

*executive committee of
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PAN AMERICAN
HEALTH
ORGANIZATION

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the regional committee*

WORLD
HEALTH
ORGANIZATION



107th Meeting
Washington, D.C.
June 1991

Provisional Agenda Item 6.3

CE107/21 (Eng.)
12 June 1991
ORIGINAL: ENGLISH

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

The Forty-fourth World Health Assembly met in Geneva, Switzerland, from 6 to 16 May 1991. During this meeting, it adopted 43 resolutions concerning the WHO program budget for the biennium 1992-1993 and many other program, financial and administrative issues. This document is an annotated synopsis of the resolutions which, in the judgment of the Director, are of particular importance or interest to the PAHO 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-FOURTH WORLD HEALTH
ASSEMBLY OF INTEREST TO THE PAHO EXECUTIVE COMMITTEE

I. INTRODUCTION

The Forty-fourth World Health Assembly (WHA44) was held in Geneva, Switzerland, from 6 to 16 May 1991. During its deliberations, WHA44 considered the work of the Executive Board since the last World Health Assembly, considered the Program Budget for the Financial Period 1992-1993, adopted a new scale of assessments, reviewed the outcomes of the World Summit for Children to determine the follow-up actions required, considered the results of the Technical Discussions on Urban Health Development, and adopted a total of 43 resolutions.

Dr. Plutarco Naranjo, Minister of Public Health of Ecuador, presided at the opening session of WHA44, having served as President of the Forty-third World Health Assembly. Dr. M. C. Prieto Conti, Minister of Health of Paraguay, was selected as a Vice-President of the Forty-fourth Assembly and Mr. Easton Douglas, Minister of Health of Jamaica, was elected as Chairman of Committee A.

The following is a synopsis of the work of WHA44. 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 in the sequence in which they were adopted. Some relate directly to agenda items being considered by the Executive Committee and are so noted with cross reference. All of the resolutions are included in Annex I, in numerical order.

II. PROGRAM BUDGET AND OTHER FINANCIAL MATTERS

The January 1991 Executive Board (EB87) recommended an effective working budget of \$763,760,000, an increase of 16.8% over the 1990-1991 level of \$653,740,000. Although this represented a program decrease of \$1,653,500, inflation and exchange rate adjustments resulted in such substantial increases that the overall increase in assessments to Members would have been 21.2%. The portion of the proposal related to the Swiss franc/U.S. dollar exchange rate had been calculated at 1.30 and the amount of casual income applied to the budget, in effect lowering assessments, had been estimated at \$22,000,000.

After lengthy debate, the World Health Assembly, in Resolution WHA44.35, approved an effective working budget of \$734,936,000, which provides for an overall increase of 12.4% over 1990-1991. This reduction of \$28,824,000 was made possible by assuming a more favorable Swiss franc/U.S. exchange rate of 1.49.

The Region of the Americas' portion of the budget is \$71,491,000, or 9.73% of the total effective working budget. This Region's 1990-1991 portion was 9.95%. The \$71,491,000 provides for a cost increase of 9.94% and zero real growth. This level for the WHO regular program budget for the Region of the Americas is the one contained in the Proposed Program Budget of the Pan American Health Organization for the Biennium 1992-1993, contained in Official Document 239, which will be considered by the 107th Meeting of PAHO's Executive Committee under Agenda Item 4.2.

A new scale of assessments was adopted for the biennium 1992- 1993 (Resolution WHA44.22), based on the latest available UN scale, taking into account the difference in membership between WHO and the UN. The scale for 1992-1993 has three new Members (Belize, the Federated State of Micronesia and the Marshall Islands) and one new Associate Member (Tokelan). The assessment for Members from this Region totals 32.37%.

In the Forty-first World Health Assembly (1988), a financial incentive scheme was adopted which was intended to apportion casual income among Member States in a manner which would reduce their contributions according to the timeliness of their payment of assessed contributions in prior financial periods. At that time, it was decided to apply this scheme in the 1992-1993 biennium, based on payment records in 1989 and 1990. During WHA44, the issue of whether to delay application of this scheme to 1994-1995 was considered but rejected. Thus the contributions of Members to the Program Budget for the Financial Period 1992-1993 (Annex II) are adjusted, based on the distribution of \$24,929,000 of casual income against the gross assessments of Members who paid on a timely basis in the last two years. Eighteen Members from the Region of the Americas will receive credit from the financial incentive scheme in the computation of their 1992 and 1993 assessments.

In January 1991, the Region of the Americas was informed that \$500,000 of its WHO Program Budget for 1990-1991 was being frozen because of unexpected exchange rate losses. After the action by WHA44 to increase the amount of casual income applied to the exchange rate facility from \$31,000,000 to \$43,000,000 in the current biennium (Resolution WHA44.13), the Regional Director was informed that the authority to spend these frozen funds has been restored. For 1992-1993, an exchange rate facility of \$31,000,000 was again approved (Resolution WHA44.14). This level will protect the budget from declines in the Swiss franc/U.S. dollar down to an exchange rate of 1.30, from the 1.49 budgeted.

WHA44 accepted the Director General's Interim Financial Report for the Year 1990 (Resolution WHA44.10). This Report demonstrated a balance in the Organization's effective working budget (regular funds) as of 31 December 1990 of \$38,494,860. The rate of collection of quota contributions for 1990 showed an improvement over the years 1988 and 1989 (84.40% versus 83.88% and 70.22% respectively). Even so, the rate of collection of assessed contributions remains below the rates of more than 90% recorded from 1982 to 1985, and \$47,831,752 remained unpaid with respect to 1990 contributions. As a result, WHA44 urged Members to take all steps necessary to ensure prompt and regular payment (Resolution WHA44.11).

At the time of WHA44, five Members from the Region of the Americas were in arrears in the payment of their contributions to an extent which would have justified the loss of their voting privileges. During the Assembly, one of these Members reduced the level of arrearages sufficiently so as not to be subject to the provisions of Article 7 of the Constitution. However, in regard to the remaining four, WHA44, in Resolution WHA44.12, decided that their voting privileges would be revoked in the next World Health Assembly unless the Executive Board has previously found that the Member is faced with exceptional financial difficulty and a payment has been made which the Board finds to be reasonable under the circumstances.

In other actions, the WHA44 adopted amendments to the Financial Rules and Regulations (Resolution WHA44.16) which will be considered by the 107th meeting of the PAHO Executive Committee under Agenda Item 5.8. It also appointed the External Auditor for the period 1992-1995, the holder of the office of Comptroller and Auditor General of the United Kingdom of Great Britain and Northern Ireland (Resolution WHA44.17). The holder of this office is currently the External Auditor for both WHO and PAHO. The Directing Council of PAHO will consider this issue in September 1991.

III. PROGRAM POLICY MATTERS

A number of program policy matters were considered during WHA44. Background documents, distributed before and during the Assembly, 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 which dealt with program policy issues.

The following presentation includes program policy issues pertinent to the Region of the Americas.

1. Cholera (Resolution WHA44.6)

The appearance of epidemic cholera in Peru, with subsequent spread to Ecuador, Colombia, Brazil and Chile, is a public health disaster that has impacted the entire hemisphere. As of the end of May 1991, PAHO had received reports of over 225,000 new cases of cholera in six countries (Peru, Ecuador, Colombia, Brazil, Chile, and the United States of America), and over 2,000 deaths. Countries affected have had to confront severe health and economic consequences.

The future course of the epidemic is unpredictable. In Africa the disease has spread through 30 of the 40 countries of the continent since 1970. Africa used to account for 90% of all cases annually reported to the World Health Organization. However, in 1991 the Region of the Americas has reported 78% of the total number of cholera cases reported worldwide. Thus, it is entirely possible, and perhaps probable, that cholera will spread to other areas of the Region, mainly those where receptive environmental conditions prevail.

Due to the nature of cholera as a health, environmental and economic problem, the WHA adopted Resolution WHA44.6 which calls upon Member States and multilateral organizations to consider health and environmental issues as an integral part of development policies and to allocate resources accordingly. International and regional institutions are urged to give priority to loans and other financial support needed to launch the actions required.

On the other hand, Member States were urged to report the occurrence of cholera in accordance with the International Health Regulations and not to apply restrictions to the international trade of products from affected countries.

The Director-General is requested to ensure continuation of the Organization's response to countries affected and threatened by cholera, to promote health education as well as sanitation, to actively participate in the mobilization of technical and financial resources, and to present a report at EB89 on the global cholera situation and the results of the Organization's actions.

This resolution reinforces PAHO's actions. With the report of the first cholera cases from Peru in early February 1991, the Director of the Pan American Sanitary Bureau immediately established a Task Force on Cholera to coordinate PAHO's emergency response. Made up of representatives of the regional technical programs in Health Situation and Trend Assessment (HST), Environmental Health (HPE), Diarrheal Disease Control (HPM), Veterinary Public Health (HPV), Communicable Diseases (HPT), Information and Public Affairs (DPI), Research Coordination (DRC), and Disaster Preparedness (PED), PAHO's response has incorporated a broad range of activities in the following areas: intensified disease surveillance, improvement of access to safe water and sanitation, improvement of case management, food safety, dissemination of information, and social mobilization.

Four technical meetings have been recently organized by PAHO. The first took place in Washington, D.C., with the participation of the heads of national cholera commissions from 17 Latin American countries. The international guidelines for cholera control were reviewed and countries' preparedness plans for cholera prevention and control were discussed. At PAHO's Caribbean Epidemiology Center (CAREC) in Trinidad and Tobago, a similar meeting was held with representatives of the Caribbean countries and territories. Simultaneously, a workshop was organized in San José, Costa Rica, to detail a subregional plan of action for cholera prevention and control in Central America. Finally, a Meeting of Experts was convened at PAHO Headquarters to discuss the state-of-the-art of the development of cholera vaccines. Later this year, field trials of candidate vaccines will begin in Brazil and Chile in an effort to determine their possible use in the control of cholera in both epidemic and endemic areas.

PAHO has also coordinated the financial and material (supplies) assistance that has come from multiple donors. Assistance has been provided in launching the Central American and Andean subregions' cholera initiatives.

A separate information paper will be presented to this meeting of PAHO's Executive Committee under Agenda Item 7.

2. Control of Acute Respiratory Infections (Resolution WHA44.7)

Recognizing the high morbidity and mortality caused by acute respiratory infections in children, the World Health Assembly, in Resolution WHA44.7, urged Member States to initiate and intensify activities for the control of acute respiratory infections as an essential part of primary health care and requested the Director-General to increase support to Member States in developing and strengthening national control programs and to intensify support to clinical, sociocultural, disease prevention, and health systems.

In the Region of the Americas, acute respiratory infections remain a significant cause of infant and preschool mortality. In 4 countries in the region, it is the second cause of infant mortality, in 14 the third, and in 6 more the fourth or fifth. For preschoolers, it is the most frequent cause of mortality in one country, the second in 7 and the third in nine more. Furthermore, it is estimated that children under the age of 5 suffer five to seven episodes annually. As a result, more medical consultations are sought for acute respiratory infections than for any other health problem in this age group.

The program to control acute respiratory infections was begun in the Region of the Americas in 1983. The principal objectives of the program have been to reduce the impact of acute respiratory infections and to avoid complications, including from the incorrect use of antibiotics. In order to accomplish these objectives, the Regional Program has adopted two lines of action—one designed to improve control measures as well as health services through the strengthening of national programs, and the second oriented to promoting, supporting and evaluating research in the field. Up to the present, 21 countries have developed norms and standards for the control of acute respiratory infections at the local health service level. Several countries have developed training modules for auxiliary personnel and these and others have developed teaching modules to improve the recognition of symptoms associated with pneumonia.

3. Tuberculosis Control Program (Resolution WHA44.8)

In part because of the economic conditions and in part because of the AIDS/HIV pandemic, tuberculosis is becoming a growing problem in the Americas. Quite possibly, the incidence of infectious tuberculosis is now between 200,000 and 250,000 cases annually, with as many as 20,000 deaths. Even in the United States of America and Canada, where substantial gains had been made in reducing the prevalence of the disease in recent years, tuberculosis is now on the rise among certain population groups. For the remaining countries of the Hemisphere, except Cuba where tuberculosis is a small problem, progress in reducing the prevalence of tuberculosis remains slow and, in some, the disease still presents a severe challenge (Bolivia, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Peru, and the Dominican Republic).

Even though some countries in the Region of the Americas have obtained excellent results from the control programs that they have adopted, several factors have contributed to an unsatisfactory situation in the majority of countries--inefficiencies in the program at the local level, limited access to services, and a shortage of financial resources. Notwithstanding these problems, as a result of the global problem of tuberculosis (three million deaths and eight million new cases annually), WHA44 adopted a resolution (WHA44.8) urging Member States to intensify their tuberculosis control programs as an integral part of primary health care, to introduce short-course chemotherapy where it is not already available, and to improve treatment management systems. A global target of cure of 85% sputum-positive patients under treatment and detection of 70% of cases by the year 2000 was established.

In the Region of the Americas, due in large part to the technical cooperation that has been provided since the establishment of the regional technical program, tuberculosis control programs are being integrated into local health systems, 85% of treatment programs are now using the short-course chemotherapy (expected to reach 100% within the next two years), and operational and epidemiological research is being promoted. The global targets established in Resolution WHA44.8 can be accomplished in the Region of the Americas and have already been achieved and surpassed in some countries.

Furthermore, efforts are being made, with PAHO's technical cooperation, to strengthen the production and quality control of BCG vaccine in several countries in the Region. An international meeting, to be convened later in 1991, will consider these and related issues.

4. Leprosy (Resolution WHA44.9)

Notin the significant progress made during the past five years with multi-drug therapy for leprosy control and with case-funding in the majority of countries where leprosy is endemic, WHA44 adopted a global target of elimination of leprosy as a public health problem by the year 2000. For this purpose, global elimination as a public health problem is defined as the reduction of the prevalence of the disease to a level below one case per 10,000 population.

Leprosy continues to be endemic in many countries of the Americas. Of the world's registered leprosy cases, 8.1% are in this Region. This percentage corresponds to 301,704 patients, that is, a prevalence rate of 4.2 per 10,000. The average annual detection rate is 0.43 per 10,000. Most of the countries have low endemic levels. On the other hand, Brazil has 259,917 registered patients and detects around 27,000 new cases per year.

Elimination of leprosy in the Region is feasible with available technology, that is, through use of BCG vaccination, early detection and application of multidrug treatment. The Executive Committee will consider this issue under Agenda Item 4.5.

5. World Summit for Children: Follow-up Action (Resolution WHA44.33)

Initiated by six governments, including two from the Region of the Americas (Canada and Mexico), the World Summit for Children took place in New York City on 30 September 1990 and was attended by 71 Heads of State or Government and by ministers representing 81 other countries. The Summit adopted the World Declaration on the Survival, Protection and Development of Children and a related Plan of Action containing specific goals for the health of women and children (see Annex III).

Many of the goals adopted in the Declaration were based on goals and targets which were included in the "WHO/UNICEF Common Goals for the Health of Women and Children by the Year 2000," considered by the WHO Executive Board in May 1989. The main lines of WHO's strategic actions to achieve the Summit goals, therefore, already form an integral part of WHO's Eighth General Program of Work covering the period 1990-1995. In other words, the attainment of the global health objectives of WHO and the Summit goals constitute one common cause in pursuit of the overall goal of health for all by the year 2000. WHO will strengthen the monitoring and evaluation process within the health-for-all system to ensure that the Summit goals that relate to health receive priority. The reformulated global indicators approved by the Executive Board in January 1990 will be used. The periodic reviews requested will be carried out within WHO's established system of reporting on the monitoring and evaluation of health-for-all strategies.

