0.01

<u>Member</u>	<u>Assessment</u> (percentage)
Equatorial Guinea	0.01
Ethiopia	0.01
Fiji	0.01
Finland	0.47
France	6.15
Gabon	0.02
Gambia	0.01
German Democratic Republic	1.37
Germany, Federal Republic of	8.17
Ghana	0.03
Greece	0.34
Grenada	0.01
Guatemala	0.02
Guinea	0.01
Guinea-Bissau	0.01
Guyana	0.01
Haiti	0.01
Honduras	0.01
Hungary	0.32
Iceland	0.03
India	0.59
Indonesia	0.16
Iran	0.64
Iraq	0.12
Ireland	0.16
Israel	0.24
Italy	3.39
Ivory Coast	0.03
Jamaica	0.02
Japan	9.42
Jordan	0.01
Kenya	0.01
Kuwait	0.20
Lao People's Democratic Republic	0.01
Lebanon	0.03
Lesotho	0.01
Liberia	0.01
Libyan Arab Jamahiriya	0.22
Luxembourg	0.05
Madagascar	0.01
Malawi	0.01
Malaysia	0.09
Maldives	0.01
Mali	0.01
Malta	0.01
Mauritania	0.01
Mauritius	0.01
Mexico	0.75
Monaco	0.01
Mongolia	0.01
Morocco	0.05
Mozambique	0.01
Namibia	0.01
Nepal	0.01
Netherlands	1.60

<u>Member</u>	<u>Assessment</u> (percentage)
New Zealand	0.26
Nicaragua	0.01
Niger	0.01
Nigeria	0.16
Norway	0.49
Oman	0.01
Pakistan	0.07
Panama	0.02
Papua New Guinea	0.01
Paraguay	0.01
Peru	0.06
Philippines	0.10
Poland	1.22
Portugal	0.19
Qatar	0.03
Republic of Korea	0.15
Romania	0.20
Rwanda	0.01
Saint Lucia	0.01
Samoa	0.01
San Marino	0.01
Sao Tome and Principe	0.01
Saudi Arabia	0.57
Senegal	0.01
Seychelles	0.01
Sierra Leone	0.01
Singapore	0.08
Somalia	0.01
South Africa	0.41
Spain	1.67
Sri Lanka	0.02
Sudan	0.01
Suriname	0.01
Swaziland	0.01
Sweden	1.29
Switzerland	1.03
Syrian Arab Republic	0.03
Thailand	0.10
Togo	0.01
Tonga	0.01
Trinidad and Tobago	0.03
Tunisia	0.03
Turkey	0.29
Uganda	0.01
Ukrainian Soviet Socialist Republic	1.44
Union of Soviet Socialist Republics	10.91
United Arab Emirates	0.10
United Kingdom of Great Britain and Northern Ireland	4.38
United Republic of Cameroon	0.01
United Republic of Tanzania	0.01
United States of America	25.00
Upper Volta	0.01
Uruguay	0.04

<u>Member</u>	<u>Assessment</u>
	(percentage)
Venezuela	0.49
Viet Nam	0.03
Yemen	0.01
Yugoslavia	0.41
Zaire	0.02
Zambia	0.02
Zimbabwe	0.01

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

Twelfth Plenary Meeting, 15 May 1981
A34/VR/12

20 May 1981

REAL ESTATE FUND

The Thirty-fourth World Health Assembly,

Having considered resolution EB67.R20 and the report of the Director-General on the status of projects financed from the Real Estate Fund,¹ the estimated requirements of the Fund for the period 1 June 1981 to 31 May 1982 and also information on the long-term requirements of the regional offices;

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

1. NOTES that at present there are no identifiable long-term requirements for financing the construction of accommodation at any of WHO's regional offices from the Real Estate Fund;
2. REQUESTS the Director-General to keep the long-term accommodation requirements of the organization at headquarters and in the regional offices under review and to report on the subject to the Executive Board whenever warranted;
3. AUTHORIZES the financing from the Real Estate Fund of the projects summarized in section 11 of the Director-General's report and of the cost of construction of a small office building and staff housing in Malabo, Equatorial Guinea, at the following estimated costs:

	US \$
- Conversion of staff housing at the Regional Office for Africa	322 000
- Repairs and alterations to the building and grounds of the Regional Office for Africa	125 000
- Contribution towards the construction of a building for the joint WHO/PAHO Publications and Documentation Service and the office of the PAHO representative for Area II in Mexico	250 000
- Construction of an extension to the Regional Office for South-East Asia, including a new air-conditioning plant and an electric substation	675 000
- Preliminary architectural study for an extension to the Regional Office for Europe	66 000
- Lift and toilet facilities for disabled persons in the Regional Office for Europe	51 000
- Repairs and alterations to the Regional Office for the Western Pacific	275 000
- Construction of a small office building and staff housing in Malabo, Equatorial Guinea	480 000

¹ Document EB67/1981/REC/1, p. 21 and Annex 9.

4. REQUESTS the Director-General to minimize the financial impact on the Organization of the authorised construction in Malabo, Equatorial Guinea, by coordinating these office and staff housing needs with those of other multilateral agencies providing or planning to provide assistance to Equatorial Guinea, in the interest of economy to all participating agencies, and to report to the Executive Board on the outcome of these efforts;
5. APPROPRIATES to the Real Estate Fund, from casual income the sum of US\$ 2 044 000.

