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

The Forty-fifth World Health Assembly met in Geneva, Switzerland, from 4 to 14 May 1992. Thirty-five resolutions were adopted. This document is an annotated synopsis of the work of the Assembly and of the resolutions which, in the judgement of the Director, are of particular importance or interest to the Executive Committee. The Committee is requested to offer its own analysis of the significance of these resolutions for the Member Governments of the Region of the Americas as well as for the Secretariat.

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

I. INTRODUCTION

The Forty-fifth World Health Assembly (WHA45) was held in Geneva, Switzerland, from 4 to 14 May 1992. During its deliberations, WHA45 considered the work of the Executive Board since the last World Health Assembly, considered the admission of new members and associate members (including Puerto Rico), reviewed the second evaluation of the implementation of the Global Strategy for Health for All by the Year 2000, considered the results of the Technical Discussions on Women, Health, and Development, and adopted a total of 35 resolutions. From the Region of the Americas, Mr. J. Eckstein, Minister of Health, Trinidad and Tobago, was elected one of the Vice Presidents of the Assembly, Dr. F. Chávez-Peón of Mexico was elected Rapporteur of Committee A, and Dr. A. D. Jatene of Brazil was elected Vice-Chairman of Committee B.

In his address to the Assembly, Dr. Hiroshi Nakajima, Director-General of WHO, stressed that traditional narrow views of health care have to be discarded in favor of a new and more flexible framework to cope with the deep political, social and economic uncertainty and changes of the post cold-war period. WHO cannot remain isolated in the traditional narrow definition of health, and ministries of health have to reconcile themselves to interdisciplinary thinking, and intersectoral planning, action and coordination. Stating the key orientations for new public health action, Dr. Nakajima focussed on protecting and promoting health; ensuring access to health care that results in desirable outcomes; mobilizing resources for health and ensuring their optimum use; and monitoring and evaluating public health action, not only in epidemiological terms, but also in terms of its impact on socioeconomic development.

The President of Bolivia, His Excellency Dr. Jaime Paz-Zamora, also addressed the Assembly during a special meeting on the linkage among the world economy, health development and the environment.

The work of the Assembly is synopsised in the following sections. Only those resolutions considered to be of importance to the Region of the Americas are annotated. They are presented according to subject matter, rather than the sequence in which they were adopted. Some relate directly to agenda items being considered by the PAHO Executive Committee and are so noted with cross references. All of the resolutions are included in Annex I, in numerical order.

II. PROGRAM POLICY MATTERS

A number of program policy matters were considered during WHA45. Background documents provided a basis and focus for the discussion and the resolutions which resulted. In other instances, resolutions were generated and adopted as part of the discussion of agenda items. The following presentation includes program policy issues pertinent to the Region of the Americas.

1. Implementation of the Global Strategy for Health for All by the Year 2000, Second Evaluation (Resolution WHA45.4)

A report on the second evaluation of the implementation of the strategy for health for all, derived mainly from national and regional evaluation reports, was presented to WHA45. During 1991, the countries of the Americas prepared national reports evaluating the implementation of the strategy of Health for All by the Year 2000. Most Member States appeared to have had difficulties completing the reports using the common framework, since all reports except one were received late and did not provide all of the requested information. Nonetheless, a Regional Report was prepared, submitted to the Regional Committee in September 1991 and approved.

The Global Report, which will be published with the six Regional Reports, summarizes the world health situation and reiterates the challenges for the future. First, governments must act decisively to reduce inequity in health. Second, national governments must strengthen local health systems (called district level services in the Report), give further emphasis to disease prevention and health promotion, focus on achieving and maintaining acceptable quality in both public and private health care, and direct health technology development to the needs of the most vulnerable groups. Third, progress must be made in discussing efficient and equitable health financing mechanisms. Fourth, new styles and approaches to the management of the health sector must be implemented. And fifth, governments and WHO must work together to improve the technical content, effectiveness and administrative efficiency of WHO's collaboration at all levels, but particularly at the country level.

In approving the report on the second evaluation, the Assembly urged Member States to maintain high level political commitment to achieving social equity; to intensify action aimed at strengthening the health infrastructure on the basis of the principle of primary health care; to review and redefine the role of governments in ensuring universal access to integrated health services of acceptable quality, emphasizing health promotion and disease prevention; and to improve the production, allocation and utilization of financial, human and technological resources in order to meet high-priority health needs, paying particular attention to the development of efficient and equitable financing mechanisms and the balance between public and private services.

The Regional Committees are urged to disseminate and apply the findings of the evaluation report and to carry out the third monitoring of the implementation of the regional strategies in 1994.

In this regard, improvements are needed in the approach to completing the monitoring and evaluation of the Health for All strategies. Both in 1988 (the last monitoring exercise) and in 1991, many countries in the Region of the Americas were not in a position to complete the Common Framework and the information was provided solely by the Secretariat. A review of the approach to be used should begin now so that the effort will be as productive as possible for the needs of the Member States as well as for the Secretariat in orienting the activities of the Organization.

2. Strengthening Nursing and Midwifery in Support of Strategies for Health for All (Resolution WHA45.5)

In 1989, the Forty-Second World Health Assembly adopted resolution WHA42.27 on strengthening nursing and midwifery in support of strategies for Health for All. Member States were urged to devise measures to avert nursing/midwifery shortfalls in the future; to develop strategies to recruit and retain, educate and reorient nursing/midwifery personnel; to encourage the appointment of such personnel to senior leadership and management positions; and to support the development of nursing/midwifery research, among other things. The Director-General was called upon to increase support to Member States to strengthen nursing/midwifery components of national health programs and to report to WHA45 on progress.

In order to report to the Assembly, a tool for collecting data about the main issues in the resolution was sent to all of the Member States through the regional offices. The Report itself highlights the activities undertaken by the Member States in the six WHO regions, and by WHO itself.

After considering the Report, the Assembly adopted Resolution WHA45.5 and expressed its concern about the continued shortage of nursing and midwifery personnel and the urgent need to recruit, retain, educate and motivate sufficient numbers to meet present and future community health needs. Member States are urged, therefore, to identify their nursing and midwifery service needs while assessing the roles and utilization of nursing and midwifery personnel; to strengthen their managerial and leadership capabilities; to strengthen nursing and midwifery education; to promote health services research that will ensure the optimal contribution of nursing and midwifery to health care delivery; to ensure appropriate working conditions and the allocation of adequate resources for nursing and midwifery activities; and finally to ensure that health policies reflect their contribution of these personnel.

The Director-General is requested to establish a global multidisciplinary advisory group on nursing and midwifery, to mobilize increased technical and financial support and to ensure that the interests of nursing and midwifery services are taken into account in program development and policy implementation. The global network of nursing and midwifery collaborating centers is to be strengthened. The Regional Committees are to reinforce regional actions to implement the resolution.

In the Region of the Americas, increasing shortages of professional nurses can be observed in many countries such as Brazil, Chile, El Salvador and Costa Rica, and increasingly, inadequately prepared nursing personnel are called upon to provide such care to the detriment of the quality of services. Well-qualified nurses are still not adequately represented at decision-making levels, thus limiting participation in the development of policies and in the planning and administration of health services. Curriculum changes have still not effected changes in the delivery of nursing care. And fewer opportunities are available to introduce new leadership in nursing.

To address these issues, and others, the Regional Office for the Americas has been active in working closely with the network of collaborating centers in this Hemisphere, of which there are now seven. In Argentina, the English-speaking Caribbean, Chile, Mexico, the United States of America, and others, nursing has been declared a high priority due to a recognition of the need to upgrade nursing, or due to shortages that have necessitated the reduction of services. Fourteen countries have collected information about the nursing workforce in order to identify better their nursing requirements. Although nursing research is well developed in some countries, such as the United States of America and Canada, the systematic collection and dissemination of scientific information in nursing was identified as most in need of attention by a Pan-American colloquium held in Mexico in 1990. PAHO/AMRO has also used a new methodology of prospective analysis in a majority of the countries of the Hemisphere in order to motivate and give direction to a process of change in the professional education of nurses and midwives. This methodology is now being used in other WHO regions.

3. Disability Prevention and Rehabilitation (Resolution WHA45.10)

Calling on Member States to strengthen comprehensive national programs for disability prevention and rehabilitation integrated into primary health care, the Assembly adopted Resolution WHA45.10. To strengthen and coordinate rehabilitation services as a continuum of primary and secondary prevention, to promote the involvement of NGOs, and to promote equality of opportunity for meaningful participation of disabled people in all aspects of community life are also included as requests to the Member States. The Director-General is requested to continue to develop strategies for promoting the prevention of disabilities and to reinforce the link between prevention and rehabilitation within primary health care.

The thrust of this resolution is in keeping with the approaches being used in the Region of the Americas where AMRO/PAHO is supporting Member States in the integration of community-based rehabilitation services into local health systems. Community participation, the reorganization of services and the creation of service networks are all part of the approach that is being used. Recently, an advisory group has been organized to develop basic guidelines for the integration of rehabilitation services into SILOS. Furthermore, participation of NGOs in national programs for disability prevention and rehabilitation is being promoted.

4. Immunization and Vaccine Quality (Resolution WHA45.17)

This resolution addresses several important programmes in the Region of the Americas, namely the expanded program on immunization (EPI) and the control of vaccine quality. The Region is applauded for the virtual achievement of the goal of poliomyelitis eradication and the vigorous pursuit of the elimination of neonatal tetanus and reduction or elimination of measles.

The background paper, which is endorsed in this resolution, adds additional targets for national immunization programs, namely:

- Measles immunization coverage for infants aged six months to one year should reach 90% in all districts by 1995.
- By 1993, yellow fever vaccine should be routinely administered to children under one year of age in all countries at risk for yellow fever.
- Hepatitis B vaccine should be integrated in vaccination programs in all countries by 1997. Where carrier prevalence is 2% or greater, the most effective strategy is incorporation into the routine infant immunization schedules.

The resolution also urges Member States to accelerate activities to achieve the goals and targets for immunization set for the 1990s in ways that strengthen primary health care, to integrate cost-effective new vaccines, such as hepatitis B vaccines, in their national immunization programs where feasible, and to use only vaccines that meet WHO requirements.

The EPI, including the regional policy proposals on measles and hepatitis B vaccination, are discussed fully in the Regional Director's progress report contained in Executive Committee document CE109/13 to be considered under agenda item 4.6.

In regard to vaccine quality control, it should be noted that only laboratories approved by WHO to supply vaccines to UNICEF are accepted for placing bids for vaccine purchase through the PAHO revolving fund. PAHO also provides technical assistance and external testing of vaccines to assure adequate quality control. Standard reagents, training and other related activities are also provided. The establishment of a vaccine quality surveillance system is the next most important step. The organization of a network of quality control laboratories capable of supporting the needs of the Region would improve the capacity of the Region's Member Countries to address this costly issue. A proposal for creating this network has been prepared, and initial financing is being sought.

5. Child Health and Development: Health of the Newborn (Resolution WHA45.22)

Available information shows that the decline in infant mortality in the Region's developing countries is attributable to reduction of post neonatal mortality with the neonatal component becoming proportionally greater. In fact, in 86% of the countries of the Americas, neonatal mortality accounts now for more than 50% of infant deaths. The explanation for this situation is that post neonatal mortality is associated with socioeconomic factors and a harsh environment and, therefore, can be reduced through activities aimed chiefly at environmental sanitation and control of vaccine preventable diseases, diarrheal diseases, malnutrition, and acute respiratory infections. On the other hand, neonatal mortality is linked to biologic factors and hospital care. Basic preventive technology that can reduce neonatal mortality is still not widely used in many developing countries and the considerable investment required to strengthen highly complex hospital services have not been made. In developed countries, such as Canada and the United States of America, the reduction in the infant death rate was due mainly to a reduction in the neonatal mortality rate.

One of the main causes of high neonatal mortality in most of the Region's countries is the elevated incidence of low-weight births, which are mainly due to fetal malnutrition, premature deliveries, or both. For that reason, it is important that health services carry out activities to ensure that future mothers are healthy and well nourished; that couples have their children at optimal ages during their reproductive periods; that pregnancies are monitored early and adequately; that deliveries are attended in appropriate settings; that children are born at term with good weight and are guaranteed the availability of immediate care and growth and development monitoring; and that breastfeeding starts immediately at birth. A further analysis of the situation is provided in Health Conditions in the Americas, 1990 Edition.

Thus, Resolution WHA45.22 urges Member States to train those providing maternal and child health care in the principles and techniques of risk screening during pregnancy, clean and safe delivery, resuscitation, thermal control and breastfeeding and

to strengthen their monitoring and surveillance systems for maternal and perinatal health. In reinforcing his cooperation with Member States in implementing these measures, the Director -General is to develop and promote the use of indicators of the quality of maternal and neonatal health care and to strengthen the Organization's operational research for perinatal care.

The health of the newborn has been a principal concern of the PAHO's MCH Program and Perinatology Center in Montevideo, Uruguay, for more than 20 years. Technical cooperation in perinatal health matters has been extended to more than 20 countries, including the training of several thousand professionals in the field. Notwithstanding these efforts, including with the support of the Canadian International Development Agency (CIDA), only 70% of births in Latin America and the Caribbean occur in institutional settings and only 86% of births are attended by technically trained personnel. Of the services that are provided, only 11% meet the criteria for quality of care. Another significant problem is the growing number of cesarian sections being performed and other abuses of expensive technologies. And finally, in 10 countries of the region, fewer than 50% of pregnant women receive any prenatal health care.

Thus, for the Americas, the challenge is to strengthen prenatal care, to extend the availability and quality of perinatal hospital services, to develop norms for the immediate care of the newborn, and to establish epidemiologic surveillance and health care audits for cesarian sections

6. WHO Action Program on Essential Drugs, Harmonizing Drug Regulations, WHO Certification Scheme, and Ethical Criteria for Medicinal Drug Promotion (Resolutions WHA45.27, WHA45.28, WHA45.29, and WHA45.30.)

Resolution WHA43.20 requests the Director-General to report on progress in implementing the revised drug strategy. The present Resolution expresses satisfaction with the increased activities of the Action Program on Essential Drugs and the response of Member States and of development agencies. It also requests the Director-General to increase country support in this area and to provide the necessary staffing and funding for implementing the Action Program.

During the last two years the WHO Program has significantly increased its technical and financial support in the Region of the Americas. This is particularly true in the Andean area, where extrabudgetary funds have been provided for the 5 countries, including Dutch-financed comprehensive national projects in Ecuador and Bolivia. The increase in WHO-funded activities has resulted in occasional lack of coordination between Headquarters and the Regional Program due to their direct communications with Country Offices and/or national authorities and their offers of funds for technical cooperation without consultation with or input from the Regional Program.

In the last year, Member Governments in the Region have taken significant measures to respond to increasing problems related to the cost and rational use of pharmaceuticals. A major strategy in various countries (Argentina, Colombia, Peru, and Venezuela) has been the promotion of generic products and the use of generic names (the International Nonproprietary Name). If these countries succeed in this effort, the marketing of generic products will spread throughout the Region.

Continued WHO collaboration with the Regional Program will be required in order to respond to the increasing demand for technical cooperation.

The Director-General is requested to further the international harmonization of drug regulatory regimes in Resolution WHA45.28 on Harmonizing Drug Regulations. This line of work has become a priority in the Region of the Americas in light of the on-going processes of political and economic integration at the subregional and regional levels. Thus, the AMRO/PAHO Essential Drugs Program has sponsored workshops and meetings of the Directors of the national regulatory agencies to develop compatible requirements and procedures for the evaluation and registration of pharmaceutical products and to promote the mutual recognition of drug approvals, inspections, and analysis. These regional and subregional meetings have been carried out within the framework of the PAHO-sponsored Latin American Network of Drug Regulatory and Quality Control Institutions.

Resolutions WHA45.29 (Proposed Guidelines on the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce) and WHA45.30 (WHO Ethical Criteria for Medicinal Drug Promotion) refer to WHO-sponsored initiatives that have been included in the Regional Program. The two subjects have been addressed in the agendas of meetings with drug regulatory officials, both at the regional (Latin American Network of Drug Regulatory and Control Agencies) and subregional levels (Central America, Caribbean and Andean areas) as well as during visits to the countries by regional technical staff.

The criteria provide guidelines on matters such as drug promotion, advertising, free samples, and the sponsorship of meetings. These are all regulated in developed countries with well established regulatory agencies, but this is not the case in the developing world where, due to other priorities, government resources and staff are insufficient to monitor adequately the marketing practices of the industry. As a result, there has been little progress in this area in Latin America and the Caribbean. However, the recent trends in some countries to require generic names on product labels and in physician's prescriptions, where accompanied by information and education campaigns, should contribute toward a certain degree of transparency in the market.

The Certification Scheme has been extensively promoted by the Regional program and most, if not all, the regulatory authorities are aware of its contents. A number of countries already include the Certificate as part of their drug registration procedures, though how many actually require submission of all the information requested by the Certificate is not known. As an indication of the acceptance of this concept, the national authorities of the Andean subregion have agreed to provide an Andean Certificate based on the WHO Scheme for pharmaceutical products produced and marketed within the subregion.

