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**RESOLUTIONS AND OTHER ACTIONS OF THE FIFTIETH
WORLD HEALTH ASSEMBLY OF INTEREST
TO THE REGIONAL COMMITTEE**

The Fiftieth World Health Assembly took place in Geneva, Switzerland, from 5 to 14 May 1997, with participation by delegates from all Member States of the Region of the Americas. The Assembly adopted 38 resolutions.

This document provides a summary of the work of the Assembly and the resolutions which, in the judgment of the Regional Director, will be of particular interest to the Directing Council in its role as the Regional Committee of the WHO for the Americas. The document considers 21 of the 38 resolutions and the new membership of the Executive Board. The Executive Committee at its 120th Session reviewed the document and considered it a useful summary which describes the consistency between the decisions of the Assembly and the programs of PAHO/AMRO. The Directing Council is asked to analyze and discuss the significance of the resolutions for the Member States of PAHO/AMRO and for the Regional Office.

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1. Introduction

The Fiftieth World Health Assembly (WHA50) was held in Geneva, Switzerland, from 5 to 14 May 1997. The outgoing President, Dr. Alberto J. Mazza, Minister of Health of Argentina, presided over the opening of the Assembly until the election of the new President. Dr. José Félix Oletta, Minister of Health and Social Welfare, Venezuela, was elected as one of the five Vice-presidents, and Hon. Ruben Campos, Minister of Health, Belize, was elected as Chairman of Committee A. During its deliberations, WHA50 considered the work of the Executive Board at its 98th and 99th sessions, reviewed the *World Health Report 1997*, and considered a variety of programmatic and administrative issues. The Assembly passed a total of 38 resolutions, nine more than were passed in 1996.

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

2. Program Policy Matters

2.1 Guidelines on the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce (Resolution WHA50.3)

Resolution WHA50.3 endorses the guidelines for implementation of the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce and associated certification forms and urges Member States to implement the guidelines, using WHO-type certificates, and to inform the Director-General of the intent to apply this Scheme and any significant reservation that they intend to express.

The PAHO Regional Program on Essential Drugs considers that the Scheme is a useful screen and an improvement over previous forms of certification. The Program has been promoting the use of the Scheme, and a number of countries have passed legislation requiring that the certification be presented for registration of imported products. In addition, the PAHO procurement office requests similar documentation from suppliers, and PAHO country offices have been reminded that local purchases must be made only from sources that comply with Good Manufacturing Practices.

2.2 Cross-border advertising, promotion and sale of medical products through the Internet (Resolution WHA50.4)

Noting the increasing use of electronic communication for shopping and gathering information, and expressing concern about uncontrolled advertising, promotion and sales of medical products which may present a hazard for public health and the individual patient, Resolution WHA50.4 urges Member States to collaborate with WHO in order to facilitate collection of information about the use of the Internet for advertising, promotion and sale of medical products and requests the Director-General to gather the related information, to collaborate with drug regulatory authorities and other groups to collect additional information, to convene a WHO special working group to formulate recommendations for action, and to report on progress to the Executive Board and the Assembly.

Most PAHO/WHO offices have established connections with the Internet, and the number with such connections is increasing. As a result, it should be possible to monitor periodically the advertising, promotion, and sale of medical products through the Internet. Under the leadership of the Division of Health Systems and Services, PAHO will be able to cooperate with WHO/HQ in supporting the special working group and providing the information that it may require.

2.3 Promotion of chemical safety, with special attention to persistent organic pollutants (Resolution WHA50.13)

Resolution WHA50.13 endorses the recommendation of the Intergovernmental Forum on Chemical Safety and calls upon Member States to implement decisions of the UNEP and WHO Governing Bodies relating to persistent organic pollutants; to reinforce national coordinating mechanisms for chemical safety; to reduce reliance on insecticides for control of vector-borne diseases; to strengthen mechanisms to provide information on chemical contaminants in food and other media; to ensure the use of DDT for public health purposes only; and to revitalize measures to prevent poisoning by chemicals, in particular pesticides. It further requests the Director-General to participate actively in intergovernmental negotiating committees on persistent organic pollutants; to support research on integrated approaches to control of vector-borne diseases; to expand WHO activities for the assessment of chemical risks; to facilitate the exchange of information; to reinforce WHO leadership in risk assessment; and to continue efforts to enhance technical cooperation with Member States.