At the Regional Committee meeting in September 1991, the report on the evaluation of health-for-all strategies for the Region of the Americas will be considered, thus reflecting the current status of the Summit goals related to health.

Furthermore, PAHO/AMRO staff have participated in interagency meetings with UNICEF, UNFPA, the Inter-American Development Bank and the United States Agency for International Development to coordinate the support of national plans to implement maternal and child health programs in light of the Summit's Declaration. Thus, this topic will also be addressed by the Executive Committee under Agenda Item 4.6.

6. Research and Development in the Field of Children's Vaccines (Resolution WHA44.4)

The WHA44, in Resolution WHA44.4, expressed its appreciation for the accomplishments of the Program for Vaccine Development during its first six years of existence in developing several candidate vaccines against viral and bacterial diseases, and endorsed the objectives and targets of the Program, particularly those that would simplify immunization approaches and would accelerate new vaccine development against bacterial meningitis, acute respiratory infections, diarrheal diseases, viral hepatitis, dengue, tuberculosis and other communicable diseases. Member States are requested to intensify vaccine development research; bilateral and multilateral development agencies, NGOs and foundations are requested to increase support for vaccine research and to

support the development of international partnerships to strengthen national vaccine development capabilities; and WHO is requested to mobilize vaccine development actions.

This supportive resolution follows the launching of the Children's Vaccine Initiative in 1990, as part of the activities surrounding the World Summit for Children. This initiative, launched by WHO, UNICEF and UNDP, represents an important landmark in the campaign against preventable diseases.

The enormous achievements in molecular biology and the sciences related to genetic engineering makes possible the development, in the next five years, of new vaccines, such as single-dose tetanus toxoid, heat-stable oral polio vaccine, early use measles vaccine, and single dose DPT and hepatitis B vaccines. Likewise, in the foreseeable future many new bacterial and viral vaccines could be developed.

Unfortunately, the process of developing new vaccines requires some of the most sophisticated technology available, which has been largely concentrated in those countries with the most developed economies. The human capacity to contribute substantially to this scientific endeavor exists in Latin America and the Caribbean. However, there have been many institutional, technological and economic barriers to full participation.

For these reasons, PAHO undertook a study, with the support of the Rockefeller Foundation, the Government of Mexico, the Inter American Development Bank and IDRC, to determine the feasibility of establishing a Regional System for Vaccines (SIREVA) in the Americas and has determined that the establishment of such a system can be accomplished, including required epidemiological studies, laboratory research, pilot plant production and field testing of new vaccines. During this decade, vaccines can be developed and produced against Streptococcus pneumonia, Salmonella typhi, Neisseria meningitides, group B and dengue. Other vaccine development, such as for cholera vaccine, can be incorporated in the system which would have two principal centers, one in Brazil and one in Mexico, and many affiliated centers throughout Latin America and the Caribbean. This system can make a significant contribution to the Children's Vaccine Initiative while serving important scientific and technological development objectives for the Region. Specific activities related to development of SIREVA are now being initiated.

7. Smoking and Travel (Resolution WHA44.26)

In recent years, five resolutions have been adopted by World Health Assemblies concerning issues related to the dangers of tobacco and smoking. Last year the Forty-third World Health Assembly urged countries to adopt measures to protect nonsmokers from involuntary exposure to tobacco smoke, to promote financial measures aimed at discouraging the use of tobacco, and to eliminate eventually all direct and indirect advertising, promotion and sponsorship concerning tobacco. This year, WHA44 focused on the dangers to health of nonsmokers caused by passive

smoking, particularly in enclosed public places and transport. Resolution WHA44.26 urges Member States to adopt appropriate measures for effective protection from involuntary exposure to tobacco smoke in public transport, to ban smoking in public conveyances where protection against involuntary exposure cannot be assured, and to promote educational activities necessary to inform people of the importance of protecting themselves and their families, especially children, against passive smoking, for example while travelling in their own cars.

In 1988, the PAHO/AMRO Governing Bodies adopted Resolution CD33.R22 on the "Fight Against the Use of Tobacco" and in the following year adopted a regional plan of action for the prevention and control of the use of tobacco (Resolution CD34.R12). The purpose of the plan is to facilitate the adoption of public health measures at the regional, subregional and national levels aimed at reducing the incidence and prevalence of smoking and protecting the health of nonsmokers. The ultimate purpose of these policies and actions is to promote the concept of tobacco-free societies and generations. The content of this year's WHO resolution further strengthens, and makes more explicit, the effort to protect nonsmokers from the health hazards associated with tobacco use.

8. Water and Environmental Sanitation (Resolution WHA44.28)

Concerned that 1,200 million people in the developing countries still lack adequate and safe water, and that 1,800 million are without appropriate sanitation, the Assembly urged Member States to reaffirm the priority accorded to safe water and environmental sanitation programs as essential to disease prevention, and water-borne diseases in particular. The Assembly requested the Director-General to promote innovative and cost effective approaches in technology and finance for the provision of safe water and sanitation and asked the Organization to cooperate with all other relevant organizations of the United Nations system in this action.

The International Drinking Water Supply and Sanitation Decade (IDWSSD) arose from the United Nations Water Conference held in Mar del Plata, Argentina, in 1977. At this meeting, a recommendation that governments worldwide had adopted at the United Nations Conference on Human Settlements (HABITAT) in Vancouver, Canada, in 1976 was examined and approved. The recommendation urged achieving the universal provision of potable water and adequate sanitation services by 1990.

The "Decade" declaration was in response to a recognition of the fact that potable water and the sanitary disposal of excreta constitute two of the most fundamental needs of mankind and that their absence has a direct, profound, and constant deleterious effect on the lives of millions of people in the developing countries. The importance of these needs are underscored by the current cholera epidemic.

The Decade was proclaimed globally on 10 November 1980 in an extraordinary session of the General Assembly of the United Nations.

In 1980, to initiate the WHO global monitoring of the Decade, 25 Latin American and Caribbean countries set national goals to be attained by 1990, which on the average meant expansion of coverage of water supply to 87% of the urban population and to 62% of the rural population; and in the case of sewage or sanitation to give service on the average to 79% of the urban population and 37% of the rural population. To accomplish these goals would have required an approximate investment of \$30,000 million.

To support achievement of the IDWSSD Goals, PAHO and WHO identified the obstacles of the past and defined a new approach and action strategies which were adopted by the Directing Council of PAHO in 1981. Accordingly, at the Regional level, PAHO devoted special attention to:

- promoting and supporting national programs for the Decade through technical cooperation;
- concentrating technical cooperation in strengthening of national capacity to generate dynamic, self-supporting programs;
- promoting technical cooperation among the countries of the Region; and
- fostering external financing of national Decade activities.

After 1990, it is perceived that the countries in the Americas Region will have to consider three principal aspects of the future situation. The first is to continue to extend the coverage of water supply and sanitation services of adequate quality and quantity to the population without services and those who are poorly served. Considering the yet unserved population in 1988 and the increase in the population to the year 2000, it is expected that 122.9 million people will require drinking water supply in urban areas, and 79.2 million in rural areas. Also, 147.4 million will require sanitation services, primarily in marginal urban areas, where 40% of the population will reside, mostly poor people; and 88.1 million in rural areas. The rural population without services is still numerous, and while not increasing rapidly, will require attention. This includes the scattered population, which represents a special challenge.

A second consideration is providing safe drinking water that meets the minimum standards of quality in the countries and protecting water resources. This includes surveillance and control programs, the treatment of wastewater, the sanitary disposal of wastewater and excreta as well as biological and chemical water pollution control. This aspect should be related to the comprehensive policies for recovery, preservation, use, and reuse of water.

The Environmental Health Program has included as one of its main activities the protection of the water resources. The development of plans for PAHO's participation in the 1992 Conference on Environment and Development includes consideration of the protection of the quality and supply of fresh water resources.

Finally, priority attention will have to be given to the optimization of services, incorporating the concept of efficient use of water.

Based upon the experiences from the Decade and considering the results from the evaluations carried out at national, regional and global levels, a Regional Action Plan 1991-2000 is being finalized. Priority areas include: water quality control, efficient use of water, priority water supply and sanitation in high health risk areas, wastewater and excreta disposal and institutional and human resource development.

The Executive Committee, under Agenda Item 4.7, will review the final regional report on the International Water Supply and Sanitation Decade and make relevant decisions on this matter.

9. Women, Health and Development (Resolution WHA44.42)

In Resolution WHA44.42 on Women, Health, and Development, the World Health Assembly expressed its concern over the lack of demonstrable progress in many parts of the world in the implementation of resolutions calling for improvement of the status of women and the elimination of various forms of economic, social, and political discrimination that affect their living conditions and their health. The resolution cites the continuing high levels of female mortality and morbidity from preventable causes, mainly in the developing countries, which calls attention to the persistence of factors that are hindering their development under circumstances of greater equity.

The resolution recognizes the essential contribution made by women to socioeconomic development in their countries, even though they do not always enjoy the full benefits that it brings. As a result, it recognizes the urgent need to accelerate progress and actions that will ensure equal opportunities and participation for women in all aspects of national and international life.

In view of the fact that Technical Discussions on Women, Health, and Development will be held at the Forty-fifth World Health Assembly in 1992, the resolution calls on the Member States to accelerate the implementation of measures to improve the health conditions, socioeconomic status, and quality of life of women. It urges that steps be taken to develop policies, plans, and programs aimed at improving the health of women, as well as to facilitate access to resources and opportunities for this purpose. It proposes the adoption of monitoring and evaluation methods, including the definition of indicators, in order to document progress in the implementation of national programs on women, health, and development. Finally, it invites the Member States that have not yet done so to designate a National Focal Point on Women, Health, and Development and to provide any support that may be needed in preparation for the Technical Discussions.

The Director-General is requested to integrate the objectives relating to women, health, and development into all WHO programs at all levels, to provide technical cooperation to accelerate the implementation

of policies and programs, and to intensify the advocacy role of WHO at the international level so as to ensure that the health status and quality of life of women receive the required attention, especially in economic forums.

PAHO/AMRO recognizes that there are still discriminatory conditions with respect to women in the Region of the Americas that are affecting their living conditions and preventing them from sharing, on an equal basis, in the benefits of development, and that the burden of the economic crisis has had a greater impact on women by adding to their productive and reproductive responsibilities within their task of ensuring minimum levels of survival at home.

In view of these circumstances, the Governing Bodies of PAHO/AMRO approved inclusion of the subject "Women in Health and Development" as one of the strategic orientations of the Organization during the quadrennium 1991-1994. The Secretariat of PAHO/AMRO--recognizing that this strategic orientation implies the development of specific policies toward women that transcend the scope of the health sector, that laws need to be changed in order to eliminate the discriminatory barriers that face women in the Region, and, especially, that national and international resources need to be mobilized more intensively in order to promote the development of women and women's health in circumstances of greater social, economic, and political equity--has taken steps to institutionalize the Regional Program on Women, Health, and Development as a specialized program for the extension of technical cooperation to the countries of the Region.

The World Health Assembly resolution on women, health, and development, together with the strategic orientation adopted by the PAHO/AMRO Member Governments calling for the integration of women into health and development, will be attracting attention to this subject and make it essential that all the countries of the Region designate a Focal Point on WHD and formulate and implement their plans of action, with mechanisms to monitor and evaluate progress and results. In addition, pursuant to the recommendations of the XI Meeting of the Subcommittee on Women, Health, and Development of the Executive Committee of PAHO/AMRO, the Regional Program on Women in Health and Development will continue to mobilize international resources for expanded technical cooperation with the countries of the Americas.

IV. TECHNICAL DISCUSSIONS - Urban Health Development (Resolution WHA44.27)

In 1990, 72% of the population of the Americas lived in urban localities; by the year 2000, the figure will be 75%. Although the Region is predominantly urban, different countries show very different urbanization patterns. In 1950, only six countries had populations with more than 50% urban dwellers. Now, 12 have populations with more than 70% urbanites. The potential advantages offered by urban centers are often offset by the consequences of the speed of urbanization which has

contributed to the deterioration of the environment and erosion of the quality of life. Neither the urban infrastructure nor services have been able to deal with the increase in demand. Urban dwellers are exposed to the hazards of poverty, unemployment, inadequate housing, poor sanitation, pollution, disease vectors, as well as unique psychological and social stresses. These factors as well as urban overcrowding have resulted in the marginalization of millions of people in the Americas.

The pressing urgency about the urban condition, about urban health and about the situation of the urban poor led the Executive Board of WHO to focus the 1991 Technical Discussions on "Strategies for Health for All in the Face of Rapid Urbanization." One of the keynote addresses was given by Dr. Rodrigo Guerrero, from Cali, Colombia, on the subject of urban health systems. Working groups focused on the development of urban environmental health services, the organization of urban health systems, city networks for health, and urban policies in relation to health status.

In considering the report of the Technical Discussions, the Assembly, in Resolution WHA44.27, urged Members to prevent excessive urban population growth by developing national policies that maintain a balance between urban population and infrastructure and services, including attention to family planning; to give priority to the development and strengthening of urban health services; and to develop effective and full community participation in urban development.

The strategic orientations and Program Priorities for the Quadrennium 1991-1994, adopted by the XXIII Pan American Sanitary Conference, address the full scope of the problem and issues raised in these Technical Discussions without focussing, necessarily, on their urban or rural context. Health care in major urban centers continues to be a cause for concern in the Region. In cooperation with Rio de Janeiro State, Brazil, PAHO/AMRO has sponsored a meeting on the subject that was attended by health care authorities from large metropolitan areas in the Americas and Europe. Participants stressed the need to decentralize health care in large cities by creating local neighborhood-based health systems geared toward health promotion and comprehensive primary care. The approach recommended is in accord with the concept of developing healthy cities by coordinating the efforts of all segments of civil society and government to create a more humane habitat.

The Technical Discussions to be held during the next World Health Assembly will address the topic of Women, Health and Development. After 1992, technical discussions will be held only in even-numbered years, when there is no proposed program budget to consider (Resolution WHA44.30).

V. MISCELLANEOUS

Several miscellaneous issues were considered by WHA44, of which the following may be of particular interest to the Executive Committee:

1. Assessment of Belize (Resolution WHA44.18)

Belize, a Member of the United Nations, became a Member of the World Health Organization on 23 August 1990 by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution. Resolution WHA44.18 establishes the assessment at the rate of 0.01% with a reduced amount for 1990 based on the date of membership. This brings the total number of WHO Members from the Region of the Americas to 35.

2. Health Promotion for the Least Developed Countries (Resolution WHA44.24)

Aware of the critical health situation in the least developed countries, the Assembly requested Member States to take into account the outcome of the Second United Nations Conference on the Least Developed Countries, especially the need to include a health component in socio-economic development programs and cooperation activities. It also requested the Director-General to take these factors into account in all the activities of WHO.

3. Executive Board Membership

The Forty-fourth World Health Assembly elected 10 Member States entitled to designate a person to serve on the Executive Board. From the Region of the Americas, Bolivia and Uruguay were elected. Concurrently, the terms of Dr. O. Gonzalez Carrizo, designated by Argentina, and Dr. F. I. Martínez-Guillén, designated by Nicaragua, expired.

4. Forty-fifth World Health Assembly

The Forty-fifth World Health Assembly will convene in Geneva, Switzerland, on Monday, 4 May 1992, at 12:00 noon.

Annexes

CE107/21 (Eng.)
ANNEX I

RESOLUTIONS OF THE FORTY-FOURTH 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-FOURTH WORLD HEALTH ASSEMBLY

WHA44.1

Agenda item 11

8 May 1991

ADMISSION OF NEW MEMBERS AND ASSOCIATE MEMBERS

The Forty-fourth World Health Assembly

ADMITS the Marshall Islands 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.