AMRO/PAHO actively supports this line of work and will continue to promote both initiatives as part of its regular technical cooperation. Thus, the Ethical Criteria is on the agenda of a subregional workshop on rational use to be held this August in Bolivia and of a national meeting on drug policies being planned for later this year in Argentina. The WHO Certification Scheme, will again be discussed in September by the Central American directors of drug registration in the context of regulatory harmonization.

7. Health and Environment (Resolution WHA45.31)

Several weeks before the Executive Committee meeting, the United Nations Conference on Environment and Development (UNCED) will be held in Rio de Janeiro, Brazil. This Conference will examine international strategies and measures to halt and reverse the effects of environmental degradation in the context of strengthened national and international efforts to promote sustainable and environmentally sound development. Of paramount importance is that the health dimension of the environmental and developmental crisis be fully reflected in the actions decided.

In preparation for this Conference, WHO convened a high-level technical commission on health and environment which met in 1990-1991. Its report, entitled Our Planet, Our Health, was submitted to WHA45. The commission's general strategy and recommendations identify paths to be taken to promote human health in the current and future environment. The strategy's three global objectives are to achieve a sustainable basis for health for all, to provide a health promoting environment and to enable people to fulfill their own responsibilities in attaining health in a sound environment.

Resolution WHA45.31 calls upon Member States to take the Commission's recommendations into account in the reorientation of environmental health work to health-for-all needs through intersectoral and interdisciplinary approaches to development, in action to improve environmental conditions for human health, in improvement of the capacity to analyze environmental health problems and to implement effective interventions, and in improvement of the capacity of the health sector to play an

advocacy role at all levels of government and in the community. For his part, the Director-General of WHO is requested to formulate a new global WHO strategy for environmental health based on the findings of the WHO Commission.

Several members of the Commission were from the Region of the Americas and regional staff served in the Commission secretariat. Health and the environment has been assigned a high priority in the Region of the Americas; over the last several years, the PAHO Governing Bodies have considered a variety of issues related to health and the environment, including environmental protection, water and sanitation, and occupational health as well as related issues such as cholera. As recently as December 1991, the Subcommittee on Planning and Programming reviewed the Organization's environmental health activities and its findings are included in its report to the Executive Committee. Furthermore, this issue has been designated a program priority for the quadrennium 1991-1994 by the XXIII Pan American Sanitary Conference.

Members of the AMRO/PAHO Secretariat are attending UNCED and will make a special report to the Executive Committee under Agenda Item 7. A more detailed plan for follow-up action will be presented to the Directing Council in September 1992.

8. International Program on Chemical Safety (Resolution WHA45.32)

Closely related to the previous topic, WHA45 also considered a progress report on the International Program on Chemical Safety, established in 1980 as a joint venture of WHO, the International Labor Organization (ILO) and the United Nations Environmental Program (UNEP). Following consideration of the report, the Assembly adopted Resolution WHA45.32, urging Member States to strengthen national and local capabilities for response to chemical accidents, to increase awareness of chemical risks and the need to prevent misuse of chemicals and accidental exposure to them, to organize training programs in chemical safety, and to strengthen governmental mechanisms to provide liaison and coordination between all parties involved in chemical safety activities. The Director-General is requested to strengthen and expand the scientific work of the Program to meet the challenges of chemical safety and to continue to promote the development of comprehensive chemical safety programs.

As of 1986, PAHO's Governing Bodies approved the creation of a Regional Program on Chemical Safety (RPCS) in which the Organization's Human Ecology Center (ECO) is a principal component, complemented by the activities of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS.) Regional strategies for implementing the RPCS were established after a Regional Symposium on Chemical Safety was held in 1988. Since then, the Region has established the PROECO Network for which the main objectives are: 1) to establish or strengthen regional, national and local capabilities for responding to risk assessment needs; 2) to strengthen

human resources in the Region through development and promotion of training activities; 3) to establish a Database Network in health risk assessment; 4) to establish a regional quality control and quality assurance activity; 5) to establish an epidemiologic capacity for analyzing the environmental health situation and to evaluate trends in the Region; 6) to develop and adapt methodologies in environmental risk assessment; and 7) to develop applied research capability and projects, disseminating the results in the field.

9. National Strategies for Overcoming Micronutrient Malnutrition (Resolution WHA45.33)

AMRO/PAHO has a long-standing tradition in addressing micronutrient malnutrition through technical cooperation, training, information dissemination and research. Recent estimates for populations at risk in the Region of the Americas are: iodine deficiency disorders 35 million, vitamin A deficiency 15 million and iron deficiency 120 million.

In the 1970s, INCAP developed technologies for the fortification of sugar with retinol and with iron. In 1983, AMRO/PAHO convened the V Scientific and Technical Meeting "Towards the Eradication of Endemic Goiter, Cretinism and Iodine Deficiency." Two years later, AMRO/PAHO and UNICEF, with the financial cooperation of the Italian Government, launched an iodine deficiency control initiative in support of national programs in Bolivia, Ecuador, and Peru, which has been very successful. In 1989, PAHO formulated an Expanded Regional Program for the Control of Iodine Deficiency Disorders. With financial assistance from the Belgian government, support is being given to the Andean and Central American countries. A WHO Collaborating Center for the control of iodine deficiency disorders has now been established in Ecuador.

Since 1988, CFNI has carried out operational research using a slow-release iron formula for the prevention of anemia in pregnant women in Jamaica and the fortification of wheat flour with iron in Grenada.

The Governing Bodies of PAHO have given priority attention to the micronutrient malnutrition component of the regional food and nutrition program within the Strategic Orientations and Program Priorities for the Quadrennium 1991-1994 and have separately approved the control and elimination of iodine and vitamin A deficiencies as goals for the Region. The Executive Committee, under Agenda Item 4.3, will be considering the regional plan of action for the elimination of vitamin A deficiency. A future meeting is being organized in the Region for developing a plan of action for the reduction of iron deficiency anemia.

Resolution WHA45.33 concerning national strategies for overcoming micronutrient malnutrition reinforces the actions already in progress in the Region. Specifically, the resolution urges Member States to strengthen their activities aimed at the control of these micronutrient deficiencies and to integrate them into their national health and development programs; to establish, where appropriate, a focal point and coordinating mechanism to promote and integrate activities in common for the control of these disorders; and to establish a micronutrient monitoring and evaluation system as part of their health and nutrient monitoring systems. For its part, WHO is to establish a micronutrient deficiency information system, disseminate information, provide technical support and training in the prevention and control of micronutrient malnutrition and support operational research. The request to establish regional mechanisms for catalyzing and providing support to national programs is already well underway in the Americas.

10. Infant and Young Child Nutrition (Resolution WHA45.34)

The eighth resolution of World Health Assemblies concerning infant and young child nutrition, appropriate feeding practices and related questions, resolution 45.34 reaffirms the International Code of Marketing of Breast-milk Substitutes as a minimum requirement, i.e. one of several important actions required in order to protect healthy practices in respect of infant and young child feeding. During the first four to six months of life, no food or liquid other than breast milk, not even water, is required to meet a normal infant's nutritional requirements; thereafter, infants should begin to receive a variety of locally available and safely prepared foods rich in energy, in addition to breast milk.

Member States are urged to implement the operational targets contained in the Innocenti Declaration (Florence, 1990), including, by 1995, to have appointed a national breast-feeding coordinator; to ensure that health facilities providing maternity services protect, promote and support breast-feeding; and to enact legislation protecting the breast-feeding rights of working women.

In addition, governments are to encourage all health facilities providing maternity services to become "baby-friendly" by implementing, for example, the ten-steps to successful breast-feeding. Measures are to be taken, as well, to end the donation or low-priced sale of supplies of breast-milk substitutes to health care facilities providing maternity services. The Director-General is requested to support Member States, on request, in elaborating and adapting guidelines on infant nutrition, including complementary feeding practices that are timely, nutritionally appropriate and biologically safe.

The need to increase the number of women who breastfeed has been, for many years, a concern of the Regional Food and Nutrition Program, directly and through INCAP and CFNI. A large amount of materials on breastfeeding education for health personnel and the general public has been produced. It is necessary to modify the attitude of health personnel to achieve better promotion of breastfeeding. One result of the meeting of the Regional Advisory Group on the Promotion of Breastfeeding (June 1991) is a study on the teaching of breastfeeding in schools of medicine, nursing and nutrition. The results of the study will determine future activities to improve, if necessary, teaching in this field.

AMRO/PAHO in collaboration with the CAVENDES Foundation of Venezuela, the United Nations University, INCAP and the Center for Studies on Childhood Nutrition (CESNI) of Argentina, is organizing a Technical Group Meeting on Infant Nutrition for October 1992. CESNI is a WHO Collaborating Center in Research and Teaching on Infant Nutrition. The product of the meeting will be Guidelines for Infant Nutrition (beyond the lactating and weaning periods).

Activities to promote breastfeeding will continue, particularly through INCAP and CFNI. The former is embarking in extensive training of health personnel who in turn will become focal points for training in their respective countries. The results of an ongoing study on teaching of breastfeeding in the schools of medicine, nursing and nutrition will determine future activities to improve the promotion of breastfeeding.

AMRO/PAHO will also support Member States, on request, in the formulation and implementation of national plans for the promotion of breastfeeding and of the International Code.

11. Global Strategy for the Prevention and Control of AIDS (Resolution WHA45.35)

As of March 1992, over 480,000 cases of AIDS had been reported to WHO; of these cases, more than a quarter of a million, or 58% of the total were reported by countries in the Americas. Conservative estimates in the Region place the number of human immunodeficiency virus (HIV) infected persons at well over 2 million: 1 million in North America, 750,000 in Brazil and about 370,000 elsewhere in the Hemisphere. In recent years, more and more countries have seen a significant shift in the epidemic, from predominately homosexual and bisexual male populations to the heterosexual population, with a consequent increase in the number of AIDS cases and HIV infections in women and children. A more complete situation analysis is included in document CE109/12, to be considered by the Executive Committee under Agenda Item 4.5, which also presents the regional actions resulting from the resolution adopted by the Assembly.

By endorsing the updated global AIDS strategy, the Assembly underscored the importance of better prevention and treatment programs for all sexually transmitted diseases, greater focus on prevention of HIV infection through improvement of women's health education and status, a social environment giving more support to prevention programs, greater emphasis on the public health dangers of stigmatization of those infected with HIV, and increasing emphasis on care. Member States are called upon to intensify national AIDS prevention efforts, to adopt the updated global AIDS strategy, to improve measures for the prevention of HIV infection due to blood and blood products, to mobilize national resources, to ensure a multisectoral response to the pandemic, and to reinforce efforts to oppose discrimination against HIV infected persons.

A final note should be made that the External Auditor's Report dealt extensively with the management of the Global Program on AIDS. The Auditor noted "failures in budgetary control in that substantial obligations had been incurred in excess of the allotments authorized." No such failures occurred in the management of the funds allotted to the Region of the Americas.

III. TECHNICAL DISCUSSIONS - WOMEN, HEALTH AND DEVELOPMENT (Resolution WHA45.25 and related resolution WHA45.24 concerning Health and Development)

Long an issue of concern and program action in the Region of the Americas, "Women, Health and Development" became an important focus for the Technical Discussions held during the Forty-fifth World Health Assembly. Although previous efforts at the global level have dealt with areas such as safe motherhood and maternal health, women's education and gender-specific research, none has been as broad-based as the considerations of this Assembly.

Some 400 participants registered for the Technical Discussions. These included leading personalities and experts in the field of women's health, policy-makers, planners, public health administrators, educators, lawyers, health specialists, and social scientists. Also present were government ministers and representatives, together with representatives of nongovernmental organizations.

The discussions during the working sessions revolved around the health of women throughout the world at all stages of their lives and included an analysis of the causes and consequences of women's health problems.

Among the highlights of the discussions, the following key points were made:

1. The health status of women is profoundly affected by socioeconomic, political and cultural factors which produce discrimination and biases against women.
2. A broad range of women's health problems persist throughout their lifetime. Although the precarious situation of women's health is constantly quoted as deplorable, specific actions to alleviate the situation and improve women's health rarely result.
3. Although some health problems are experienced differently by women and have vastly different consequences for them, and although women's health care needs are constantly changing with changes in society, sufficient programs to promote health and to help them stop the perpetuation of discrimination practices have not been put in place.

Some of the ideas for action, expressed by the participants, included:

1. The collection and analysis of more data and information on areas which surround women's health issues.
2. Health care strategies should be designed to cover a broad spectrum of women's health problems through an integrated approach, encompassing their whole life cycle.
3. Research on women's health problems and issues should involve women in study design, implementation and analysis. Not only the scientific community should receive the information generated.

A complete report of the 1992 Technical Discussions is included as Annex II.

Resolution WHA45.25, adopted as a result of the Technical Discussions, urges the Member States to establish a system for reporting on the extent to which key elements of existing resolutions of the World Health Assembly on women's health have been implemented, on the gaps in implementation and the reasons for these gaps, and on what assistance is needed to ensure fulfillment of the commitments assumed by the governments. It also urges the Member States to implement steps to favor an increased proportion of women at professional and higher levels in their Ministries of Health and health sector institutions, and to include at least one woman in their delegations to the World Health Assembly.

The resolution also requests the Director-General to establish a Global Commission on Women's Health to produce an agenda for action and to support the work of the Commission by establishing standards and criteria to permit regular monitoring of the health status of women. It suggests that the Global Commission report on its activities at the United Nations Conference on Human Rights in 1993, the United Nations Population Conference in 1994, and the Fourth World Conference on Women in 1995. Finally, it recommends that a report by submitted on implementation of the resolution to the Forty-eighth World Health Assembly in 1995.

The Region of the Americas has long had a focal point on Women, Health and Development for coordinating cross-program action, has received the policy direction of the Governing Bodies through the efforts of the Special Subcommittee on Women, Health and Development of the Executive Committee which is unique to the Region, has established a specific program within the program budget of the Organization to support activities in this area, has mobilized extrabudgetary resources for specific projects, including the subregional initiative in Central America, and has stressed women, health and development as a strategic orientation of the Organization. In the last regard, the sense of the World Health Assembly resolution is already incorporated in regional targets for 1991-1994 namely 1) to strengthen the institutional capacity to mobilize national and international resources for the promotion and development of women and their health, 2) to facilitate the formulation and evaluation of policies, programs, and health services from the gender perspective, and 3) to revise and reform the legal instruments that either directly or indirectly affect women's health and their access to certain services.

The resolution will have a further impact on the activities of the Regional Program on Women, Health, and Development in the sense that the Program will need to incorporate within its plan of work support for the activities of the Global Commission on Women's Health to be established this year. The Organization will be called on to begin work on the definition of criteria and standards that will permit regular monitoring and evaluation of improvements in the health status of women in the Region of the Americas. This will involve the establishment of concrete targets and time frames for reaching them, as well as the development of basic indicators, with a breakdown by sex, and the implementation of a monitoring system at the Regional level with participation by all the countries. In addition, based on the targets proposed, there will be a need to set dates for the preparation and delivery of progress reports, in accordance with the time periods established for submission of reports in the resolutions of PAHO and WHO on this subject.

Health and Development (Resolution WHA45.24)

Starting with the International Forum on "Health: A Conditionality for Economic Development" which was held in Accra, Ghana, in December 1991, WHO has carried

out a series of discussions which have highlighted the observations that some development programs have had negative effects on the most vulnerable groups, especially women. Since health status is a sensitive indicator, it can be used to monitor and assess the quality of development. Not only an indicator and focus for development, health may be used as a driving force for the development process itself, as has been stated repeatedly in the strategies and policies of PAHO/AMRO.

The Technical Discussions underscored the point that in many countries health services are called upon to respond to the burden of ill-health where the causes of this ill-health go far beyond the health sector and fall within the scope of development strategies themselves. Furthermore, the search for improving economic levels, the technology and approaches used should not have negative health consequences. Thus, in Resolution WHA45.24, Member States are urged to analyze the health impact of existing and future development projects, to implement protective measures to safeguard, promote and improve the health status of affected populations, and to explore the feasibility of creating, where necessary, alternative financial arrangements for the improvement of the health status of vulnerable population groups. The Director-General is to establish an interdisciplinary task force to study which global development policies, strategies and programs enhance or hinder the promotion and improvement of health status and to recommend arrangements for the protection of basic health as a human right and to ensure that health status is protected in the development process.

At its core, this resolution calls WHO to initiate actions which have already begun in AMRO/PAHO and which are highlighted in the Region's strategies dealing with health and development, interventions focussing on high risk groups and, as stated above, women in health and development. The main thrust of the resolution is the opportunity that is to be created for dialogue between health and economic development authorities and the need to protect vulnerable groups. What is new is that the Organization is being asked to provide a forum and means for building consensus about the issues at stake.