PAHO's Division of Health and Environment has been actively involved in follow-up to the United Nations Conference on Environment and Development (UNCED), the implementation of mandates from the Summit of the Americas, and various projects in the Americas to prevent contamination by chemical pollutants and promote the appropriate use of pesticides. A number of these activities and projects are mentioned in Document CD40/23 which is being considered under item 5.12 by the Directing Council. It should be noted that the Division has emphasized a risk assessment approach to the prevention and control of environmental contamination. In addition, the Division of Disease Prevention and Control promotes integrated case management for controlling vector-borne diseases, in particular malaria and dengue, and recommends the use of insecticides only in a specific and targeted manner.

2.4 Protection of the marine environment (Resolution WHA50.14)

Resolution WHA50.14 endorses the Washington Declaration on Protection of the Marine Environment from Land-based

Activities and the Global Program of Action for the Protection of the Marine Environment from Land-based Activities. It urges Member States to support implementation of the Global Program of Action, to participate in the development of a clearinghouse, and to explore ways of making additional financial resources available for the clearinghouse. It further requests the Director-General to seek extrabudgetary resources, to take the lead in the development of the clearing-house mechanisms for information on sewage as one of the main sources of pollution, to support implementation of the Global Program of Action, and to collaborate with UNEP and other international organizations.

The implementation of the Washington Declaration and the Global Program for Action and the undertaking of measures called for in this resolution are of importance to the Americas. Only approximately 10% of sewage in Latin America and the Caribbean is treated. The resulting contamination represents a threat to the environment and the population in general, and may present a particular problem for those countries with major commercial activities in fishing and tourism. PAHO will support Headquarters activities in the development of a clearinghouse, the implementation of the Global Program of Action, and collaboration with other international organizations.

2.5 Prevention of violence (WHA50.19)

Resolution WHA50.19 endorses the Organization's integrated plan of action on violence prevention and health and urges Member States to collaborate with WHO in attaining the objectives and implementing the tasks of the plan of action. It requests the Director-General to continue to develop the plan of action and to submit to the next Assembly a report of the past year's activities and guidelines for the development of preventive activities to be taken by Member States.

PAHO has been collaborating closely with WHO/Headquarters on activities and projects against both unintentional and intentional injuries. At present, PAHO is conducting two large multi-center studies, one on attitudes

and cultural norms about violence and the other on the cost of violence. During 1997, PAHO has held two meetings on the topic of violence, one on violence against women and the other on juvenile and gang violence. PAHO is working in close association with the Inter-American Development Bank and the Organization of American States in the formulation of a violence prevention initiative for the Americas, in order to coordinate efforts of technical cooperation with the countries of the Region.

2.6 *Quality of biological products moving in international commerce (Resolution WHA50.20)*

Resolution WHA50.20 urges all Member States to use only vaccines and other biological products of demonstrated quality, safety, and efficacy; to adopt requirements published by WHO or equivalent requirements; and to strengthen their national regulatory authorities and national control laboratories. It requests the Director-General to undertake a series of actions to strengthen the capacity of Member States to ensure the quality of biological products; to convene an independent review of WHO's remit and activities in the field; and to review the relation between WHO technical reports, requirements, and guidelines and World Trade Organization agreements as they apply to international trade in biological medicinal products.

Under the leadership of the Special Program for Vaccines and Immunization, PAHO is working with countries in harmonizing quality control methodologies through the network of quality control laboratories, in upgrading production activities through the certification program for vaccine producing laboratories, and in mobilizing countries to invest more in research and development of vaccines. PAHO will be pleased to work with Headquarters units, in particular the Biological Unit, in the implementation of this resolution. A number of these issues will be considered by the Directing Council under item 5.11 (Document CD40/22).

2.7 *World Tuberculosis Day (Resolution WHA50.21)*

This short resolution requests the Director-General to coordinate the observance of World Tuberculosis Day activities on 24 March of each year. During the last several years, PAHO has commemorated World Tuberculosis Day with several partners, including the Centers for Disease Control and Prevention and the American Lung Association. In 1997, the Global Tuberculosis Program anticipated World Tuberculosis Day by holding several events before 24 March. This led to a decrease in press interest in the Region of the Americas on the day itself, which displeased PAHO's partners. PAHO is in full agreement that World Tuberculosis Day activities should be coordinated globally.

2.8 Strengthening health systems in developing countries (Resolution WHA50.27)

This rather detailed recommendation calls for action by Member States, with specific mention of developed countries, by international and multilateral institutions and agencies, and by the Director-General. Particular note is made of the recommendations of the Technical Consultation Meeting on Health Sector Reform, held in Cartagena, Colombia, on 19-21 February 1997. It calls for Member States to strengthen the leadership role of Ministries of Health in reducing inequity, performing regulatory functions, monitoring health financing mechanisms, reallocating financial and human resources, and coordinating internal and external cooperation for health.