Sixth plenary meeting, 8 May 1991
A44/VR/6

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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-FOURTH WORLD HEALTH ASSEMBLY

WHA44.2

Agenda item 11

8 May 1991

ADMISSION OF NEW MEMBERS AND ASSOCIATE MEMBERS

The Forty-fourth World Health Assembly

ADMITS the Federated States of Micronesia 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.

Sixth plenary meeting, 8 May 1991
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WHA44.3

Agenda item 11

8 May 1991

ADMISSION OF NEW MEMBERS AND ASSOCIATE MEMBERS

The Forty-fourth World Health Assembly

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

Sixth plenary meeting, 8 May 1991
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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.4

Agenda item 17.2

13 May 1991

RESEARCH AND DEVELOPMENT IN THE FIELD OF CHILDREN'S VACCINES

The Forty-fourth World Health Assembly,

Noting the report of the Director-General on the WHO/UNDP programme for vaccine development;

Appreciating the accomplishments of the programme for vaccine development during its first six years of existence in developing several candidate vaccines against viral or bacterial diseases and in promoting the establishment of new approaches for the design of single-dose slow-release and oral vaccines, including tetanus vaccine;

Noting that new and improved vaccines against viral and bacterial diseases could save as many as six to eight million lives annually during the 1990s;

Considering that the objectives and targets of the programme for vaccine development represent an essential component of the global effort to develop improved and new essential vaccines against major childhood diseases, and thus to improve means to immunize all children of the world within the scope of the Children's Vaccine Initiative;

1. ENDORSES the objectives and targets of the programme for vaccine development, including:

(1) improved access to immunization, concentrating on developing improved vaccines against childhood diseases that could simplify immunization schedules, that would require only one or two doses, that could be given earlier in life, and that could be combined in novel ways, reducing unit costs, bringing down drop-out rates and ensuring greater heat-stability and efficiency;

(2) support for the acceleration of the development of new vaccines against bacterial meningitides, acute respiratory infections, diarrhoeal diseases, viral hepatitis, dengue, tuberculosis and other communicable diseases;

2. URGES Member States:

(1) to intensify efforts made at national level to accelerate research related to vaccine development;

(2) to collaborate in international initiatives aimed at the development of new and improved vaccines and to participate in the field assessment of candidate vaccines;

3. CALLS ON bilateral and multilateral development agencies, nongovernmental organizations and foundations:

(1) to increase their support for vaccine research within the scope of the Children's Vaccine Initiative;

- (2) to support and strengthen national coordination mechanisms to promote vaccine development;
 - (3) to support the development of international partnerships to strengthen countries' capabilities for developing, producing and assessing new vaccines within the scope of the Children's Vaccine Initiative;
 - (4) to support disease surveillance and monitoring of immunization coverage;
4. REQUESTS the Director-General to ensure the attainment of these objectives and targets and WHO's maximal support to the Children's Vaccine Initiative by:
- (1) stimulating research on new and improved viral and bacterial vaccines;
 - (2) coordinating international and national efforts aimed at the development, production and delivery of those vaccines;
 - (3) intensifying WHO's collaboration with industry in order to accelerate vaccine research and development and to ensure that new vaccines are accessible and affordable for the populations affected;
 - (4) increasing efforts to train scientists from developing countries in all aspects of vaccinology, including biotechnology, immunology, field trials and quality control, and providing more opportunities for these scientists to participate in vaccine research;
 - (5) requesting multilateral and bilateral agencies to place greater emphasis on the provision of assistance for vaccine research and vaccine trials in endemic countries;
 - (6) mobilizing additional resources for the programme for vaccine development in collaboration with UNDP, the co-sponsoring agency, UNICEF and other international parties;
5. FURTHER REQUESTS the Director-General to keep the Executive Board and the Health Assembly informed of the progress made in implementing this resolution.

Eleventh plenary meeting, 13 May 1991
A44/VR/11

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世界衛生大會 決議

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

WHA44.5

Agenda item 17.2

13 May 1991

ERADICATION OF DRACUNCULIASIS

The Forty-fourth World Health Assembly,

Recalling resolutions WHA39.21 and WHA42.29;

Having considered the report of the Director-General on the eradication of dracunculiasis;

Encouraged by the considerable progress achieved in many countries towards elimination of the disease;

Aware that country-by-country elimination of dracunculiasis is considered to be the last step before global eradication can be declared;

Recognizing the support to national control activities provided by the international community;

Deploring, none the less, the continuing adverse effects of dracunculiasis on health, including that of mothers and children, as well as its constraining effects on agriculture, sustainable development and education in endemic areas of Africa and Asia, where over 100 million persons remain at risk of infection;

Aware that in the face of such problems a number of countries have set national goals aimed at ensuring that by the end of 1995 they have no more indigenous cases;

1. EXPRESSES its satisfaction with the progress made by affected Member States in eliminating dracunculiasis;
2. DECLARES its commitment to the goal of eradicating dracunculiasis by the end of 1995, this being technically feasible given appropriate political, social and economic support;
3. ENDORSES a combined strategy of provision of safe water, active surveillance, health education, community mobilization, vector control, and personal prophylaxis;
4. CALLS ON all Member States still affected by dracunculiasis to determine the full extent of the disease and elaborate regional plans of action; establish intersectoral steering committees; initiate certification of elimination; coordinate the contributions of the international community, including multilateral and bilateral agencies and nongovernmental organizations; and explore possibilities for mobilizing additional resources to eradicate the infection within the context of primary health care;
5. INVITES donors, including bilateral and international development agencies, nongovernmental organizations, foundations and appropriate regional organizations, to continue to support countries' efforts to eradicate dracunculiasis by helping to ensure that funds are available to accelerate and sustain them;

6. URGES the Director-General:

- (1) to immediately initiate country-by-country certification of elimination so that the certification process can be completed by the end of the 1990s;
- (2) to support global efforts to eradicate dracunculiasis during the 1990s particularly by the certification by WHO of the elimination of the disease country by country;
- (3) to support Member States in surveillance, programme development and implementation;
- (4) to continue to seek extrabudgetary resources for this purpose;
- (5) to keep the Executive Board and the Health Assembly informed of progress.

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A44/VR/11

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WHA44.6

Agenda item 17.2

13 May 1991

CHOLERA

The Forty-fourth World Health Assembly,

Considering the extent and severity of the cholera epidemic which is affecting Peru, several other countries in Latin America and regions in other parts of the world, and which threatens to spread to further countries;

Affirming that cholera aggravates socioeconomic problems as well as health problems in the affected countries;

Recognizing the efforts made by the governments of affected countries to cope with the additional burden of the epidemic, and the efforts of other countries to avoid it;

Informed of the joint initiatives put forward by the Andean countries as well as by other countries and regions to prepare coordinated subregional and regional plans to face the emergency;

Acknowledging the urgent and immediate action taken by the Director-General in response to requests of the governments of countries affected by the cholera epidemic including the establishment of a Global Task Force on Cholera Control;

Recognizing that vaccines currently available on a large scale have not demonstrated sufficient protection to be recommended for public health use;

Recalling that the spread of cholera is a consequence of poverty, lack of adequate supply of potable water and deficient sanitation services, poor hygiene, contamination of foodstuffs, unplanned human settlements, especially in urban areas and inadequate health care, and that these deficiencies require further consideration in future development policies and plans at national and international levels;

Bearing in mind resolution WHA24.26;

1. CALLS UPON Member States and multilateral organizations to consider health and environmental issues as an integral part of development policies and plans and to allocate resources and to undertake action accordingly, including health education and public information in order to prevent the risks of epidemics of this kind or diminish them, giving due attention to the situation and the needs of the population groups most at risk;
2. CALLS UPON the international community to intensify its solidarity with the countries affected or threatened by cholera;
3. URGES appropriate international and regional institutions to afford greater priority to requests submitted to them for loans and financial support required by countries at risk to implement environmental and other health projects associated with the control of cholera and other diarrhoeal diseases;

4. URGES Member States to report immediately any occurrence of cholera in accordance with the International Health Regulations in order to facilitate global surveillance and control measures;

5. URGES Member States not to apply to countries affected by the epidemic restrictions that cannot be justified on public health grounds, in particular as regards importation of products from the countries concerned;

6. REQUESTS that efforts for the development and evaluation of new effective cholera vaccines continue;

7. REQUESTS the Director-General:

(1) to strengthen and increase all measures to ensure that the Organization continues to respond expeditiously and effectively to the needs of the countries affected and threatened by cholera;

(2) to continue to promote strongly hygiene education as well as sanitation and to support countries' efforts in this field, taking into account in particular the situation and needs of the poorest and most vulnerable groups;

(3) to ensure that the Organization plays an active role in the mobilization of resources in order to provide these countries with the necessary financial support for their fight against cholera and other diarrhoeal diseases;

(4) to coordinate the global effort to control cholera in order to achieve the most efficient use of technical and financial resources;

(5) to submit to the eighty-ninth session of the Executive Board a report on the global cholera situation and the results of the action taken by the Organization in this regard.

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WHA44.7

Agenda item 17.2

13 May 1991

CONTROL OF ACUTE RESPIRATORY INFECTIONS

The Forty-fourth World Health Assembly,

Having considered the Director-General's report on the control of acute respiratory infections;

Concerned at the high morbidity and mortality caused by acute respiratory infections in children;

Aware of the recent findings in relation to the effectiveness and feasibility of the case management strategy;

1. NOTES with satisfaction the progress made in the development of the programme for the control of acute respiratory infections, which focuses on the prevention of mortality from pneumonia in children;
2. APPROVES the close integration of the health-service and research components of the programme, which has ensured that research activities concentrate on major questions relating to the control of acute respiratory infections and has facilitated the prompt application of research results in control programmes;
3. URGES Member States to initiate or intensify activities for the control of acute respiratory infections as an essential part of primary health care and as one of the high-priority programmes for reducing mortality in infancy and early childhood;
4. EXTENDS its appreciation to the United Nations Children's Fund, the United Nations Development Programme and other international organizations, including bilateral agencies and nongovernmental organizations, for their continued collaboration in and support to the programme;
5. URGES Member States, and organizations of the United Nations system and bilateral agencies, to provide further support to national programmes for the control of acute respiratory infections in children in developing countries, through financial and technical cooperation;
6. EMPHASIZES the need for continuous provision of adequate financial support to enable the programme for the control of acute respiratory infections to carry out its planned activities and achieve its targets and objectives;
7. REQUESTS the Director-General:
 - (1) to increase support to Member States in developing and strengthening national control programmes through activities concerned with the planning, implementation and evaluation of the case management strategy and strategies for the prevention of morbidity;

(2) to intensify support to clinical, sociocultural, disease-prevention, and health systems research on acute respiratory infections, with a view to developing and applying appropriate methods of prevention, diagnosis and treatment of pneumonia in children, including essential antibiotics at an affordable cost, promoting their rational use and seeking to avoid the development of microbial resistance;

(3) to maintain close and effective collaboration with the United Nations Children's Fund, the United Nations Development Programme and other agencies in promoting the programme's policies and carrying out its activities;

(4) to attract further extrabudgetary resources to meet the requirements of the programme;

(5) to keep the Executive Board and the Health Assembly informed of the progress made in the implementation of the programme.

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WHA44.8

Agenda item 17.2

13 May 1991

TUBERCULOSIS CONTROL PROGRAMME

The Forty-fourth World Health Assembly,

Recalling resolution WHA36.30;

Having considered the Director-General's report on the tuberculosis control programme;

Expressing concern that three million tuberculosis deaths and eight million new cases continue to occur annually in the world;

Noting with concern that the current strategy for tuberculosis control has begun to lose its effectiveness in the industrialized countries, and that in these countries the declining trend of incidence has either slowed down or been reversed;

Recognizing that in many developing countries tuberculosis is decreasing little if at all owing to the constraints on effective application of programme policies for tuberculosis control, and that in some countries the disease is rapidly increasing owing to the AIDS epidemic;

Further recognizing nevertheless that the goal of tuberculosis control programmes in developing countries can be achieved by resourceful application of existing technology even under very difficult conditions, as demonstrated in several countries on a national scale;

1. URGES Member States to give high priority to intensifying tuberculosis control as an integral part of primary health care, reviewing the situation of current control activities, particularly in the light of the HIV pandemic, introducing short-course chemotherapy, and improving the treatment management system;
2. ENDORSES the dual approach of action and research adopted by the programme as the best means of achieving a reduction in tuberculosis mortality and morbidity;
3. ENCOURAGES international and bilateral agencies and nongovernmental organizations to continue to help control tuberculosis by collaborating with, and providing support to, the programme;
4. REQUESTS the Director-General:
 - (1) to intensify collaboration with Member States in strengthening national control programmes in order to improve case-finding and treatment and attain a global target of cure of 85% sputum-positive patients under treatment and detection of 70% of cases by the year 2000, taking care to ensure that these programmes are integrated as far as possible into primary health care activities;

(2) to focus and strengthen the tuberculosis control and research strategy for the 1990s with a view to:

(a) elaborating and implementing WHO's strategy for tuberculosis control in order to achieve the global target;

(b) promoting as far as possible the integration of tuberculosis control into primary health care;

(c) promoting global interest in research on all aspects of tuberculosis control and elimination and undertaking sharply focused research activities that are likely to produce new knowledge and technology to overcome critical constraints including biological and psychosocial aspects for the control and elimination of this disease;

(d) increasing the participation of international and bilateral agencies and nongovernmental organizations and providing international direction and coordination to combat tuberculosis, for example through a coordination committee or an advisory and review group;

(3) to continue to seek the extrabudgetary resources required to support these activities;

(4) to report to the World Health Assembly through the Executive Board on the progress made in the implementation of the tuberculosis control programme.

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WHA44.9

Agenda item 17.2

13 May 1991

LEPROSY

The Forty-fourth World Health Assembly,

Having considered the report of the Director-General on leprosy;

Recalling resolution WHA40.35 and previous resolutions of the Health Assembly and the Executive Board on leprosy;

Noting with satisfaction the significant progress made during the past five years with multidrug therapy for leprosy control and with case-finding in the majority of Member States where leprosy is endemic - progress which has led to reductions in disease prevalence;

Recognizing the substantial and increasing support for leprosy control being provided by nongovernmental and other donor organizations;

Aware of the increasingly high priority accorded by several Member States to the elimination of leprosy as a public health problem;

Further aware of the opportunities to reduce disabilities due to leprosy through early case-detection, multidrug therapy and increased emphasis on managerial capabilities within leprosy control programmes and on disability prevention;

1. DECLARES WHO's commitment to continuing to promote the use of all control measures including multidrug therapy together with case-finding in order to attain the global elimination¹ of leprosy as a public health problem by the year 2000;
2. URGES Member States in which leprosy is endemic:
 - (1) to further increase or maintain their political commitment and give high priority to leprosy control so that the global elimination of leprosy as a public health problem is achieved by the year 2000;
 - (2) to strengthen managerial capabilities within leprosy programmes, particularly at the intermediate level, and to improve training in leprosy for health workers at all levels, including medical students and student nurses;
 - (3) to ensure that coverage of multidrug therapy is maintained at the highest level possible and that patients comply with treatment;
 - (4) to strengthen case-finding activities through various approaches, including health education, community participation and training of health workers;

¹ Elimination of leprosy as a public health problem is defined as the reduction of prevalence to a level below one case per 10 000 population.