IV. ADMINISTRATIVE MATTERS

Several administrative matters were considered by WHA45, of which the following may be of particular interest to the Executive Committee:

1. Admission of Puerto Rico as an Associate Member (Resolutions WHA45.3 and WHA45.12)

In accordance with Article 8 of the Constitution of the World Health Organization and Rule 115 of the Rules of Procedure of the World Health Assembly, the Government

of the United States of America applied for admission of the Commonwealth of Puerto Rico as an Associate Member of the World Health Organization, at the Commonwealth's request. The WHA45 admitted Puerto Rico as an Associate Member of WHO. The 1992 instalment of the assessment of Puerto Rico was reduced to one-third of 0.01 % and for 1993 and thereafter was established at 0.01 %, in accordance with resolutions WHA22.6 and WHA27.9.

2. Financial Matters (Resolutions WHA45.6, WHA45.7, WHA45.8, and WHA45.15)

During the biennium 1990-1991, WHO decided to implement the approved program budget in full, despite continuing serious delays in payment, or non-payment, of regular budget contributions by Member States. Because the income received was less than expenditures, WHO experienced an income deficit of \$65,297,832. This deficit was covered by a withdrawal in full of the available balance in the Working Capital Fund and securing \$54,245,802 against other available internal WHO funds pending the receipt of outstanding contributions. In addition, WHO incurred a substantial exchange rate deficiency, requiring the transfer of \$32,361,900 from casual income. This overview of the financial situation was presented in the Financial Report for the Period 1 January 1990 - 31 December 1991 which was accepted by the Assembly in Resolution WHA45.6.

The deteriorating financial position of WHO is due in part to a low rate of collection of contributions to the effective working budget, i.e. only 81.85 % in 1991, despite implementation of the incentive scheme to promote the timely payment of assessed contributions. Thus the Assembly, in Resolution WHA45.7, urged Member States to take all steps necessary to ensure prompt and regular payment.

The impact of a low rate of payment of assessed contributions is being felt in the Region of the Americas in the current biennium in which WHO has already reduced the regional allocation by 10 % or \$7,149,100. This reduction has resulted in a decrease in program implementation below the level initially approved by AMRO/PAHO's Governing Bodies.

Because of payment arrears, the voting privileges of the Dominican Republic were suspended during WHA45, as per Resolution WHA45.8.

The May 1991 World Health Assembly adopted, in Resolution WHA45.15, the scale of assessments for 1992 and 1993 based upon the latest available United Nations scale of assessments for the years 1989 to 1991. In December 1991, the United Nations General Assembly adopted a scale of assessments for the period 1992-1994. This scale contained substantial changes as compared with the previous United Nations scale. The May 1992 World Health Assembly, therefore, revised the WHO scale of assessments for

1993 to reflect the United Nations changes, as well as changes in the membership of WHO since the May 1991 World Health Assembly. For the Member Countries from this Region, the scale increased for Brazil and Canada and decreased for Argentina, Colombia, Costa Rica, Dominican Republic, Mexico, Paraguay, and Venezuela.

3. Real Estate Fund (Resolution WHA45.9)

The report on the Real Estate Fund noted the estimated requirements for the Region of the Americas for the period 1 June 1992 to 31 May 1993. These include \$113,750 of the estimated cost of \$455,000 to repair the concrete façade of the Council Chamber at AMRO/PAHO headquarters and \$20,000 of the estimated cost of \$80,000 to repair the roof of the Council Chamber. Both estimated contributions from the Fund for this Region were approved by the Assembly.

V. MISCELLANEOUS

1. Collaboration within the United Nations System (Resolution WHA45.18)

The World Health Assembly approved WHA45.18 relating to the "Collaboration within the United Nations System General Matters" after having examined the comments of the Regional Committees and the report of the Director General, both of which emphasize the existing harmony between the actions of WHO and the objectives set forth in UN General Assembly resolutions 44/211 and 46/219.

In that regard, the WHA concurred in the renewed attention given by the United Nations system to the issue of equity in assuring that development reaches the poorest and most vulnerable groups of society, stressing the full utilization of national capabilities, including "grass-roots" participation. However, the Resolution also recalls WHO's constitutional mandate to act as the directing and coordinating authority on international health, cooperating directly in response to government requests for technical cooperation in health. In the view of the Assembly, WHO mechanisms for the development and implementation of technical cooperation already are in direct consonance with national aspirations and the UN development objectives included in 44/211. Even so, the regional committees are requested to keep 44/211 under consideration as appropriate in examining how best to pursue those objectives in light of WHO's mandate.

In that context, the WHA requested that efforts be undertaken:

1. To maintain WHO's direct and privileged access to national health authorities in providing technical support for the formulation and execution of national health plans and activities.
2. To enhance collaboration between the PWR and the other UN field representatives, particularly the UN resident coordinator.
3. To contribute to studies aimed at defining development activities which would have the maximum benefit to developing countries.
4. To reinforce technical cooperation, particularly in a multisectoral context and sensitive to the current economic environment, based on national determination of needs and aimed at national self-reliance in health development.

2. Awards

Two awards made by WHO during 1992 may be of particular interest to the Executive Committee. The Executive Board awarded the Jacques Parisot Foundation Fellowship for 1992 to Dr. María Soledad Larraín of Chile. The Sasakawa Health Prize for 1992 was awarded to the Canadian Public Health Association.

3. Executive Board Membership

The Forty-fifth World Health assembly elected 11 Member States entitled to designate a person to serve on the WHO Executive Board. From the Region of the Americas, Canada, Jamaica and Mexico were elected. Concurrently, the terms of Mr. E.C. Carter, designated by Bahamas, Dr. J.M. Borgoño, designated by Chile, and Dr. C. González Posso, designated by Colombia, expired.

4. Forty-sixth World Health Assembly

The Forty-sixth World Health Assembly will convene in Geneva, Switzerland, on Monday, 3 May 1993, at 12:00 noon.

CE109/23 (Eng.)
Annex I

RESOLUTIONS
OF THE FORTY-FIFTH WORLD HEALTH ASSEMBLY



世界衛生大會 決議

مؤتمر جمعية الصحة العالمية

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

FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.1

Agenda item 11

7 May 1992

ADMISSION OF NEW MEMBERS AND ASSOCIATE MEMBERS

The Forty-fifth World Health Assembly

ADMITS Georgia as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution.

Eighth plenary meeting, 7 May 1992
A45/VR/8

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世界衛生大會 決議

مؤتمر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.2

Agenda item 11

7 May 1992

ADMISSION OF NEW MEMBERS AND ASSOCIATE MEMBERS

The Forty-fifth World Health Assembly

ADMITS Slovenia as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution.

Eighth plenary meeting, 7 May 1992
A45/VR/8

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世界衛生大會 決議

مؤتمر جمعية الصحة العالمية

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

FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.3

Agenda item 11

7 May 1992

ADMISSION OF NEW MEMBERS AND ASSOCIATE MEMBERS

The Forty-fifth World Health Assembly

ADMITS Puerto Rico as an Associate Member of the World Health Organization, subject to notice being given of acceptance of Associate Membership on behalf of Puerto Rico, in accordance with Rules 117 and 118 of the Rules of Procedure of the Health Assembly.

Eighth plenary meeting, 7 May 1992
A45/VR/8

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世界衛生大會決議

مؤتمر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.4

Agenda item 17

11 May 1992

**IMPLEMENTATION OF THE GLOBAL STRATEGY FOR HEALTH FOR ALL BY
THE YEAR 2000, SECOND EVALUATION; AND EIGHTH REPORT ON
THE WORLD HEALTH SITUATION**

The Forty-fifth World Health Assembly,

Having considered the report on the implementation of the Global Strategy for Health for All by the Year 2000, second evaluation; and Eighth Report on the World Health Situation;

Reaffirming resolutions WHA30.43, WHA34.36 and WHA39.7 concerning the Global Strategy for Health for All and its evaluation;

Recalling resolution WHA42.2, operative paragraph 1(10) of which requested Member States to carry out the second evaluation of the implementation of the Strategy in time for the 1992 World Health Situation Report;

Noting with appreciation the increased participation of Member States in this evaluation,

1. **APPROVES** the report on the evaluation of implementation of the Global Strategy,
2. **EXPRESSES** its appreciation of the efforts made by Member States to evaluate implementation of their strategies, particularly through primary health care, and to transmit their reports to WHO, and calls upon Member States that have not done so to undertake such action urgently;
3. **CONGRATULATES** Member States on their progress in implementing their strategies for health for all,
4. **URGES** Member States:
 - (1) to make use of their national evaluations and the global and regional reviews to define a new operational framework for public health action that involves decision-makers, community leaders, health workers, nongovernmental organizations and people from all sectors of society in the attainment of national health goals;
 - (2) to maintain high-level political commitment to achieving social equity by accelerating the implementation of national strategies for health for all and encouraging the involvement of individuals and communities in health development;
 - (3) to intensify action aimed at strengthening the health infrastructure on the basis of the principle of primary health care so as to respond to the five challenges identified in the report,

(4) to review and redefine the role of governments in ensuring universal access to integrated health services of acceptable quality, with particular emphasis on health promotion and disease prevention;

(5) to improve the production, allocation and utilization of financial, human and technological resources in order to meet high-priority health needs, with particular attention to the development of efficient and equitable financing mechanisms and the balance between public and private services;

5. **URGES** the regional committees:

(1) to disseminate and apply the findings of the evaluation report in order to promote mutual cooperation and exchange of experience between countries and to accelerate the implementation of national and regional strategies, making the best use of WHO resources at regional and national levels;

(2) to carry out the third monitoring of the implementation of the regional strategies in 1994;

6. **REQUESTS** the Executive Board:

(1) to continue to monitor and evaluate actively progress in the implementation of the Global Strategy, in order to identify critical problems and areas that require action by Member States and the Organization;

(2) to review the third monitoring of the implementation of the Global Strategy in January 1995 and to report to the Forty-eighth World Health Assembly;

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

(1) to publish the Eighth Report on the World Health Situation, prepared on the basis of the second evaluation of the implementation of the Global Strategy;

(2) to use the national, regional and global reports to guide WHO's cooperation through the formulation of international health policy, strategies and programmes;

(3) to take into account the recommendations of important international deliberations and forums in accelerating the implementation of the Strategy;

(4) to continue providing support to Member States in implementing their national strategies, and in improving their capacity in the management of health systems, including information support;

(5) to further intensify support to countries in greatest need, with particular emphasis on strengthening the health infrastructure and on developing national capacities for efficient and effective use of domestic and external resources to meet the health needs of the people;

(6) to support the monitoring and evaluation of the Strategy at national, regional and global levels.

Eleventh plenary meeting, 11 May 1992
A45/VR/11

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世界衛生大會 決議

مؤتمر الجمعية العالمية للصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.5

Agenda item 18

11 May 1992

STRENGTHENING NURSING AND MIDWIFERY IN SUPPORT OF STRATEGIES FOR HEALTH FOR ALL

The Forty-fifth World Health Assembly,

Having considered the Director-General's report on strengthening nursing and midwifery in support of strategies for health for all, and the discussions at the eighty-ninth session of the Executive Board,

Recalling resolution WHA42.27;

Mindful of the growing demand for and cost of health care in countries throughout the world;

Concerned at the continued shortage of nursing and midwifery personnel and the urgent need to recruit, retain, educate, and motivate sufficient numbers to meet present and future community health needs;

Recognizing the need to increase the Organization's nursing and midwifery activities at all levels;

Committed to the promotion of nursing and midwifery as essential health services in all countries, for the development and improvement of health-for-all strategies;

1. THANKS the Director-General for his report,
2. URGES Member States to:
 - (1) identify their nursing and midwifery service needs and, in this context, assess the roles and utilization of nursing and midwifery personnel;
 - (2) strengthen managerial and leadership capabilities and reinforce the positions of nursing and midwifery personnel in all health care settings and at all levels of service, including the central and local services of health ministries and the local authorities responsible for the programmes concerned;
 - (3) enact legislation, where necessary, or take other appropriate measures to ensure good nursing and midwifery services;
 - (4) strengthen education in nursing and midwifery, adapt educational programmes to the strategy for health for all, and revise them where appropriate, in order to meet the changing health care needs of populations,
 - (5) promote and support health services research that will ensure the optimal contribution of nursing and midwifery to health care delivery, with particular emphasis on primary health care,

- (6) ensure appropriate working conditions in order to sustain the motivation of personnel and improve the quality of services;
 - (7) ensure the allocation of adequate resources (financial, human and logistic) for nursing and midwifery activities;
 - (8) ensure that the contribution of nursing and midwifery is reflected in health policies;
3. **REQUESTS WHO regional committees to reinforce regional actions in order to enable Member States to implement the above provisions effectively and to identify sources for financing such actions in those States which are undergoing economic structural reform programmes or which have other special needs;**
4. **REQUESTS the Director-General to:**
- (1) establish a global multidisciplinary advisory group on nursing and midwifery, with the express purpose of advising the Director-General on all nursing and midwifery services and in particular on:
 - (a) developing mechanisms for assessing national nursing and midwifery service needs;
 - (b) assisting countries with the development of national action plans for nursing and midwifery services including research and resource planning;
 - (c) monitoring progress in strengthening nursing and midwifery in support of strategies for health for all;
 - (2) mobilize the increased technical and financial support required to implement the provisions of this resolution;
 - (3) ensure that the interests of nursing and midwifery services are taken into account in policy implementation and programme development, and that nursing and midwifery experts participate in WHO committees as appropriate;
 - (4) strengthen the global network of WHO collaborating centres for nursing and midwifery in the implementation of health for all;
 - (5) report on progress made in the implementation of this resolution to the Forty-ninth World Health Assembly.

Eleventh plenary meeting, 11 May 1992
A45/VR/11

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مؤتمر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.6

Agenda item 23.1

11 May 1992

FINANCIAL REPORT ON THE ACCOUNTS OF WHO FOR THE FINANCIAL PERIOD 1990-1991, REPORT OF THE EXTERNAL AUDITOR, AND COMMENTS THEREON OF THE COMMITTEE OF THE EXECUTIVE BOARD TO CONSIDER CERTAIN FINANCIAL MATTERS PRIOR TO THE HEALTH ASSEMBLY (ARTICLE 18(f); FINANCIAL REGULATIONS 11.3 AND 12.9)

The Forty-fifth World Health Assembly,

Having examined the financial report and audited financial statements for the financial period 1 January 1990 - 31 December 1991 and the report of the External Auditor to the Health Assembly;¹

Having noted the first report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Forty-fifth World Health Assembly;²

ACCEPTS the Director-General's financial report and audited financial statements for the financial period 1 January 1990 - 31 December 1991 and the report of the External Auditor to the Health Assembly.

REQUESTS the Director-General to report to the ninety-first session of the Executive Board and to the Forty-sixth World Health Assembly on progress made on the implementation of the recommendations of the External Auditor.

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A45/VR/11

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¹ Document A45/18.

² Document A45/19.



世界衛生大會 決議

منار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.7

Agenda item 23.2

11 May 1992

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

The Forty-fifth World Health Assembly,

Noting with concern that, as at 31 December 1991:

(1) the rate of collection in 1991 of contributions to the effective working budget amounted to 81.85%, leaving US\$ 55 673 594 of 1991 contributions unpaid;

(2) only 90 Members had paid their 1991 contributions to the effective working budget in full, and 50 Members had made no payment,

1. **EXPRESSES** concern at the level of outstanding contributions, which has had a deleterious effect on the financial situation;
2. **CALLS THE ATTENTION** of all Members to Financial Regulation 5.6, which provides that instalments of contributions and advances shall be considered as due and payable in full by the first day of the year to which they relate, and to the importance of paying contributions as early as possible to enable the Director-General to implement the programme budget in an orderly manner;
3. **REMINDS** Members that, as a result of the adoption, by resolution WHA41.12, of an incentive scheme to promote the timely payment of assessed contributions, those that pay their assessed contributions for 1991 and 1992 early in the year to which they relate will have their contributions payable for the 1994-1995 programme budget reduced appreciably, while those paying later will have their contributions payable for the 1994-1995 programme budget reduced only marginally or not at all;
4. **URGES** Members that are regularly late in the payment of their contributions to take as rapidly as possible all steps necessary to ensure prompt and regular payment;
5. **NOTES** that unless the situation improves it may become necessary to increase the authorized level of the Working Capital Fund;
6. **REQUESTS** the Director-General to draw this resolution to the attention of all Members

Eleventh plenary meeting, 11 May 1992
A45/VR/11



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RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.8

Agenda item 23.3

11 May 1992

MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS TO AN EXTENT WHICH WOULD JUSTIFY INVOKING ARTICLE 7 OF THE CONSTITUTION

The Forty-fifth World Health Assembly,

Having considered the second report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Forty-fifth World Health Assembly, on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;¹

Noting that, since Suriname had made payments prior to the opening of the Forty-fifth World Health Assembly which reduced its unpaid arrears of contributions to a level below the amount which would justify invoking Article 7 of the Constitution, the decision taken with respect to Suriname by the Forty-fourth World Health Assembly in resolution WHA44.12 has lapsed and the suspension of its voting rights has not taken effect;

Noting that the Committee of the Executive Board to Consider Certain Financial Matters prior to the Forty-fifth World Health Assembly had decided that the voting privileges of Antigua and Barbuda, Burundi, Guatemala, Iraq, Liberia, Mauritania and Sierra Leone would not be suspended at the Forty-fifth World Health Assembly;

Noting that, in accordance with resolution WHA44.12, the voting privileges of Cambodia, Comoros, Congo, Dominican Republic and Equatorial Guinea have been suspended as from 4 May 1992, such suspension to continue until the arrears of the Member State concerned have been reduced, at the next and subsequent Health Assemblies, to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that Guinea-Bissau, Guyana, Nicaragua, Niger and Somalia were in arrears at the time of the opening of the Forty-fifth World Health Assembly to such an extent that it is necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended at the opening of the Forty-sixth World Health Assembly;

Having been informed that, as a result of a payment received after the opening of the Forty-fifth World Health Assembly, the arrears of contributions of Guinea-Bissau and Nicaragua have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution;

1. EXPRESSES serious concern at the large number of Members in recent years which have been in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;

¹ Document A45/21.