Nearly all countries in the Region of the Americas are involved in health sector reform. Of particular importance has been the leadership role of Ministries of Health in reform processes. This issue was considered in detail by the Executive Committee's Subcommittee on Planning and Programming at its meeting in April 1997, and is being further discussed by the Directing Council under item 5.2 (Document CD40/13). Therefore, the details of this resolution are of direct relevance to all Member States in the Region of the Americas, and many of its terms have already been initiated by PAHO.

2.9 Elimination of lymphatic filariasis as a public health problem (Resolution WHA50.29)

Acknowledging that an international task force has recently identified lymphatic filariasis as a potentially eradicable infectious disease, Resolution WHA50.29 urges Member States to develop national plans leading to the elimination of lymphatic filariasis; to strengthen local programs and their integration with the control of other diseases; to strengthen training, research, laboratory, and data management capabilities; and to mobilize communities and nongovernmental organizations for the elimination of the disease. It requests the Director-General to bring to the attention of other specialized agencies and organizations the need for closer collaboration in the elimination effort and to mobilize support for global and national elimination activities.

In the Americas, the most important foci of lymphatic filariasis are located in Haiti, Guyana, and Brazil. Epidemiological characteristics suggest that the main area in which an eradication program could be successful in the mid-term is the urban and peri-urban area of Recife, Pernambuco, Brazil, where baseline data has already been collected. PAHO will support an expert meeting to define indicators to follow up the eradication process. Strategies will include a mass treatment program with suitable drugs and adjunctive vector control programs, including the use of biocides, impregnated bednets and curtains, and community supported vector management. Elimination activities will be expanded as resources and experience permit.

2.10 International Decade of the World's Indigenous People (Resolution WHA50.31)

Recalling the role of WHO in planning for and implementing the objectives of the International Decade of the World's Indigenous People, Resolution WHA50.31 requests the Director-General to facilitate the work of the United Nations focal point for the decade; to submit to the Fifty-first Assembly a report of progress; and to encourage countries to develop health programs for indigenous people.

Under the leadership of the Division of Health Systems and Services, PAHO has a Regional Program on the Health of Indigenous Peoples, which is presented in Document CD40/14 and will be considered by the Directing Council under item 5.3.

2.11 Malaria prevention and control (Resolution WHA50.34)

Resolution WHA50.34 endorses the leadership role given to WHO by the United Nations Economic and Social Council in global malaria control, notes that the task force established by the Director-General has confirmed that the Global Malaria Control Strategy is the best control approach available today, and urges Member States to renew their political commitment to malaria control. It further urges Regional Committees to fully support the global effort for malaria control by promoting increased political awareness and commitment, and requests the Director-General to seek a long-term financial commitment to consolidate the initial results achieved and to reinforce the implementation of the malaria control strategy with special emphasis on training.

Of the 21 countries in the Region of the Americas which still have active malaria transmission, 17 have reoriented their control programs in line with the global malaria control strategy and 12 have been implementing this strategy. However, a number of countries still diverge from the basic principles of the strategy. The implementation of the strategy in the Americas has faced three major problems. The first is the continuing perception that malaria control is best obtained by insecticide spraying done as part of major operations. The second problem is a resistance to change on the part of traditional programs. The third constraint is the major budgetary reduction which most malaria control programs have experienced during the past two decades. Fortunately, external funding is serving to steer traditional malaria programs toward the new malaria control strategy. The approach taken under the leadership of the Division of Disease Prevention and Control is consistent with the actions called for in Resolution WHA50.34.

2.12 Eradication of dracunculiasis (Resolution WHA50.35)

Resolution WHA50.35 urges all Member States, international and non-governmental organizations, and other appropriate entities to continue to ensure political support and availability of much needed resources for completion of eradication of dracunculiasis as quickly as technically feasible and for the International Commission for the Certification of Dracunculiasis Eradication and its work.