(5) to integrate leprosy control within general health services and provide appropriate social and economic rehabilitation measures as soon as possible in accordance with local realities;

(6) to improve national information systems in order to facilitate monitoring and evaluation of the elimination of leprosy;

(7) to coordinate the technical and financial resources made available for leprosy control by international and nongovernmental organizations so that they are utilized in the best way;

3. REQUESTS the Director-General:

(1) to strengthen technical support to Member States for the implementation of multidrug therapy together with case-finding so as to achieve the global elimination of leprosy as a public health problem by the year 2000;

(2) to continue to mobilize and coordinate scientific, technical and additional financial resources for implementing multidrug therapy together with case-finding, disability prevention and social and economic rehabilitation;

(3) to continue to strengthen national capabilities for leprosy control through support for training activities;

(4) to continue to support research for the development of improved drugs, diagnostic tools and vaccines through the Special Programme for Research and Training in Tropical Diseases;

(5) to promote further coordination with Member States and nongovernmental organizations in order to achieve the global elimination of leprosy as a public health problem by the year 2000;

(6) to keep the Executive Board and the Health Assembly informed of the progress made.

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WHA44.10

Agenda item 22.1

13 May 1991

INTERIM FINANCIAL REPORT ON THE ACCOUNTS OF WHO FOR 1990 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-fourth World Health Assembly,

Having examined the interim financial report for the year 1990;

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

ACCEPTS the Director-General's interim financial report for the year 1990.

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WHA44.11

Agenda item 22.2

13 May 1991

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

The Forty-fourth World Health Assembly,

Noting with concern that, as at 31 December 1990:

(1) the rate of collection in 1990 of current-year contributions to the effective working budget amounted to 84.40%, leaving US\$ 47 831 752 unpaid in respect of 1990 contributions;

(2) only 93 Members had paid their current-year contributions to the effective working budget in full, and 46 Members had made no payment towards their contributions;

1. EXPRESSES concern at the level of outstanding contributions, which has had a deleterious effect on the financial situation;
2. CALLS THE ATTENTION of 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. RECALLS that, as a result of the adoption by resolution WHA41.12 of an incentive scheme to promote the timely payment of assessed contributions, Members which paid their assessed contributions for 1989 and 1990 early in the year to which they related will have their contributions payable for the 1992-1993 programme budget reduced appreciably, while Members paying later will see their contributions payable for the 1992-1993 programme budget reduced only marginally or not at all;
4. URGES Members that are regularly late in the payment of their contributions to take urgently all steps necessary to ensure prompt and regular payment;
5. REQUESTS the Director-General to draw this resolution to the attention of all Members.

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WHA44.12

Agenda item 22.3

13 May 1991

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

The Forty-fourth World Health Assembly,

Having considered the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Forty-fourth 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 Antigua and Barbuda, Burundi, Cambodia, Comoros, Congo, Dominican Republic, Equatorial Guinea, Grenada, Guatemala, Guinea-Bissau, Iraq, Liberia, Mauritania, Sierra Leone, Suriname and Zaire were in arrears at the time of the opening of the Health Assembly to 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;

Having been informed that, as a result of payments received after the opening of the Forty-fourth World Health Assembly, the arrears of contributions of Grenada, Guinea-Bissau and Zaire have been reduced to levels below the amounts which would justify invoking Article 7 of the Constitution;

Reaffirming the principles laid down in resolution WHA41.7;

1. EXPRESSES serious concern at the number of Members in recent years that have been in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;
2. URGES the Members concerned to regularize their position at the earliest possible date;
3. FURTHER URGES 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-fifth World Health Assembly on the status of payment of contributions;

¹ Document A44/41.

6. EMPHASIZES the necessity of applying the principles laid down in resolution WHA41.7 consistently, so as to maintain equity amongst Member States;

7. DECIDES:

(1) that if, by the time of the opening of the Forty-fifth World Health Assembly, Antigua and Barbuda, Burundi, Cambodia, Comoros, Congo, Dominican Republic, Equatorial Guinea, Guatemala, Iraq, Liberia, Mauritania, Sierra Leone and Suriname 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, unless the Executive Board has previously found that the Member concerned is faced with exceptional difficulties and the Member has made a payment considered by the Board to be reasonable in the circumstances;

(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 Assembly sessions, 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;

(4) that the provision of services to the Members concerned should continue uninterrupted.

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شعار جمعية الصحة العالمية

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

FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.13

Agenda item 22.4

13 May 1991

REPORT ON CASUAL INCOME

The Forty-fourth World Health Assembly,

Having considered the recommendation of the Executive Board on the use of casual income to reduce adverse effects of currency fluctuations on the programme budget for the financial period 1990-1991;

1. AUTHORIZES the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the appropriation resolution for the financial period 1990-1991, to charge against available casual income the net additional costs to the Organization under the programme budget resulting from differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange with respect to the relation between the United States dollar and the CFA franc, the Danish krone, the Egyptian pound, the Indian rupee, the Philippine peso and the Swiss franc prevailing during this financial period, provided that such charges against casual income shall not exceed US\$ 43 000 000 in 1990-1991;
2. REQUESTS the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the appropriation resolution for the financial period 1990-1991, to transfer to casual income the net savings under the programme budget resulting from differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange with respect to the relation between the United States dollar and the CFA franc, the Danish krone, the Egyptian pound, the Indian rupee, the Philippine peso and the Swiss franc prevailing during this financial period;
3. FURTHER REQUESTS the Director-General to report such charges or transfers in the financial report for the financial period 1990-1991;
4. DECIDES that this resolution cancels and supersedes resolution WHA42.8.

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مؤتمرات الجمعية العالمية للصحة العالمية

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

WHA44.14

Agenda item 22.4

13 May 1991

REPORT ON CASUAL INCOME

The Forty-fourth World Health Assembly,

Having considered the recommendation of the Executive Board on the use of casual income to reduce adverse effects of currency fluctuations on the programme budget for the financial period 1992-1993;

1. AUTHORIZES the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the appropriation resolution for the financial period 1992-1993, to charge against available casual income any net additional costs to the Organization under the programme budget resulting from differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange with respect to the relation between the United States dollar and the CFA franc, the Danish krone, the Egyptian pound, the Indian rupee, the Philippine peso and the Swiss franc prevailing during the financial period to the extent that these cannot realistically be met by offsetting savings and provided that such charges against casual income shall not exceed US\$ 31 000 000 in 1992-1993;
2. REQUESTS the Director-General, notwithstanding the provisions of Financial Regulation 4.1 and the terms of the appropriation resolution for the financial period 1992-1993, to transfer to casual income the net savings under the programme budget resulting from differences between the WHO budgetary rates of exchange and the United Nations/WHO accounting rates of exchange with respect to the relation between the United States dollar and the CFA franc, the Danish krone, the Egyptian pound, the Indian rupee, the Philippine peso and the Swiss franc prevailing during this financial period;
3. FURTHER REQUESTS the Director-General to report such charges or transfers in the financial report for the financial period 1992-1993;
4. STRESSES the importance of Members' paying their contributions to the Organization's budget in accordance with Financial Regulations 5.3 and 5.6, that is, not later than the first day of the year to which they relate, so that the approved programme may be carried out as planned.

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فإن جمعية الصحة العالمية

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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.15

Agenda item 22.5

13 May 1991

SALARIES OF UNGRADED POSTS AND OF THE DIRECTOR-GENERAL

The Forty-fourth World Health Assembly,

Noting the proposal made 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\$ 116 442 per annum before staff assessment, resulting in a modified net salary of US\$ 70 350 (dependency rate) or US\$ 63 600 (single rate);
2. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 130 460 per annum before staff assessment, resulting in a modified net salary of US\$ 77 639 (dependency rate) or US\$ 69 628 (single rate);
3. ESTABLISHES the salary for the Director-General at US\$ 159 517 per annum before staff assessment, resulting in a modified net salary of US\$ 92 749 (dependency rate) or US\$ 82 122 (single rate);
4. DECIDES that these adjustments in remuneration shall be effective from 1 March 1991.

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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.16

Agenda item 23

13 May 1991

AMENDMENTS TO THE FINANCIAL REGULATIONS AND RULES

The Forty-fourth World Health Assembly,

Having considered the amendments to the Financial Regulations proposed by the Director-General as modified following the discussions at the eighty-seventh session of the Executive Board;

ADOPTS the proposed amendments to the Financial Regulations.

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WHA44.17

Agenda item 25.1

13 May 1991

EXTERNAL AUDITOR
APPOINTMENT

The Forty-fourth World Health Assembly,

1. RESOLVES that the holder of the office of Comptroller and Auditor General of the United Kingdom of Great Britain and Northern Ireland be appointed External Auditor of the accounts of the World Health Organization for the financial periods 1992-1993 and 1994-1995 and that he conduct his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, provided that, should the necessity arise, he may designate a representative to act in his absence;

2. EXPRESSES its thanks to Mr John Bourn for the work he has performed for the Organization in his audit of the accounts for the financial periods 1986-1987 and 1988-1989.

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WHA44.18

Agenda item 26.1

13 May 1991

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS:
ASSESSMENT OF BELIZE

The Forty-fourth World Health Assembly,

Noting that Belize, a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 23 August 1990;

Noting that the United Nations General Assembly, in resolution 43/223, established the assessment of Belize at the rate of 0.01% for the years 1989 to 1991;

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 Belize shall be assessed at the rate of 0.01% for the financial period 1990-1991 and future financial periods;
- (2) that Belize's assessment relating to the year 1990 shall be reduced to one-ninth of 0.01%.

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WHA44.19

Agenda item 26.1

13 May 1991

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS:
ASSESSMENT OF TOKELAU

The Forty-fourth World Health Assembly,

Noting the admission of Tokelau to associate membership in the Organization on 8 May 1991;

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 1991 instalment of the assessment of Tokelau shall be reduced to one-third of 0.01%.

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WHA44.20

Agenda item 26.1

13 May 1991

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS:
ASSESSMENT OF MARSHALL ISLANDS

The Forty-fourth World Health Assembly,

Noting the admission of Marshall Islands to membership in the Organization;

Recalling 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:

(1) that Marshall Islands shall be assessed for the second year of the financial period 1990-1991 and for future financial periods at a rate to be fixed by the Health Assembly, as and when an assessment rate for this country has been established by the United Nations General Assembly;

(2) that Marshall Islands shall be assessed at the provisional rate of 0.01% for the second year of the financial period 1990-1991 and for future financial periods, to be adjusted to the definitive assessment rate when established by the Health Assembly;

(3) that the 1991 instalment of the assessment shall be reduced to one-third of 0.01%.

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WHA44.21

Agenda item 26.1

13 May 1991

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS:
ASSESSMENT OF THE FEDERATED STATES OF MICRONESIA

The Forty-fourth World Health Assembly,

Noting the admission of the Federated States of Micronesia to membership in the Organization;

Recalling 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:

- (1) that the Federated States of Micronesia shall be assessed for the second year of the financial period 1990-1991 and for future financial periods at a rate to be fixed by the Health Assembly, as and when an assessment rate for this country has been established by the United Nations General Assembly;
- (2) that the Federated States of Micronesia shall be assessed at the provisional rate of 0.01% for the second year of the financial period 1990-1991 and for future financial periods, to be adjusted to the definitive assessment rate when established by the Health Assembly;
- (3) that the 1991 instalment of the assessment shall be reduced to one-third of 0.01%.

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WHA44.22

Agenda item 26.2

13 May 1991

SCALE OF ASSESSMENTS FOR THE FINANCIAL PERIOD 1992-1993

The Forty-fourth World Health Assembly,

1. DECIDES that the scale of assessments for 1992-1993 shall, subject to the provisions of paragraph 2 below, be as follows:

<u>Members and Associate Members</u>	<u>Assessment (percentage)</u>
Afghanistan	0.01
Albania	0.01
Algeria	0.15
Angola	0.01
Antigua and Barbuda	0.01
Argentina	0.65
Australia	1.54
Austria	0.72
Bahamas	0.02
Bahrain	0.02
Bangladesh	0.01
Barbados	0.01
Belgium	1.15
Belize ^a	0.01
Benin	0.01
Bhutan	0.01
Bolivia	0.01
Botswana	0.01
Brazil	1.42
Brunei Darussalam	0.04
Bulgaria	0.15
Burkina Faso	0.01
Burundi	0.01
Byelorussian Soviet Socialist Republic	0.32
Cambodia	0.01
Cameroon	0.01
Canada	3.03
Cape Verde	0.01
Central African Republic	0.01
Chad	0.01
Chile	0.08
China	0.77
Colombia	0.14
Comoros	0.01
Congo	0.01
Cook Islands	0.01
Costa Rica	0.02

^a New Member, included for the first time in the WHO scale of assessments.

Members and Associate Members

Assessment
(percentage)

Côte d'Ivoire	0.02
Cuba	0.09
Cyprus	0.02
Czechoslovakia	0.65
Democratic People's Republic of Korea	0.05
Denmark	0.68
Djibouti	0.01
Dominica	0.01
Dominican Republic	0.03
Ecuador	0.03
Egypt	0.07
El Salvador	0.01
Equatorial Guinea	0.01
Ethiopia	0.01
Federated States of Micronesia ^a	0.01
Fiji	0.01
Finland	0.50
France	6.13
Gabon	0.03
Gambia	0.01
Germany	9.18
Ghana	0.01
Greece	0.39
Grenada	0.01
Guatemala	0.02
Guinea	0.01
Guinea-Bissau	0.01
Guyana	0.01
Haiti	0.01
Honduras	0.01
Hungary	0.20
Iceland	0.03
India	0.36
Indonesia	0.15
Iran (Islamic Republic of)	0.68
Iraq	0.12
Ireland	0.18
Israel	0.20
Italy	3.91
Jamaica	0.01
Japan	11.16
Jordan	0.01
Kenya	0.01
Kiribati	0.01
Kuwait	0.28
Lao People's Democratic Republic	0.01
Lebanon	0.01
Lesotho	0.01
Liberia	0.01
Libyan Arab Jamahiriya	0.27
Luxembourg	0.06
Madagascar	0.01
Malawi	0.01
Malaysia	0.11
Maldives	0.01

^a New Member, included for the first time in the WHO scale of assessments.

Members and Associate MembersAssessment
(percentage)

Mali	0.01
Malta	0.01
Marshall Islands ^a	0.01
Mauritania	0.01
Mauritius	0.01
Mexico	0.92
Monaco	0.01
Mongolia	0.01
Morocco	0.04
Mozambique	0.01
Myanmar	0.01
Namibia	0.01
Nepal	0.01
Netherlands	1.62
New Zealand	0.23
Nicaragua.....	0.01
Niger	0.01
Nigeria	0.20
Norway	0.54
Oman	0.02
Pakistan	0.06
Panama	0.02
Papua New Guinea	0.01
Paraguay	0.03
Peru	0.06
Philippines	0.09
Poland	0.55
Portugal	0.18
Qatar	0.05
Republic of Korea	0.21
Romania	0.19
Rwanda	0.01
Saint Kitts and Nevis	0.01
Saint Lucia	0.01
Saint Vincent and the Grenadines	0.01
Samoa	0.01
San Marino	0.01
Sao Tome and Principe	0.01
Saudi Arabia	1.00
Senegal	0.01
Seychelles	0.01
Sierra Leone	0.01
Singapore	0.11
Solomon Islands	0.01
Somalia	0.01
South Africa	0.44
Spain	1.91
Sri Lanka	0.01
Sudan	0.01
Suriname	0.01
Swaziland	0.01
Sweden	1.19
Switzerland	1.06
Syrian Arab Republic	0.04

^a New Member, included for the first time in the WHO scale of assessments.