2. **URGES** the Members concerned to regularize their position at the earliest possible date;
3. **FURTHER URGES** those Members which have not communicated their intention to settle their arrears to do so as a matter of urgency,
4. **REQUESTS** the Director-General to approach the Members in arrears to an extent which would justify invoking Article 7 of the Constitution, with a view to pursuing the question with the Governments concerned;
5. **REQUESTS** the Executive Board, in the light of the Director-General's report and after the Members concerned have had an opportunity to explain their situation to the Board, to report to the Forty-sixth World Health Assembly on the status of payment of contributions;
6. **DECIDES:**
 - (1) that in accordance with the statement of principles in resolution WHA41.7 if, by the time of the opening of the Forty-sixth World Health Assembly, Antigua and Barbuda, Burundi, Guatemala, Guyana, Iraq, Liberia, Mauritania, Niger, Somalia and Sierra Leone are still in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, their voting privileges shall be suspended as from the said opening;
 - (2) that any suspension which takes effect as aforesaid shall continue until the arrears of the Member concerned have been reduced, at the next and subsequent Health Assemblies, to a level below the amount which would justify invoking Article 7 of the Constitution;
 - (3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution.

Eleventh plenary meeting, 11 May 1992
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مؤتمر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.9

Agenda Item 28

11 May 1992

REAL ESTATE FUND

The Forty-fifth World Health Assembly,

Having considered resolution EB89.R14 and the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1992 to 31 May 1993;

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

AUTHORIZES the financing from the Real Estate Fund of the expenditures summarized in part IV of the Director-General's report, at an estimated cost of US\$ 349 750.

Eleventh plenary meeting, 11 May 1992
A45/VR/11

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世界衛生大會 決議

مؤتمر جمعية الصحة العالمية

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

FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.10

Agenda item 18

11 May 1992

DISABILITY PREVENTION AND REHABILITATION

The Forty-fifth World Health Assembly,

Having considered the report by the Director-General on disability prevention and rehabilitation;

Recalling resolutions WHA28.54, WHA29.68, WHA38.18, WHA38.19 and WHA42.28;

Noting the approach of the end of the United Nations Decade of Disabled Persons (1983-1992);

Aware of the global magnitude of the disability problem and its anticipated increase as a result of population growth and population aging, particularly in developing countries;

Recognizing the persistent scarcity of reliable data on some disabling disorders, which impedes the planning of preventive and rehabilitative measures;

Noting the progress that has been made in the prevention of some conditions causing disabilities, such as poliomyelitis, measles and infectious eye diseases;

Recognizing the need to continue and extend successful measures for prevention of disabling conditions wherever feasible, while developing new approaches to decreasing or eliminating other preventable disabilities;

Noting the constraints in resources that limit the expansion of rehabilitation services to meet current needs, with the result that the vast majority of disabled people in developing countries are without such services;

Stressing the importance of using the experience and the gains achieved during the United Nations Decade of Disabled Persons as a basis for renewing and expanding efforts for prevention of disability and for rehabilitation,

1. CALLS ON Member States:

- (1) to initiate or strengthen comprehensive national programmes for disability prevention and rehabilitation integrated into primary health care, taking into account all physical and mental disabilities;
- (2) to strengthen and coordinate rehabilitation services as a continuum of primary and secondary prevention;
- (3) to promote and coordinate the involvement of nongovernmental organizations in national programmes for disability prevention and rehabilitation;

(4) to promote equality of opportunity for the meaningful participation of disabled people in all aspects of community life, and the elimination of physical barriers such as those resulting from architectural design;

2. REQUESTS the Director-General:

(1) to collaborate with interested organizations in improving the information base and methods for the evaluation of disability prevention and rehabilitation programmes,

(2) to continue to develop strategies for the integration of methods of disability prevention and to reinforce the link between prevention and rehabilitation within primary health care;

(3) to further strengthen collaborative work within the United Nations system, and with nongovernmental organizations and collaborating centres, in disability prevention and rehabilitation.

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مجمع الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.11

Agenda item 26.1

13 May 1992

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS

ASSESSMENTS OF LATVIA AND LITHUANIA

The Forty-fifth World Health Assembly,

Noting that Latvia and Lithuania, both Members of the United Nations, became Members of the World Health Organization by depositing with the Secretary-General of the United Nations formal instruments of acceptance of the WHO Constitution on 4 December 1991 and 25 November 1991 respectively;

Noting that the United Nations General Assembly has not yet established assessment rates for Latvia and Lithuania but has decided that, when determined, these rates will be deducted from the rates applicable to the former USSR,

Noting that the contributions payable by Latvia and Lithuania in 1991 and 1992 would in effect constitute budgetary income since they would be deducted from contributions payable by the former USSR, responsibility for which has been assumed by the Russian Federation;

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 Latvia and Lithuania's assessment rates for 1991 and 1992 in WHO shall be calculated by the Director-General on the basis of the United Nations assessment rates determined by the United Nations General Assembly;
- (2) that Latvia and Lithuania's assessments relating to the year 1991 shall be reduced to one-ninth of the WHO assessment rates calculated in accordance with operative paragraph (1) above;
- (3) that Latvia and Lithuania's assessment rates and contributions payable shall be deducted from those applicable to the former USSR, responsibility for payment of which has been assumed by the Russian Federation;
- (4) that, notwithstanding Financial Regulation 7.1, the 1991 and 1992 contributions of Latvia and Lithuania shall be accounted for as budgetary income upon receipt

Twelfth plenary meeting, 13 May 1992
A45/VR/12



世界衛生大會 決議

مؤتمر جمعية الصحة العالمية

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.12

Agenda item 26.1

13 May 1992

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS

ASSESSMENT OF PUERTO RICO

The Forty-fifth World Health Assembly,

Noting the admission of Puerto Rico to associate membership in the Organization on 7 May 1992;

Recalling that the Twenty-seventh World Health Assembly, in resolution WHA27.9, decided that the assessment of Associate Members for 1975 and future years shall be 0.01%;

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

DECIDES that the 1992 instalment of the assessment of Puerto Rico shall be reduced to one-third of 0.01%.

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مؤتمرات الجمعية العالمية للصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.13

Agenda item 26.1

13 May 1992

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS

ASSESSMENTS OF ARMENIA, GEORGIA, KYRGYZSTAN, MOLDOVA AND TAJIKISTAN

The Forty-fifth World Health Assembly,

Noting that Armenia, Georgia, Kyrgyzstan, Moldova and Tajikistan became Members of the World Health Organization in late April or early May 1992;

Noting that the United Nations General Assembly has not yet established assessment rates for Armenia, Kyrgyzstan, Moldova and Tajikistan, which are all Members of the United Nations, but has decided that, when determined, these rates will be deducted from the rates applicable to the former USSR;

Noting further that Georgia is not yet a Member of the United Nations but that WHO should follow the practice adopted by the United Nations for the other States which were republics forming part of the former USSR;

Noting that the contributions payable by these Members in 1992 would in effect constitute budgetary income, since they would be deducted from contributions payable by the former USSR, responsibility for which has been assumed by the Russian Federation;

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 the WHO assessment rates for Armenia, Georgia, Kyrgyzstan, Moldova and Tajikistan for 1992 shall be calculated by the Director-General on the basis of the United Nations assessment rates determined by the United Nations General Assembly;
- (2) that assessments for Armenia, Georgia, Kyrgyzstan, Moldova and Tajikistan relating to the year 1992 shall be reduced to one-third of the WHO assessment rates calculated in accordance with operative paragraph (1) above;
- (3) that assessment rates for Armenia, Georgia, Kyrgyzstan, Moldova and Tajikistan and contributions payable shall be deducted from those applicable to the former USSR, responsibility for payment of which has been assumed by the Russian Federation,

(4) that, notwithstanding Financial Regulation 7.1, the 1992 contributions of Armenia, Georgia, Kyrgyzstan, Moldova and Tajikistan shall be accounted for as budgetary income upon receipt;

(5) that the Director-General shall use the same principles as above to calculate the 1992 assessment rates of other new Members which were republics forming part of the former USSR and which may join WHO in 1992, with appropriate reductions in their assessment rates for 1992 depending upon their date of admission to membership.

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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WHA45.14

Agenda item 26.1

13 May 1992

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS

ASSESSMENT OF SLOVENIA

The Forty-fifth World Health Assembly,

Noting that Slovenia became a Member of the World Health Organization on 7 May 1992, subject to its depositing a formal instrument of acceptance of the WHO Constitution with the Secretary-General of the United Nations;

Noting that Slovenia is not yet a Member of the United Nations and thus the United Nations General Assembly has not yet established an assessment rate for Slovenia;

Noting that the contribution payable by Slovenia in 1992 would in effect constitute budgetary income to the extent that it would be deducted from the contribution payable by Yugoslavia;

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 should Slovenia become a Member of the United Nations in 1992, its assessment rate for 1992 in WHO shall be calculated by the Director-General on the basis of the United Nations assessment rate;
- (2) that should Slovenia not become a Member of the United Nations in 1992, the Director-General should put forward a proposal to the Forty-sixth World Health Assembly to establish a provisional rate of assessment for 1992 together with any consequential amendments to the assessment of Yugoslavia for 1992;
- (3) that Slovenia's assessment relating to the year 1992 shall be reduced to one-third of the WHO assessment rate calculated in accordance with operative paragraph (1) above or operative paragraph (2) above, as the case may be;
- (4) that Slovenia's reduced assessment rate and contributions payable for 1992 shall be deducted from those applicable to Yugoslavia, without prejudice to any decision on this matter which may be taken by the United Nations General Assembly at a later date;

(5) that, notwithstanding Financial Regulation 7.1, the 1992 contribution of Slovenia shall be accounted for as budgetary income upon receipt.

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.15

Agenda item 26.2

13 May 1992

SCALE OF ASSESSMENTS FOR THE SECOND YEAR OF THE FINANCIAL PERIOD 1992-1993

The Forty-fifth World Health Assembly,

Noting that the United Nations General Assembly, in resolution 46/221, adopted the scale of assessments for the contributions of Member States to the United Nations budget for the financial years 1992, 1993 and 1994 and established the rates at which States which are not Members of the United Nations but which participate in certain of its activities shall be called upon to contribute towards the 1992, 1993 and 1994 expense of such activities;

Recalling the principle, established in resolution WHA8.5 and reaffirmed in resolution WHA24.12, that the latest available United Nations scale of assessments shall 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, expressed the opinion that the scale of assessments in WHO should follow as closely as possible that of the United Nations, and confirmed the principles laid down in resolutions WHA8.5 and WHA24.12 for the establishment of the scale of assessments of WHO;

Noting that Belarus and the Ukraine have resumed active participation as Members of WHO and as such may contribute as from 1993 to the effective working budget;

Noting further that by resolution WHA44.22 the Forty-fourth World Health Assembly adopted a scale of assessments for 1992-1993;

Noting also that Financial Regulation 5.3 provides that in the first year of the financial period the Health Assembly may decide to amend the scale of assessments to be applied to the second year of the financial period,

1. DECIDES to amend the scale of assessments to be applied to 1993, subject to the provisions of operative paragraphs 2 and 3 below, to be as follows:

... (Here the amended WHO scale for 1993 as shown in column (4) of Annex 1 of document A45/23 would be inserted)

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 set forth in operative paragraph 1 above,

3. REQUESTS the Director-General to calculate the 1993 WHO assessment rates for Latvia and Lithuania once the United Nations assessment rates have been established by the United Nations General Assembly for these Members and to deduct the total of these rates from the rate for the Russian Federation;
4. REQUESTS the Director-General to use the same principles as outlined in operative paragraph 3 above to calculate the 1993 WHO assessment rates of other new Members which were republics forming part of the former USSR and which may join WHO in 1992;
5. REQUESTS the Director-General to use the same principles as outlined in resolution WHA45.14 relating to the 1992 assessment of Slovenia to calculate and apply the 1993 WHO assessment rate of Slovenia;
6. DECIDES to amend the Appropriation Resolution for the financial period 1992-1993 (resolution WHA44.35) as follows:
 - (1) decrease the total amount appropriated for the financial period 1992-1993 by US\$ 5 952 800 from US\$ 808 777 000 to US\$ 802 824 200;
 - (2) in paragraph A, decrease appropriation section 7 (Undistributed reserve) by US\$ 5 952 800;
 - (3) decrease the amount under paragraph D, relating to assessments on Members, by US\$ 5 952 800.

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دائرة جمعية الصحة العالمية

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.16

Agenda Item 29

13 May 1992

SALARIES AND ALLOWANCES FOR UNGRADED POSTS AND THE DIRECTOR-GENERAL

The Forty-fifth World Health Assembly,

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

1. **ESTABLISHES** the salary for the posts of Assistant Directors-General and Regional Directors at US\$ 124 560 per annum before staff assessment, resulting in a modified net salary of US\$ 74 571 (dependency rate) or US\$ 67 436 (single rate);
2. **ESTABLISHES** the salary for the post of Deputy Director-General at US\$ 139 417 per annum before staff assessment, resulting in a modified net salary of US\$ 82 297 (dependency rate) or US\$ 73 824 (single rate);
3. **ESTABLISHES** the salary for the Director-General at US\$ 170 098 per annum before staff assessment, resulting in a modified net salary of US\$ 98 251 (dependency rate) or US\$ 87 017 (single rate);
4. **DECIDES** that these adjustments in remuneration shall be effective from 1 March 1992.

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إقرار جمعية الصحة العالمية

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.17

Agenda item 18

13 May 1992

IMMUNIZATION AND VACCINE QUALITY

The Forty-fifth World Health Assembly,

Noting the report of the Director-General on the Expanded Programme on Immunization, particularly the goals and operational targets set for the 1990s, and the report on vaccine quality;¹

Commending Member States for their achievement in reaching 80% coverage of the world's children in the first year of life and in preventing each year an estimated 3.2 million deaths of children in the developing world from measles, neonatal tetanus and pertussis, and over 400 000 cases of paralytic poliomyelitis;

Applauding the virtual achievement in the Region of the Americas of the goal of poliomyelitis eradication and the vigorous pursuit of the elimination of neonatal tetanus and reduction or elimination of measles in that Region;

Recalling resolutions WHA41.28, WHA42.32 and WHA44.33 and the World Declaration on the Survival, Protection and Development of Children, which set goals for the 1990s: 90% immunization coverage; a dramatic reduction in measles cases and deaths as a step towards measles eradication; the elimination of neonatal tetanus; and the eradication of poliomyelitis;

Recalling resolution WHA35.31, which urges Member States to take action with respect to the use of only those vaccines meeting WHO requirements, and resolution WHA42.32 endorsing the plan of action for the global eradication of poliomyelitis, which calls for the universal use by the end of 1990 of poliomyelitis vaccines meeting WHO requirements;

Aware that additional quantities of vaccines will be needed, and that difficulties in supply and procurement of sufficient quantities of vaccines of high quality are increasing the reliance on local manufacture and on additional funds for vaccine purchase, especially for the supply of poliomyelitis vaccine;

Aware that the Global Advisory Group has set operational targets for the introduction of hepatitis B vaccine in immunization programmes and that these targets are consistent with those recommended by the International Conference on the Control of Hepatitis B in Developing Countries held in Yaoundé in October 1991;

Recognizing that if the goals and targets set for the 1990s are to be achieved it is essential that the recommended strategies of the Expanded Programme on Immunization should be implemented and that additional financial and technical support should be made available as rapidly as possible at national, regional and global levels,

¹ Document A45/8.