Since 1990, the Division of Disease Prevention and Control has worked to document that the Region of the Americas is free of dracunculiasis transmission, in coordination with the WHO Collaborating Center for Research, Training and Eradication of dracunculiasis, which is located at the Centers for Disease Control and Prevention. Fifteen countries of the Region have at some time reported dracunculiasis cases, but in only five has there been autochthonous transmission. In January 1997, the International Committee for Dracunculiasis Eradication, at its first meeting, recommended that six countries of the Americas be certified as free of dracunculiasis. Those countries are Barbados, Brazil, Colombia, Cuba, the Dominican Republic, and Trinidad and Tobago. PAHO is working with other Member States in the Region to help them fulfill the criteria for certification of dracunculiasis eradication.

3. Administrative and Financial Matters

3.1 Recruitment of international staff in WHO: geographical representation (Resolution WHA50.15)

Resolution WHA50.15 maintains the 60% target for geographical distribution, calls upon the Director-General and the Regional Directors to pursue energetically geographical representation, requests the Director-General to raise to 1,450 the number of posts to be used in the calculation of the desirable ranges, and further requests the Director-General to report on the recruitment of international staff in WHO to the Executive Board in 2000.

PAHO has experienced no difficulty in maintaining equity in geographical balance and has rendered support to WHO in this regard.

3.2 *Employment and participation of women in the work of WHO (Resolution WHA50.16)*

Resolution WHA50.16 calls for an increase to 50% of the target for the representation of women in the professional categories; urges Member States to support strategies, plans and efforts of the WHO Secretariat to increase the percentage of women in professional posts; and requests the Director-General to ensure the implementation of the actions outlined in the Director-General's report, raise the minimum thresholds for the recruitment of women, set minimum thresholds for participation of women as temporary advisors and consultants, and report annually to the Executive Board on progress made.

PAHO met the minimum thresholds of 30% of women in professional categories in 1986. Ten years later, in September 1996, 41.5% of professional posts in PAHO were filled by women. PAHO is in full agreement with raising the target to 50%, and is making successful efforts to increase the proportion of women in the categories P.4 and above.

3.3 *Proposed appropriation resolution for the financial period 1998-1999 (Resolution WHA50.25)*

Resolution WHA50.25 resolves to appropriate for the financial period 1998-1999 an amount of US\$ 922,654,000 distributed in seven appropriations sections, with an effective working budget of \$842,654,000. The resolution further authorizes the Director-General to make transfers between the appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for this section from which the transfer is made. The maximum net level of the exchange rate facility is established at \$31,000,000. It further

decides that the net amount of casual income for 1997 remaining after meeting the provisions of the incentive scheme in the exchange rate facility should be returned to Member States to apply to their assessments in 1999.

The approved appropriation for the financial period 1998-1999 will provide an approximately 3.4% increase for the Region of the Americas. The proposed program budget of the Pan American Health Organization for the biennium 1998-1999 will be considered by the Directing Council under item 5.1 and is presented in Official Document 281 and Document CD40/12.

3.4 *Arrears of payment, Cuba (Resolution WHA50.30)*

Resolution WHA50.30 decides on an exceptional basis to restore the voting privileges of Cuba at the Fiftieth World Health Assembly; accepts as an interim measure the proposal of Cuba for the settlement of its outstanding contributions; decides that, notwithstanding the provisions of Financial Regulation 5.8, payment of the 1997 installment of Cuba's contribution for the financial period 1996-1997 and contributions for subsequent periods shall be credited to the financial period concerned; and requests the Director-General to report to the Fifty-first and four subsequent World Health Assemblies on the situation in respect of Cuba's settlement of its arrears.

PAHO is pleased that an agreement has been reached which allows Cuba to retain its voting privileges while settling the payments of arrears, to the satisfaction of the various parties concerned.

4. Other Matters

4.1 *WHO collaborating centers (Resolution WHA50.2)*

Resolution WHA50.2 urges Member States to support and develop national centers of expertise so that they may meet

the criteria to become a WHO collaborating center and to inform WHO of the existence of these centers of expertise. It requests the Director-General to undertake a situation analysis concerning the existing networks of collaborating centers; to take steps to promote and encourage the emergence of a larger number of these centers in Member States; to explore methods and various possibilities of funding to support and coordinate the network of centers; and to report on his findings and recommendations to the 101st session of the Executive Board.

PAHO shares the desire to have more effective collaboration between PAHO, WHO, and the collaborating centers. progress has already been made in the Region in the identification and designation of collaborating centers in Latin America and the Caribbean to complement the large number of collaborating centers already present in North America. Within the PAHO Secretariat, the Research Coordination Program of the Division of Health and Human Development is responsible for coordination of the work with WHO collaborating centers. On two occasions, senior staff of the secretariat have reviewed work with WHO collaborating centers and have identified mechanisms to strengthen the collaboration, primarily by undertaking the designation and re-designation of centers more carefully and improving terms of reference and annual work plans. Under the guidance of the Research Coordination Program, the primary responsibility for this rests with the technical units, which are to review annually the work done with their collaborating centers.