<u>Members and Associate Members</u>	<u>Assessment (percentage)</u>
Thailand	0.10
Togo	0.01
Tokelau ^a	0.01
Tonga	0.01
Trinidad and Tobago	0.05
Tunisia	0.03
Turkey	0.31
Uganda	0.01
Ukrainian Soviet Socialist Republic	1.23
Union of Soviet Socialist Republics	9.80
United Arab Emirates	0.19
United Kingdom of Great Britain and Northern Ireland	4.77
United Republic of Tanzania	0.01
United States of America	25.00
Uruguay	0.04
Vanuatu	0.01
Venezuela	0.56
Viet Nam	0.01
Yemen	0.01
Yugoslavia	0.45
Zaire	0.01
Zambia	0.01
Zimbabwe	0.02
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	100.00
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^a Associate Member, included for the first time in the WHO scale of assessments.

2. REQUESTS the Director-General, in the event that assessments are fixed provisionally or definitively by the present Health Assembly for any new Members not already included in the scale, to adjust the scale as set forth in paragraph 1.

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WHA44.23

Agenda item 30

13 May 1991

RECRUITMENT OF INTERNATIONAL STAFF IN WHO:
BIENNIAL REPORT

The Forty-fourth World Health Assembly,

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

Recalling earlier resolutions of the Health Assembly and the Executive Board on the same subject, and in particular resolution WHA42.12;

Noting the progress made between October 1988 and October 1990 in geographical representation as a result of recruiting and maintaining the staff on as wide a geographical basis as possible;

Reaffirming that the principles embodied in Articles 4.2, 4.3 and 4.4 of the Staff Regulations remain the paramount consideration in staff recruitment;

1. DECIDES to maintain the target of 40% of all vacancies arising in professional and higher-graded posts subject to geographical distribution during the period ending October 1992 for the appointment of nationals of unrepresented and under-represented countries;
2. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts to improve geographical representation;
3. REQUESTS the Director-General to report on the recruitment of international staff in WHO to the Executive Board and the Health Assembly in 1993.

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WHA44.24

Agenda item 17.2

13 May 1991

HEALTH PROMOTION FOR THE DEVELOPMENT OF THE LEAST DEVELOPED COUNTRIES

The Forty-fourth World Health Assembly,

Recalling United Nations General Assembly resolution 45/206 and resolutions WHA42.3, WHA42.4 and especially WHA43.17 of the Health Assembly on strengthening technical and economic support to countries facing serious economic constraints;

Aware of the critical health situation of the least developed countries;

Referring to the Paris Declaration and to the Programme of Action for the least developed countries for the 1990s, adopted on 14 September 1990 at the end of the Second United Nations Conference on the Least Developed Countries;

Noting the contribution made by WHO to the preparations for and proceedings of the Conference;

Welcoming the specific action already taken by the Organization on behalf of the least developed countries;

Recalling, as stated by the Conference in the Programme of Action for the 1990s, that "without profound improvements in the health standards prevailing in the least developed countries, other measures of social and economic development will remain to a great extent ineffective";

Bearing in mind the concern expressed by the States taking part in the Conference that "the United Nations development system should respond effectively to the needs and requirements of the least developed countries, taking into account their different and complex conditions";

Considering that the priorities set out by the Director-General in his Introduction to the proposed programme budget for 1992-1993 - that is, strengthening of primary health care in the context of a country-by-country approach; integrated disease control; protection and control of the environment; nutrition; and information - broadly encompass those put forward in the "Health and sanitation" section of the Programme of Action for the least developed countries for the 1990s;

1. REQUESTS Member States to take into account the outcome of the Second United Nations Conference on the least developed countries, especially the need to include a health component in socioeconomic development programmes and cooperation activities;
2. REQUESTS the Director-General also to take these factors into account in all the activities of WHO, and:

(1) to continue and intensify, in liaison with the organizations concerned of the United Nations system, including the United Nations Conference on Trade and Development, the efforts to provide support for the countries that need it most - with due priority for the least developed countries - in strengthening and developing their health systems and in identifying resources and new approaches to health in the current social and economic context;

(2) to formulate, on the basis of cooperation between WHO and these countries, a policy for health action aimed at striking a balance between the activities planned for the medium and long term and those carried out to meet short-term needs;

(3) to report to the Forty-fifth World Health Assembly on the measures taken by the Organization as a whole and on the coordinated use of all the resources mobilized for this purpose.

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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-FOURTH WORLD HEALTH ASSEMBLY

WHA44.25

Agenda item 17.2

13 May 1991

HUMAN ORGAN TRANSPLANTATION

The Forty-fourth World Health Assembly,

Having considered the report of the Director-General on human organ transplantation;

1. THANKS the Director-General for his report;
2. ENDORSES the Guiding Principles on Human Organ Transplantation contained therein;
3. RECOMMENDS that Member States take account of the Guiding Principles in the formulation of their own policies on human organ transplantation and by appropriate means disseminate the idea of multi-organ donation for human transplantation from deceased persons;
4. REQUESTS the Director-General:
 - (1) to review the Guiding Principles from time to time in the light of national experience in their implementation and developments in the field of human organ transplantation;
 - (2) to disseminate the Guiding Principles as widely as possible to all interested parties.

Eleventh plenary meeting, 13 May 1991
A44/VR/11

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

WHA44.26

Agenda item 17.2

15 May 1991

SMOKING AND TRAVEL

The Forty-fourth World Health Assembly,

Recalling resolutions WHA33.35, WHA39.14, WHA41.25 and WHA42.19 on the health consequences of tobacco consumption and the WHO "tobacco or health" programme, formerly the action programme on smoking and health;

Recalling in particular resolution WHA43.16, which urges all Member States to adopt effective measures to prevent involuntary exposure to tobacco smoke in enclosed public places and public transport;

Recognizing that there is no safe level of exposure to tobacco smoke;

Aware of the technical problems of ensuring a smoke-free environment in many public conveyances, especially trains and aircraft;

Congratulating the transport authorities and companies that have adopted measures to offer their passengers a smoke-free environment and encouraging all those responsible for public transport to do likewise;

Deeply concerned by the dangers to the health, and the violation of the right to health, of non-smokers caused by enforced, or passive, smoking and by the WHO-approved estimates that the annual number of deaths in the world attributable to smoking will be about three million in the 1990s;

1. URGES all Member States:

(1) to adopt appropriate measures for effective protection from involuntary exposure to tobacco smoke in public transport;

(2) to ban smoking in public conveyances where protection against involuntary exposure to tobacco smoke cannot be ensured, and the adoption of effective measures of protection wherever possible;

(3) to promote educational activities necessary to make people aware of the importance of protecting themselves and their families, especially children, against passive smoking, for example, while travelling in their own cars;

2. REQUESTS the Director-General:

(1) to collaborate with the International Civil Aviation Organization and all competent international and national agencies in developing guidelines and recommendations for a smoke-free travel environment in all types of public conveyances;

(2) to support Member States at their request in implementing effective measures to protect people against involuntary exposure to tobacco smoke in public transport;

(3) to keep the Executive Board and the Health Assembly informed of the progress made in implementing this resolution as an element of the WHO "tobacco or health" programme.

Twelfth plenary meeting, 15 May 1991
A44/VR/12

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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.27

Agenda item 17.2

15 May 1991

URBAN HEALTH DEVELOPMENT

The Forty-fourth World Health Assembly,

Noting that from 1950 to 1990 the world's urban population almost tripled, from 734 million to 2390 million, or from 29% to 45% of the total population of the planet, and that the increase is continuing;

Aware that most of the urban population increase was in cities of developing countries, whose urban population increased five-fold, from 286 million in 1950 to 1515 million in 1990;

Noting that annual urban population growth rates of 3% or more have been common in developing countries, and may continue over the next 20 years; that such growth exceeds the capacity of a city to provide adequate resources, housing, employment and services, and results in the exposure of increasing numbers of urban dwellers to the hazards of poverty, unemployment, inadequate housing, poor sanitation, pollution, disease vectors, poor transport, and psychological and social stress;

Taking account of the conclusions and recommendations of the Technical Discussions held during the Forty-fourth World Health Assembly;

Recalling actions taken by WHO on urban health development;

Recognizing the need for the reappraisal of urban health systems that contribute to the promotion of urban health in the context of health for all;

Noting that the WHO Commission on Health and Environment has identified urbanization as a major driving force of development;

Aware of the attention to urban development in the programmes of the United Nations Centre on Human Settlements, UNDP and UNEP, and in the preparations for the United Nations Conference on Environment and Development in 1992;

1. URGES Member States:

(1) to prevent excessive urban population growth by:

(a) developing national policies that maintain in balance urban population and infrastructure and services, including attention to family planning;

(b) adjusting urban and rural development policies to provide incentives for the public, industry, the private sector, and government agencies, to prevent excessive concentration of population in potential urban problem areas;

- (2) to strengthen the capacity for healthy urban development by:
 - (a) adjusting and implementing policies at all levels to render urban development sustainable and to preserve an environment supportive of health,
 - (b) assessing the impact on health of the policies of agencies concerned with energy, food, agriculture, macroeconomic planning, housing, industry, transport and communications, education and social welfare, and adjusting them better to promote healthy communities and a healthy environment in cities;
 - (c) developing suitable structures and processes for coherent intersectoral and community participation in the planning and implementation of urban development;
 - (3) to ensure that responsibilities for urban development and management, including health and social services, are decentralized from the national level to a level compatible with efficient and integrated management and technological requirements,
 - (4) to give priority to the development, reorientation and strengthening of urban health services based on the primary health care approach, including appropriate referral services, with particular emphasis on responding to the needs of the urban poor;
 - (5) to strengthen effective and full community participation in urban development, by promoting strong partnerships among government and community organizations, including nongovernmental organizations, the private sector and the local people;
 - (6) to develop networks of cities and communities for health at national and international levels in order to increase community participation and gain political support for technical programmes to improve health services and environmental health;
 - (7) to improve information and research in order to relate health data to environmental conditions and health services, and to measure health differentials between parts of the town or city in order to guide municipal authorities in the planning and management of health development programmes;
2. CALLS ON the community of international agencies:
 - (1) to give proper attention in their programmes to the interrelation between the urban crisis and the growing degradation of the global environment;
 - (2) to consider environmental, social and health needs when deciding on their priorities and service allocations and the impact of these decisions on health;
 - (3) to develop new ways of providing support to national governments, municipal governments and community organizations to help them address urban health problems as part of urban development programmes;
 3. REQUESTS the Director-General:
 - (1) to continue to strengthen WHO's information base and ensure its availability to countries and cities for addressing the human and environmental health aspects of urban development;
 - (2) to strengthen technical cooperation with and among Member States in urban health development, in order to increase awareness of the needs of the urban poor, develop national skills to meet these needs, and support the extension of city networks for health worldwide;

(3) to promote regional networks and interdisciplinary panels of experts and community leaders, to advise on health aspects of urban development;

(4) to submit a report on progress in the implementation of this resolution to a future World Health Assembly through the Executive Board.

Twelfth plenary meeting, 15 May 1991
A44/VR/12

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

WHA44.28

Agenda item 17.2

15 May 1991

WATER AND ENVIRONMENTAL SANITATION

The Forty-fourth World Health Assembly,

Recalling resolutions WHA42.25 and WHA42.26;

Regretting that, despite progress - especially within the International Drinking Water Supply and Sanitation Decade - in increasing the coverage of services to provide safe water and appropriate sanitation, 1200 million people in the developing countries still do not have access to an adequate and safe water supply, and approximately 1800 million are without appropriate sanitation, while in developed countries the waste from millions of households is not being properly disposed of;

Emphasizing the crucial importance of safe water and appropriate sanitation as an essential element of primary health care and a vital requirement for the prevention of waterborne diseases, protection of human health and the improvement of the quality of life;

Recognizing that, in view of the present situation and rapid population growth, particularly in urban areas, increased and improved action is needed;

Recalling General Assembly resolution 44/228 on the United Nations Conference on Environment and Development (to be held in Rio de Janeiro in 1992), which identifies the protection of the quality and supply of freshwater resources, the protection of human health and improvement of the quality of life and the living and working environment of the poor in urban slums and rural areas, as matters of major concern to be considered by the Conference;

Recalling the New Delhi Statement on water supply and sanitation in the 1990s "Some for all, rather than more for some", which was adopted in September 1990 by 115 countries;

Emphasizing the need for a commitment by the international community to provide the resources to augment national efforts to achieve the objective of safe water and appropriate sanitation for all people by the year 2000;

Convinced that WHO can make a significant contribution to the United Nations Conference on Environment and Development in 1992 as it has been invited to do by the Preparatory Committee;

1. URGES Member States:

(1) to reaffirm the priority accorded to programmes for safe and reliable water supply and environmental sanitation as essential to disease prevention - especially the prevention of waterborne diseases - and the promotion of community health, with emphasis not only on underserved people in the rural areas but also on the needs of the urban poor in the rapidly growing urban areas;

(2) to ensure full participation of the people and communities concerned in the action to be undertaken;

2. REQUESTS the Director-General:

(1) to promote the development and implementation of innovative and cost-effective approaches in technology and financing for the provision of safe water supply and sanitation systems in order to ensure their accessibility to all and their long-term sustainability;

(2) to cooperate with the relevant organizations of the United Nations system in the elaboration of a global water supply and sanitation action programme as an input to the programme on the protection of the quality and supply of freshwater resources to be agreed upon at the United Nations Conference on Environment and Development;

(3) to contribute to the International Conference on Water and the Environment in Dublin in January 1992, this being one part of the preparatory process for the United Nations Conference;

(4) to report to the Forty-fifth World Health Assembly on the action taken in accordance with this resolution, taking into account the need to develop WHO's updated strategy for water supply and sanitation within the framework of the health-for-all strategy, as requested in resolution WHA42.25.

Twelfth plenary meeting, 15 May 1991
A44/VR/12

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مبارك جمعية الصحة العالمية

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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.29

Agenda item 28

15 May 1991

REAL ESTATE FUND

The Forty-fourth World Health Assembly,

Having considered resolution EB87.R19 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 1991 to 31 May 1992;

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

1. AUTHORIZES the financing from the Real Estate Fund of the expenditures summarized in part IV of the Director-General's report, at the estimated cost of US\$ 1 208 000;
2. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US\$ 1 082 000.

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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.30

Agenda item 29

15 May 1991

METHOD OF WORK OF THE HEALTH ASSEMBLY

The Forty-fourth World Health Assembly,

Having considered the Director-General's report on the method of work of the Health Assembly, prepared in response to decision WHA40(10);

Recalling resolutions WHA32.36, WHA37.21 and EB79.R20, as well as previous resolutions dealing with this matter, and the recommendations contained in decision EB87(12);

Recognizing the desirability of continued improvements in the method of work of the Health Assembly;

DECIDES:

- (1) that proposals for resolutions on technical matters should not be considered by the Health Assembly unless they are based on a full debate under the item to which they relate, or unless they have been the subject of prior consideration by the Executive Board;
- (2) that, as from the Forty-sixth World Health Assembly, Technical Discussions should be held in even-numbered years only, when there is no proposed programme budget to consider.

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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.31

Agenda item 31

15 May 1991

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

The Forty-fourth 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 of 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 the hope that a just and comprehensive peace can be achieved in the Middle East, based on the principles of international legitimacy and, in particular, on the relevant United Nations resolutions;

Thanking the Chairman of the Special Committee of Experts set up to study the health conditions of the inhabitants of the occupied Arab territories for his report, and regretting the refusal of the Israeli authorities to allow the experts to visit the occupied Arab territories;

Taking note of the relevant information provided;

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 A44/25.