1. **ENDORSES** the goals and operational targets for the 1990s outlined in the report of the Director-General on the Expanded Programme, and the plan for the assurance of vaccine quality, including steps to establish or strengthen national control authorities in Member States;
2. **APPRECIATES** the support from UNICEF and other organizations of the United Nations system, other intergovernmental agencies, and governmental and nongovernmental organizations, including Rotary International, and individuals that are working together, especially in the least developed countries, for a world free from vaccine-preventable diseases;
3. **URGES** Member States:
 - (1) to accelerate activities and commit all necessary resources to achieve the goals and operational targets for immunization set for the 1990s in ways that strengthen primary health care and as a high priority in their health plans;
 - (2) to use only vaccines that meet WHO requirements in their immunization programmes and to include this requirement as part of their immunization plans;
 - (3) to ensure the proper functioning of a cold chain and logistics system to maintain vaccine potency until the time of use;
 - (4) to strengthen the system for epidemiological surveillance of EPI target diseases and other high priority diseases;
 - (5) to integrate cost-effective new vaccines, such as hepatitis B vaccine, into national immunization programmes in countries where it is feasible;
4. **CALLS** on organizations of the United Nations system, other intergovernmental agencies, and governmental and nongovernmental organizations to support the achievement of these goals and operational targets for immunization for the 1990s, to promote efforts to ensure the universal use of vaccines meeting WHO requirements, and to participate in initiatives with donors to ensure the increased financial support necessary to meet both current and future vaccine needs;
5. **REQUESTS** the Director-General:
 - (1) to implement the action necessary to meet the goals and targets of the Expanded Programme on Immunization set for the 1990s;
 - (2) to obtain, as an initial step in assuring the quality of the vaccines used in the Expanded Programme on Immunization, information from national authorities of countries producing vaccines as to the implementation of the WHO guiding principles for regulatory authorities as recommended by the WHO Expert Committee on Biological Standardization;
 - (3) to obtain information from countries importing vaccine, either in bulk or in final containers, on whether the national authority has certified that such vaccine and its manufacturer comply with the national and WHO requirements for manufacturing and control procedures to assure the quality of vaccines;
 - (4) to continue to obtain broad commitment and mobilize support, including financing from a wide variety of sources, for vaccine procurement and quality assurance;
 - (5) to strengthen financial mechanisms that would permit the rapid integration of cost-effective new vaccines into national immunization programmes;

(6) to keep the Health Assembly informed through the Executive Board of the progress in achieving the immunization goals and targets set for the 1990s, and of efforts to provide sufficient poliomyelitis vaccine for the global eradication initiative and to ensure the establishment of infrastructure in countries for quality assurance for tetanus toxoid and poliomyelitis vaccine

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.18

Agenda item 30.1

13 May 1992

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM GENERAL MATTERS

The Forty-fifth World Health Assembly,

Having considered United Nations General Assembly resolutions 44/211 and 46/219 on operational activities for development of the United Nations system;

Noting the reports of the Director-General outlining WHO's technical cooperation policies, strategies and activities with countries in relation to the principal themes and objectives set out in United Nations General Assembly resolution 44/211;

Noting further the comments and observations of the WHO regional committees as consolidated in the reports of the Director-General;

Emphasizing the extent to which the action and strategies determined by the World Health Assembly in recent years clearly address the objectives and themes that are set out in United Nations General Assembly resolution 44/211;

Welcoming in particular the renewed emphasis given to the human dimension of development, to the need to reach the poorest and most vulnerable sections of society, and to the full utilization of national capabilities, including "grass-roots" participation in operational activities;

Reaffirming the need for coordination within the United Nations system with a view to improving further the efficiency, effectiveness and productivity of its development cooperation activities;

Considering that full interagency and intergovernmental consultation is required on certain approaches to planning and implementing technical cooperation activities proposed in United Nations General Assembly resolution 44/211, including the calls for central funding of technical cooperation, redefinition of the participation of specialized agencies in activities for development, and restructuring of the United Nations system at the country level;

Recalling WHO's constitutional mandate to act as the directing and coordinating authority on international health work, to cooperate with governments upon request in strengthening health services, and to provide appropriate technical assistance;

Recalling its requests to the Director-General to mobilize extrabudgetary contributions for carrying out new or expanded programme activities,

1. CONSIDERS that mechanisms applied by WHO in the development and implementation of its programmes of technical cooperation with Member States are in consonance with national aspirations and

approaches and with the development objectives identified in United Nations General Assembly resolution 44/211;

2. REQUESTS the Executive Board and the regional committees to keep resolution 44/211 under consideration as appropriate;

3. REQUESTS the Director-General:

(1) to maintain WHO's direct and privileged access to national health authorities for the provision of technical advice and support for the formulation and execution of national health plans and activities;

(2) to enhance collaboration at country level between the WHO representatives and other field representatives of the United Nations system, particularly the United Nations resident coordinator;

(3) to contribute, through appropriate bodies for interagency and intergovernmental coordination and consultation, to studies and recommendations on the implementation of United Nations General Assembly resolution 44/211, with a view to defining and executing activities for development for the maximum benefit of developing countries;

(4) to reinforce technical cooperation with Member States in a multisectoral and economic context, on the basis of national determination of health needs, priorities and programmes and with a view to ensuring WHO support for national self-reliance in health development.

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.19

Agenda item 30.1

13 May 1992

SUPPORT TO DROUGHT-STRICKEN COUNTRIES OF SOUTHERN AFRICA

The Forty-fifth World Health Assembly,

Deeply concerned that severe drought is threatening human life and is causing serious loss of livestock and food crops in the countries of southern Africa;

Recalling United Nations General Assembly resolution 46/182 (1991) on strengthening the coordination of humanitarian emergency assistance by the United Nations;

Recalling resolutions WHA36.29, WHA37.29 and WHA38.29 on drought;

Considering that serious undernutrition is likely to affect millions of inhabitants of southern Africa, especially vulnerable groups of pregnant and lactating mothers, children under five years of age, and the elderly in the affected countries;

Aware that the consequences of undernutrition arising from this natural disaster fall directly within the competence of WHO;

Noting that the affected governments have declared a national emergency as a result of the drought, have appealed for international emergency assistance, and have taken steps to coordinate the relief efforts with the United Nations and the donor community;

Realizing that the effects of the drought will directly affect the development programmes in the affected countries,

1. CALLS ON the international community, including bilateral donors, specialized agencies and other organizations of the United Nations system, and nongovernmental organizations, to assist in resource mobilization and coordination of the relief efforts to alleviate the effects of the drought;
2. REQUESTS the Director-General:
 - (1) to support the efforts of the affected countries in coordinating the emergency relief programme;
 - (2) to bring to the attention of the appropriate bodies of the United Nations system the need to provide immediate substantial assistance in the way of food for the affected countries;
 - (3) to mobilize the emergency prophylactic and therapeutic supplies which will invariably be required to counteract the negative effects of the drought on health and development;
 - (4) to mobilize adequate resources for the implementation of immediate, medium- and long-term health activities in the affected countries;

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

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WHA45.20

Agenda item 30.1

13 May 1992

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM GENERAL MATTERS

MULTISECTORAL COLLABORATION ON WHO'S PROGRAMME ON TOBACCO OR HEALTH

The Forty-fifth World Health Assembly,

Having considered the Director-General's report on collaboration within the United Nations system and noting the relevance of that collaboration in approaching issues such as "tobacco or health";

Recalling resolutions WHA42.19 and WHA43.16 regarding the socioeconomic and development implications of tobacco in the countries that depend on tobacco production as a major source of income;

Reaffirming the need for multisectoral strategies, including the involvement of other members of the United Nations system in dealing with the complexities and difficulties of the subject of "tobacco or health";

Recalling the Executive Board's decision at its eighty-ninth session (EB89(16)) on the action taken by the Director-General in reporting to the Economic and Social Council of the United Nations, and the reaffirmation of the orientation given to WHO's programme on "tobacco or health";

Concerned about the lack of appropriate follow-up activities to the Director-General's report on the need for multisectoral collaboration within the United Nations system for the problem of "tobacco or health" at the session of the Economic and Social Council in July 1991;

Concerned about the economic effects of the reduction of tobacco production in the tobacco-producing countries which are still unable to develop a viable economic alternative to tobacco,

1. THANKS the Director-General for his report, and for bringing to the attention of the Economic and Social Council the need for collaboration within the United Nations system on the complex issue of "tobacco or health";
2. REQUESTS the Economic and Social Council of the United Nations to put the subject of "tobacco or health" on the agenda of its next session so that the subject is officially discussed with an appropriate follow-up in the United Nations General Assembly and organizations of the United Nations system;
3. REQUESTS the Director-General:
 - (1) to continue to seek and to facilitate multisectoral collaboration on WHO's "tobacco or health" programme within the United Nations system;

(2) to bring to the Council's attention WHO's concern over socioeconomic problems of tobacco production and difficulties associated with assistance to the countries dependent on tobacco production, as reflected in the report requested in operative paragraph 3(5) of resolution WHA43.16.

Twelfth plenary meeting, 13 May 1992
A45/VR/12

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مؤتمرات الجمعية العالمية للصحة العالمية

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

FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.21

Agenda item 30.2

13 May 1992

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM HEALTH ASSISTANCE TO SPECIFIC COUNTRIES

The Forty-fifth World Health Assembly,

Recalling and confirming the previous resolutions of the Health Assembly on health assistance to specific countries, and most recently resolutions WHA44.37 (Health and medical assistance to Lebanon), WHA44.38 (Health assistance to refugees and displaced persons in Cyprus), WHA44.39 (Liberation struggle in southern Africa: assistance to the front-line States, Lesotho and Swaziland), WHA44.40 (Reconstruction and development of the health sector in Namibia) and WHA44.43 (Health and medical assistance to Somalia);

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

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

Recalling resolution WHA35.1, on methods of work of the Health Assembly, which draws attention to the desirability of a full discussion at regional levels of all matters dealing with specific countries before such items are referred to the Health Assembly;

Having examined the Director-General's report¹ on the action taken by WHO for the emergency health and medical assistance to specific countries,

1. EXPRESSES its appreciation to the Director-General for his continuous efforts in accordance with United Nations General Assembly resolution 46/182 to strengthen the Organization's capacity to respond promptly and efficiently to country-specific emergencies;
2. URGES the Director-General to continue to give high priority to countries mentioned in the above resolutions and to coordinate these and other WHO efforts in emergency preparedness and humanitarian assistance with the humanitarian affairs programmes of the United Nations system, including mobilization of extrabudgetary resources;
3. CALLS UPON the Director-General to report to the Forty-sixth World Health Assembly on the implementation of this resolution.

Twelfth plenary meeting, 13 May 1992
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¹ Documents A44/28 and A45/26.



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مؤتمرات الجمعية العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.22

Agenda item 31

13 May 1992

CHILD HEALTH AND DEVELOPMENT: HEALTH OF THE NEWBORN

The Forty-fifth World Health Assembly,

Having considered the Director-General's report on "Child health and development: health of the newborn";

Recalling resolutions WHA31.55 and WHA32.42 on maternal and child health and family planning;

Reaffirming WHO's commitment to the goals of the World Summit for Children;

Aware that at least one-third of the deaths of children under five years of age occur during the first month, and most frequently the first week of life, mainly as a consequence of the poor health and nutrition status of the mother and the poor quality of care she receives before, during and after delivery;

Noting that inadequate attention to the health of the pregnant woman and the newborn results in markedly increased likelihood of death, ill-health or disability during later infancy, childhood and even adult life;

Recognizing that significant improvements in health of the newborn in all countries could be achieved by integrating safe motherhood activities with appropriate care of the newborn; namely improving maternal nutrition, controlling perinatal infections, adapting resuscitation and thermal control principles to local circumstances, and ensuring that breast-feeding starts immediately after birth,

1. URGES all Member States:

(1) to train those providing maternal and child health care in the principles and techniques of risk screening during pregnancy, clean and safe delivery, resuscitation, thermal control and breast-feeding;

(2) to strengthen their monitoring and surveillance systems for maternal and perinatal health so that they provide continuous assessment of problems and progress in terms of coverage, quality of care and the attainment of specific targets;

2. URGES the Director-General:

(1) to reinforce his cooperation with Member States in implementing the measures specified above,

(2) to ensure that the Organization's support is provided through district-based national health programmes;

- (3) to further strengthen the Organization's activities in operational research for perinatal care and in the area of research on and development of appropriate technology;
- (4) to develop and promote the use of indicators of the quality of maternal and neonatal health care;
- (5) to mobilize additional scientific and financial resources for the measures specified in this resolution;
- (6) to keep the Health Assembly informed of progress through appropriate mechanisms.

Twelfth plenary meeting, 13 May 1992
A45/VR/12

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.23

Agenda item 27

14 May 1992

ARREARS OF CONTRIBUTIONS PAYABLE BY FORMERLY INACTIVE MEMBERS BELARUS AND UKRAINE

The Forty-fifth World Health Assembly,

Having studied the report of the Director-General on the arrears of contributions payable by the formerly inactive Members, Belarus and Ukraine, upon resumption of active membership;

Considering the provisions of the Constitution governing the financial obligations of Members, together with the provisions of the Financial Regulations;

Having noted the principles and policies laid down in resolution WHA9.9 which were applied to certain Members in the 1950s upon their resumption of active membership;

Recognizing that the exceptional circumstances of Belarus and Ukraine justified a deferment of the instalment payment plan in respect of prior years' arrears of contributions envisaged in resolution WHA9.9;

Noting that the contributions for 1992 and future years will be due and payable in accordance with Financial Regulation 5.6,

1. DECIDES that contributions must be paid in full for the years 1948 and 1949 during which Belarus and Ukraine participated actively in the work of the Organization;
2. DECIDES pursuant to resolution WHA9.9 that, for the years 1950 to 1991 during which Belarus and Ukraine did not actively participate in the work of the Organization, a token payment of five per cent of the amount assessed each year shall be required which shall, upon payment, be considered as discharging in full the financial obligations of those Members for the years concerned;
3. DECIDES that the payments required under paragraphs 1 and 2 above must be paid in US dollars or Swiss francs; and may be paid in equal annual instalments over a period not exceeding ten years beginning with the year 1997, in addition to the annual contributions due during that period; and that payment of those annual amounts shall be construed as preventing the application of the provisions of Article 7 of the Constitution;
4. DECIDES that, in accordance with Financial Regulation 5.8, payments made by the Members concerned shall be credited first to the Working Capital Fund; and, further,
5. DECIDES that, notwithstanding the provisions of Financial Regulation 5.8, payments of contributions for the years beginning with that in which the Members return to active participation shall be credited to the financial period concerned;

6. REQUESTS the Director-General, as the token payments established in paragraph 2 above are received, to so adjust the accounts of the Organization as is appropriate under the terms of this resolution in respect of those years;

7 REQUESTS the Director-General to inform the Members concerned of these decisions.

Thirteenth plenary meeting, 14 May 1992
A45/VR/13

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مؤتمر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.24

Agenda item 30.1

14 May 1992

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM GENERAL MATTERS

HEALTH AND DEVELOPMENT

The Forty-fifth World Health Assembly,

Recognizing that, as stated in the Constitution of the World Health Organization, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition";

Taking into consideration the Accra Initiative on Health which resulted from the International Forum on "Health: A Conditionality for Economic Development - Breaking the Cycle of Poverty and Inequity", held in Accra in December 1991 which emphasized the crucial relation between economic development and health, especially the health of vulnerable groups;

Having considered the Director-General's report¹ on the International Forum in Accra and the follow-up work, and commending him for the success of the conference and the quality of the background document;

Concerned about the intolerable health situation of the most vulnerable groups, which experience unnecessary pain and suffering from preventable diseases, economic deprivation, social isolation, violence, abuse, and war;

Recognizing that individual health status and aggregate health status indicators are significant measures of a person's and a society's overall development and productive potential;

Realizing that certain economic development policies and strategies have contributed to the creation of new vulnerable groups and have not been able to resolve the spectrum of health issues which confront vulnerable populations;

Recognizing that health status is related to basic education, access to relevant information and economic productivity;

Realizing the urgency of integrated cost-effective health interventions with sustainable economic and development policies and strategies,

1. URGES Member States to:

- (1) take the necessary measures to ensure the achievement of the goal of health for all by the year 2000;

¹ Document EB89/1992/REC/1, Annex 8.

- (2) take specific steps to improve the health status of the most vulnerable population groups;
 - (3) analyse the health impact of existing and future development projects and implement the necessary protective measures to safeguard, promote and improve the health status of affected populations;
 - (4) explore the feasibility of creating where necessary and strengthening alternative financial arrangements for the improvement of the health status of vulnerable population groups;
2. REQUESTS the Director-General to:
- (1) establish a multidisciplinary task force to undertake the following:
 - (a) study existing global development policies, strategies and programmes to determine which factors enhance and/or hinder the promotion and improvement of health status;
 - (b) analyse health status indicators and their relation to economic development with emphasis on the situation of the most vulnerable groups;
 - (c) examine alternative funding mechanisms which would help countries evaluate the interaction of health status and economic development strategies;
 - (d) explore ways and means of improving access to basic education, credit facilities for small industries, and other means of assisting countries to improve the health status and protect the health rights of the vulnerable groups;
 - (e) recommend appropriate arrangements for the protection of basic health as a human right and in consultation with all partners concerned initiate a process of education and consensus-building to ensure that health status is protected in the development process;
 - (2) disseminate the results and message of the Accra Initiative to other organizations of the United Nations system and other international agencies;
 - (3) ensure that all WHO programmes identify highly vulnerable economic groups and provide the means to improve and evaluate their health status;
 - (4) report to the ninety-third session of the Executive Board and the Forty-seventh World Health Assembly on the progress made in implementing this resolution.