Fourteenth plenary meeting, 20 May 1981
A34/VR/14

20 May 1981

ORGANIZATIONAL STUDY ON THE ROLE OF WHO IN TRAINING
IN PUBLIC HEALTH AND HEALTH PROGRAMME MANAGEMENT
INCLUDING THE USE OF COUNTRY HEALTH PROGRAMMING

The Thirty-fourth World Health Assembly,

Having examined the Executive Board's report on its organizational study on the role of WHO in training in public health and health programme management, including the use of country health programming;¹

Reaffirming resolutions WHA23.61, WHA26.35, WHA28.88, WHA29.72, WHA31.12, WHA31.43 and WHA32.30 concerning the development of national health service systems and primary health care, and the need for suitable management methods and a unified managerial process for national health development and training;

Recognizing that, to reorient their health systems towards the attainment of the social goal of health for all by the year 2000, countries will have to apply a systematic managerial process for national health development;

Convinced that the development and application of a systematic managerial process depends on political will as well as on appropriate managerial competencies, and that such competencies can be generated through appropriate and systematized management training activities;

Noting the experience in management training accumulated by a number of countries, as well as the experience of WHO;

Recognizing that the strengthening of management and related training forms an integral part of the global strategy for health for all by the year 2000;

1. CONGRATULATES the Executive Board on its study;
2. ENDORSES its conclusions and recommendations;
3. URGES Member States to include, as essential components of their strategies for health for all by the year 2000, strategies for strengthening management and management training for various categories of personnel and for developing suitable career structures for those trained and, as part of these strategies:

(1) to identify their specific needs for training in health management, and to appraise, as a matter of urgency, the status of their management training resources, both human and material;

(2) to establish a permanent mechanism, including the organization of a national network for health development, as appropriate, for developing, applying, and providing training in the managerial process for national health development and related health services research;

¹ Document EB67/1981/REC/1, Annex 5.

- (3) to develop appropriate training activities in health management, including the provision of in-service training in institutions that are developing and applying the country's managerial process for health development, and the strengthening of the management training component of basic, postbasic, and continuing education programmes for health personnel, including schools of public health, medicine, nursing, other health personnel and teacher training centres;
4. REQUESTS the regional committees to review the implications of the study's findings for their respective regions and to develop, in support of national efforts, regional strategies for the implementation of the study's recommendations;
5. REQUESTS the Director-General:
 - (1) to implement, as part of WHO's role in implementing the global strategy for health for all, a coherent strategy in support of training in health management, along the lines proposed in the Executive Board's report;
 - (2) to facilitate technical cooperation among developing countries and foster cooperation between developed and developing countries in this area;
 - (3) to seek extrabudgetary funds for this purpose, and to assist in channelling bilateral and other funds to where the needs are greatest;
6. REQUESTS the Executive Board to monitor progress in the implementation of the recommendations of the study.

Fourteenth plenary meeting, 20 May 1981
A34/VR/14

20 May 1981

RECRUITMENT OF INTERNATIONAL STAFF IN WHO

The Thirty-fourth World Health Assembly,

Noting the report and proposals of the Director-General¹ and the views of the Executive Board with regard to the recruitment of international staff in WHO;

Recalling resolution WHA33.30 and the earlier resolutions of the Health Assembly, the Executive Board and the United Nations General Assembly mentioned therein;

Considering also resolution 35/210 of the United Nations General Assembly;

Recalling Article 35 of the Constitution, which states that the paramount consideration in the employment of the staff shall be to assure that the efficiency, integrity and internationally representative character of the Secretariat shall be maintained at the highest level, with due regard being paid also to the importance of recruiting the staff on as wide a geographical basis as possible; and convinced that this is compatible with the principle of equitable geographical distribution;

Emphasizing the Director-General's prerogative to appoint the staff of the Secretariat under the authority conferred upon him by the same article of the Constitution and the Staff Regulations established by the Health Assembly;

Concerned that an imbalance in the geographical distribution of the professional and higher graded staff of the Organization continues to exist despite the progress made by the Director-General in achieving a more balanced and equitable distribution of such staff;

Concerned by the fact that the proportion of women on the staff has not increased, and noting that Member States propose very few women candidates for consideration;

1. REQUESTS the Director-General to modify the method of calculating desirable ranges in line with that adopted by the United Nations General Assembly, taking into account WHO's membership and the size of its Secretariat;
2. REQUESTS the Executive Board to review the question of desirable ranges after the United Nations General Assembly has done so at its forty-first session, and to report thereon to the Health Assembly;
3. ESTABLISHES a target of 40% of all vacancies arising in professional and higher graded posts subject to geographical distribution during the period 1981-1982 for the appointment of nationals of unrepresented and under-represented countries, in order to ensure that such countries achieve or more closely attain their desirable range in that period, while ensuring that those countries already within their desirable range remain adequately represented;
4. REQUESTS the Director-General, while nevertheless reaffirming that no post should automatically be considered the exclusive preserve of any Member State, to continue to permit replacement of separated incumbents by candidates of the same