2. EXPRESSES CONCERN at the deterioration in the health conditions of the Arab population in the occupied Arab territories and AFFIRMS the role of the World Health Organization to assist in the provision of health care to the Palestinian people and the Arab population in the occupied Arab territories;
3. STRESSES that the policies of the Israeli authorities in the occupied Arab territories are not consistent with the main requirements for the development of a health system appropriate to the needs of the population in the occupied Arab territories;
4. 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 Palestinian society, and prevents the economic and social development of those territories;
5. EXPRESSES its deep concern at the Israeli refusal to permit the Special Committee of Experts to visit the occupied Arab territories, and ASKS that Israel allow the Committee to fulfil its mission of investigating the health conditions of the populations in those territories;
6. THANKS the Special Committee of Experts for its report and requests it to continue its mission and report on the health conditions of the Arab population in the occupied Arab territories to the Forty-fifth World Health Assembly;
7. RECALLS resolutions WHA42.14 and WHA43.26, 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;
8. THANKS the Director-General for his efforts and, in the light of relevant Health Assembly resolutions, REQUESTS him:
 - (1) to intensify implementation of the special technical assistance programme, emphasizing the primary health care approach, in coordination with all Member States and all other organizations involved in health and humanitarian activities;
 - (2) to coordinate health activities, in particular in priority areas such as maternal and child health, an expanded programme on immunization, water supply and sanitation, and other specific activities to be determined according to needs;
 - (3) to monitor and evaluate the health conditions of the Arab population in the occupied Arab territories and, 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;
 - (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 concerned 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 continue his efforts to seek funds from extrabudgetary sources in support of the special technical assistance programme;
 - (6) to report on the above to the Forty-fifth World Health Assembly;
9. CALLS ON all Member States and 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.



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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.32

Agenda item 32.1

15 May 1991

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

Health situation of the displaced persons
in Iraq and the neighbouring countries

The Forty-fourth 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;

Recalling United Nations Security Council resolution 688, adopted on 5 April 1991;

Noting the appointment of the Executive Delegate of the Secretary-General for a United Nations inter-agency humanitarian programme for Iraq, Kuwait and the Iraq/Turkey and Iraq/Iran border areas;

Noting the Memorandum of Understanding of 18 April 1991 between the United Nations and the Government of Iraq;

Expressing its grave concern at the risks to the health of the refugees and displaced people who moved towards and across international frontiers;

Recognizing the need to create conditions conducive to the early and safe return of Iraqi displaced people to their homes;

Taking into consideration the health problems facing the Iraqi citizens that require an urgent solution, particularly among vulnerable groups;

Noting with appreciation the considerable help offered by the neighbouring countries as well as the international effort in relieving the plight of these refugees and displaced people;

Recognizing the need to alleviate further the burden carried by the neighbouring countries;

Aware that the solution of these problems demands considerable financial, logistic and other resources from the international community;

Noting that the financial targets set by United Nations appeals have not yet been reached;

Noting the action taken so far by the Director-General of WHO in providing health assistance in neighbouring countries and in Iraq within the context of the United Nations humanitarian programme;

1. URGES WHO, in full cooperation with other agencies taking part in the coordinated United Nations humanitarian relief effort in the region, to take action to alleviate the heavy burden being carried by countries neighbouring Iraq by improving the delivery of health care to refugees and displaced people, including preventive and hygienic measures;
2. CALLS UPON Member States to facilitate WHO's operations in this area by contributing to the health aspects of the United Nations emergency humanitarian plan of action for the region;
3. CALLS UPON countries affected by the crisis in the region to take the measures necessary to prevent outbreaks of communicable disease as a result of the increased risk arising from mass population movement and disruption of the social and health infrastructure;
4. REQUESTS the Director-General:
 - (1) to provide the affected countries of the region with assistance in establishing effective epidemiological surveillance of communicable diseases;
 - (2) to assist these countries in communicable disease control and in developing the necessary resources for this purpose;
5. REQUESTS the Director-General to report as necessary to Member States, in the context of reporting on implementation of the United Nations humanitarian plan of action for the region, on the measures he has taken.

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A44/VR/12

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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.33

Agenda item 32.2

15 May 1991

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

World Summit for Children: follow-up action

The Forty-fourth World Health Assembly,

Having considered the report by the Director-General on action to follow up the World Summit for Children which was convened in New York on 30 September 1990 and adopted the World Declaration on the Survival, Protection and Development of Children and a related Plan of Action containing specific goals for children and development in the 1990s;

Recognizing that the Summit goals and Plan of Action are in accord with the global policy and strategy of health for all by the year 2000, based on the primary health care approach, and that they reflect the international health priorities and goals adopted by the World Health Assembly in recent years;

Expressing appreciation of the commitment made by heads of state or government to the goals and action for the health of children and women, particularly mothers, during the decade of the 1990s and beyond, as promulgated at the World Summit for Children;

Emphasizing the importance of a holistic and integrated approach to action to be taken to implement the Declaration and Plan of Action for the survival and development of children;

Considering that breast-feeding: (a) is the only natural method of infant feeding, and is ideal for the harmonious physical and psychosocial development of the child; (b) helps to space births, and protects women's health and fosters safe motherhood; and, furthermore, (c) is a major factor in the promotion of infant health, and as the first immunization of the child, prevents diarrhoea as well as acute respiratory and other infections;

Welcoming the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding which is a basis for international health policy and action;

1. WELCOMES AND FULLY SUPPORTS the World Declaration on the Survival, Protection and Development of Children and its related Plan of Action with its appeal for a first call for children, recognizing that attainment of the goals for the 1990s is essential for the overall goal of health for all;
2. INVITES all Member States and other partners in the human development process to take concerted action, and to give the political and economic priority necessary to implement the commitments set out in the World Summit Declaration and Plan of Action, in particular paragraph 34 which suggests action countries might take to give every child a better future;
3. URGES Member States that have not yet done so to ratify the Convention on the Rights of the Child and promote its urgent implementation;

4. REQUESTS the Director-General, in close cooperation with UNICEF and other concerned bodies of the United Nations system, as well as bilateral and nongovernmental organizations, to implement the action outlined in his report to the Health Assembly¹ and to monitor achievements in child health in all countries, including the targets of the Innocenti Declaration, keeping future Health Assemblies informed thereon, within the framework of WHO's established system for the monitoring and evaluation of international health work.

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¹ Document A44/27.



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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.34

Agenda item 17.2

16 May 1991

TRADITIONAL MEDICINE AND MODERN HEALTH CARE

The Forty-fourth World Health Assembly,

Having considered the Director-General's report on traditional medicine and modern health care;

Recalling resolutions WHA22.54, WHA29.72, WHA30.49, WHA40.33, WHA41.19, and WHA42.43;

Aware of the accepted critical place of traditional medicine in many societies;

Recognizing the important contribution of traditional medicine to the provision of essential care;

Acknowledging the role of traditional medicine in the treatment of illness by informed self-medication;

Cognizant of the potential medical and economic value of plant substances;

Mindful of the fact that many species of medicinal plants are threatened by ecological and environmental changes;

1. NOTES with satisfaction the progress made in the development of the programme of traditional medicine;
2. REITERATES that a substantial increase in national and international funding and support is needed to catalyse the role of traditional medicine in health care;
3. URGES Member States:
 - (1) to intensify activities leading to cooperation between those providing traditional medicine and modern health care, respectively, especially as regards the use of scientifically proven, safe and effective traditional remedies to reduce national drug costs;
 - (2) to introduce measures for the regulation and control of acupuncture methods;
4. REQUESTS the Director-General:
 - (1) to continue to recognize the high importance of this programme and to mobilize increased financial and technical support as required;
 - (2) to ensure that the contribution of scientifically proven traditional medicine is fully exploited within all of the WHO programmes where plant-derived and other natural products may lead to the discovery of new therapeutic substances;

(3) to seek appropriate partnerships with governmental bodies and nongovernmental organizations as well as with industry in implementing this resolution;

(4) to keep the Executive Board and the Health Assembly informed of the progress made in the implementation of the programme of traditional medicine.

Thirteenth plenary meeting, 16 May 1991
A44/VR/13

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مؤتمر الجمعية العالمية للصحة العالمية

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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.35

Agenda item 17.3

16 May 1991

APPROPRIATION RESOLUTION FOR THE FINANCIAL PERIOD 1992-1993

The Forty-fourth World Health Assembly

RESOLVES to appropriate for the financial period 1992-1993 an amount of US\$ 808 777 000 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US\$
1.	Direction, coordination and management ...	87 539 700
2.	Health system infrastructure	234 891 200
3.	Health science and technology: health promotion and care	130 709 400
4.	Health science and technology: disease prevention and control	94 243 600
5.	Programme support	187 552 100
	Effective working budget	734 936 000
6.	Transfer to Tax Equalization Fund	59 000 000
7.	Undistributed reserve	14 841 000
	Total	808 777 000

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 1992 - 31 December 1993 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 1992-1993 to sections 1-6.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of section 1 exclusive of the provision made

for the Director-General's and Regional Directors' Development Programme (US\$ 12 099 000). The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programme to those sections of the effective working budget under which the programme expenditure will be incurred. All such transfers shall be reported in the financial report for the financial period 1992-1993. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5.

D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of US\$ 4 000 000 thus resulting in assessments on Members of US\$ 804 777 000. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by (a) the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization and (b) the amount of interest earned and available for appropriation, US\$ 24 929 000, credited to them in accordance with the incentive scheme adopted by the Health Assembly in resolution WHA41.12.

E. The maximum net level of the exchange rate facility provided for under Article 4.6 of the Financial Regulations is established at US\$ 31 000 000 for the biennium 1992-1993.

Thirteenth plenary meeting, 16 May 1991
A44/VR/13

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世界衛生大會 決議

فاز 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-FOURTH WORLD HEALTH ASSEMBLY

WHA44.36

Agenda item 18

16 May 1991

INTERNATIONAL PROGRAMME TO MITIGATE THE HEALTH EFFECTS
OF THE CHERNOBYL ACCIDENT

The Forty-fourth World Health Assembly,

Recalling resolution 45/190 of the United Nations General Assembly and resolution 1990/50 of the United Nations Economic and Social Council on international cooperation on activities concerning the Chernobyl accident, and decision WHA41(9) of the Forty-first World Health Assembly authorizing the Organization to accede to the conventions concerning nuclear accidents;

Noting resolution EB87.R10 of the Executive Board;

Noting the Director-General's report¹ on the international programme on the health effects of the Chernobyl accident;

Referring to Article 18(1) of the WHO Constitution which provides that one of the functions of the Health Assembly shall be to establish such institutions as it may consider desirable;

Aware of the Memorandum of Understanding between the World Health Organization and the Ministry of Health of the Union of Soviet Socialist Republics on the establishment of a long-term international programme to monitor and mitigate the health effects of the Chernobyl accident;

Mindful of the severity of the accident and its grave implications for human health, especially in the areas of high radionuclide contamination;

Noting the worldwide concern that this accident has caused among Member States;

Taking into account the information and data concerning the consequences of the Chernobyl accident, and recognizing the important lessons to be learned from them by the world community when considering measures to deal immediately with any major nuclear disaster and its effects on human populations and when seeking a better understanding of the health effects of radiological accidents;

Noting with appreciation the work already being done by WHO and other international organizations to monitor and mitigate the adverse effects of the Chernobyl accident, and the support being extend by Member States;

1. ENDORSES the proposal to establish under the auspices of WHO an international programme financed from voluntary contributions to mitigate the health effects of the Chernobyl accident, including the setting up of an international centre;

¹ Document A44/13.

2. URGES Member States to participate actively in and to provide support for the implementation of the international programme;

3. REQUESTS the Director-General:

(1) to accelerate the implementation of the international programme and to proceed with the necessary organizational arrangements;

(2) to seek outside financial and other material support for the programme;

(3) to continue close collaboration with other competent international organizations, including organizations of the United Nations system, in the further development and implementation of the international programme;

(4) to report periodically to the Health Assembly on progress made in the implementation of the programme.

Thirteenth plenary meeting, 16 May 1991
A44/VR/13

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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-FOURTH WORLD HEALTH ASSEMBLY

WHA44.37

Agenda item 32.3

16 May 1991

HEALTH AND MEDICAL ASSISTANCE TO LEBANON

The Forty-fourth World Health Assembly,

Recalling previous resolutions of the Health Assembly on health and medical assistance to Lebanon, particularly resolution WHA43.12;

Taking note of United Nations General Assembly resolutions on international assistance for the reconstruction and development of Lebanon, calling on the specialized agencies and other organizations and bodies of the United Nations system to expand and intensify programmes of assistance within the framework of the needs of Lebanon, the latest being resolution 45/225 of 21 December 1990;

Having examined the Director-General's report¹ on the action taken by WHO, in cooperation with other international bodies, for emergency health and medical assistance to Lebanon in 1990 and the first quarter of 1991;

Aware of the situation arising from the increase in the numbers of wounded, handicapped and displaced persons and the paralysis of economic activities and government organizations;

Aware also of the considerable serious consequences of events in Lebanon in terms of damage to and destruction of the environment and institutions, homelessness, and harm to individuals and their health;

Aware that the increased financial burden upon the State, coinciding with the alarming drop in budgetary revenue, requires assistance to the health services that are the responsibility of the State;

Noting the health and medical assistance provided by the Organization to Lebanon during 1990-1991;

1. EXPRESSES its appreciation to the Director-General for his continuous efforts to mobilize health and medical assistance to Lebanon;
2. EXPRESSES also its appreciation to the other organizations and bodies of the United Nations system, and to all governmental and nongovernmental organizations, for their cooperation with WHO in this regard;

¹ Document A44/28.

3. CONSIDERS that the growing health and medical problems in Lebanon, which have recently reached a critical level, constitute a source of great concern and necessitate thereby a continuation and substantial expansion of programmes of health and medical assistance to Lebanon;
4. REQUESTS the Director-General to continue and expand substantially the Organization's programmes of health, medical and relief assistance to Lebanon and to allocate for this purpose, as far as possible, funds from the regular budget and other financial resources;
5. CALLS UPON the specialized agencies and other organizations and bodies of the United Nations system, and all governmental and nongovernmental organizations, to intensify their cooperation with WHO in this field, and in particular to put into operation the recommendations of the report on the reconstruction of the health services of Lebanon;
6. CALLS UPON Member States to increase their technical and financial support for relief operations and the reconstruction of the health services of Lebanon in cooperation with the Ministry of Health in Lebanon;
7. CALLS UPON donors to direct their assistance in cash or in kind to the Ministry of Health, which has responsibility for the health centres, hospitals and public health services, in order to ensure that the country joins others in measures for the attainment of health for all by the year 2000; or to the Trust Fund for Lebanon established by the Director-General on the request of the Government of Lebanon;
8. REQUESTS the Director-General to report to the Forty-fifth World Health Assembly on the implementation of this resolution.

Thirteenth plenary meeting, 16 May 1991
A44/VR/13

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世界衛生大會 決議

مؤتمر الجمعية الصحية 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-FOURTH WORLD HEALTH ASSEMBLY

WHA44.38

Agenda item 32.4

16 May 1991

HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN CYPRUS

The Forty-fourth World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolutions WHA28.47, WHA29.44, WHA30.26, WHA31.25, WHA32.18, WHA33.22, WHA34.20, WHA35.18, WHA36.22, WHA37.24, WHA38.25, WHA39.11, WHA40.22, WHA41.22, WHA42.23 and WHA43.13;

Noting all relevant United Nations General Assembly and Security Council resolutions on Cyprus;

Considering that the continuing health problems of the refugees and displaced persons in Cyprus call for further assistance;

1. NOTES with satisfaction the information provided by the Director-General¹ on health assistance to refugees and displaced persons in Cyprus;
2. EXPRESSES its appreciation for all the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus to obtain the funds necessary for the Organization's action to meet the health needs of the population of Cyprus;
3. REQUESTS the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus, in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus, and to report to the Forty-fifth World Health Assembly on such assistance.

Thirteenth plenary meeting, 16 May 1991
A44/VR/13

¹ Document A44/29.