Thirteenth plenary meeting, 14 May 1992
A45/VR/13

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世界衛生大會 決議

مؤتمر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.25

Agenda item 30.1

14 May 1992

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM GENERAL MATTERS

WOMEN, HEALTH AND DEVELOPMENT

The Forty-fifth World Health Assembly,

Recalling that the WHO Constitution declares that "health is one of the fundamental rights of every human being", which evidently includes the half of the global population that are women;

Recognizing that women's health means their health throughout their entire life-span, and not only their reproductive health;

Acknowledging that there has been improvement in some parameters relating to women's health and development, due in large measure to the accomplishments of women themselves and active interest groups;

Recalling that many resolutions over the years have called for action to be taken in areas such as women's education, gender-specific research, safe motherhood and income-generating opportunities for women, the most recent being resolution WHA44.42 on "Women, health and development";

Noting with great dismay the lack of feedback on results of the implementation of these resolutions; the lack of adequate gender-specific data; and the fact that there is insufficient knowledge of the gender-specific consequences of diseases in women;

Taking into consideration the report of the Technical Discussions on "Women, health and development" held in conjunction with the Forty-fifth World Health Assembly,

1. URGES Member States:

(1) to establish a system for reporting on the extent to which key elements of existing resolutions have been implemented in their country, the gaps in implementation that still remain, the reasons for these gaps, and what assistance is needed for implementation;

(2) to implement steps in their ministries of health and health-sector institutions equivalent to those that the Director-General is requested below to implement within WHO, and to include at least one woman in their delegations to the World Health Assembly;

2. REQUESTS the Director-General, in order to ensure that women's health is given the highest level of visibility and urgency:

(1) to utilize existing mechanisms within WHO, at global and regional levels, more effectively and fully, for ensuring that the Organization's current programmes, as well as the Ninth General Programme of Work, give proper attention to matters affecting women's health in all areas;

- (2) to ensure that an appropriate portion of the resources of each programme area is allocated to those issues;
- (3) to examine WHO policy and programme initiatives in order to determine whether they might have any adverse effect on the position of women;
- (4) to facilitate the above measures by strengthening WHO's focal point for women, health and development in such a way as to ensure that it can operate effectively across programme lines;
- (5) to ratify the decision of the Forty-second World Health Assembly in resolution WHA42.13 to maintain the target of 30% for the proportion of all professional and higher-graded posts in established offices to be occupied by women;

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

(1) to establish in 1992 a Global Commission on Women's Health, consisting of political, scientific and professional leaders throughout the world, the largest number of whom would be women, with due respect to equitable geographical representation and who would serve in their personal capacities, the terms of reference of which would include:

- (a) producing an agenda for action on Women's Health;
- (b) making policy-makers aware of women's health issues by using gender-specific, disaggregated data on women's socioeconomic and health conditions;
- (c) advocating the promotion of women's health issues within all development plans, using all forms of mass media;
- (d) providing a forum for consultation and dialogue with women's organizations, women's health advocacy groups, and others who represent the mobilization of women, from the grassroots to the highest political levels;

(2) to support the work of the Global Commission by advocating and facilitating its participation in: the United Nations Conference on Human Rights in 1993; the United Nations Population Conference in 1994; and the Fourth World Conference on Women in 1995; and to report to those conferences;

(3) to further support the work of the Global Commission in such areas as:

- (a) mobilizing the necessary resources;
- (b) establishing standards and criteria to permit regular monitoring of women's health status;
- (c) advising on action to ensure adequate attention to women's concerns in health activities also in other development systems, including contributions to existing mechanisms such as the United Nations Commission on the Status of Women, and to the development of legislation to protect the health of vulnerable women and children in times of armed conflict;
- (d) enhancing coordination and cooperation within the United Nations system for women's health;
- (e) monitoring the overall progress made in implementing key elements of past resolutions and strategies affecting women's health, using gender-specific data;

(4) to submit a report on the implementation of this resolution to the Forty-eighth World Health Assembly in 1995.



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RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.26

Agenda item 34

14 May 1992

HEALTH CONDITIONS OF THE ARAB POPULATION IN THE OCCUPIED ARAB TERRITORIES, INCLUDING PALESTINE

The Forty-fifth World Health Assembly,

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

Seriously concerned by violations of human rights in the occupied Arab territories;

Recalling the need for the occupying power to observe strictly its obligations under the Fourth Geneva Convention (1949), to which it has notably not conformed in such basic areas as health;

Aware of its responsibility for ensuring proper health conditions for all people who are victims of exceptional situations, including settlements that are contrary to the Fourth Geneva Convention of 1949;

Recognizing the need for increased support and assistance for the Palestinian people, as well as the Syrian Arab people in the Golan under Israeli occupation, and for stronger cooperation with them;

Expressing its deep concern at the negative effects of the practices of the occupying power against the Palestinian people in the field of health during the *Intifada*, at a time when social and economic conditions in the territories were deteriorating;

Expressing deep satisfaction at the commencement of peace talks among the parties concerned in the Middle East, starting with the Madrid Conference and continuing in the peace negotiations between the said parties;

Expressing the hope that these talks will lead to a just and comprehensive peace in the Middle East, based on the principles of international legitimacy and, in particular, on relevant United Nations resolutions;

Regretting the refusal of the Israeli authorities to allow the Special Committee of Experts to visit the occupied Arab territories;

Having considered the report of the Director-General on the health conditions of the Arab population in the occupied Arab territories, including Palestine,¹

1. ASSERTS WHO's responsibility to promote for the Palestinian people in the occupied Arab territories the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being;

¹ Document A45/31.

2. **EXPRESSES THE HOPE** that the peace talks will lead quickly to a just, lasting and comprehensive peace in the Middle East, so that the Palestinian people can develop their health plans and projects to participate with the peoples of the world in the achievement of WHO's objective of "Health for All by the Year 2000";
3. **EXPRESSES CONCERN** at the deterioration in the health conditions of the Arab population in the occupied Arab territories, affirming that it is the role of the World Health Organization to assist in the provision of health care to the Palestinian people and the other Arab populations in the occupied Arab territories;
4. **STRESSES** that the policies of the Israeli authorities in the occupied Arab territories are not consistent with the development of a health system appropriate to the needs of the population in the occupied Arab territories, and that it is the role of the international community in its contribution to the peace process to assist the Palestinian people in their efforts to enjoy this basic human right and the privilege of being responsible for their own health system;
5. **DEPLORES** the continuing deterioration of the situation in the occupied Arab territories, which seriously affects the living conditions of the people, compromises in a lasting fashion the future of the Palestinian society, and prevents the economic and social development of those territories;
6. **EXPRESSES ITS DEEP CONCERN** at the Israeli refusal to permit the Special Committee of Experts to visit the occupied Arab territories, requesting that Israel allow the Committee to fulfil its mission of investigating the health conditions of the populations in those territories;
7. **THANKS** the Chairman of the Special Committee of Experts for his note and requests the Special Committee of Experts to continue its mission and report on the health conditions of the Arab population in the occupied Arab territories to the Forty-sixth World Health Assembly;
8. **RECALLS** resolutions WHA42.14, WHA43.26 and WHA44.31 and commends the Organization's efforts to prepare and implement the special technical assistance to improve the health conditions of the Palestinian people in the occupied Arab territories;
9. **THANKS** the Director-General for his efforts, requesting him, in the light of relevant Health Assembly resolutions:
 - (1) to continue the efforts to implement the special assistance programme, emphasizing the primary health care approach, in coordination with all Member States, observers referred to in Health Assembly resolutions related to this item, and all other organizations involved in health and humanitarian activities;
 - (2) to further coordinate health activities, in particular in priority areas such as maternal and child health, an expanded programme of immunization, water supply, sanitation and prevention of pollution;
 - (3) to monitor and evaluate the health conditions of the Arab population in the occupied Arab territories, in particular the proposals contained in the reports of the Special Committee of Experts, and given the deterioration of the health conditions of the inhabitants of those territories, to adopt all available measures in this regard, and to assist the Palestinian people in developing health manpower capable of shouldering the responsibility of their health;
 - (4) to pursue the implementation of special technical assistance to improve the health conditions of the Palestinian people in the occupied Arab territories, in cooperation with all WHO Members and observers referred to in Health Assembly resolutions related to this item, taking into consideration a comprehensive health plan for the Palestinian people;
 - (5) to provide the systematic support required to the WHO collaborating health centres in the occupied Arab territories, and strongly encourage the management of those centres by Palestinian experts;

(6) to continue his efforts to seek funds from extrabudgetary sources in support of the special technical assistance programme;

(7) to report on the above to the Forty-sixth World Health Assembly;

10. CALLS ON all Member States, intergovernmental and nongovernmental organizations to contribute to the special assistance programme to improve the health conditions of the Palestinian people in the occupied Arab territories.

Thirteenth plenary meeting, 14 May 1992
A45/VR/13

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مؤازر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.27

Agenda item 19.1

14 May 1992

WHO ACTION PROGRAMME ON ESSENTIAL DRUGS

The Forty-fifth World Health Assembly,

Recalling previous resolutions of the World Health Assembly (resolutions WHA37.32, WHA37.27, WHA39.27, WHA41.16, WHA41.17 and WHA41.18 and in particular resolution WHA43.20), in which the Director-General was requested to strengthen his support for the promotion of the essential drugs concept, to ensure that adequate human and financial resources are provided for the WHO Action Programme on Essential Drugs, and to seek extrabudgetary resources in addition to those in the regular budget;

Having reviewed the report on the Action Programme;

Satisfied with the Programme's accelerated activities and strengthened collaboration with Member States through intensified support to countries;

Noting with satisfaction that Member States, development agencies, and a number of other parties are increasingly responding to the challenge of making essential drugs and vaccines of good quality available to those who need them;

Recognizing nevertheless that well over half the population of developing countries still lacks regular access to the most needed essential drugs and that socioeconomic decline in the developing world has made progress difficult;

Reaffirming the continued validity of the essential drugs concept as a means of achieving greater equity of access to safe and effective medicines,

1. **ENDORSES** the report of the Director-General on the WHO Action Programme on Essential Drugs in the light of the discussion in the Executive Board;¹
2. **URGES** Member States:
 - (1) to increase significantly their efforts to demonstrate the required political will and to make optimal use of the momentum gained in implementing national drug policies and essential drugs programmes consistent with WHO's revised drug strategy;
 - (2) to utilize global and local experience in developing national drug policies and in strengthening national drug infrastructure with a view to ensuring, where appropriate, the regular supply and rational use of a selected number of safe and effective drugs and vaccines of acceptable quality, at the lowest possible cost, based on the concept of the WHO Model List of Essential Drugs;

¹ See summary record of the eighty-ninth session of the Board, eleventh meeting, section 2, and twelfth meeting, section 1 (document EB89/1992/REC/2).

- (3) to sustain the development of national capability to define, implement and evaluate rational drug policies and programmes in particular through the intensification of training and education of professional personnel and the public as well as through the utilization of operational research;
 - (4) to strengthen cooperation among themselves for the implementation of the WHO Action Programme;
 - (5) to strengthen efforts in research and production of drugs from medicinal plants in collaboration with WHO and other United Nations agencies;
3. URGES the development agencies and other collaborating organizations to increase their efforts and contributions through continued support for the Programme;
4. REQUESTS the Executive Board:
- (1) to continue to review closely the progress achieved within the Action Programme as a central component of WHO's activities in support of the revised drug strategy;
 - (2) to report periodically to the World Health Assembly on the above;
5. REQUESTS the Director-General:
- (1) to intensify WHO's support, in conformity with the mandate of the Action Programme, to countries in formulating, implementing and evaluating national drug policies and essential drug programmes as well as in strengthening their resources and capacities in these respects, including operational research;
 - (2) to strengthen the role of WHO in providing conceptual leadership and advocacy in mobilizing and coordinating a global collaborative effort to improve the world drug situation;
 - (3) to ensure that adequate human resources are provided to implement the Programme and to find financial resources from regular and extrabudgetary sources;
 - (4) to report periodically to the World Health Assembly through the Executive Board on progress achieved and problems encountered.

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.28

Agenda item 19.2

14 May 1992

HARMONIZING DRUG REGULATIONS

The Forty-fifth World Health Assembly,

Recalling resolution WHA26.30 regarding the implementation of an international drug information system, resolution WHA28.65 on good manufacturing practices and resolutions WHA37.33, WHA39.27 and WHA41.16 on the rational use of drugs;

Appreciating the contribution made to the promotion of harmonized activities and information transfer between regulatory authorities by the International Conference of Drug Regulatory Authorities (ICDRA);

Recognizing that international harmonization of technical requirements for drug registration will contribute to reducing the costs of pharmaceuticals, increase their availability worldwide and accelerate the development of new drugs, while maintaining high standards of quality, safety and efficacy;

Noting the recent initiatives by regulatory agencies and the pharmaceutical industries in the harmonization of standards and requirements for drug regulation, including the First International Conference on Harmonization of Technical Requirements for Drugs, held in Brussels in November 1991;

Noting also the effectiveness of the information network established by WHO,

1. **URGES** Member States:

(1) to complete the implementation of their national drug strategies, including a full inventory of drugs available in their markets;

(2) to support and participate in sessions of the International Conference of Drug Regulatory Authorities concerning harmonization of drug regulatory activities;

(3) to review and adopt where appropriate, through national processes, internationally accepted standards for the testing and registration of pharmaceuticals and biologicals;

2. **INVITES** the pharmaceutical industry to continue to collaborate with drug regulatory authorities and with WHO, where appropriate, in order to ensure that the advantages of harmonization benefit all concerned;

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

(1) to continue to offer Member States appropriate technology to assist with drug inventories and to further the international harmonization of drug regulatory regimes;

(2) to strengthen ICDRA with a view to increasing the effectiveness of national drug regulatory activities.

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.29

Agenda item 19.2

14 May 1992

PROPOSED GUIDELINES ON THE WHO CERTIFICATION SCHEME ON THE QUALITY OF PHARMACEUTICAL PRODUCTS MOVING IN INTERNATIONAL COMMERCE

The Forty-fifth World Health Assembly,

Taking note of previous resolutions on WHO's Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce, and particularly resolution WHA41.16, which refers to the export, import and smuggling of falsely labelled, spurious, counterfeited or substandard pharmaceutical preparations;

Having reviewed the report on the implementation of WHO's revised drug strategy, and in particular the proposed guidelines on the implementation of the Certification Scheme;

Aware of the need for prospective importing countries to obtain explicit assurances regarding the quality of products not registered in the country of provenance;

Believing that the adoption of the proposed guidelines will contribute to deterrence of the export, import and smuggling of falsely labelled, spurious, counterfeited or substandard pharmaceutical preparations;

Recognizing that a comprehensive system of quality assurance including the WHO Certification Scheme must be founded on a reliable national system of licensing, independent analysis of the finished product and independent inspection to verify that all manufacturing operations are carried out in conformity with accepted norms, referred to as "good manufacturing practices",

1. ENDORSES the guidelines for implementation of the WHO Certification Scheme, which will be evaluated and revised, as necessary, in consultation with the Committee on Drug Policies of the Executive Board;
2. URGES Member States to implement these guidelines, and to issue certificates within five years in a form to be agreed in the light of experience gained in preliminary field testing.

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إقرار جمعية الصحة العالمية

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

FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.30

Agenda item 19.2

14 May 1992

WHO ETHICAL CRITERIA FOR MEDICINAL DRUG PROMOTION

The Forty-fifth World Health Assembly,

Recalling resolutions WHA41.17 and WHA43.20;

Having considered the report on the use of the WHO ethical criteria for medicinal drug promotion;

Noting with concern that little information is available on any progress in controlling medicinal drug promotion through the use of the concepts embodied in the WHO ethical criteria;

Noting that many drug regulatory authorities do not yet have the administrative resources to regulate drug promotion;

Mindful that a high level of compliance and self-regulation by the pharmaceutical industry is necessary,

1. URGES Member States to intensify efforts to involve government agencies including drug regulatory authorities, as well as pharmaceutical manufacturers, distributors and the promotion industry, health personnel involved in the prescription, dispensing, supply and distribution of drugs, universities and other teaching institutions, professional associations, patient and consumer groups, and the professional and general media (including publishers and editors of medical journals and related publications), in the implementation of the principles embodied in the WHO ethical criteria on medicinal drug promotion;

2. REQUESTS the Director-General:

(1) to request the Council for International Organizations of Medical Sciences (CIOMS) to convene a meeting of interested parties in collaboration with WHO to discuss possible approaches to further advancing the principles embodied in WHO's ethical criteria for medicinal drug promotion;

(2) to consider other approaches and mechanisms in the Member States to improve the implementation of WHO's ethical criteria for medicinal drug promotion;

(3) to report the outcome of the meeting of interested parties and other actions of the Organization relevant to this issue to the Forty-seventh World Health Assembly through the Executive Board.

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.31

Agenda item 20.1

14 May 1992

HEALTH AND ENVIRONMENT

The Forty-fifth World Health Assembly,

Having considered the reports of the Director-General on the WHO Commission on Health and Environment, the International Programme on Chemical Safety, and the evaluation of the International Drinking Water Supply and Sanitation Decade;

Noting the Commission's recommendations for protecting and promoting human health in the context of the environmental and developmental challenges;

Noting the European Charter on Environment and Health and its impact on the European Region of WHO;

Recalling resolutions WHA39.22, WHA40.18, WHA42.25, WHA42.26, WHA44.27 and WHA44.28 which, among others, give prominence to the principle of sustainable development, the need to incorporate health considerations into economic development planning, intersectoral action for health and the protection and promotion of health among rapidly expanding populations in urban areas;

Aware of the impending United Nations Conference on Environment and Development and the attention given to critical environmental health issues in its proposed "Agenda 21", especially chemical risk assessment and management, and the central role proposed for WHO through the International Programme on Chemical Safety in implementing the recommendations of the Conference,

1. ENDORSES the recommendations of the WHO Commission on Health and Environment;

2. CALLS UPON Member States:

(1) to keep the implications of the Commission's report for public health policies and practices under review, and take them into account in:

(a) the reinforcement of measures to cope with the growing pressure on resources resulting from global demographic trends;

(b) the reorientation of environmental health work to health-for-all needs through intersectoral, interdisciplinary approaches to development;

(c) the institutionalization of these approaches through appropriate changes in structures and functions within the health sector, bearing in mind activities in other sectors and the community,

(d) action to improve environmental conditions for human health, through measures for health protection, health promotion, and community participation;

- (e) the development of techniques and the strengthening of skills in public health services and related agencies to improve the analysis of environmental health problems and the implementation of effective interventions;
 - (f) participation in "preventive planning", the analysis of health effects of development, the promotion and use of data bases on environmental health hazards, and economic analysis that recognizes the true value of human capital;
 - (g) the improvement of the capacity of the health sector to cooperate with other sectors and to play an advocacy role at all levels of government and in the community;
3. URGES Member States to participate actively in establishing and enforcing international agreements that support measures for sustainable development and environmental protection, and that take account of health considerations;
4. REQUESTS the Director-General:
- (1) to formulate a new global WHO strategy for environmental health based on the findings and recommendations of the WHO Commission on Health and Environment and on the outcome of the United Nations Conference on Environment and Development, and taking into account the need to consider environmental health in the broad context of environment and development;
 - (2) to incorporate into the strategy, in particular, provisions for:
 - (a) steps to ensure that WHO programmes consider the environmental health implications of their activities and establish the necessary links;
 - (b) steps to ensure the central role of WHO through the International Programme on Chemical Safety in international chemical risk assessment and management;
 - (c) the strengthening of activities in programmes relating to water supply and sanitation in order to reduce the prevalence of water-borne diseases;
 - (d) an integrated approach to the solution of environmental health problems specific to urban areas, including emphasis on preventive planning and capacity-building programmes;
 - (e) the development and use of global data bases on environmental health hazards;
 - (f) the protection of the environment of small island countries in view of the potentially serious effects of environmental change on the health of the populations concerned;
 - (3) to prepare, as part of the formulation of the strategy, a long-range plan for meeting the environmental health research needs identified by the Commission;
 - (4) to collaborate closely with other international organizations in the elaboration and implementation of the strategy in order to reinforce support to Member States in environmental health;
 - (5) to keep the Health Assembly informed through the Executive Board of progress in implementing this resolution.



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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.32

Agenda item 20.3

14 May 1992

INTERNATIONAL PROGRAMME ON CHEMICAL SAFETY

The Forty-fifth World Health Assembly,

Recalling resolutions WHA30.47, WHA31.28 and EB63.R19 on the evaluation of the effects of chemicals on health, and resolution EB73.R10 on the International Programme on Chemical Safety;

Noting that under the leadership of WHO the Programme has become an interagency cooperative activity with ILO and UNEP, well coordinated and collaborating closely with programmes on related subjects of other organizations, such as FAO and OECD;

Noting also that relevant recommendations had been adopted during a meeting of government-designated experts on chemical risk assessment and management,¹ held in the context of the preparations for the United Nations Conference on Environment and Development, foreseeing an expanded role for the International Programme in ensuring effective coordination of chemical risk assessment and risk management activities of international organizations,

1. URGES Member States:

- (1) to establish or strengthen governmental mechanisms to provide liaison and coordination between all parties involved in chemical safety activities (e.g., authorities and institutions for agriculture, education, health, industry, labour, environment, transport, civil defence, economic affairs, research and poison control, etc.);
- (2) to establish or strengthen national and local capabilities for response to accidents including networks of emergency response and poison control centres;
- (3) to increase awareness, among the general public and certain professional and other groups, of chemical risks and the need to prevent misuse of chemicals and accidental exposure to them;
- (4) to organize, in collaboration with industry, trade unions, professional bodies and consumer associations, training programmes for staff at all levels in chemical safety, including emergency response;
- (5) to increase financial, scientific and logistic support to the International Programme (a) through the Voluntary Fund for Health Promotion; (b) through national institutions participating in the Programme; and (c) through funds held in countries for the Programme; and to encourage industry and national institutions to provide the Programme with timely data and other support needed for risk assessment;

¹ Report of the Meeting of Experts to Discuss Draft Proposals for an Intergovernmental Mechanism for Chemical Risk Assessment and Management, London, 16-19 December 1991 (document UNEP/IPCS/IMCRAM/exp/4, 19 December 1991).

2. REQUESTS the Director-General:

- (1) to recognize the importance of the International Programme in the development and implementation of a new WHO strategy for environmental health, taking into consideration the findings of the WHO Commission on Health and Environment and the recommendations of the meeting of government-designated experts referred to above,
- (2) to strengthen and expand the scientific work of the Programme to meet the current and foreseen challenges of chemical safety, incorporating all aspects of WHO's work on risk assessment, including epidemiological and exposure assessment activities;
- (3) to continue to promote the development of comprehensive chemical safety programmes directed towards the needs of countries in all the WHO regions, and the effective implementation of such programmes through concerted action at global, regional and national levels;
- (4) to review the current arrangements with the Executive Heads of ILO and UNEP, as well as with representatives of other organizations that might participate in the International Programme in the future, in order to determine the changes that would be required for its expanded role, including the function of secretariat for an intergovernmental forum on chemical safety, as recommended in proposals to be presented to governments at the United Nations Conference on Environment and Development;
- (5) to ensure that the funding of the Programme by Member States and cooperating organizations is sustainable in the long term;
- (6) to take steps to ensure that in expanding the chemical risk management tasks of the Programme, the scientific quality and integrity of the work on risk assessment are fully protected;
- (7) to report to a future session of the Executive Board on the expanded International Programme, particularly in relation to the enhanced role of WHO with its partners in implementation of the decisions of the United Nations Conference on Environment and Development for environmentally sound chemical risk management.

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.33

Agenda item 21

14 May 1992

NATIONAL STRATEGIES FOR OVERCOMING MICRONUTRIENT MALNUTRITION

The Forty-fifth World Health Assembly,

Having considered the report of the Director-General on national strategies for overcoming micronutrient malnutrition;

Recalling resolutions WHA39.31 and WHA43.2 on iodine deficiency, resolutions WHA22.29, WHA25.55, WHA28.54 and WHA37.18 on vitamin A deficiency and xerophthalmia, resolutions WHA38.27 and WHA40.27 relating to maternal anaemia, and resolution WHA44.33 recognizing the goals for the 1990s endorsed by the World Summit for Children, which include the virtual elimination of iodine deficiency disorders and vitamin A deficiency, and a substantial reduction in iron deficiency anaemia;

Recognizing the great human suffering and the important health and socioeconomic problems caused by micronutrient deficiencies, especially irreversible brain damage and mental retardation from iodine deficiency, childhood blindness and increased mortality from vitamin A deficiency, and retarded physical and mental development, low birth weight and maternal mortality from iron deficiency;

Concerned about the large numbers of people at risk, estimated at 1000 million for iodine deficiency, 190 million for vitamin A deficiency and over 2000 million for nutritional anaemia;

Aware of the success of strategies for overcoming micronutrient malnutrition which include dietary diversification and supplementation, food fortification, and specific public health measures for the control of related human infection and infestation with parasites;

Aware of the need to build on the experience of the past decade to accelerate and intensify specific activities and integrated approaches in regard to micronutrient malnutrition in order to achieve concrete results in countries in the short term,

1. URGES Member States:

- (1) to strengthen the activities recommended in the report and integrate them in their national health and development programmes, taking into account any recommendations that may be made to this effect by the International Conference on Nutrition;
- (2) to establish, where appropriate, a focal point and coordinating mechanism to promote and integrate activities in common for the control of iodine deficiency disorders, vitamin A deficiency and nutritional anaemia;

(3) to establish, as part of the health and nutrition monitoring system, a micronutrient monitoring and evaluation system capable of assessing the magnitude and distribution of these micronutrient deficiency disorders, and monitoring the implementation and impact of control programmes, and to report as appropriate to WHO thereon;

(4) to mobilize the necessary human, technical and financial resources to ensure the successful implementation of national activities to overcome micronutrient malnutrition;

2 REQUESTS the Director-General:

(1) to prepare guidelines on national strategies for prevention and control of micronutrient deficiencies;

(2) to establish as part of the WHO nutrition data base a global micronutrient deficiency information system comprising data on iodine deficiency, vitamin A deficiency and nutritional anaemia;

(3) to encourage the establishment of regional mechanisms, such as task forces and working groups, for catalysing and providing technical support to national programmes, and promoting cooperation among countries;

(4) to encourage effective cooperation among the agencies concerned - international, bilateral and nongovernmental - and the scientific bodies of experts in the fields of iodine, vitamin A and iron deficiencies;

(5) to continue to disseminate information among countries and to provide technical support and training in the prevention and control of micronutrient malnutrition;

(6) to support operational research on integrated methods of assessing and combating micronutrient deficiencies;

(7) to mobilize additional technical and financial resources for intensified support to Member States.

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.34

Agenda item 32

14 May 1992

**INFANT AND YOUNG CHILD NUTRITION
(PROGRESS AND EVALUATION REPORT; AND STATUS OF IMPLEMENTATION
OF THE INTERNATIONAL CODE OF MARKETING OF
BREAST-MILK SUBSTITUTES)**

The Forty-fifth World Health Assembly,

Having considered the report of the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11 and WHA43.3 concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming that the International Code of Marketing of Breast-milk 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;

Recalling that products that may be promoted as partial or total replacement for breast milk, especially when these are presented as suitable for bottle-feeding, are subject to the provisions of the International Code;

Reaffirming that during the first four to six months of life no food or liquid other than breast milk, not even water, is required to meet the normal infant's nutritional requirements, and that from the age of about six months infants should begin to receive a variety of locally available and safely prepared foods rich in energy, in addition to breast milk, to meet their changing nutritional requirements;

Welcoming the leadership of the Executive Heads of WHO and UNICEF in organizing the "baby-friendly" hospital initiative, with its simultaneous focus on the role of health services in protecting, promoting and supporting breast-feeding and on the use of breast-feeding as a means of strengthening the contribution of health services to safe motherhood, child survival, and primary health care in general, and endorsing this initiative as a most promising means of increasing the prevalence and duration of breast-feeding;

Expressing once again its concern about the need to protect and support women in the workplace, for their own sakes but also in the light of their multiple roles as mothers and care-providers, *inter alia*, by applying existing legislation fully for maternity protection, expanding it to cover any women at present excluded or, where appropriate, adopting new measures to protect breast-feeding;

Encouraged by the steps being taken by infant-food manufacturers towards ending the donation or low-price sale of supplies of infant formula to maternity wards and hospitals, which would constitute a step towards full implementation of the International Code;

Being convinced that charitable and other donor agencies should exert great care in initiating, or responding to, requests for free supplies of infant foods;

Noting that the advertising and promotion of infant formula and the presentation of other products as breast-milk substitutes, as well as bottles and teats, may compete unfairly with breast-feeding which is the safest and lowest-cost method of nourishing an infant, and may exacerbate such competition and favour uninformed decision-making by interfering with the advice and guidance to be provided by the mother's physician or health worker;

Welcoming the generous financial and other contributions from a number of Member States that enabled WHO to provide technical support to countries wishing to review and evaluate their own experiences in giving effect to the International Code,

1. THANKS the Director-General for his report;
2. URGES Member States:
 - (1) to give full expression at national level to the operational targets contained in the Innocenti Declaration, namely:
 - (a) by appointing a national breast-feeding coordinator and establishing a multisectoral breast-feeding committee;
 - (b) by ensuring that every facility providing maternity services applies the principles laid down in the joint WHO/UNICEF statement on the role of maternity services in protecting, promoting and supporting breast-feeding;
 - (c) by taking action to give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions in their entirety;
 - (d) by enacting legislation and adopting means for its enforcement to protect the breast-feeding rights of working women;
 - (2) to encourage and support all public and private health facilities providing maternity services so that they become "baby-friendly":
 - (a) by providing the necessary training in the application of the principles laid down in the joint WHO/UNICEF statement;
 - (b) by encouraging the collaboration of professional associations, women's organizations, consumer and other nongovernmental groups, the food industry, and other competent sectors in this endeavour;
 - (3) to take measures appropriate to national circumstances aimed at ending the donation or low-priced sale of supplies of breast-milk substitutes to health care facilities providing maternity services;
 - (4) to use the common breast-feeding indicators developed by WHO, with the collaboration of UNICEF and other interested organizations and agencies, in evaluating the progress of their breast-feeding programmes;
 - (5) to draw upon the experiences of other Member States in giving effect to the International Code;
3. REQUESTS the Director-General:
 - (1) to continue WHO's productive collaboration with its traditional international partners, in particular UNICEF, as well as other concerned parties including professional associations, women's organizations, consumer groups and other nongovernmental organizations and the food industry, with a view to attaining the Organization's goals and objectives in infant and young child nutrition;

- (2) to strengthen the Organization's network of collaborating centres, institutions and organizations in support of appropriate national action;
- (3) to support Member States, on request, in elaborating and adapting guidelines on infant nutrition, including complementary feeding practices that are timely, nutritionally appropriate and biologically safe and in devising suitable measures to give effect to the International Code;
- (4) to draw the attention of Member States and other intergovernmental organizations to new developments that have an important bearing on infant and young child feeding and nutrition;
- (5) to consider, in collaboration with the International Labour Organisation, the options available to the health sector and other interested sectors for reinforcing the protection of women in the workplace in view of their maternal responsibilities, and to report to a future Health Assembly in this regard;
- (6) to mobilize additional technical and financial resources for intensified support to Member States.