**4.2 Report of the task force on health in development
(Resolution WHA50.23)**

Resolution WHA50.23 urges Member States to consider the task force's report in the planning of development strategies and requests the Director-General to take into account the recommendations of the task force in preparing discussions for the Tenth General Program of Work and in the renewal of the health-for-all strategy; to take into account the recommendations of the task force to strengthen WHO's role as the leader in global health in the twenty-first century; to continue the existing focus on health and

development, including the promotion of health rights and health equity for women, the disadvantaged, and vulnerable groups; to continue to support the work of the task force; and to report to the 101st session of the Executive Board and the Fifty-fourth World Health Assembly.

Since 1990, the Region of the Americas has placed high priority on the topic of health and development, which was incorporated into the strategic and programmatic orientations of 1991-1994 and 1995-1998. Under the leadership of the Division of Health and Human Development, and with the participation of the other technical divisions and the special program, all major issues identified in the task force's report have been addressed in regional activities. PAHO remains committed to the achievement of equity and to the recognition that health plays a central role in human development.

4.3 *Financing of the WHO worldwide management information system through the use of casual income (Resolution WHA50.24)*

This resolution authorizes the financing of the WHO Worldwide Management Information System in the amount of US\$ 6,145,000 from available casual income.

PAHO is working with the other WHO Regional Offices to define and develop the country-region module of the activity management system, which will form a central component of the Management Information System. PAHO staff have spent several months defining the requirements of the country-region module for the Region of the Americas and the requirements are currently being consolidated with those identified in other Regions. It is anticipated that the development of the module will begin in late 1997, with the software to be available for implementation in January 1999.

4.4 WHO reform: linking the renewed health-for-all strategy with the Tenth General Program of Work, program budgeting and evaluation (Resolution WHA50.28)

Resolution WHA50.28 proposes that the renewed health-for-all strategy inspire and guide health program priorities nationally, regionally, and globally and become the principal guiding framework for the translation of WHO's constitutional mandate into the development of the Tenth General Program of Work. It urges all Member States to ensure that future health policies include a commitment to equity, gender sensitivity, and sustainability; to make the necessary changes in health services with special emphasis on prevention; and to develop and implement integrated strategies for health based on scientific knowledge or practical evidence. It requests the Director-General to use the renewed health-for-all strategy to enhance WHO's leadership in global health matters; to continue the preparation of the Tenth General Program of Work with strategic priorities and targets, closely linked to the new policy for health for all; to link the preparation of subsequent General Programs of Work to the evaluation of the health-for-all policy; to ensure that priorities and targets are reflected in the evaluation of program budgets; and to optimize the management and use of WHO's human resources to enhance efficiency.

PAHO believes that the Tenth General Program of Work and the strategic and programmatic orientations for the Region should be closely linked. Mechanisms for the evaluation of the current strategic and programmatic orientations 1995-1998 and for the elaboration of the new strategic and programmatic orientations 1999-2002 have been considered by the Executive Committee's Subcommittee on Planning and Programming. Consultations with the Member States and within the secretariat on the evaluation of the current and the elaboration of the next strategic and programmatic orientations are underway and will be considered by the Subcommittee on Planning and Programming at its session in April 1998. The renewal of the effort to achieve health for all has been formally established within

the Region, with primary health care continuing as a major strategy for its achievement.

4.5 *Cloning in human reproduction (Resolution WHA50.37)*

The resolution affirms that the use of cloning for the replication of human individuals is ethically unacceptable and contrary to human integrity and morality and requests the Director-General to take the lead in clarifying and assessing the ethical, scientific, and social implications of cloning in the area of human health; to inform the Member States in order to foster a public health debate on these issues; and to report to the 101st Session of the Executive Board and to the Fifty-first World Health Assembly on the outcome of the assessments.

PAHO agrees with and adheres to the terms of this resolution.

4.6 *Executive Board membership*

The Fiftieth World Health Assembly elected 10 Member States each to designate a person to serve on the WHO Executive Board. From the Region of the Americas, Canada and Peru were elected to replace the United States of America and Cuba, whose terms of office had expired.

Annex

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WORLD HEALTH ASSEMBLY OF INTEREST
TO THE REGIONAL COMMITTEE