¹ Document EB67/1981/REC/1, Annex 12.

nationality within a reasonable time frame whenever this is necessary to ensure that the representation of Member States whose nationals serve primarily on fixed-term contracts is not adversely affected;

5. CALLS UPON the Director-General:

- (1) to pursue and intensify his efforts to appoint more women to the staff of WHO, particularly at senior levels;
- (2) to include information thereon in his annual reports to the Executive Board and the Health Assembly;
- (3) to review the reasons for the apparently insufficient availability of women candidates;

6. URGES Member States to assist the Director-General's efforts to increase the number of women on the staff by proposing a considerably higher proportion of well-qualified women candidates;

7. DECIDES to maintain the presently existing policy regarding career service appointments, which limits the award of such appointments to the minimum required by the Organization's programme, pending the outcome of the studies on this matter requested by the United Nations General Assembly;

8. REQUESTS the Director-General to continue and intensify his efforts to further improve procedures for the recruitment of international staff subject to geographical distribution, keeping in mind the practice of the United Nations.

Fourteenth plenary meeting, 20 May 1981
A34/VR/14

20 May 1981

APPROPRIATION RESOLUTION FOR THE FINANCIAL PERIOD 1982-1983

The Thirty-fourth World Health Assembly

RESOLVES to appropriate for the financial period 1982-1983 an amount of US\$ 522 933 500 as follows:

A.	Appropriation section	Purpose of appropriation	Amount US\$
	1.	Policy organs	9 615 200
	2.	General programme development, management and coordination	63 362 100
	3.	Development of comprehensive health services	88 493 400
	4.	Disease prevention and control	86 054 200
	5.	Promotion of environmental health	30 927 800
	6.	Health manpower development	60 056 100
	7.	Health information	44 525 900
	8.	General services and support programmes	85 865 300
		Effective working budget	468 900 000
	9.	Transfer to Tax Equalization Fund	44 000 000
	10.	Undistributed reserve	10 033 500
		Total	522 933 500

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 1982 - 31 December 1983 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 1982-1983 to sections 1-9.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of section 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programmes (US\$ 7 780 300). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programmes 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 1982-1983. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5.

D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the following:

	US\$
(i) reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of	4 600 000
(ii) casual income in the amount of	24 400 000
	<hr/> 29 000 000

thus resulting in assessments on Members of US\$ 493 933 500. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization.

Fourteenth plenary meeting, 20 May 1981
A34/VR/14

20 May 1981

COLLABORATION WITH THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Programme support costs

The Thirty-fourth World Health Assembly,

Having considered the report of the Director-General on collaboration with the United Nations system, with particular reference to programme support costs,¹ and the Executive Board's recommendations thereon;

Recalling resolution WHA27.33 and previous resolutions dealing with policy questions relating to the financing of programme support costs incurred by the Organization in respect of activities financed from extrabudgetary funds;

Recalling further that, according to a special cost measurement exercise undertaken in 1973, the cost of technical and non-technical support and services for technical cooperation projects financed by the United Nations Development Programme and executed by WHO approximated to 27% of project expenditures;

Having noted the decisions and recommendations adopted on this subject during 1980 by the Governing Council of the United Nations Development Programme (decision 80/44) and endorsed by the Economic and Social Council (resolution 1980/65);

Having noted further the decision in this respect of the United Nations General Assembly in its resolution 35/217;

1. ENDORSES the new formula approved by the United Nations General Assembly for the reimbursement by the United Nations Development Programme, as from 1982, of support costs relating to operational activities financed by the United Nations Development Programme and by other similar programmes or funds under the jurisdiction of its Governing Council, such reimbursement to be made at the standard rate of 13% of annual project expenditures;
2. DECIDES that, in the interest of consistency and uniformity of application throughout the United Nations system, a standard 13% charge in partial reimbursement for the cost of related technical and non-technical support and services shall be made by the Organization as from 1982 on technical cooperation project expenditures incurred under all other extrabudgetary sources of funds, including trust funds or similar funds, except that account will be taken of special WHO programmes financed from several sources of funds in which provision for the cost of the required support and services is already included in the budgets for such activities;
3. CONFIRMS that the structure, staffing and working methods of the Organization are being regularly reviewed, and that this has already resulted in the transfer of considerable financial resources from establishment and administrative costs to increased technical cooperation with and services to governments;

¹ Document EB67/1981/REC/1, Annex 10.

4. AUTHORIZES the Director-General, upon request, to furnish to funding agencies and donors such information on programme support costs as might already be largely available, for example, in the biennial programme budget, the financial report, or any other report or documentation submitted to the Executive Board or the Health Assembly from time to time.

Fourteenth plenary meeting, 20 May 1981
A34/VR/14

21 May 1981

INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

The Thirty-fourth World Health Assembly,

Recognizing the importance of sound infant and young child nutrition for the future health and development of the child and adult;

Recalling that breastfeeding is the only natural method of infant feeding and that it must be actively protected and promoted in all countries;

Convinced that governments of Member States have important responsibilities and a prime role to play in the protection and promotion of breastfeeding as a means of improving infant and young child health;

Aware of the direct and indirect effects of marketing practices of breastmilk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the regulation of the marketing of breastmilk substitutes, affect infant and young child health directly and profoundly, and are a problem of direct concern to WHO;

Having considered the Draft International Code of Marketing of Breastmilk Substitutes prepared by the Director-General and forwarded to it by the Executive Board;

Expressing its gratitude to the Director-General and to the Executive Director of the United Nations Children's Fund for the steps they have taken in ensuring close consultation with Member States and with all other parties concerned in the process of preparing the Draft International Code;

Having considered the recommendation made thereon by the Executive Board at its sixty-seventh session;

Confirming resolution WHA33.32, including the endorsement in their entirety of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held from 9 to 12 October 1979;

Stressing that the adoption of and adherence to the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breastmilk Substitutes annexed to the present resolution;

2. URGES all Member States:

(1) to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;

- (2) to translate the International Code into national legislation, regulations or other suitable measures;
 - (3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;
 - (4) to monitor the compliance with the Code;
3. DECIDES that the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17;
4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;
5. REQUESTS the Director-General:
- (1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative subparagraph 6(6) of resolution WHA33.32;
 - (2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;
 - (3) to report to the Thirty-sixth World Health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;
 - (4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

Fifteenth Plenary Meeting, 21 May 1981
A34/VR/15

INTERNATIONAL CODE OF MARKETING
OF BREASTMILK SUBSTITUTES

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The Member States of the World Health Organization:

Affirming the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health;

Recognizing that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice;

Recognizing that the health of infants and young children cannot be isolated from the health and nutrition of women, their socioeconomic status and their roles as mothers;

Conscious that breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breastmilk help to protect infants against disease; and that there is an important relationship between breastfeeding and child-spacing;

Annex

Recognizing that the encouragement and protection of breastfeeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breastfeeding is an important aspect of primary health care;

Considering that when mothers do not breastfeed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding;

Recognizing further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breastmilk substitutes and related products can contribute to these major public health problems;

Convinced that it is important for infants to receive appropriate complementary foods, usually when the infant reaches four to six months of age, and that every effort should be made to use locally available foods; and convinced, nevertheless, that such complementary foods should not be used as breastmilk substitutes;

Appreciating that there are a number of social and economic factors affecting breastfeeding, and that, accordingly, governments should develop social support systems to protect, facilitate and encourage it, and that they should create an environment that fosters breastfeeding, provides appropriate family and community support, and protects mothers from factors that inhibit breastfeeding;

Affirming that health care systems, and the health professionals and other health workers serving in them, have an essential role to play in guiding infant feeding practices, encouraging and facilitating breastfeeding, and providing objective and consistent advice to mothers and families about the superior value of breastfeeding, or, where needed, on the proper use of infant formula, whether manufactured industrially or home-prepared;

Affirming further that educational systems and other social services should be involved in the protection and promotion of breastfeeding, and in the appropriate use of complementary foods;

Aware that families, communities, women's organizations and other nongovernmental organizations have a special role to play in the protection and promotion of breastfeeding and in ensuring the support needed by pregnant women and mothers of infants and young children, whether breastfeeding or not;

Affirming the need for governments, organizations of the United Nations system, nongovernmental organizations, experts in various related disciplines, consumer groups and industry to cooperate in activities aimed at the improvement of maternal, infant and young child health and nutrition;

Recognizing that governments should undertake a variety of health, nutrition and other social measures to promote healthy growth and development of infants and young children, and that this Code concerns only one aspect of these measures;

Considering that manufacturers and distributors of breastmilk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion of the aim of this Code and its proper implementation;

Affirming that governments are called upon to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of this Code, including the enactment of legislation, regulations or other suitable measures;

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Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breastmilk substitutes, the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

THEREFORE:

The Member States hereby agree the following articles which are recommended as a basis for action.

Article 1Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Article 2Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

Article 3Definitions

For the purposes of this Code:

"Breastmilk substitute"	means	any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose.
"Complementary food"	means	any food, whether manufactured or locally prepared, suitable as a complement to breastmilk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or "breastmilk supplement".
"Container"	means	any form of packaging of products for sale as a normal retail unit, including wrappers.
"Distributor"	means	a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, national distributor or broker.

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"Health care system"	means	governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.
"Health worker"	means	a person working in a component of such a health care system, whether professional or non-professional, including voluntary, unpaid workers.
"Infant formula"	means	a breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared".
"Label"	means	any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.
"Manufacturer"	means	a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.
"Marketing"	means	product promotion, distribution, selling, advertising, product public relations, and information services.
"Marketing personnel"	means	any persons whose functions involve the marketing of a product or products coming within the scope of this Code.
"Samples"	means	single or small quantities of a product provided without cost.
"Supplies"	means	quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

Article 4Information and education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.

4.2 Informational and educational materials whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points: (a) the benefits and

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superiority of breastfeeding; (b) maternal nutrition, and the preparation for and maintenance of breastfeeding; (c) the negative effect on breastfeeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breastfeed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes. Such materials should not use any pictures or text which may idealize the use of breastmilk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

Article 5The general public and mothers

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breastmilk substitutes or bottle-feeding.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

Article 6Health care systems

6.1 The health authorities in Member States should take appropriate measures to encourage and protect breastfeeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

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6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breastmilk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

Article 7Health workers

7.1 Health workers should encourage and protect breastfeeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding. It should also include the information specified in Article 4.2.

7.3 No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

7.5 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

Article 8Persons employed by manufacturers and distributors

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

Article 9Labelling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breastfeeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points: (a) the words "Important Notice" or their equivalent; (b) a statement of the superiority of breastfeeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breastmilk substitute and for illustrating methods of preparation. The terms "humanized", "maternalized" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

Article 10Quality

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.

10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practices for Food for Infants and Young Children.

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Article 11

Implementation and monitoring

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 Nongovernmental organizations, professional groups, institutions, and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.

21 May 1981

NUTRITIONAL VALUE AND SAFETY OF PRODUCTS SPECIFICALLY INTENDED
FOR INFANT AND YOUNG CHILD FEEDING

The Thirty-fourth World Health Assembly,

RECALLING resolutions WHA27.43, WHA28.42, WHA31.55 and in particular WHA33.32 concerning infant and young child feeding;

STRESSING the urgent need to make the best use of scientific knowledge and available technologies to manufacture and make available, for those infants and young children who need such products, suitable food products of the highest possible quality;

AWARE that storage conditions affect the degree to which the nutritional value and safety of products specifically intended for infant and young child feeding is preserved;

NOTING the unavailability at the present time of requisite information concerning the effects of storage and distribution that occur over a period of time and under different climatic conditions upon the nutritional value and safety of such products;

RECOGNIZING the essential need for Member States to possess such information so as to enable them to take suitable measures to protect the nutritional value of such products;

1. REQUESTS the Director-General to initiate studies to assess the changes that occur over a period of time under various climatic conditions, particularly in arid and tropical regions, and under the prevailing storage and distribution arrangements, in the quality, nutritional value and safety of products specifically intended for infant and young child feeding;
2. URGES Member States, UNICEF and FAO, as well as all the other international, governmental and nongovernmental organizations concerned to cooperate actively with WHO for the successful carrying out of these studies and;
3. INVITES Member States to make voluntary contributions to enable the speedy launching of the studies.
4. REQUESTS the Director-General to submit a report on the results of his efforts to the Thirty-sixth World Health Assembly.

Fifteenth Plenary Meeting, 21 May 1981
A34/VR/15

22 May 1981

THE MEANING OF WHO'S INTERNATIONAL HEALTH WORK THROUGH COORDINATION
AND TECHNICAL COOPERATION

The Thirty-fourth World Health Assembly,

Recalling previous resolutions of the Health Assembly, and in particular resolutions WHA23.59 on certain important constitutional functions of WHO; WHA28.75 and WHA28.76 on technical assistance; WHA29.48, WHA30.30, WHA31.41 and WHA32.27 on technical cooperation, technical cooperation among developing countries, and related programme budget policy; WHA32.24 on coordination for health, socioeconomic development and peace; and WHA30.43, WHA32.30 and WHA33.24 on policies and strategies for the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

Resolved to strengthen further cooperation among Member States, being guided by the Constitution of WHO for the attainment by all peoples of the highest possible level of health, by the Declaration and recommendations of Alma-Ata on primary health care as the key to the attainment of health for all, and by resolution 34/58 of the United Nations General Assembly on health as an integral part of development;

Resolutely determined to fulfil the constitutional functions of WHO as the directing and coordinating authority on international health work through the collective action of its Member States, and through ensuring technical cooperation with its Member States at their request;

Welcoming the changed climate in WHO and among its Member States which has given rise to the rejection of the concept of "technical assistance", whereby aid was provided by so-called "donors" to "recipients", and its replacement by the concept of "technical cooperation" founded on common and mutual interest of all, whereby Member States cooperate with their Organization, as equal partners, to define and achieve their health goals through programmes that are determined by their needs and priorities and that promote their self-reliance in health development;

1. REITERATES that WHO's unique constitutional role in international health work comprises in essence the inseparable and mutually supportive functions of acting as the directing and coordinating authority on international health work and ensuring technical cooperation between WHO and its Member States, essential for the attainment of health for all by the year 2000, making no distinction between these integral functions carried out at country, regional and global levels, whether financed from the WHO regular budget or from other sources;

2. AFFIRMS that:

(1) coordination in international health work is the facilitation of the collective action of Member States and WHO to identify health problems throughout the world, to formulate policies for solving them, and to define principles and develop strategies for giving effect to these policies;

(2) technical cooperation in international health work is joint action of Member States cooperating among themselves and with WHO, as well as with other relevant agencies, to achieve their common goal of the attainment by all people of the highest possible level of health by implementing the policies and strategies they have defined collectively;

3. CONSIDERS further that technical cooperation in international health work must be characterized by:

- (1) equal partnership among cooperating parties, developing and developed countries alike, WHO and other intergovernmental, bilateral, multilateral and nongovernmental organizations participating in technical cooperation;
- (2) respect for the sovereign right of every country to develop its national health system and services in the way that it finds most rational and appropriate to its needs; to mobilize and use all internal as well as bilateral and other resources to this end; and, for this purpose, to make use of scientific, technical, human, material, information and other support provided by WHO and other partners in health development;
- (3) mutual responsibility of cooperating parties for carrying out jointly agreed decisions and obligations, exchanging experience and evaluating results obtained, both positive and negative, and making the information thus generated available for the use and benefit of all;

4. STRESSES the responsibility of WHO to fulfil its constitutional leadership role as the directing and coordinating authority in international health work, including research promotion and development; the application of science and technology for health; policy formulation; the development of worldwide health programmes for the promotion of health, prevention, control and diagnosis of disease, rehabilitation and strengthening of health systems; the provision of valid information on health matters; the fostering of mechanisms for technical cooperation and coordination in health work; the mobilization and rationalization of the flow of health resources; the contribution of health to socioeconomic development and peace; and the provision of necessary support for the development of policies, strategies and plans of action at country, regional, interregional and global levels, including joint action with other relevant international organizations;

5. URGES Member States:

- (1) to act collectively in order to ensure the most effective fulfilment by WHO of its constitutional functions and the formulation by the Organization of appropriate international health policies, and principles and programmes to implement these policies;
- (2) to formulate their requests for technical cooperation with WHO in the spirit of the policies, principles and programmes they have adopted collectively in WHO;
- (3) to take full account of the experiences of technical cooperation between WHO and its Member States when deciding collectively on policies, principles and programmes in WHO;

6. REQUESTS the Executive Board to ensure that the Organization's general programmes of work, medium-term programmes and programme budgets fully reflect WHO's international health work as a properly balanced and mutually reinforcing combination of the Organization's constitutional functions of coordination and technical cooperation;

7. REQUESTS the Director-General:

- (1) to emphasize WHO's unique constitutional role in international health work in all appropriate forums, and particularly in the United Nations system and other international and bilateral organizations;
- (2) to report to the Board on any difficulties encountered in implementing this resolution and, in particular, in gaining acceptance of the concept of WHO's international health work as described in the resolution;

8. INVITES the United Nations organizations concerned, as well as other international and bilateral organizations and collaborating centres and institutions, to coordinate with and support the efforts of WHO by appropriate actions within their respective spheres of competence in the spirit of resolution 34/58 of the United Nations General Assembly on health as an integral part of development, and in so doing to adhere to the principles of technical cooperation and coordination in international health work set forth in this resolution.

Sixteenth Plenary Meeting, 22 May 1981
A34/VR/16

22 May 1981

INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE

The Thirty-fourth World Health Assembly,

Having considered the report¹ of the Director-General relating to the International Drinking Water Supply and Sanitation Decade (1981-1990);

Stressing that the provision of safe drinking water and sanitation services is one of the essential elements of primary health care, and one of the essential global targets for Health for All;

Noting with concern that progress made in the 1970s in improving drinking water and sanitation services was slower than expected;

Considering that wide acceptance by Member States of the International Drinking Water Supply and Sanitation Decade offers a new incentive to provide people with these essential services; and that maximum use should be made of all opportunities afforded by the Decade to promote the attainment of Health for All;

Recognizing the need to monitor specific measurable indicators of the impact on health of improved water supplies and sanitation developed during the Decade, so as to help mobilize the substantial necessary resources, foster community participation and further encourage international support for that programme;

Aware that the Decade presents an opportunity to eliminate dracunculiasis (Guinea worm disease) as a public health problem in affected areas, where the prevalence of the disease could serve as a uniquely visible and measurable indicator of progress for the Decade;

Restating the principles² endorsed by the Thirty-third World Health Assembly that Decade efforts will contribute to Health for All through:

- complementarity of sanitation with water supply development;
- focus on both rural and urban underserved populations in policies and programmes;
- achievement of full coverage through replicable, self-reliant and self-sustaining programmes;
- use of socially relevant systems applying an appropriate technology;
- association of the community with all stages of programmes and projects;
- close relation of water supply and sanitation programmes with those in other sectors;
- association of water supply and sanitation with other health programmes;

¹ Document A34/4.

² Document A33/15.

1. NOTES with appreciation the report of the Director-General;

2. RECOMMENDS to its Member States:

(1) to accelerate substantially the pace of their programmes for drinking water supply and sanitation through the adoption of relevant policies and their implementation through plans aimed at covering the total population;

(2) to strengthen or establish suitable mechanisms, such as National Action Committees, to facilitate policy formulation, the elaboration of national Decade plans, the strengthening of relevant programmes of all involved national agencies and their active participation at all levels, and the best use of available external resources, recognizing the UNDP resident representatives as focal points for international action at the country level;

(3) to focus programmes on their national priority health problems and monitor resulting impact on health, giving particular attention to the reduction of diarrhoeal diseases and in specifically affected countries, to other preventable water- or sanitation-related infections such as schistosomiasis, dracunculiasis, etc.;

(4) to incorporate activities for the improvement of drinking water supply and sanitation services into their national programmes for Primary Health Care, particularly in respect of people's education and involvement, training of community workers, and strengthening the support capacity at all levels of referral; and

(5) to strengthen the ability of national health agencies to take an active role in planning and implementing programmes for the Decade.

3. FURTHER RECOMMENDS TO MEMBER STATES

(1) to promote the International Drinking Water Supply and Sanitation Decade in international intergovernmental organizations in such a way as to make coordination more effective at the country level;

(2) to propose relevant water supply and sanitation programmes and projects for external support in a manner consistent with the principles set forth above;

4. INVITES THE MULTILATERAL AND BILATERAL AGENCIES CONCERNED to support national plans by giving priority to programmes and projects consistent with the above principles;

5. REQUESTS the Director-General:

(1) to further develop and implement WHO's strategy of support of the Decade in conformity with resolutions WHA29.47, WHA30.33, WHA31.40 and WHA32.11 as well as decision 17 of the Thirty-third World Health Assembly;

(2) to ensure the effective fulfilment by WHO of its central technical role with respect to the International Decade, including support to the coordinating mechanisms of the United Nations system and continued collaboration with member countries to specify achievable health-related targets for the Decade;

(3) to cooperate with Member States, the other agencies in the United Nations system and with the multilateral and bilateral agencies concerned in exchanging information and facilitating support to relevant projects and programmes for which external resources are sought;

(4) to cooperate with Member States in assessing experience accruing from the implementation of national programmes and particularly information pertaining to impact of these programmes on the health of communities; and to disseminate this information widely among Member States, the other agencies of the United Nations system and multilateral and bilateral agencies;

(5) to report on these matters periodically to future Health Assemblies during the Decade.

Sixteenth Plenary Meeting, 22 May 1981
A34/VR/16

22 May 1981

PROMOTION OF PREVENTION OF ADVERSE HEALTH EFFECTS OF DISASTERS AND
EMERGENCIES THROUGH PREPAREDNESS

The Thirty-fourth World Health Assembly,

Recalling resolutions EB51.R43, EB55.R62 and WHA28.48 on the role of the World Health Organization in emergencies and disasters;

Noting that a great number of Member States, in particular developing countries in view of their socioeconomic situation, are vulnerable to the effects of disasters;

Recognizing that sudden calamities and disasters adversely affect a country's health services and impede its development;

Stressing that, despite the undoubted importance of relief in emergencies, preventive measures and preparedness are of fundamental importance;

Reaffirming that the Organization should assume a leadership role in disaster preparedness;

1. COMMENDS the Director-General for his valuable efforts in providing and coordinating emergency relief for disaster-stricken countries;
2. URGES Member States to strengthen the Organization's role in all health aspects of disasters and to increase their direct cooperation with countries at risk;
3. REQUESTS the Director-General, while continuing the Organization's useful emergency action, to strengthen its capacity and increase its resources, whether from budgetary or extrabudgetary sources, to promote the development of approaches to the prevention of adverse health effects of disasters, when possible, and the preparedness of Member States to deal with disasters, to participate in the coordination of aid and to report on the matter to future Health Assemblies.

Sixteenth Plenary Meeting, 22 May 1981
A34/VR/16

22 May 1981

COLLABORATION WITH THE UNITED NATIONS SYSTEM - INTERNATIONAL YEAR OF
DISABLED PERSONS, 1981: WHO'S COOPERATIVE ACTIVITIES WITHIN THE UNITED
NATIONS SYSTEM FOR DISABILITY PREVENTION AND REHABILITATION

The Thirty-fourth World Health Assembly,

Recalling resolution 31/123 of the United Nations General Assembly proclaiming the year 1981 as "International Year of the Disabled Persons";

Recalling resolution WHA31.39 requesting the Director-General to contribute extensively to the success of the International Year;

Considering that the disabled, rather than being a load on the society and nations, should benefit from the effort of prevention, treatment, readaptation and rehabilitation to enable them to effectively share in the normal activities of society;

Noting that in addition to malnutrition, communicable diseases, poor quality of care, and traffic and work accidents, wars, armed aggressions, torture and the suppression of fundamental human rights constitute a factor in the considerably increasing number of physically, psycho-traumatically and mentally disabled persons;

Noting the efforts deployed by the Director-General in favour of the disabled;

1. CONGRATULATES the Director-General for his report¹ and on the action already taken;
2. RECOMMENDS that the Member States:
 - (1) continue and increase their efforts to ensure the success of the International Year of the Disabled Persons;
 - (2) build on these efforts and develop permanent programmes that would benefit the disabled, as an integral part of activities towards the goal of Health For All by the year 2000;
3. REQUESTS the Director-General:
 - (1) to collaborate with Member States in support of programmes of disability prevention and rehabilitation within the primary health care context, especially in developing countries;
 - (2) to enhance cooperation with other United Nations agencies, regional intergovernmental organizations and international nongovernmental organizations in the planning and implementation of the above programmes;

¹ Document EB67/1981/REC/1, Annex 14.

- (3) to contribute to the evaluation of the above programmes, particularly in view of their adequacy and effectiveness;
- (4) to report periodically to the World Health Assembly on the progress of the programmes.

Sixteenth plenary meeting, 22 May 1981
A34/VR/16

22 May 1981

GLOBAL STRATEGY FOR HEALTH FOR ALL BY THE YEAR 2000

The Thirty-fourth World Health Assembly,

Recalling WHO's constitutional objective of the attainment by all peoples of the highest possible level of health, the Declaration of Alma-Ata, and resolutions WHA30.43, WHA32.30, and WHA33.24 concerning health for all by the year 2000 and the formulation of strategies for attaining that goal, as well as resolution 34/58 of the United Nations General Assembly concerning health as an integral part of development;

Having reviewed the Strategy submitted to it by the Executive Board in the document entitled "Global Strategy for Health for All by the year 2000";¹

Considering this Strategy to be an invaluable basis for attaining the goal of health for all by the year 2000 through the solemnly agreed, combined efforts of governments, people and WHO;

1. ADOPTS the Global Strategy for Health for All by the year 2000;
2. PLEDGES WHO's total commitment to the fulfilment of its part in this solemn agreement for health;
3. DECIDES to monitor the progress and evaluate the effectiveness of the Strategy at regular intervals;
4. INVITES Member States:
 - (1) to enter into this solemn agreement for health of their own volition, to formulate or strengthen, and implement, their strategies for health for all accordingly, and to monitor their progress and evaluate their effectiveness, using appropriate indicators to this end;
 - (2) to enlist the involvement of people in all walks of life, including individuals, families, communities, all categories of health workers, nongovernmental organizations and other associations of people concerned;
5. REQUESTS the Executive Board:
 - (1) to prepare without delay a plan of action for the immediate implementation, monitoring and evaluation of the Strategy, and submit it, in the light of the observations of the regional committees, to the Thirty-fifth World Health Assembly;
 - (2) to monitor and evaluate the Strategy at regular intervals;
 - (3) to formulate the Seventh and subsequent General Programmes of Work as WHO's support to the Strategy;

¹ Document A34/5.

6. REQUESTS the Regional Committees:

- (1) to review their regional strategies, update them as necessary in the light of the Global Strategy, and monitor and evaluate them at regular intervals;
- (2) to review the Executive Board's draft plan of action for implementing the Strategy and submit their comments to the Board in time for it to consider them at its sixty-ninth session in January 1982;

7. REQUESTS the Director-General:

- (1) to ensure that the Secretariat at all operational levels provides the necessary support to Member States for the implementation, monitoring and evaluation of the Strategy;
- (2) to follow up all aspects of the implementation of the Strategy on behalf of the Organization's governing bodies, and to report annually to the Executive Board on progress made and problems encountered;
- (3) to present the Strategy to the United Nations Economic and Social Council and General Assembly in 1981, and report to them subsequently at regular intervals on progress made in implementing it as well as resolution UNGA34/58.

Sixteenth plenary meeting, 22 May 1981
A34/VR/16

22 May 1981

RESOURCES FOR STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

(Draft resolution proposed by a working group)

The Thirty-fourth World Health Assembly,

Recalling resolution WHA30.43, which defined the goal of health for all by the year 2000, resolutions WHA32.30 and WHA33.24, which endorsed the Declaration of Alma-Ata and urged Member States to formulate national strategies for attaining health for all through primary health care as part of a comprehensive national health system, and resolution 34/58 of the United Nations General Assembly concerning health as an integral part of development;

Also recalling resolutions WHA27.29 and WHA29.32, which requested the Director-General to strengthen WHO's mechanisms for attracting and coordinating an increasing volume of bilateral and multilateral aid for health;

Noting with satisfaction the decision taken by the Executive Board at its sixty-seventh session concerning the establishment of a Health Resources Group;

Aware that some countries have encountered difficulties in developing and implementing their national strategy for health for all, and convinced that these countries urgently require special support to enable them to overcome their difficulties;

1. WELCOMES the efforts being made by Member States to prepare and implement national strategies for health for all through the development of health systems based on primary health care;
2. URGES all Member States to allocate adequate resources for health and in particular for primary health care and the supporting levels of the health system;
3. URGES Member States that are in a position to do so to increase substantially their voluntary contributions, whether to WHO or through all other appropriate channels, for activities in developing countries that form part of a well-defined strategy for health for all, and to cooperate with these countries and support them in overcoming the obstacles impeding the development of their strategies for health for all;
4. INVITES the relevant agencies, programmes and funds of the United Nations system, as well as other bodies concerned, to provide financial and other support to developing countries for the implementation of national strategies to achieve health for all by the year 2000;
5. URGES those Member States that, for the implementation of their strategies for health for all, require external sources of funds in addition to their own resources, to identify those needs and report thereon to their regional committees;

6. INVITES the regional committees to review regularly the needs of Member States in the Region for external resources in support of well-defined strategies for health for all and report thereon to the Executive Board;

7. REQUESTS the Executive Board to review regularly the international flow of resources in support of the strategy for health for all, to ensure that such resources are effectively and efficiently used for that purpose, and to report thereon to the Health Assembly;

8. DECIDES that the World Health Assembly will review from time to time the international flow of resources for health and will encourage those Member States that are in a position to do so to ensure an adequate level of transfer;

9. REQUESTS the Director-General:

(1) to support developing countries as required in preparing proposals for external funding for health;

(2) to take appropriate measures for identifying external resource requirements in support of well-defined strategies for health for all, for matching available resources to such needs, for rationalizing the use of such resources, and for mobilizing additional resources if necessary;

(3) to report regularly to the Executive Board on the measures he has taken and the results he has obtained.