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FORTY-FIFTH WORLD HEALTH ASSEMBLY

WHA45.35

Agenda item 33

14 May 1992

GLOBAL STRATEGY FOR THE PREVENTION AND CONTROL OF AIDS

The Forty-fifth World Health Assembly,

Having considered the report of the Director-General on the global strategy for the prevention and control of AIDS;

Recalling resolutions WHA40.26, WHA41.24, WHA42.33, WHA42.34 and WHA43.10, as well as United Nations General Assembly resolution 46/203;

Acknowledging the leading role of WHO in the guidance and coordination of AIDS control, prevention, care, research activities and support to those who are ill and their families;

Expressing appreciation to all organizations and bodies of the United Nations system, and the many nongovernmental organizations concerned, for their active collaboration in support of the global AIDS strategy;

Recognizing with concern that the pandemic is spreading rapidly in developing countries and continuing to increase in urban areas of some industrialized countries, especially in populations with high rates of injecting drug use and sexually transmitted diseases; that heterosexual transmission is increasing throughout the world which means an increasing number of infected women and children; that an increasing burden is being placed on already strained health services; and that a multisectoral response is required to reduce the further spread of human immunodeficiency virus (HIV) infection and AIDS and to mitigate the social and economic consequences of the pandemic;

Recognizing that there is no public health rationale for any measures that limit the rights of the individual, notably measures establishing mandatory screening;

Recognizing the importance of decentralization of the implementation of the global AIDS strategy from the national to the district and community level,

1. **ENDORSES** the updated global AIDS strategy, proposing the following essential ways to meet the new challenges of the evolving pandemic; better prevention and treatment programmes for other sexually transmitted diseases; greater focus on prevention of HIV infection through improvement of women's health, education and status; a social environment giving more support to prevention programmes; greater emphasis on the public health dangers of stigmatization of people known to be or suspected of being infected, and of discrimination against them; and increasing emphasis on care;

2. **CALLS UPON** Member States:

(1) to intensify national AIDS prevention efforts, with commitment and leadership at the highest political level;

- (2) to adopt the updated global AIDS strategy as the basis for their control efforts, paying particular attention to action directed at women, children and adolescents;
 - (3) to ensure close coordination or, where appropriate, integration of activities for prevention and control of HIV/AIDS and of other sexually transmitted diseases;
 - (4) to improve measures for the prevention of HIV infection due to blood and blood products, by promoting blood transfusion services that provide for the screening of all blood donations, counselling and guidance and other preventive elements;
 - (5) to mobilize national resources and ensure a multisectoral response to the pandemic, including efforts to reduce its further spread, e.g. by promoting safer sexual behaviour, and to mitigate its social and economic consequences, by involving all sectors of government and key elements in society such as community groups and religious and other community leaders;
 - (6) to reinforce efforts to oppose discrimination against persons and specific groups known to be or suspected of being HIV-infected; and to ensure a humanitarian response of governments and individuals to HIV/AIDS and that public health is not undermined by discrimination and stigmatization;
 - (7) to overcome denial of the magnitude of the pandemic and complacency about the need to take urgent and intensive action against HIV/AIDS;
 - (8) to stress the importance of educating health professionals, especially nurses and midwives, and provide counselling and support services to those who give care to AIDS patients;
3. APPEALS to bilateral and multilateral agencies, as well as nongovernmental and voluntary organizations, to intensify their activities in support of prevention and care in the worldwide struggle against HIV/AIDS in conformity with the updated global AIDS strategy and to mobilize human, financial and moral resources;
4. REQUESTS the Director-General:
- (1) to advocate vigorously the commitment of decision-makers to developing action-oriented programmes and mobilizing the national and international resources required to sustain efforts for prevention, care, research and support activities to reduce socioeconomic impact;
 - (2) to ensure that the updated global AIDS strategy is effectively supported and implemented at all levels of the Organization, and to reinforce WHO's support to Member States in the implementation of their national AIDS programmes;
 - (3) to intensify efforts to prevent HIV infection in women, adolescents and children and to protect women and the young from the impact of the pandemic;
 - (4) to stress the importance of a multisectoral response to the AIDS pandemic by all sectors of government, including efforts to reduce its further spread and its individual, social and economic consequences;
 - (5) to maintain close collaboration with organizations of the United Nations system and other intergovernmental and nongovernmental organizations, providing leadership to ensure that their support to governments is coordinated and contributes to that response, especially at country level under the framework of the WHO/UNDP Alliance to combat AIDS;
 - (6) to strengthen the development and evaluation of interventions to improve strategies for gender-specific prevention as well as strategies for care in national AIDS programmes;
 - (7) to pursue activities currently under way to assist countries in monitoring, evaluating and demonstrating the effectiveness of their programmes;

- (8) to intensify international biomedical, epidemiological and social science research globally, and to support vaccine and drug trials, especially in developing countries, while strengthening training for research workers in those countries;
- (9) to continue negotiations with the pharmaceutical industry and its partners in order to facilitate access to affordable vaccines and drugs to people in need, when they become available;
- (10) to continue efforts to oppose discrimination against people with HIV infection and encourage respect for their rights;
- (11) to support countries in their efforts to formulate policies, regulations, laws and practices to protect those rights.

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CE109/23 (Eng.)
Annex II

**REPORT OF THE 1992 TECHNICAL DISCUSSIONS
WOMEN, HEALTH AND DEVELOPMENT**



FORTY-FIFTH WORLD HEALTH ASSEMBLY

REPORT OF THE 1992 TECHNICAL DISCUSSIONS

WOMEN, HEALTH AND DEVELOPMENT

(7-9 May 1992)

The 1992 Technical Discussions on "Women, health and development" took place at the Palais des Nations, Geneva, on the mornings of 7, 8 and 9 May.

Some 400 participants registered for the discussions. These included leading personalities and experts in various aspects of women's health and women's issues, policy-makers and development experts, counsellors, educationalists, gynaecologists, lawyers, paediatricians, public health administrators, social scientists and those closely involved with women's issues at the community level. Representatives of governmental and nongovernmental organizations also participated in the discussions.

Dr Souad Lyagoubi-Ouahchi was appointed General Chairman of the Technical Discussions.

BACKGROUND DOCUMENTATION

A book entitled "Women's health: across age and frontier" served as the background document.

This document used time-series data, graphs, tables, photographs and other visual material to illustrate the present status of women's health in the world.

SCENARIO OF THE 1992 TECHNICAL DISCUSSIONS

The Technical Discussions were organized around the following two themes, each of which was assigned to a working group:

1. Morbidity/mortality patterns affecting women of all ages, and factors that have an impact on women's health status;
2. Worldwide health care needs of women. These included information, counselling, access to services and legislative support of essential care services.

The two working groups met simultaneously; in their first meeting, they identified problems facing women, while the second meeting was devoted to identifying concrete actions to solve them.

To stimulate discussion, six short video testimonies were shown to each working group; in them women and young girls spoke openly on their personal health and health-care problems.

Panellists with specific experience in all fields related to women's health were invited to give their views on the problems and issues raised in the video testimonies. A moderator chaired each panel discussion and encouraged participation from the audience. Television presenters Mrs Vivien Creegor and Mr Jean-Marie Cavada moderated sessions 1 and 2 respectively.

SUMMARY OF DISCUSSIONS

The discussions were very lively and highlighted the issues and problems facing women around the world. Many of the concerns raised re-emphasized the facts illustrated in the background document and provided information on the additional aspects summarized below.

- * The health problems of women are determined by diverse socioeconomic factors. Girls are born with a biological advantage over boys which makes them more resistant to infection and malnutrition, but this is often cancelled out by the social disadvantages they suffer. Different feeding practices, additional burdens of work, and lack of basic schooling for girls puts them at greater risk of malnutrition and disease. Early marriage, as practised in many areas, forces women into the reproductive cycle before they are physically and socially mature, and sets the pattern for repeated pregnancies, often at the risk of their lives.
- * Despite the important contributions being made by women to their families, their communities and their societies, socioeconomic, political and cultural factors in society are producing discrimination and biases against women. The root of the problem lies not with women, but within society itself, where certain attitudes and values are upheld and perpetuated by men and women and expressed in the imbalance in relations between women and men.
- * The outcome is reflected in the health status of women. A broad range of women's health problems persist throughout their life-span reaching dangerous levels: maternal mortality and morbidity are high in many regions of the world; unsafe abortions account for large numbers of deaths, often because adequate family planning and other services are not accessible; reproductive-tract infections including sexually transmitted diseases remain at serious levels; tropical and other diseases are widespread, with differential effects on women; infections and diseases related to lack of safe water and sanitation continue and are increasing in many areas; the health hazards of pollutants persist and change; violence against women, including sexual abuse, is reaching alarming levels. Health problems of elderly women are increasingly recognized.
- * Discrimination against women is observed in every domain: in the way health problems of women are defined; in the services that are developed; in the extent to which life-saving measures are employed for women as compared to men. Added to this is the fact that data on the different implications of health problems and disease conditions on men and women are not sufficiently understood, and often are not considered to be important areas for study.
- * The current international situation, the economic recession, the debt situation, structural adjustment policies, strife, wars, and drought have all contributed to an aggravation of the health status of the most disadvantaged and vulnerable women. In all countries, women constitute the majority of the poor, and this trend is increasing.
- * The precarious situation of women's health is constantly quoted nationally and internationally by politicians and the media as deplorable, and this fact is frequently exploited to mobilize international support. Yet these pronouncements rarely result in specific actions to alleviate the situation and improve women's health.
- * Value orientations in communities, in some instances backed up by legislation, have contributed to preferential treatment of males. With very little being invested to change these values, women have had little choice but to accept the perpetuation of these value systems and the accompanying discriminatory practices. Two striking examples of this can be seen in the continuation of differential feeding practices, and in preferential seeking of medical help and services for boys at the expense of girls' health and well-being.

Feelings of powerlessness, fear, societal taboos and other factors rooted in value systems inhibit women's ability to express their own pain and suffering resulting from illness, violence, and discriminatory practices.

- * Women's health has not been a priority area for investment. Few resources have been made available for designing health services and education programmes which could respond to women's needs as they express them. Programmes to promote health have not reached women nor have they effected lasting changes. Similarly, programmes to empower women and help them to acquire behaviour patterns that would stop the perpetuation of discriminatory practices have not been put in place. All of these examples illustrate the contradiction that exists where women are seen as agents of change, expected to effect change, but are seldom provided with the opportunities, the tools and the means to understand and direct change.
- * In some cases health problems are experienced differently by women and have vastly different consequences for them, as is the case with many diseases that mutilate and with AIDS. In such cases men expect and receive care, whereas women are often shunned by their families and communities. This situation contributes to a sense of helplessness, and feelings of shame, and adds to the lack of self esteem from which women suffer.
- * Education has been emphasized as pivotal in contributing to improving the health behaviour of women and their families. It has been acclaimed as a principal means of improving women's status by opening up options and employment opportunities, by developing leadership capabilities and by helping women to communicate with other women and groups in society. Judging by the educational levels of women of all ages as compared with those of men, actions to reverse this trend have been unsatisfactory and are a continuing cause for concern.

Lack of education has been cited as a major contributor to the feminization of poverty. Women bear the final responsibility for children and the family and they continue to accept any job, even one that is low paid and fraught with health risks, in order to ensure their own survival and that of their dependants. Education is understood as encompassing all levels of formal and non-formal education. When educational programmes are designed, the content itself reflects biases and discrimination in society.

- * In many countries the health services are called upon to respond to the burden of ill-health when the causes of this ill-health go far beyond the health sector and fall within the scope of development strategies themselves. This is one factor which explains the continuing downward trend in the health status of women.
- * The type, quality and accessibility of existing health care programmes reflect the lack of importance accorded to listening to women and the need to act accordingly. The conditions in which women live are not taken into account when organizing the times or places of services, in planning the content of care, in designing the messages, and so on. Women are excluded from the analysis, evaluation and planning processes.
- * Women's health care needs are constantly changing with changes in society. There are new or emerging health care needs in work, domestic, industrial, agricultural and other settings which are not taken into account in the provision of health and other services for women. These include the negative health effects - including stress and effects of pollutants experienced by women working in previously male-dominated environments. Other long-standing health problems of women such as reproductive morbidity, emotional stress, and sexual violence, remain veiled in silence.
- * Health technology itself, whether for preventive or curative purposes, is often not sensitive to the particular requirements of women. Frequently the technology available is cumbersome or even harmful. In other cases it is insensitive to women's emotional needs, or requires the consent of a partner in its use, thereby diminishing a woman's self-reliance and her sense of being in control.

The effect of technology on women's health is not limited only to available health care technology but extends to all aspects of a woman's life, including daily work and domestic chores, such as the use of stoves which have harmful polluting effects.

PROPOSALS FOR ACTION

Many proposals for action were identified or voiced by participants, illustrating the wealth of experience that was brought to bear during the course of the Technical Discussions. Some of the proposals reaffirmed past calls for action. Others reflect new thinking in an attempt to accelerate and intensify programmes for improving the health of women. The following are some ideas expressed by participants:

- More data and information should be collected on areas which surround women's health issues and about which little is known. These include: gender differences in disease etiology and health behaviour; access to health services; women and tropical and other diseases; violence against women and its health consequences; health of adolescents; the workload of women; and the social and economic consequences for women and communities of other health problems and issues. These and other gender-specific data should then be utilized to improve health statistical reporting at national and international levels.
- Research on women's health problems and issues should be carried out according to high ethical standards, and should involve women in study design, implementation, and analysis; the information generated needs to be widely disseminated to women at all levels, not just within the scientific community.
- Health care strategies for women's health should be designed to cover a broad spectrum of women's health problems through an integrated approach, and encompass the whole life cycle, including the elderly. Such strategies must ensure that health services in all areas, including reproductive health care, family planning, disease control, mental health, nutrition, occupational health, reach all girls and adolescent and adult women.
- If women are to realize their full potential in their productive roles, they must be able to manage their reproductive role. This means that they must have access to family planning information and services. These are essential if women's reproductive rights are to be secured. The ability to decide freely and in an informed manner the number and spacing of one's children is the first step in enabling women to exercise other choices. When a woman realizes that she can make decisions regarding her reproductive function, this experience of autonomy spreads to other aspects of her life. It enables her to pursue diverse opportunities and empowers her to make pivotal decisions in her own life. It must be emphasized that family planning is an essential means of enhancing women's autonomy.
- The creation of grassroots pressure groups from local to national and international levels may do much to alleviate the tormented and contradictory situation of women. These groups should use every opportunity to bring to the fore the health problems and health needs of women. The pressure groups should also speak out strongly against discriminatory practices of all kinds in order to eliminate them. Enlisting the support of the media in this process is vital. These pressure groups include existing NGOs that would be encouraged or motivated to take a much more active role in advocating the improvement of women's health status and in implementing specific programmes to this end. NGOs should also experiment with alternative health care programmes that are designed for and with the participation of women themselves. These programmes would do much to provide answers to the problems of accessibility and acceptability while ensuring the quality of care desperately needed by women of all ages. Action would also include the establishment of health support community groups required by women suffering from such diseases as AIDS.
- Formal and non-formal educational programmes should address value systems that discriminate against women. They must address the inequities perpetuated through "customs" and "tradition" that have been tolerated and excused for too long. These programmes would be conducted in various social and religious institutions so as to enhance the way in which women and girls are valued, and to encourage both men and women to take their parental responsibilities in raising boys and girls, free from the legacy of discriminatory practices.
- Major efforts have to be made to gain the cooperation of the media and other institutions for education of the public in promoting gender sensitivity, and creating gender-blind material and curricula. The media in particular should take an active role in all public information activities where specific

programmes are designed to influence knowledge about health on the one hand, and encourage healthy behaviour on the other. Special efforts are needed in all aspects of health and sex education to reach men and emphasize their roles and responsibilities in health care, child rearing, family planning, sexual health, and other important aspects.

- More courageous steps must be taken by the national and international community to eliminate mutilating practices in the light of the unnecessary pain and suffering that such practices inflict on girls and women, which frequently result in serious health consequences at various stages of their lives. Women's organizations have had, and continue to have, a vital role to play in eliminating these practices and in monitoring the situation.
- Many health professions, such as community nursing, have made great strides in addressing and accommodating the needs of women. Women's organizations and groups should work closer with the nursing and other health professional organizations constantly to ensure that women's health needs are expressed and acted upon. More efforts should be made to sensitize all health professionals to women's health concerns.
- More efforts are needed to increase the numbers of women and improve their position in all areas of the medical and health professions, and to ensure that they are equitably represented in decision-making positions in governmental and private health care systems. Greater recognition of women's contribution to health care in the home and the community is needed.
- Legislation and health policies need to be analysed with attention to gender differentials to ensure that discrimination against women is identified and efforts are made to introduce the required changes. Legislation must address a wide range of women's health issues, including protection at the work place, implementation of adequate maternity or parental leave, flexible working schedules, and quality day care programmes.

In view of the increasing poverty many women of all ages are facing and the detrimental effect it has on their health, financial institutions must be encouraged to provide credits and other financial facilities to women, enabling them to engage in economically viable projects that would also contribute greatly to improving their health. Existing programmes which have taken this historic step should be documented and widely publicized, offering alternative models for improving the health and income levels of the most vulnerable women.

In the same context, participants urged that in the search for improving the economic levels in countries, the technology and approaches used should not have negative health consequences. This was reaffirmed in recent international forums where it was shown that some development programmes, sometimes supported by international agencies, have had negative health effects on the most vulnerable groups, especially women.

Participants urged WHO to intensify its efforts in:

- * collecting disaggregated data and preparing reports for wide dissemination at all levels, in various forums, within and outside WHO;
- * working with technical groups in finding 2 to 3 critical indicators that could be utilized by countries and regions as the most revealing for monitoring the health situation of the most vulnerable women of all ages and across frontiers. The choice of indicators should be limited, but useful in assessing the overall socio-political and economic contexts in which these health problems occur;
- * analysing all health policies and legislation in terms of their effects on women's health, and helping governments formulate legislation which ensures that women's health and health rights are adequately taken into account;
- * supporting operational research on specific issues such as the improvement of health status through economic activities and education, and reporting the outcome in such a way as to promote action;

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- * conducting research in areas that are still poorly known in order to fill existing gaps, such as data on socioeconomic implications of diseases for women;
- * working with other groups and bodies, including United Nations agencies and nongovernmental organizations, concerned with women's issues, and providing them with relevant health data; and
- * playing a more active role in the international sphere in advocating the reduction of health problems affecting women of all ages.

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