世界衛生大會 決議

فوار 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-FOURTH WORLD HEALTH ASSEMBLY

WHA44.39

Agenda item 32.5

16 May 1991

LIBERATION STRUGGLE IN SOUTHERN AFRICA: ASSISTANCE
TO THE FRONT-LINE STATES, LESOTHO AND SWAZILAND

The Forty-fourth World Health Assembly,

Considering that the front-line States still suffer directly or indirectly from the consequences of the social, political and economic situation in South Africa that hamper their economic and social development;

Noting the positive developments in South Africa, which may lead to a just solution of the social and health problems of the country and the subregion;

Considering that the front-line States have still to accept enormous sacrifices in order to rehabilitate and develop their health infrastructure which has suffered in the past;

Noting the initiatives being taken by the African National Congress and the Pan African Congress of Azania and nongovernmental organizations in community-based health care inside South Africa;

Considering also resolutions AFR/RC31/R12 and AFR/RC32/R9 of the Regional Committee for Africa, which call for a special programme for health cooperation with the People's Republic of Angola;

Recalling resolutions WHA39.24, WHA40.23, WHA41.23, WHA42.17 and WHA43.14 adopted at the Thirty-ninth, Fortieth, Forty-first, Forty-second and Forty-third World Health Assemblies respectively;

Bearing in mind that the consequences of the past political situation force the countries concerned to divert large amounts of financial and technical resources from their national health programmes to relief and reconstruction;

1. THANKS the Director-General for his report;¹
2. RESOLVES that WHO shall:
 - (1) continue to take appropriate and timely measures to help the front-line States, Lesotho and Swaziland to meet health problems of displaced people and refugees in the area;
 - (2) continue to provide the front-line States with technical cooperation in the field of health for the rehabilitation of their health infrastructures;

¹ Document A44/30.

3. CALLS UPON the Member States, according to their capabilities, to continue to provide adequate health assistance to the front-line States (Angola, Botswana, Mozambique, Namibia, United Republic of Tanzania, Zambia and Zimbabwe) and Lesotho and Swaziland;

4. REQUESTS the Director-General:

(1) to maintain assistance in the field of health to the African National Congress and the Pan African Congress of Azania;

(2) to make use, when necessary, of funds from the Director-General's and Regional Directors' Development Programme and to mobilize extrabudgetary resources in order:

(a) to assist the countries concerned to overcome the problems arising from the presence both of the South African refugees and of displaced persons;

(b) to plan and implement in close cooperation with UNHCR and others concerned a special rehabilitation programme in the field of health for the thousands of refugees who wish to return to their homes in South Africa;

(c) to support the initiatives in community-based health care being undertaken inside South Africa;

(3) to report to the Forty-fifth World Health Assembly on the implementation of this resolution.

Thirteenth plenary meeting, 16 May 1991
A44/VR/13

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世界衛生大會 決議

مؤتمرات الجمعية العالمية للصحة

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-FOURTH WORLD HEALTH ASSEMBLY

WHA44.40

Agenda item 32.6

16 May 1991

RECONSTRUCTION AND DEVELOPMENT OF THE HEALTH SECTOR IN NAMIBIA

The Forty-fourth World Health Assembly,

Recalling previous resolutions of the Health Assembly on this subject, particularly resolution WHA43.15 and its operative paragraphs 4 and 5;

Having considered the report of the Director-General on reconstruction and development of the health sector in Namibia, prepared in response to the above resolution;

Bearing in mind the pressing need to reconstruct the health sector as a whole, thus allowing the acceleration of the implementation of primary health care programmes towards the attainment of the objective of health for all by the year 2000;

1. COMMENDS the Director-General for all the steps already taken to assist the Government of Namibia in the reconstruction endeavour;
2. CALLS UPON Member States, organizations of the United Nations system, other intergovernmental organizations and nongovernmental organizations to provide necessary financial assistance and cooperation;
3. REITERATES its request to the Director-General to continue intensifying technical cooperation and support the efforts already undertaken by the Government and the people of Namibia in reconstruction and development in the health sector;
4. REQUESTS the Director-General to report to the Forty-fifth World Health Assembly on the implementation of this resolution.

Thirteenth plenary meeting, 16 May 1991
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世界衛生大會 決議

فأرجعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
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FORTY-FOURTH WORLD HEALTH ASSEMBLY

WHA44.41

Agenda item 17.2

16 May 1991

EMERGENCY RELIEF OPERATIONS

The Forty-fourth World Health Assembly,

Recalling resolution WHA42.16;

Considering the succession of natural and man-made disasters that have occurred in various regions, including the severe cyclone which struck parts of Bangladesh on 30 April 1991;

Recognizing the threat to health and the risk of outbreak of epidemic diseases among affected populations;

Recognizing also the limited capabilities of affected countries to cope with such emergencies;

Acknowledging the response of the international community and the efforts of the Organization to mitigate the health effects of these disasters;

Stressing the need for close collaboration between all agencies involved and the need for proper coordination within the country concerned;

1. URGES international and regional institutions to accord greater priority to assistance aimed at mitigating the health effects of natural and man-made disasters;
2. REQUESTS the Director-General:
 - (1) to strengthen the Organization's capability to respond urgently and effectively to the health needs of victims of disasters, working as appropriate with the different agencies of the United Nations, nongovernmental organizations and other parties involved in emergency relief operations;
 - (2) to assist countries to reinforce their capabilities for emergency preparedness;
 - (3) to ensure that the Organization plays an active role in the mobilization of resources to provide affected countries with the necessary financial support for the immediate and medium-term medical and health needs of the victims of natural and man-made disasters;
 - (4) to submit to the Executive Board a report on the results of the action taken by the Organization in this regard.

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世界衛生大會 決議

مؤتمر الجمعية العالمية

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

WHA44.42

Agenda item 20

16 May 1991

WOMEN, HEALTH AND DEVELOPMENT

The Forty-fourth World Health Assembly,

Recalling resolution WHA39.18 relating to the United Nations Decade for Women and resolution WHA42.42 on women's health, which emphasized the crucial role of women in health and development;

Having considered the Director-General's report (in document A44/15) on women, health and development, and commending him for the excellence of his report;

Recognizing that effective socioeconomic development cannot be realized without improvements in the health and economic and social status of women;

Concerned at the continued high mortality and morbidity of women at all ages in their life cycle especially in developing countries;

Concerned at the lack of demonstrable progress in many parts of the world in implementing resolutions and programmes for the improvement of women's health, education, socioeconomic and political status, for equal recognition and remuneration of women for work of equal value, and for their full participation in health and development;

Recognizing the urgency of the need to accelerate progress and strengthen action for the promotion of the status of women throughout the world, and to ensure their full and equal participation in all aspects of national and international health and development programmes;

Recognizing that women make an essential contribution to the socioeconomic development of countries while not always enjoying the full benefits of this process;

Noting that Technical Discussions on "Women, health and development" will be held during the Forty-fifth World Health Assembly in 1992, and in preparation for these discussions;

1. URGES Member States:

(1) to accelerate the implementation of measures for the improvement of the health status of women, their economic and social status, and their quality of life and for their full and equal participation in all aspects of national health and development activities;

(2) to ensure that programmes on women, health and development include action to:

(a) improve female literacy;

- (b) support the role of women as health educators and providers of care;
 - (c) promote reproductive health, including family planning and safe motherhood;
 - (d) provide in particular for the social, economic and health needs of female children and elderly women;
 - (e) provide specifically for the prevention and management of chronic illnesses;
 - (f) promote and support women's income-generating opportunities to facilitate their health and development;
 - (g) cooperate with voluntary agencies in their activities on behalf of women, health and development;
- (3) to adopt monitoring and evaluation methods, including appropriate performance indicators, in order to document progress in the implementation of national programmes on women, health and development;
2. INVITES Member States, which have not yet done so, to designate a person as national focal point on matters of women, health and development, and to support and facilitate their participation in preparation for the Technical Discussions to be held during the Forty-fifth World Health Assembly;
3. REQUESTS the Director-General:
- (1) to ensure the integration of the aims and objectives relating to women, health and development in all WHO programmes at all levels;
 - (2) to expedite the development of appropriate quantitative and qualitative indicators which are sensitive to changes in women's health for monitoring progress in achieving global aims and objectives relating to women, health and development;
 - (3) to provide technical support to Member States in order to allow them to accelerate the implementation of their programmes on women, health and development;
 - (4) to intensify the advocacy role of WHO at the international level to ensure that the health status and quality of life of women receives the required attention, especially in economic fora;
 - (5) to report to the Executive Board and the World Health Assembly on progress made in implementing this resolution.

Thirteenth plenary meeting, 16 May 1991
A44/VR/13

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世界衛生大會 決議

فإن 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-FOURTH WORLD HEALTH ASSEMBLY

WHA44.43

Agenda item 32.1

16 May 1991

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

Health and medical assistance to Somalia

The Forty-fourth World Health Assembly,

Deeply concerned at the situation resulting from the increasing numbers of wounded, disabled and displaced persons following recent events in Somalia;

Concerned also at the attendant and ever-increasing harm inflicted on civilians, especially women, children and the elderly, as well as the damage to health and medical facilities, leaving them without water supplies;

Aware of the heavy burden that must be shouldered by the Government of Somalia as a result of these events, which have now become so serious that immediate assistance is needed to improve health services;

1. CONSIDERS that the deteriorating health situation in Somalia necessitates immediate action to provide urgently needed health and medical assistance to Somalia;
2. REQUESTS the Director-General to initiate a programme of health, medical and relief assistance to Somalia, and to mobilize all possible technical, material and financial resources for this purpose, as part of, and in cooperation with the special appeal of the Secretary-General of the United Nations for humanitarian assistance to Africa;
3. CALLS UPON Member States, specialized agencies and bodies of the United Nations system and all governmental and nongovernmental organizations to intensify their cooperation with WHO in this field.

Thirteenth plenary meeting, 16 May 1991
A44/VR/13

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CE107/21 (Eng.)
ANNEX II

WORLD HEALTH ORGANIZATION
CONTRIBUTIONS OF MEMBERS AND ASSOCIATE MEMBERS TO THE
PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1992-1993



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

A44/INF.DOC /11

16 May 1991

FORTY-FOURTH WORLD HEALTH ASSEMBLY

CONTRIBUTIONS OF MEMBERS AND ASSOCIATE MEMBERS TO THE
PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1992-1993

For the information of Members and Associate Members the attached statement shows the contributions assessed in respect of the programme budget for the financial period 1992-1993. The calculations are based on the decisions taken by the Health Assembly on the budget level and appropriation resolution, and on the scale of assessments for the financial period 1992-1993¹

¹ See resolution WHA44.22.

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1992 - 1993 REGULAR BUDGET

Members	Scale per-centage	Gross assessments	Less credit from Tax Equalization Fund	Less credit from Financial Incentive Scheme		Net contributions for 1992-1993	Payable in 1992	Payable in 1993
				Payment record 1989	Payment record 1990			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
AFGHANISTAN	0.01	80 480	5 900	-	150	74 430	37 215	37 215
ALBANIA	0.01	80 480	5 900	3 070	2 560	68 950	34 475	34 475
ALGERIA	0.15	1 207 160	88 500	5 100	-	1 113 560	556 780	556 780
ANGOLA	0.01	80 480	5 900	3 340	2 310	68 930	34 465	34 465
ANTIGUA AND BARBUDA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
ARGENTINA	0.65	5 231 050	383 500	-	-	4 847 550	2 423 775	2 423 775
AUSTRALIA	1.54	12 393 560	908 600	342 030	258 920	10 884 010	5 442 005	5 442 005
AUSTRIA	0.72	5 794 390	424 800	168 970	154 850	5 045 770	2 522 885	2 522 885
BAHAMAS	0.02	160 950	11 800	2 510	1 060	145 580	72 790	72 790
BAHRAIN	0.02	160 950	11 800	5 770	5 190	138 190	69 095	69 095
BANGLADESH	0.01	80 480	5 900	310	2 690	71 580	35 790	35 790
BARBADOS	0.01	80 480	5 900	2 760	2 420	69 400	34 700	34 700
BELGIUM	1.15	9 254 930	678 500	52 810	59 540	8 464 080	4 232 040	4 232 040
BELIZE	0.01	80 480	5 900	-	-	74 580	37 290	37 290
BENIN	0.01	80 480	5 900	-	2 300	72 280	36 140	36 140
BHUTAN	0.01	80 480	5 900	3 210	2 310	69 060	34 530	34 530
BOLIVIA	0.01	80 480	5 900	-	860	73 720	36 860	36 860
BOTSWANA	0.01	80 480	5 900	2 780	2 300	69 500	34 750	34 750
BRAZIL	1.42	11 427 830	837 800	-	-	10 590 030	5 295 015	5 295 015
BRUNEI DARUSSALAM	0.04	321 910	23 600	13 370	11 120	273 820	136 910	136 910
BULGARIA	0.15	1 207 160	88 500	46 090	35 770	1 036 800	518 400	518 400
BURKINA FASO	0.01	80 480	5 900	-	210	74 370	37 185	37 185
BURUNDI	0.01	80 480	5 900	-	-	74 580	37 290	37 290
BYELORUSSIAN SSR	0.32	2 575 300	188 800	-	-	2 386 500	1 193 250	1 193 250
CAMBODIA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
CAMEROON	0.01	80 480	5 900	2 430	530	71 620	35 810	35 810
CANADA	3.03	24 384 740	1 720 700	1 003 890	828 870	20 831 280	10 415 640	10 415 640
CAPE VERDE	0.01	80 480	5 900	-	-	74 580	37 290	37 290
CENTRAL AFRICAN REPUBLIC	0.01	80 480	5 900	-	360	74 220	37 110	37 110
CHAD	0.01	80 480	5 900	-	-	74 580	37 290	37 290
CHILE	0.08	643 820	47 200	-	-	596 620	298 310	298 310
CHINA	0.77	6 196 780	454 300	223 810	185 520	5 333 150	2 666 575	2 666 575
COLOMBIA	0.14	1 126 690	82 600	36 900	35 480	971 710	485 855	485 855
COMOROS	0.01	80 480	5 900	-	-	74 580	37 290	37 290
CONGO	0.01	80 480	(452 100)	-	-	532 580	266 290	266 290
COOK ISLANDS	0.01	80 480	5 900	2 770	2 310	69 500	34 750	34 750

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1992 - 1993 REGULAR BUDGET

Members	Scale per-centage	Gross assessments	Less credit from Tax Equalization Fund	Less credit from Financial Incentive Scheme		Net contributions for 1992-1993	Payable in 1992	Payable in 1993
				Payment record 1989	Payment record 1990			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
COSTA RICA	0.02	160 950	11 800	3 460	5 320	140 370	70 185	70 185
CÔTE D'IVOIRE	0.02	160 950	11 800	-	230	148 920	74 460	74 460
CUBA	0.09	724 300	53 100	8 530	22 460	640 210	320 105	320 105
CYPRUS	0.02	160 950	11 800	6 090	5 350	137 710	68 855	68 855
CZECHOSLOVAKIA	0.65	5 231 050	383 500	11 070	31 070	4 805 410	2 402 705	2 402 705
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA	0.05	402 390	29 500	16 520	13 890	342 480	171 240	171 240
DENMARK	0.68	5 472 480	401 200	233 650	186 070	4 651 560	2 325 780	2 325 780
DJIBOUTI	0.01	80 480	5 900	1 580	200	72 800	36 400	36 400
DOMINICA	0.01	80 480	5 900	160	2 240	72 180	36 090	36 090
DOMINICAN REPUBLIC	0.03	241 430	17 700	-	-	223 730	111 865	111 865
ECUADOR	0.03	241 430	17 700	-	-	223 730	111 865	111 865
EGYPT	0.07	563 340	41 300	1 680	16 610	503 750	251 875	251 875
EL SALVADOR	0.01	80 480	5 900	-	-	74 580	37 290	37 290
EQUATORIAL GUINEA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
ETHIOPIA	0.01	80 480	5 900	3 320	2 600	68 660	34 330	34 330
FEDERATED STATES OF MICRONESIA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
FIJI	0.01	80 480	5 900	2 810	2 500	69 270	34 635	34 635
FINLAND	0.50	4 023 880	295 000	160 600	136 450	3 431 830	1 715 915	1 715 915
FRANCE	6.13	49 332 820	1 616 700	1 976 870	1 729 310	44 009 940	22 004 970	22 004 970
GABON	0.03	241 430	17 700	-	-	223 730	111 865	111 865
GAMBIA	0.01	80 480	5 900	2 780	-	71 800	35 900	35 900
GERMANY	9.18	73 878 520	5 416 200	2 029 160	2 479 530	63 953 630	31 976 815	31 976 815
GHANA	0.01	80 480	5 900	130	2 370	72 080	36 040	36 040
GREECE	0.39	3 138 630	230 100	134 040	49 920	2 724 570	1 362 285	1 362 285
GRENADA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
GUATEMALA	0.02	160 950	11 800	-	-	149 150	74 575	74 575
GUINEA	0.01	80 480	5 900	2 750	-	71 830	35 915	35 915
GUINEA-BISSAU	0.01	80 480	5 900	-	-	74 580	37 290	37 290
GUYANA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
HAITI	0.01	80 480	5 900	2 290	950	71 340	35 670	35 670
HONDURAS	0.01	80 480	5 900	-	-	74 580	37 290	37 290
HUNGARY	0.20	1 609 550	118 000	68 120	54 940	1 368 490	684 245	684 245
ICELAND	0.03	241 430	17 700	8 650	7 010	208 070	104 035	104 035
INDIA	0.36	2 897 200	212 400	54 920	47 670	2 582 210	1 291 105	1 291 105
INDONESIA	0.15	1 207 160	88 500	40 090	40 270	1 038 300	519 150	519 150

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1992 - 1993 REGULAR BUDGET

Members	Scale per-centage	Gross assessments	Less credit from Tax Equalization Fund	Less credit from Financial Incentive Scheme		Net contributions for 1992-1993	Payable in 1992	Payable in 1993
				Payment record 1989	Payment record 1990			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
IRAN (ISLAMIC REPUBLIC OF)	0.68	5 472 480	401 200	49 000	17 950	5 004 330	2 502 165	2 502 165
IRAQ	0.12	965 730	70 800	-	-	894 930	447 465	447 465
IRELAND	0.18	1 448 600	106 200	28 020	22 280	1 292 100	646 050	646 050
ISRAEL	0.20	1 609 550	118 000	19 890	21 270	1 450 390	725 195	725 195
ITALY	3.91	31 466 780	2 306 900	1 000 490	368 360	27 791 030	13 895 515	13 895 515
JAMAICA	0.01	80 480	5 900	660	2 350	71 570	35 785	35 785
JAPAN	11.16	89 813 100	6 584 400	664 750	1 154 760	81 409 190	40 704 595	40 704 595
JORDAN	0.01	80 480	5 900	2 050	120	72 410	36 205	36 205
KENYA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
KIRIBATI	0.01	80 480	5 900	2 770	2 570	69 240	34 620	34 620
KUWAIT	0.28	2 253 370	165 200	93 550	77 810	1 916 810	958 405	958 405
LAO PEOPLE'S DEMOCRATIC REPUBLIC	0.01	80 480	5 900	3 330	2 780	68 470	34 235	34 235
LEBANON	0.01	80 480	5 900	-	-	74 580	37 290	37 290
LESOTHO	0.01	80 480	5 900	2 650	2 260	69 670	34 835	34 835
LIBERIA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
LIBYAN ARAB JAMAHIRIYA	0.27	2 172 900	159 300	-	-	2 013 600	1 006 800	1 006 800
LUXEMBOURG	0.06	482 860	35 400	16 090	16 270	415 100	207 550	207 550
MADAGASCAR	0.01	80 480	5 900	500	2 370	71 710	35 855	35 855
MALAWI	0.01	80 480	5 900	2 900	2 410	69 270	34 635	34 635
MALAYSIA	0.11	885 250	64 900	30 700	28 370	761 280	380 640	380 640
MALDIVES	0.01	80 480	5 900	2 880	2 470	69 230	34 615	34 615
MALI	0.01	80 480	5 900	2 900	-	71 680	35 840	35 840
MALTA	0.01	80 480	5 900	3 280	2 730	68 570	34 285	34 285
MARSHALL ISLANDS	0.01	80 480	5 900	-	-	74 580	37 290	37 290
MAURITANIA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
MAURITIUS	0.01	80 480	5 900	3 000	2 510	69 070	34 535	34 535
MEXICO	0.92	7 403 950	542 800	1 160	8 710	6 851 280	3 425 640	3 425 640
MONACO	0.01	80 480	5 900	3 230	2 680	68 670	34 335	34 335
MONGOLIA	0.01	80 480	5 900	3 010	2 460	69 110	34 555	34 555
MOROCCO	0.04	321 910	23 600	5 660	9 800	282 850	141 425	141 425
MOZAMBIQUE	0.01	80 480	5 900	2 780	2 210	69 590	34 795	34 795
MYANMAR	0.01	80 480	5 900	3 310	2 740	68 530	34 265	34 265
NAMIBIA	0.01	80 480	5 900	3 340	2 080	69 160	34 580	34 580
NEPAL	0.01	80 480	5 900	3 340	2 780	68 460	34 230	34 230
NETHERLANDS	1.62	13 037 390	955 800	325 360	390 320	11 365 910	5 682 955	5 682 955
NEW ZEALAND	0.23	1 850 990	135 700	67 620	60 210	1 587 460	793 730	793 730

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1992 - 1993 REGULAR BUDGET

Members	Scale percentage	Gross assessments	Less credit from Tax Equalization Fund	Less credit from Financial Incentive Scheme		Net contributions for 1992-1993	Payable in 1992	Payable in 1993
				Payment record 1989	Payment record 1990			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
NICARAGUA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
NIGER	0.01	80 480	5 900	-	-	74 580	37 290	37 290
NIGERIA	0.20	1 609 550	118 000	-	46 300	1 445 250	722 625	722 625
NORWAY	0.54	4 345 790	318 600	174 420	147 670	3 705 100	1 852 550	1 852 550
OMAN	0.02	160 950	11 800	3 110	1 890	144 150	72 075	72 075
PAKISTAN	0.06	482 860	35 400	-	50	447 410	223 705	223 705
PANAMA	0.02	160 950	11 800	-	-	149 150	74 575	74 575
PAPUA NEW GUINEA	0.01	80 480	5 900	3 060	2 650	68 870	34 435	34 435
PARAGUAY	0.03	241 430	17 700	5 530	6 990	211 210	105 605	105 605
PERU	0.06	482 860	35 400	-	-	447 460	223 730	223 730
PHILIPPINES	0.09	724 300	53 100	-	18 610	652 590	326 295	326 295
POLAND	0.55	4 426 270	324 500	-	450	4 101 320	2 050 660	2 050 660
PORTUGAL	0.18	1 448 600	106 200	60 140	6 400	1 275 860	637 930	637 930
QATAR	0.05	402 390	29 500	-	-	372 890	186 445	186 445
REPUBLIC OF KOREA	0.21	1 690 030	123 900	54 120	56 200	1 455 810	727 905	727 905
ROMANIA	0.19	1 529 070	112 100	-	-	1 416 970	708 485	708 485
RWANDA	0.01	80 480	5 900	2 770	2 330	69 480	34 740	34 740
SAINT KITTS AND NEVIS	0.01	80 480	5 900	1 370	1 210	72 000	36 000	36 000
SAINT LUCIA	0.01	80 480	5 900	1 370	1 580	71 630	35 815	35 815
SAINT VINCENT AND THE GRENADINES	0.01	80 480	5 900	110	1 400	73 070	36 535	36 535
SAMOA	0.01	80 480	5 900	600	850	73 130	36 565	36 565
SAN MARINO	0.01	80 480	5 900	2 880	2 310	69 390	34 695	34 695
SAO TOME AND PRINCIPE	0.01	80 480	5 900	2 850	2 310	69 420	34 710	34 710
SAUDI ARABIA	1.00	8 047 770	590 000	96 170	146 350	7 215 250	3 607 625	3 607 625
SENEGAL	0.01	80 480	5 900	-	2 280	72 300	36 150	36 150
SEYCHELLES	0.01	80 480	5 900	2 780	2 160	69 640	34 820	34 820
SIERRA LEONE	0.01	80 480	5 900	-	-	74 580	37 290	37 290
SINGAPORE	0.11	885 250	64 900	28 230	25 190	766 930	383 465	383 465
SOLOMON ISLANDS	0.01	80 480	5 900	-	-	74 580	37 290	37 290
SOMALIA	0.01	80 480	5 900	-	-	74 580	37 290	37 290
SOUTH AFRICA	0.44	3 541 030	259 600	-	-	3 281 430	1 640 715	1 640 715
SPAIN	1.91	15 371 240	1 126 900	560 470	6 370	13 677 500	6 838 750	6 838 750
SRI LANKA	0.01	80 480	5 900	2 420	2 070	70 090	35 045	35 045
SUDAN	0.01	80 480	5 900	560	2 310	71 710	35 855	35 855
SURINAME	0.01	80 480	5 900	-	-	74 580	37 290	37 290
SWAZILAND	0.01	80 480	5 900	3 340	2 780	68 460	34 230	34 230

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1992 - 1993 REGULAR BUDGET

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				Payment record 1989	Payment record 1990			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
SWEDEN	1.19	9 576 840	702 100	410 940	330 700	8 133 100	4 066 550	4 066 550
SWITZERLAND	1.06	8 530 630	625 400	348 030	280 730	7 276 470	3 638 235	3 638 235
SYRIAN ARAB REPUBLIC	0.04	321 910	23 600	-	600	297 710	148 855	148 855
THAILAND	0.10	804 780	59 000	25 800	9 930	710 050	355 025	355 025
TOGO	0.01	80 480	5 900	-	2 390	72 190	36 095	36 095
TOKELAU*	0.01	80 480	5 900	-	-	74 580	37 290	37 290
TONGA	0.01	80 480	5 900	3 340	2 780	68 460	34 230	34 230
TRINIDAD AND TOBAGO	0.05	402 390	29 500	11 290	1 020	360 580	180 290	180 290
TUNISIA	0.03	241 430	17 700	5 510	7 800	210 420	105 210	105 210
TURKEY	0.31	2 494 810	176 900	22 580	34 610	2 260 720	1 130 360	1 130 360
UGANDA	0.01	80 480	5 100	-	-	75 380	37 690	37 690
UKRAINIAN SSR	1.23	9 898 770	725 700	-	-	9 173 070	4 586 535	4 586 535
UNION OF SOVIET SOCIALIST REPUBLICS	9.80	78 868 130	5 782 000	52 440	1 311 470	71 722 220	35 861 110	35 861 110
UNITED ARAB EMIRATES	0.19	1 529 070	112 100	-	-	1 416 970	708 485	708 485
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND	4.77	38 387 860	2 814 300	1 411 970	1 166 530	32 995 060	16 497 530	16 497 530
UNITED REPUBLIC OF TANZANIA	0.01	80 480	6 900	2 910	2 370	68 300	34 150	34 150
UNITED STATES OF AMERICA	25.00	201 194 250	12 750 000	-	137 560	188 306 690	94 153 345	94 153 345
URUGUAY	0.04	321 910	23 600	-	-	298 310	149 155	149 155
VANUATU	0.01	80 480	5 900	2 840	2 420	69 320	34 660	34 660
VENEZUELA	0.56	4 506 750	330 400	65 250	30 620	4 080 480	2 040 240	2 040 240
VIET NAM	0.01	80 480	5 900	2 650	2 220	69 710	34 855	34 855
YEMEN	0.01	80 480	(38 100)	2 860	-	115 720	57 860	57 860
YUGOSLAVIA	0.45	3 621 500	265 500	46 920	-	3 309 080	1 654 540	1 654 540
ZAIRE	0.01	80 480	5 900	-	-	74 580	37 290	37 290
ZAMBIA	0.01	80 480	5 900	2 640	2 140	69 800	34 900	34 900
ZIMBABWE	0.02	160 950	7 800	820	1 680	150 650	75 325	75 325
TOTALS	100.00	804 777 000	54 421 200	12 464 500	12 464 500	725 426 800	362 713 400	362 713 400

* Associate Member.

GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990s

GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990s

The following goals have been formulated through extensive consultation in various international forums attended by virtually all Governments, the relevant United Nations agencies including the World Health Organization (WHO), UNICEF, the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP) and the International Bank for Reconstruction and Development (IBRD) and a large number of NGOs. These goals are recommended for implementation by all countries where they are applicable, with appropriate adaptation to the specific situation of each country in terms of phasing, standards, priorities and availability of resources, with respect for cultural, religious and social traditions. Additional goals that are particularly relevant to a country's specific situation should be added in its national plan of action.

I. MAJOR GOALS FOR CHILD SURVIVAL, DEVELOPMENT AND PROTECTION

- (a) Between 1990 and the year 2000, reduction of infant and under-5 child mortality rate by one third or to 50 and 70 per 1,000 live births respectively, whichever is less,
- (b) Between 1990 and the year 2000, reduction of maternal mortality rate by half;
- (c) Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-5 children by half;
- (d) Universal access to safe drinking water and to sanitary means of excreta disposal;
- (e) By the year 2000, universal access to basic education and completion of primary education by at least 80 per cent of primary school-age children;
- (f) Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy;
- (g) Improved protection of children in especially difficult circumstances.

II. SUPPORTING/SECTORAL GOALS

A. Women's health and education

- (i) Special attention to the health and nutrition of the female child and to pregnant and lactating women;
- (ii) Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many;
- (iii) Access by all pregnant women to pre-natal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies;
- (iv) Universal access to primary education with special emphasis for girls and accelerated literacy programmes for women.

B. Nutrition

- (i) Reduction in severe, as well as moderate malnutrition among under-5 children by half of 1990 levels;
- (ii) Reduction of the rate of low birth weight (2.5 kg or less) to less than 10 per cent;
- (iii) Reduction of iron deficiency anaemia in women by one third of the 1990 levels;
- (iv) Virtual elimination of iodine deficiency disorders;
- (v) Virtual elimination of vitamin A deficiency and its consequences, including blindness;
- (vi) Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year;
- (vii) Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s;
- (viii) Dissemination of knowledge and supporting services to increase food production to ensure household food security.

C. Child health

- (i) Global eradication of poliomyelitis by the year 2000;
- (ii) Elimination of neonatal tetanus by 1995;
- (iii) Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995, as a major step to the global eradication of measles in the longer run;
- (iv) Maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child-bearing age;
- (v) Reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years and 25 per cent reduction in the diarrhoea incidence rate;
- (vi) Reduction by one third in the deaths due to acute respiratory infections in children under five years.

D. Water and sanitation

- (i) Universal access to safe drinking water;
- (ii) Universal access to sanitary means of excreta disposal;
- (iii) Elimination of guinea-worm disease (dracunculiasis) by the year 2000.

E. Basic education

- (i) Expansion of early childhood development activities, including appropriate low-cost family- and community-based interventions;
- (ii) Universal access to basic education, and achievement of primary education by at least 80 per cent of primary school-age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls;
- (iii) Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy;

- (iv) Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioural change.

F. Children in difficult circumstances

Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations.