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

The Forty-sixth World Health Assembly met in Geneva, Switzerland, from 3 to 14 May 1993. Forty resolutions were adopted. This document is an annotated synopsis of the work of the Assembly and of the resolutions which, in the judgment of the Director, are of particular importance or interest to the Executive Committee. The Committee is requested to offer its own analysis of the significance of these resolutions and other actions for the Member Governments of the Region of the Americas as well as for the Secretariat.

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I. INTRODUCTION

The Forty-sixth World Health Assembly (WHA46) was held in Geneva, Switzerland, from 3 to 14 May 1993. During its deliberations, WHA46 considered the work of the Executive Board since the last World Health Assembly, reappointed Dr. Hiroshi Nakajima as the Director-General of WHO, adopted a program budget for the period 1994-1995 and passed a total of 40 resolutions. From the Region of the Americas, Dr. R. Pereira, Minister of Health, Honduras, was elected one of the Vice Presidents of the Assembly; Mr. B. M. Taitt, Minister of Health, Barbados, was elected Chairman of Committee B; and Dr. A. L. Pico, Argentina, was elected as one of the Vice-Chairmen of Committee A.

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

II. APPOINTMENT OF THE DIRECTOR-GENERAL

During his address to the World Health Assembly, Dr. Hiroshi Nakajima, Director-General of WHO, spoke of a "new partnership" between WHO and its Member States, implying a new social covenant for health based on mutual responsibility, respect and sharing. Outlining the content of the Ninth General Program of Work, Dr. Nakajima highlighted four main lines of action for the period 1996-2001: 1) integration of health and human development in public policies, 2) equity of access to and quality of health care, 3) promotion and protection of health and 4) prevention and control of disease. He also spoke about his intention to tighten management and administration and to revitalize WHO's structure to achieve greater efficiency and accountability.

In a private session, WHA46 reappointed Dr. Nakajima to a second five-year term as Director-General (Resolutions WHA46.2 and WHA46.3). Prior to the consideration of his appointment in plenary session, Committee B had considered a Special Report of the External Auditor concerning possible financial irregularities during 1992, exhorting the Director-General to secure maximum transparency, accountability and efficiency in the use of WHO's resources, as stated in a resolution subsequently adopted (WHA46.21).

In his acceptance speech, Dr. Nakajima stated, "I hope we can put the events of the past few months behind us and work thoroughly and intensively for our Organization and for the health of the people of the world. I pay tribute to the dedicated staff of this Organization, who, whatever the weakness or strength of their leadership, continue to

work with great technical ability, dedication and loyalty to WHO. I have stressed that a new partnership for health is essential in the light of massive world change. I pledge that through the process of reform that has started you, the Member States, will find an improved and refreshed Organization, with more intensive cooperation at global level and in your individual countries. To achieve this, I need the help and support of each one of you."

III. PROGRAM BUDGET AND OTHER FINANCIAL POLICY MATTERS

Consideration of the program content of the Proposed Program Budget for WHO for the Financial Period 1994-1995 occupied most of the time and attention of Committee A during WHA46. This section will focus on the actions taken by the Assembly in regard to the level of the program budget and how it will be financed.

1. Appropriation Resolution for the Financial Period 1994-1995 and the Scale of Assessments (Resolutions WHA46.34 and WHA46.15, respectively)

In its consideration of the proposed program budget for 1994-1995, the Executive Board had asked the Director-General to give further attention to comments its members made regarding potential shifts in budgetary priorities, reductions and economies to help offset and reduce cost increases, and other changes that could lead to a reduction in the proposed program budget. In a separate report to the Assembly, the Director-General proposed a total regular program budget of \$830,241,000, a level which would represented a 12.96% increase over the comparable level for the 1992-1993 biennium. At the same time, he suggested ways to make further reductions of \$8,140,000, which the Assembly accepted, of which \$276,000 related to the Region of the Americas.

The appropriation resolution finally adopted by the Assembly as Resolution WHA46.34 sets the effective working budget for 1994-1995 at \$822,101,000, reflecting an overall increase of 11.86% over the comparable level for 1992-1993. For the Region of the Americas, this results in a WHO regional program budget of \$79,794,000. This level is the same as that included in OD-254, the proposed program budget for the Pan American Health Organization for 1994-1995, to be considered under Agenda Item 4.1.

To fund the WHO program budget, \$13,129,000 will be drawn from casual income, \$3,600,000 from UNDP reimbursement of program support costs and the remaining \$805,372,000 from Member State contributions. The latter represents an increase of 14.07% over 1992-1993 levels.

A new scale of assessments was also adopted (Resolution WHA46.15) to reflect the admission of new Members and Associate Members. The resulting contributions of Members and Associate Members for each year, 1994 and 1995, is given in Annex II, which includes gross assessments less credits from the tax equalization fund and from the financial incentive scheme.

2. Budgetary Reform (Resolution WHA46.35)

After consideration of the program budget for 1994-1995 and its related appropriation resolution, the Assembly adopted Resolution WHA46.35 on budgetary reform, requesting the Director-General to introduce a clearer, simpler, more "user-friendly" proposed program budget for the financial period 1996-1997. Specifically requested is a budget formulation process which results in a clearer, simpler presentation, determines strategic and financial priorities and establishes realistic and measurable targets for each one, and reallocates human and financial resources to reflect them. Regular evaluation of progress is also requested. Furthermore, measures are requested to achieve a more appropriate ratio of staff and staff related costs to all other program costs.

During the discussion of the resolution, the process used for formulating and presenting the PAHO program budget was offered as a possible example to be emulated, as were the relatively low costs for PAHO's program direction and administration.

3. Interim Financial Report of WHO for 1992 (Resolution WHA46.5)

Although the Interim Financial Report of WHO for 1992 was accepted by WHA46, it is important to point out some key information about the financial status of WHO contained in it. First, WHO began 1992 with zero funds in the working capital account due to internal borrowing in 1991; furthermore, \$54.2 million of other funds available to WHO were secured to cover the 1990-1991 regular budget deficit. As of 31 December 1992, \$28.9 million still remained outstanding in regard to prior year deficits, secured partially by the \$11 million working capital fund. Thus WHO started 1993 with zero operating funds other than those in its special accounts.

Second, the amount of casual income has been dropping steadily from 1989, when the opening balance was \$56.1 million, as opposed to \$13.2 million at the end of last year, thus decreasing the amount available to fund the program budget for the next biennium.

And third, the rate of collection of annual contributions for 1992 fell to 77.6% of assessed levels, compared to 84.4% and 81.9% for 1990 and 1991 respectively.

The result in the Region of the Americas is that spending authority from WHO against the 1992-1993 program budget was reduced by 10 per cent, or \$ 7,149,100. Unless the situation improves, a similar action will likely be taken for the 1994-1995 biennium.

4. Status of Collection of Assessed Contributions and Members in Arrears (Resolutions WHA46.9 and WHA46.10)

These resolutions specifically address the fact that \$79,599,485 or 22.4% of 1992 contributions to the effective working budget of WHO were unpaid as of the end of 1992. Resolution WHA 46.9 calls the attention of Member States to the fact that contributions are payable in full by the first day of the year to which they relate and reminds Members of the incentive scheme for early payment. Because of the amount of their arrearages, the voting rights of Antigua and Barbuda and of the Dominican Republic were automatically suspended during WHA46. Haiti's voting privileges will be suspended at the Forty-seventh World Health Assembly unless sufficient contributions are received before that time.

IV. PROGRAM POLICY MATTERS

A number of program policy matters were considered during WHA46. Background documents provided a basis and focus for the discussion and the resolutions which resulted. In other instances, resolutions were generated and adopted as part of the discussion of agenda items. The following presentation includes program policy issues pertinent to the Region of the Americas.

1. WHO Response to Global Change (Resolution WHA46.16)

Twenty-three delegations sponsored a resolution on the WHO response to global change which was a report of an Executive Board Working Group originally intended for consideration at the Board's meeting to be convened following the Assembly. Nevertheless, because the Director-General had pledged his support to WHA46 in implementing the recommendations of the Report (which contains recommendations concerning WHO's mission and governance; the role and operation of WHO's headquarters, regional and country offices; budgetary and financial considerations; as well as other matters) the Assembly requested the Executive Board, in an unusual move, to examine and prioritize the recommendations made, to consider their implications for WHO program management and implementation, and to mobilize the resources necessary to ensure implementation of the priorities established. The Director-General is requested to make a progress report to the next World Health Assembly.

At the meeting of the Executive Board on 18 May 1993, the Working Group report, which is contained in Annex III, was endorsed, and the Director-General was requested to develop a timetable and workplan for implementation of the recommendations for consideration by the Board's Program Committee at its July 1993 meeting. The regional committees are requested to study the implications of the recommendations and report to the next meeting of the Board in January 1994. (See Resolution EB92.R2 included as part of Annex III).

2. WHO Global Strategy for Health and Environment (Resolution WHA46.20)

Last year, the Forty-fifth World Health Assembly requested the Director-General of WHO to formulate a new global strategy for environmental health based on the findings on the WHO Commission on Health and Environment and on the outcome of the United Nations Conference on Environment and Development (UNCED) held in Rio de Janeiro in June 1992, in which "Agenda 21" was adopted as a plan to guide national and international activities. At the XXXVI Meeting of PAHO's Directing Council (1992), a report was presented on the results of UNCED and its implications for PAHO and Resolution XIII was adopted.

The components of WHO's global strategy are: 1) an enhanced program for the promotion of environmental health, 2) an expanded program for the promotion of chemical safety, 3) broader collaboration throughout WHO on health and environment and 4) a stronger partnership with other international agencies and NGOs.

The resolution (WHA46.20) specifically refers to PAHO's regional plan for investment in the environment and health and calls upon Member States to give high priority to health and the environment in their planning for sustainable development and to collaborate closely with WHO in order to strengthen their own capacities for the attainment of environmentally sound and sustainable development. For his part, the Director-General is requested to support Member States in ensuring that measures for health and environment are fully incorporated in sustainable development plans and activities and to promote WHO's global strategy, including prospective studies on potential environmental hazards to human health.

For some years now, PAHO has been orienting its strategy in the same direction as that included in the global strategy, within the context of regional characteristics and available resources. The main thrust of PAHO's program is strengthening national capabilities to evaluate environmental health risks and to manage programs of water supply, basic sanitation and pollution control, as well as chemical safety. These matters will be further discussed under PAHO's Executive Committee Agenda item 4.3. Follow-up of UNCED recommendations on environment and health will be enhanced through a

PAHO sponsored Pan American Conference on Health, Environment and Development, that will take place in 1994.

The reintroduction of cholera into the Americas Region in 1991 has refocused regional attention on the great deficiencies of basic sanitation that still exist, even though potable water coverage has reached 79%, sanitation 66% and refuse collection 70%. The fact remains that water disinfection programs have been relegated to second priority, only 10% of waste water is treated and only 30% of solid waste is properly disposed. To correct this situation, PAHO has launched the "Regional Plan for Investment in Health and the Environment" in an effort to achieve equitable coverage by 2005. (See Executive Committee agenda item 4.7.)

3. Study of the United Nations Program on HIV/AIDS (Resolution WHA46.37)

In a relatively short period of time, the human immunodeficiency virus (HIV) has spread throughout the world. Worldwide, an estimated 14 million people are now infected, including at least 3 to 4 million women. By the year 2000, it is conservatively estimated that at the global level, there will be close to 10 million cases of AIDS in adults, and a total of 30 to 40 million persons infected with HIV, 10 million of whom will be children. The current situation of the pandemic in the Region of the Americas will be considered by the Executive Committee under agenda item 4.2.

During WHA46, there was an extensive discussion of the pandemic, the efforts of Member States to control its spread and to treat those already infected, as well as the management of the global program to support Member States in implementing the strategy to prevent and control the infection and the disease. Resolution WHA46.37 recognizes that a multisectoral response is required to strengthen preventive efforts and to reduce the increasing social and economic consequences of the pandemic.

A wide range of organizations, agencies and groups need to contribute to this response. Therefore, the Assembly requested the Director-General to consider the economic and organizational benefits of a joint and cosponsored United Nations program on HIV and AIDS and to study the feasibility of establishing such a program in close consultation with the Administrator of the United Nations Development Program (UNDP), the Executive Director of the United Nations Children's Fund (UNICEF), the Executive Director of the United Nations Population Fund (UNFPA), the Director-General of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the President of the World Bank. In conducting the study, particular attention is to be given to the anticipated growth and consequences of the pandemic over the next two decades, the level of resources likely to be available over the next 10 years, practical arrangements for establishing a joint program and the need for global

leadership. A report on the outcome of this consultative process is to be presented to the January 1994 meeting of the Executive Board.

In the Region of the Americas, UNDP, UNICEF and the World Bank are already collaborating with PAHO and with some countries in Latin America. At the country level, the degree of interest among other UN agencies varies, but sound opportunities for joint collaboration with national AIDS programs exist. Furthermore, interagency committees have already been established formally in three Andean countries, and informal interagency collaboration already exists in several other countries in the Region.

4. Tuberculosis Program (Resolution WHA46.36)

Despite the existence of highly cost-effective strategies and the availability of tools to control the disease, tuberculosis continues to be an important cause of death. This already serious situation is rapidly worsening in both developing and industrialized countries as a result of the low priority given to control programs, the global economic recession, appalling social conditions in many parts of the world, the spread of HIV infection and increased international migration. The problem is further exacerbated by a lack of political will to promote and support effective control programs.

In this light, Resolution WHA46.36 urges Member States to take rapid action to strengthen national tuberculosis programs as part of national health services and as an integral part of primary health care. The main components of control strategies are: 1) detection of smear-positive cases, 2) introduction of standardized short-course chemotherapy, 3) introduction of standardized case registries, 4) thorough evaluation of treatment results by cohort analysis, 5) provision of a regular antituberculosis drug supply and 6) promotion of tuberculosis prevention. The Director-General is requested to reinforce WHO's support for national tuberculosis control programs and to ensure a coordinated effort to fight tuberculosis with other relevant programs within the Organization.

In the Region of the Americas, in epidemiological and operational terms, the most severe problem exists in Haiti and the Dominican Republic, the Andean subregion and in Central American countries with the exception of Costa Rica. Severe problems also exist in Brazil, Colombia, Mexico, Paraguay and Venezuela. Although the problem is less severe, it is worsening in countries such as the United States of America and in the English-speaking Caribbean, largely in association with the HIV/AIDS pandemic. The Ministers of Health of Central America have already assigned priority to the control of tuberculosis as a public health problem. In all of the countries of Latin America, ministerial level teams have been created to address this problem. Countries such as Guatemala, Honduras, Nicaragua, Bolivia and Peru have made substantial recent advances in the organization and implementation of national control programs. It is

expected that similar efforts will be initiated in 1993 in El Salvador, Ecuador and the Dominican Republic.

PAHO has increased its technical cooperation activities in tuberculosis control in recent years, with emphasis given to the Central American and Andean subregions. Direct consultation, training and information dissemination have been particularly emphasized. Significant effort has been devoted to promoting short-course chemotherapy with direct observation during the entire treatment period, not just the first two months of therapy as contained in resolution WHA46.36. By 1995, it is expected that the majority of countries in the Region will achieve 85% successful completion of short-course therapy in newly diagnosed cases.

Accurate laboratory diagnosis of infectious cases is critical to an effective control program. Unfortunately, 40 to 50% of the microscopes needed for TB diagnosis in Latin America are damaged. As a result of PAHO's efforts to train technicians, through specially designed four week courses, to repair this equipment, over 200 microscopes in Central America and Peru have been returned to service. It is hoped this capacity can be extended throughout the Region.

Finally, technical guidelines for the management of tuberculosis in HIV/AIDS patients are being prepared and will be distributed in the near future.

5. Eradication of Poliomyelitis (Resolution WHA46.33)

The current status of the effort within the Region of the Americas to eradicate the transmission of wild poliovirus will be discussed by the Executive Committee under agenda item 4.9.

At WHA46, the countries of the Region of the Americas were congratulated on having had no cases of poliomyelitis caused by the transmission of indigenous wild poliovirus since September 1991. While surveillance and vaccination efforts continue in the Americas in the preparation for eventual certification of eradication, the rest of the world is strengthening its efforts to achieve the goal of global eradication by the year 2000. Resolution WHA46.33 urges Member States to reaffirm their commitment to the national eradication of poliomyelitis. Until global eradication is achieved, efforts in the Americas Region to assure vaccination coverage will have to continue lest the disease be reintroduced in future months and years, as was the case recently in Canada among a religious group who migrated from the Netherlands where they had shunned vaccination.

6. Control of Malaria (Resolution WHA46.32)

WHA46 considered the report of the Director-General on the Ministerial Conference on Malaria, held in Amsterdam in October 1992.

In Resolution WHA46.32, the Assembly endorsed the World Declaration on the Control of Malaria and urged Member States, where malaria remains a problem, to reinforce their efforts for prevention and control in accordance with the principles enunciated in the Declaration. For its part, WHO is to ensure the necessary technical support to Member States for the reorientation of malaria control programs according to the global malaria control strategy and for their implementation in the context of primary health care.

Many control programs in the Region of the Americas are based on the old strategy of malaria eradication which attempts interruption of transmission but is inefficient in controlling malaria in an ever changing socio-demographic environment. In addition, simplified vector control measures utilizing insecticides are no longer effective.

The new strategy emphasizes the clinical management of malaria as a disease, with the objective of reducing the interval between suspicion and treatment. This major element of the strategy has provided a decisive tool for the integration of the resources of specialized malaria programs into general health services, an approach already emphasized in the Americas.

The second element of the strategy, "to implement selective preventive measures," supports PAHO's orientation to this region's Member States, by recognizing the diversity of transmission patterns which have to be addressed through epidemiological stratification. In this manner, high, medium and low risk areas in the Region can be defined. Furthermore, the stratification process emphasizes implementation of preventive measures through local health services, where they can be programmed with the local characteristics of transmission in mind.

The third element of the strategy, "to detect early, contain and prevent epidemics," reflects the need for health information systems to widen their information services so as to enable monitoring and to incorporate into their analyses socio-demographic and economic variables that allow for the recognition of groups at risk of high levels of transmission.

The implementation of the Global Malaria Control Strategy is well underway in the Region of the Americas. Nicaragua, for example, has planned early detection and treatment of malaria cases within the framework of its local health services (SILAIS)

with an 11% reduction of registered cases in one year. Colombia's province of Antioquia has reduced by 82% the number of hospital deaths from malaria in a period of 5 years during which integration of malaria management was achieved through local health systems. The reappearance of malaria in Sucre State, Venezuela, has been controlled and reduced by 60% in one year as a result of a change from universal house spraying to integrated vector control designed for each focus of transmission. Brazil has now concentrated its malaria control activities on 70 municipalities with high levels of transmission.

Notwithstanding these efforts, it must be realized that 38.9% of the population of this Region now live in areas propitious for the transmission of malaria. Although 1,230,671 cases were registered in the Region in 1991, they may represent only a small fraction of what might be at least 2.2 to 5.6 million cases occurring in that year.

7. Dengue Prevention and Control (Resolution WHA46.31)

New epidemics of dengue are occurring with increasing frequency in the Americas and Asia, fatality rates are rising and the presence of the dengue mosquito vectors, Aedes aegypti and Aedes albopictus, is rapidly spreading, causing a serious health hazard. The risk of transmission is being increased by population movements, unplanned rapid urbanization and increased numbers of people with poor water supplies.

For these reasons, the Assembly adopted resolution WHA46.31 confirming that dengue prevention and control should be among the priorities of WHO. Member States are urged to strengthen national and local dengue prevention and control programs, ensuring monitoring and assessment by general health services and reinforcing surveillance measures. Cost-effective approaches can be used to reduce significantly dengue vector density and the risk of disease transmission, such as through improved vector monitoring, appropriate vector control and proper waste management. Member States should also expand diagnostic capabilities, increase the number of well trained staff at all institutional levels, improve community health education and encourage health promotion and better hygiene.

The resolution also requests the Director-General to establish strategies to contain the spread of dengue, dengue hemorrhagic fever and dengue shock syndrome, to draw up plans for emergency health cooperation against dengue outbreaks and to find extrabudgetary resources for support of national and international control efforts.

During the 1980s there was a considerable increase in the magnitude of the dengue problem in the Americas, as well as a marked increase in the occurrence of dengue hemorrhagic fever/dengue shock syndrome (DHF/DSS). The most important event in the history of dengue in the Americas was the outbreak of DHF/DSS which

affected Cuba in 1981 and in which 344,000 cases were reported of whom 158 died. A second outbreak, occurring in Venezuela in 1989-1990, resulted in 70 deaths. Dengue epidemics are now occurring with greater frequency and affecting larger numbers of people.

PAHO is carrying out a variety of technical cooperation activities to address the threat posed by these diseases. Specific control programs have been implemented in the English-speaking Caribbean and Central American subregions. In the latter, Finland is supporting control efforts particularly at the borders between Honduras, El Salvador and Guatemala. Community participation has been the basis for control efforts in the English-speaking Caribbean with emphasis on vector control, a program receiving support from the Government of Italy.

Recently, PAHO has developed guides for the prevention and control of dengue and DHS/DSS at the community level, based largely on the fact that effective control can be achieved by improving domestic sanitation with minimum resources and efforts.

8. Maternal and Child Health and Family Planning (Resolution WHA46.18)

The Resolution recognizes that despite the progress that has been made, much remains to be done in order to achieve the goals of health, development, and human rights for all members of society. The countries of this Region have committed themselves to these goals through various international forums and instruments (the Strategy for Health for All, the World Summit for Children, the International Conference on Nutrition, and the World Population Plan of Action).

This affirmation holds true for our Region, where all the countries have accepted the goals related to maternal and child health, with the exception of the United States of America which has not yet signed the United Nations Convention on the Rights of the Child. Nevertheless, some countries, such as Bolivia, Haiti, and Honduras, and the poorest areas of other countries with relatively poor indicators, are far from attaining the basic targets.

The Resolution reiterates the priority that the Organization attaches to the health of women, children, and adolescents and again calls on the Member States to develop plans of action, including monitoring and evaluation, aimed at these groups. It requests the Director-General to ensure that the Organization strengthens its technical support and cooperation for the implementation of these plans of action; to submit to the WHO Executive Board in January 1993 an assessment of progress of maternal and child health/family planning programs in meeting the health and development needs of women, children, and adolescents; and to increase collaboration with other organizations.

PAHO is working vigorously, together with an Interagency Coordination Committee, on the design, development, and monitoring/evaluation of national Plans of Action for the attainment of the goals set forth by the World Summit for Children in relation to mortality of mothers, infants, and children under 5 years of age; nutrition of women and children; family planning; diseases preventable by immunization, diarrheal diseases, and respiratory infections; prenatal and perinatal care; monitoring of growth and development; and care for children in especially difficult circumstances.

In view of the requests made and in order to achieve greater political mobilization in our Region, advantage will be taken of several regional meetings to be held over the next 18 months: the meeting of the Presidents of the Americas in Brazil (1993); the meeting to evaluate progress toward attaining the goals of the World Summit for Children to be held in Colombia (1993); preparatory and international meetings to be held in Cairo in connection with the International Year of the Family (1994); and preparatory meetings for the International Conference on Women to be held in Beijing (1995).

A document for the Region will be prepared for use in these meetings and in response to the request of the World Health Assembly, describing regional plans and aspirations to achieve a higher level of health for the mothers and children of the Americas.

9. Collaboration within the United Nations System - International Year of the Family (1994) (Resolution WHA46.27)

The Resolution recognizes the importance of the family as the basic social unit; urges Member States to make every effort to achieve the objectives of the International Year of the Family; to determine which families are at risk; and to undertake operational research on the issue, as a crucial means for meeting the health and development needs of families; and requests support from the Organization in order to accomplish these goals.

In the Region of Americas, the traditional family unit is undergoing substantial change as a result of the process of modernization and development, as well as the integration of women into the labor force. These changes have manifested themselves in a progressive replacement of extended families by nuclear, single-parent families and an increase in family breakup. Moreover, the loss of family support has not been offset by the establishment of social support networks, including, for example, child care and preschool education.

Both the Member States in this Region and PAHO should continue to contribute in the preparatory meetings for the International Year of the Family, one of which will be held in Cartagena de Indias, Colombia, from 16 to 19 August 1993.

It is also suggested that the countries include in the report to be submitted to the ninety-third meeting of the Executive Board of WHO (pursuant to Resolution WHA46.18) the progress that has been made in this respect, in order to ensure coherence in the implementation of the resolutions on the same population group.

10. Emergency and Humanitarian Relief Operations (Resolution WHA46.6)

Significant strides in disaster preparedness and management have been made throughout Latin America and the Caribbean in recent years. However, the Region's vulnerability to both natural and potential man-made disasters remains. Social and economic factors, urban population growth and settlements in vulnerable areas constitute additional risks. While most countries have now established Preparedness Departments in their Ministries of Health with trained competent staff, many of these departments are still without permanent funding, especially in those countries undergoing the most serious economic problems.

Positive strides have been made in intercountry technical cooperation and resource sharing. The initiative to integrate preparedness issues into the curricula of health science faculties and schools of engineering in universities is succeeding, and a series of regional and country training workshops for foreign affairs and diplomatic personnel have led to continued requests for more of this type of training.

Too often, natural disasters are ignored in the planning and design of hospitals and related facilities--even in areas where the risks are well known. These facilities must be able to withstand the impact of earthquakes, hurricanes, and other disasters and not themselves pose an added threat to their occupants. Structurally, many hospitals in Latin America are old; some date from Spanish colonial times. Others are contemporary, modern facilities but the lax application of antiseismic building codes may make their ability to withstand earthquakes, both structurally and non-structurally, questionable.

The natural hazards that threaten Latin America and the Caribbean, and the special vulnerability of the health sector to disaster situations, justifies specific prevention and mitigation actions.

It is these actions which are addressed in Resolution WHA46.6. Member States are urged to strengthen their capabilities for preventing and mitigating disasters and establishing comprehensive national programs to prepare for emergencies, to strengthen the capabilities of their health systems to prepare for emergencies, and to increase the

allocation of resources in their health budgets to prepare for and respond to emergencies. The Director-General is requested to support and guide Member States in the strengthening of capabilities to prepare for emergencies and to provide humanitarian assistance in the health sector.

With substantial support from the Canadian International Development Agency (CIDA) and the United States Agency for International Development (AID), PAHO has provided extensive technical cooperation to the countries of the Region of the Americas in disaster preparedness and is playing a leading role in regional activities related to the United Nations' International Decade for Natural Disaster Reduction. In the coming years, the regional program will give increasing priority to disaster prevention and mitigation to prevent and reduce the effects of all types of disasters, including technological accidents, especially on hospitals and other physical facilities. Efforts will continue, in conjunction with the recently established UN Department of Humanitarian Affairs, to assist stricken countries to assess health sector needs in the aftermath of disasters and to coordinate and manage international disaster relief and in particular relief supplies through the Netherlands funded SUMA (Supplies Management) project initiated in 1992.

11. International Conference on Nutrition: Follow-up (Resolution WHA46.7)

The Assembly considered the actions taken by the delegates to the International Conference on Nutrition, jointly sponsored by the Food and Agriculture Organization (FAO) and WHO, which was held in Rome in December 1992. In Resolution WHA46.7, it endorsed the Conference's World Declaration and Plan of Action for Nutrition.

Specifically, this resolution urges Member States to strive to eliminate famine and famine related deaths as well as to reduce substantially the prevalence of chronic hunger and undernutrition especially among children, women and old people, to eliminate iodine and vitamin A deficiencies and to reduce the prevalence of iron deficiency anemia by the year 2000. It also urges the development and strengthening of national nutritional goals and their achievement through nine action-oriented strategies elaborated in the Plan.

Furthermore, the Assembly requested the Director-General to support Member States in establishing and implementing national plans of action for nutritional improvement that emphasize self-reliance and community-based action.

PAHO has already adopted substantial targets in line with the goals and strategies adopted in the Declaration. For example, one target, set to be achieved by the end of 1994, is for 85% of the children in all of the countries of the Region to have a weight for height that comes within standards indicating normal nutritional status. Another

target is to strengthen food and nutrition surveillance systems and to stimulate the use of this information in national policy-making and in the planning and evaluation of national food and nutrition programs so that interventions can be aimed at high-risk groups and the poorest sectors of society. Finally, goals have already been established, and plans of action adopted for the elimination of iodine and vitamin A deficiency in the Region of the Americas.

V. ADMINISTRATIVE POLICY MATTERS

1. Recruitment of International Staff in WHO (Resolutions WHA46.23 and WHA46.24)

Two resolutions concerning the recruitment of international staff in WHO were adopted by WHA46, one dealing with the geographical representation of international staff and the second dealing with the employment and participation of women.

To measure the distribution of the staff by geography, WHO has had a monitoring system which is divided into three categories: (a) under-represented countries; (b) adequately represented countries; and (c) over-represented countries.

At the Ninety-first Session of the Executive Board (EB), the Director-General proposed that it would be beneficial to introduce a new, intermediate grouping of countries, those with representation within the range but below the mid-point, in order to achieve a more equitable geographical distributions of the staff of the Secretariat.

The proposal was accepted by the EB and adopted by WHA in Resolution WHA46.23.

The change will require that those countries which were classified as (b) be split into two groups, denominated B1 and B2, depending on whether a country is at or below the mid-point of the range, or above it.

The change will provide flexibility in efforts to improve the geographical balance of staff, as the aggregate of selections of candidates from countries in "A" and "B1" will be counted towards the 40% target set by WHA46.

As of March 1993, countries of the Americas in the "A" listing are: Dominica, Grenada, Paraguay, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, and U.S.A. Those in the "B1" listing are: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Saint Vincent, Suriname, and Venezuela.

Concerning the employment of women in WHO, the proportion of all professional and higher-graded posts occupied by women stood at 25.1% in established offices and 24.3% at all locations, against the target of 30% set in 1985. The EB, therefore, decided to maintain the target of 30% but set a time-limit of 30 September 1995 for reaching it. The Director-General must present a report to the EB in January 1996 on the progress made during the period October 1991 - September 1995. Resolution WHA46.24 endorsed the views expressed by the EB.

Insofar as PAHO/AMRO is concerned, the target of 30% set by WHA has already been attained, organization-wide. At the level of PAHO Headquarters, the proportion of professional posts occupied by women has exceeded the target, i.e., 36% as of May 1993. Future efforts will therefore be focused on improving employment and participation of women at the country level.

Further information on the employment of women in PAHO will be distributed as an information document during the meeting of the Executive Committee.

2. Meritorious Within-Grade Increases (Resolution WHA46.38)

The Executive Board (EB) considered, in January 1993, a report by the Director-General on meritorious within-grade increases, following recommendations on the subject by the International Civil Service Commission (ICSC) and the United Nations General Assembly. At issue was the practice of WHO of granting additional salary steps upon completion of 20, 25, 30 and 35 years of satisfactory service.

The EB recommended that, in view of the Organization's commitment to the common system, the WHO's extended scale and the practice of awarding additional salary increments for 20, 25, 30 and 35 years of service be abolished as of 1 March 1993 for all staff recruited on or after that date. The EB considered, however, that the situation of serving staff called for further review and recommended that things be left as they are pending examination by the WHA in May 1993.

Resolution WHA46.38 was crafted with the interests of WHO staff in mind, in consultation with the Division of Personnel and with the benefit of advice from representatives of the WHO Staff Association, the Federation of International Civil Servants' Associations (FICSA) and the International Civil Service Commission (ICSC). The Resolution provides for a one-time merit increase in salary for eligible serving WHO staff at either 20, 25, 30 or 35 years of service. There would be no further increases (except for promotion) once that increase has been awarded.

The scheme of granting meritorious within-grade increases has been in operation in PAHO as it has been in WHO. Considering the principle enunciated by the Governing

Bodies of PAHO that the employment conditions of PASB staff be in conformity with those of WHO staff, the Director has proposed that the Staff Rules of PASB on meritorious within-grade increases be amended to reflect the revised arrangements which have been approved by WHA46. (See agenda item 5.6.)

3. Salaries for Ungraded Posts and the Director-General (Resolution WHA46.25)

The Executive Board (EB) in January 1993 approved a revised base/floor salary scale for the professional and higher categories of staff, incorporating an increase of 6.9% through the consolidation of post adjustment classes into net base salary, on the basis of the "no loss - no gain" formula.

As a consequence, the EB recommended to the World Health Assembly (WHA) that adjustments to the remuneration of the Assistant Directors-General, the Regional Directors, the Deputy Director-General, and the Director-General should likewise be made on the basis of the same formula. Resolution WHA46.25 endorsed the recommendations of the EB.

It has been the policy of the PAHO Governing Bodies to equate the salaries of staff in ungraded posts and of the Director, as follows:

PAHO		WHO
Director	=	Deputy Director-General
Deputy Director	=	Assistant Directors-General and Regional Directors
Assistant Director (at \$1,000 less than the salary of the Deputy Director of PAHO)		

The Executive Committee has been requested to consider this issue under agenda item 5.6.

VI. MISCELLANEOUS

1. Health Development in a Changing World--A Call for Collective Action (Resolution WHA46.17)

Resolution WHA46.17 expresses deep concern about the deteriorating health and social conditions of the people in some of the least developed countries. It calls on all Member States to continue to elaborate and implement health policies aimed at reducing inequalities in health improving access to health care, and promoting healthy life-styles, better nutrition and a healthy environment. It calls on developed countries to facilitate the transfer of technology and resources to developing countries for health development programs. It also calls upon them to provide WHO with the financial resources to implement programs which support effectively the efforts of developing countries in accelerating the implementation of health for all through primary health care.

2. Health Assistance to Specific Countries (Resolution WHA46.28)

This resolution refers to the consequences of the recent disaster caused by the "Storm of the Century" in Cuba earlier this year, which severely affected the population, agricultural and industrial activities, and in particular health services. The Assembly requested WHO to extend the necessary assistance to Cuba in order to help overcome its present crisis in the health care sector. It called upon all Member States to contribute toward this objective.

3. Nonproprietary Names for Pharmaceutical Substances (Resolution WHA46.19)

The use of internationally recognized generic names for pharmaceutical substances is fundamental for the exchange of information on drugs. Since 1950, WHO has managed a program for selecting such International Nonproprietary Names (INNs).

It is important that the WHO-sponsored nomenclature system not suffer from the interference and confusion that is caused when products are placed on the market using brand names that are similar to those selected as INNs. This is becoming increasingly common as drugs that are no longer protected by patents are being marketed by various producers, and each one tries to distinguish its product through a brand name.

Governments, with the support of PAHO, are promoting throughout Latin America the production and marketing of generic products as well as the use of generic names in prescribing and dispensing. Generic drug programs are becoming a major strategy to promote competition in the marketplace, increasing the availability of products at reduced prices to the consumer. Thus, it is important to maintain the integrity of the INN system to avoid confusing the physician, the pharmacist and the consumer.

Resolution WHA46.19 addresses the issue by requesting that Member States regulate the use of generic names and that the Director-General discuss, with industry, ways to minimize nomenclature problems.

4. Awards

The Jacques Parisot Foundation was established for the purpose of awarding, every two years, a fellowship for research in social medicine or public health. According to the established order for nominating candidates, it was the turn of the Region of the Americas to submit candidates for the Fellowship award, the topic suggested for research being, "Women, Health and Development." The 1993 fellowship was awarded to Dr. María Soledad Larrain of Chile.

Dr. Larrain's proposed project is "Intra-family Violence and the Situation of Women in Chile," with a special emphasis on the prevalence and characteristics of domestic violence against women. It is an innovative subject of research relevant not only to Chile but to the international community at large.

5. Executive Board Membership

The Forty-sixth World Health Assembly elected 10 Member States entitled to designate a person to serve on the WHO Executive Board. From the Region of the Americas, Costa Rica was elected. Concurrently, the term of Dr. James O. Mason, designated by the United States of America, expired.

6. Forty-seventh World Health Assembly

The Forty-seventh World Health Assembly will convene in Geneva, Switzerland, on Monday, 2 May 1994, at 12:00 noon.

CE111/29 (Eng.)
ANNEX I

RESOLUTIONS OF THE FORTY-SIXTH WORLD HEALTH ASSEMBLY



世界衛生大會決議

مؤتمرات الجمعية 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-SIXTH WORLD HEALTH ASSEMBLY

WHA46.1

Supplementary agenda item 1

3 May 1993

**PARTICIPATION OF THE FEDERAL REPUBLIC OF YUGOSLAVIA
(SERBIA AND MONTENEGRO) IN THE PRINCIPAL
AND SUBSIDIARY ORGANS OF WHO**

The Forty-sixth World Health Assembly,

Recalling resolution 47/1 of the United Nations General Assembly - upon the recommendation of the Security Council of 19 September 1992 (S/RES/777) - of 22 September 1992, in which the General Assembly considered that the Federal Republic of Yugoslavia (Serbia and Montenegro) cannot continue automatically the membership of the former Socialist Federal Republic of Yugoslavia in the United Nations and decided that the Federal Republic of Yugoslavia (Serbia and Montenegro) should apply for membership in the United Nations and that it shall not participate in the work of the General Assembly,

1. **CONSIDERS** that the Federal Republic of Yugoslavia (Serbia and Montenegro) cannot continue automatically the membership of the former Socialist Federal Republic of Yugoslavia in WHO;
2. **DECIDES** that the Federal Republic of Yugoslavia (Serbia and Montenegro) should apply for membership in WHO pursuant to the relevant provisions of the Constitution of the World Health Organization and that it shall not participate in the work of the principal and subsidiary organs of WHO, including the Forty-sixth World Health Assembly.

First plenary meeting, 3 May 1993
A46/VR/1

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世界衛生大會 決議

تصريح الجمعية 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-SIXTH WORLD HEALTH ASSEMBLY

WHA46.2

Agenda item 12.1

5 May 1993

APPOINTMENT OF THE DIRECTOR-GENERAL

The Forty-sixth World Health Assembly,

On the nomination of the Executive Board;

REAPPOINTS Dr Hiroshi Nakajima as Director-General of the World Health Organization.

Sixth plenary meeting, 5 May 1993
A46/VR/6

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世界衛生大會 決議

إقرار جمعية الصحة العالمية

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

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.3

Agenda item 12.2

5 May 1993

CONTRACT OF THE DIRECTOR-GENERAL

The Forty-sixth World Health Assembly,

I.

Pursuant to Article 31 of the Constitution and Rule 109 of the Rules of Procedure of the Health Assembly;

APPROVES the contract¹ establishing the terms and conditions of appointment, salary and other emoluments for the post of Director-General;

II.

Pursuant to Rule 112 of the Rules of Procedure of the Health Assembly;

AUTHORIZES the President of the Forty-sixth World Health Assembly to sign this contract in the name of the Organization.

Sixth plenary meeting, 5 May 1993
A46/VR/6

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¹ The contract will be reproduced in document WHA46/1993/REC/1.



世界衛生大會 決議

مؤتمرات الجمعية العالمية للصحة العالمية

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

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.4

Agenda item 11

6 May 1993

ADMISSION OF NEW MEMBERS AND ASSOCIATE MEMBERS

The Forty-sixth World Health Assembly,

ADMITS Tuvalu 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.

Seventh plenary meeting, 6 May 1993
A46/VR/7

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世界衛生大會 決議

مؤتمرات الجمعية العالمية للصحة العالمية

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

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.5

Agenda item 22.1

10 May 1993

**INTERIM FINANCIAL REPORT ON THE ACCOUNTS OF WHO FOR 1992 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-sixth World Health Assembly,

Having examined the interim financial report for the year 1992;

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

ACCEPTS the Director-General's interim financial report for the year 1992.

Eleventh plenary meeting, 10 May 1993
A46/VR/11

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世界衛生大會 決議

مؤتمرات الجمعية 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-SIXTH WORLD HEALTH ASSEMBLY

WHA46.6

Agenda item 18.2

10 May 1993

EMERGENCY AND HUMANITARIAN RELIEF OPERATIONS

The Forty-sixth World Health Assembly,

Recalling resolutions WHA28.45, WHA34.26 and WHA44.41 on emergency relief operations, resolution WHA42.16 on the International Decade for Natural Disaster Reduction and resolutions of the Health Assembly on drought, floods and famine in certain countries;

Recalling also General Assembly resolution 46/182 on strengthening of the coordination of humanitarian emergency assistance of the United Nations;

Welcoming the creation by the United Nations Secretary-General of the Department of Humanitarian Affairs, and the establishment of the interagency standing committee on emergencies;

Deeply concerned at the alarming increase in disasters (whether natural or resulting from human activity) and the effect such disasters have on the health and well-being of the population and health services of Member States;

Aware that in many parts of the world adverse socioeconomic conditions compound the effects on Member States of disasters and emergencies, which may also affect neighbouring States, as in the case of refugee movement;

Recognizing the need to strengthen the capabilities of Member States in preparing for and responding to emergencies, and to respond in a coordinated manner within the United Nations system;

Recognizing that it is a constitutional function of WHO to provide health services and facilities to special groups affected by disasters at the request of Member States or of the United Nations;

Noting with satisfaction the lead WHO is giving in coordinating the health aspects of emergency relief operations in countries in accordance with United Nations General Assembly resolution 46/182,

1. THANKS the Director-General for his report;
2. REAFFIRMS that WHO has a coordinating role and responsibility for the health and related aspects of measures to prepare for and provide relief and rehabilitation in emergencies as part of humanitarian assistance;
3. URGES Member States:
 - (1) to strengthen their capabilities for preventing and mitigating disasters and establishing comprehensive national programmes to prepare for emergencies;

- (2) to appraise and strengthen the capabilities of their health systems to prepare for emergencies in collaboration with civil defence, nongovernmental and private voluntary organizations;
- (3) to increase the allocation of resources in their health budgets to prepare for and respond to emergencies in order to ensure the sustainability of activities for disaster mitigation and relief, including rehabilitation of the health sector;
- (4) to ensure that permanent arrangements are made to facilitate the work of WHO, other organizations and bodies of the United Nations system and international and nongovernmental organizations, in strengthening national capabilities for response and in providing assistance to meet the health and nutritional needs of victims of emergencies;
- (5) to consider increasing contributions to the Special Account for Disasters and Natural Catastrophes under the WHO Voluntary Fund for Health Promotion;

4. **CALLS ON** the international community to respond to consolidated appeals launched by the United Nations system in response to emergencies by giving greater consideration to the provision of funds for the technical and material support of health services and for their early rehabilitation, whenever appropriate;

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

- (1) to support and guide Member States in the strengthening of capabilities to prepare for emergencies and to provide humanitarian assistance in the health sector;
- (2) to consider further improvements in related staffing and technical capacities at WHO headquarters and to strengthen regional mechanisms for efficient health management in emergencies;
- (3) to ensure that WHO Representatives and field staff, as a vital element in emergency relief operations and humanitarian assistance, receive adequate training and instruction to fulfil their tasks, taking into account initiatives already undertaken by, or in collaboration with, other organizations of the United Nations system;
- (4) to ensure that WHO fulfils its responsibility for coordinating the health aspects of disaster preparedness and response within the United Nations system as part of the improved coordination and streamlining of United Nations humanitarian assistance, including consolidated appeals;
- (5) to streamline channels of communication with the WHO Representatives' offices in countries, so as to ensure the quick response of headquarters and the regional offices to the declaration of any major emergency;
- (6) to strengthen WHO's capacity for early warning of disasters in general, and disease epidemics in particular, complementing the early warning mechanisms put in place by the United Nations system;
- (7) to improve and strengthen WHO procedures for raising funds for emergency requirements so as to mobilize adequate extrabudgetary support for disaster preparedness and relief in the health sector;
- (8) to present a report to the ninety-third session of the Executive Board on:
 - (a) the activities undertaken by WHO at global and regional levels in support of its Member States and as part of the coordinated efforts in the health sector within the United Nations system for early warning, preparedness for and response to emergencies, rehabilitation of services and reconstruction;
 - (b) the role of WHO in this field and the resources he proposes to allocate for these activities as a matter of priority under the 1994-1995 programme budget;
 - (c) the extrabudgetary support requested and obtained during the reporting period and the activities undertaken with such support;

(d) cooperation within the United Nations system, and with other international and nongovernmental organizations, in support of health activities in emergencies and in situations requiring humanitarian assistance.

Eleventh plenary meeting, 10 May 1993
A46/VR/11

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世界衛生大會 決議

مؤازر 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-SIXTH WORLD HEALTH ASSEMBLY

WHA46.7

Agenda item 18.2

10 May 1993

INTERNATIONAL CONFERENCE ON NUTRITION: FOLLOW-UP ACTION

The Forty-sixth World Health Assembly,

Having considered the report of the Director-General on the International Conference on Nutrition and the consequent proposed WHO strategy for supporting nutrition action at all levels;

Commending Member States, organizations of the United Nations system and other intergovernmental and nongovernmental organizations concerned for their participation in the preparatory process and in the International Conference itself, and for their pledge to follow it up;

Commending the Director-General for his effective collaboration with other organizations of the United Nations system, especially FAO, in organizing the International Conference and for according high priority to nutrition by allocating additional resources, in particular for those countries most in need,

1. ENDORSES in their entirety the World Declaration and Plan of Action for Nutrition adopted by the Conference;¹
2. URGES Member States:
 - (1) by the year 2000, to strive to eliminate famine and famine-related deaths, starvation and nutritional deficiency diseases in communities affected by natural and man-made disasters, and in particular iodine and vitamin A deficiencies;
 - (2) by the year 2000, to reduce substantially the prevalence of starvation and widespread chronic hunger; undernutrition, especially among children, women and old people; iron deficiency anaemia; foodborne diseases; and social and other impediments to optimal breast-feeding; and to remedy inadequate sanitation and poor hygiene;
 - (3) to contain and reduce the rising prevalence of diet-related diseases and conditions related to them;
 - (4) to develop, or strengthen as appropriate, plans of action setting out national nutritional goals and how they are to be achieved in keeping with the objectives, major policy guidelines and nine action-oriented strategies that were elaborated in the Plan of Action adopted by the International Conference on Nutrition, which also endorsed the nutritional goals of the Fourth United Nations Development Decade and of the World Summit for Children;

¹ International Conference on Nutrition. World Declaration and Plan of Action for Nutrition. Rome, December 1992, Food and Agriculture Organization of the United Nations and World Health Organization.

- (5) to ensure the implementation of plans of action which:
 - (a) incorporate nutrition objectives into national development policies and programmes;
 - (b) strengthen measures in various sectors to improve nutrition through governmental mechanisms at all levels, especially district development plans, and in collaboration with nongovernmental organizations and the private sector;
 - (c) include community-based measures, particularly through primary health care activities, for nutritional improvement that are crucial if full and sustainable benefits are to be obtained for all people;
 - (d) are sustainable in the long term and contribute to protection of the environment;
 - (e) enlist the cooperation of all groups concerned;

3. CALLS UPON organizations of the United Nations system, other intergovernmental and nongovernmental organizations and the international community as a whole:

- (1) to renew their commitment to the achievement of the objectives and strategies set out in the World Declaration and Plan of Action for Nutrition including, to the extent that their mandates and resources allow, technical cooperation and financial support to recipient countries;
- (2) to reinforce and foster concerted action at all levels for the establishment and implementation of national plans of action in nutrition with a view to attaining health and nutritional well-being for all;

4. REQUESTS the Director-General:

- (1) to support Member States in establishing and implementing national plans of action for nutritional improvement that emphasize self-reliance and community-based action, especially as regards their health-related aspects;
- (2) to reinforce WHO's capacity for food and nutrition action in all relevant programmes, so that increased emphasis can be given as a priority to maternal, infant and young child nutrition, including breast-feeding; micronutrient malnutrition; nutrition emergencies (particularly training in preparedness and management); monitoring of nutritional status; control of diet-related chronic diseases; food safety control and the prevention of foodborne diseases; and research and training in subjects related to food and nutrition, including health implications of the misuse of chemicals and hormones in agriculture;
- (3) to give priority to least developed, low income, and drought-affected countries, and to provide support to Member States in establishing national programmes, especially those concerned with nutritional well-being of vulnerable populations, including women and children, refugees and displaced persons;
- (4) to stimulate regional exchange of ideas and plans;
- (5) to report on progress in implementation by Member States of the World Declaration and Plan of Action for Nutrition to the Health Assembly in 1995 as stated in the Plan of Action.

Eleventh plenary meeting, 10 May 1993
A46/VR/11



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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-SIXTH WORLD HEALTH ASSEMBLY

WHA46.8

Agenda item 19

10 May 1993

USE OF TOBACCO WITHIN UNITED NATIONS SYSTEM BUILDINGS

The Forty-sixth World Health Assembly,

Noting the report of the Director-General on the implementation of resolutions WHA42.19, WHA43.16, and WHA45.20 relating to the WHO programme on "tobacco or health";

Recalling that resolution WHA43.16 urged all Member States to provide, through legislation or other measures, protection from involuntary exposure to tobacco smoke in workplaces, public places and public transport;

Recalling that resolution WHA45.20 asked the Director-General to continue seeking and facilitating multisectoral collaboration on WHO's "tobacco or health" programme within the United Nations system;

Noting with satisfaction that the important question of "tobacco or health" has been included on the agenda for the next session of the United Nations Economic and Social Council;

Noting with concern that smoking is still permitted in workplaces and public areas in buildings owned, operated or controlled by the United Nations system,

1. **CALLS ON** the Director-General as a matter of importance to approach the Secretary-General of the United Nations urging him:

(1) to take the necessary steps to ban the sale and use of all kinds of tobacco products in all buildings owned, operated or controlled by all organizations and specialized agencies of the United Nations system and that are used to carry out its business;

(2) to ensure that the progressive implementation of this ban takes a maximum of two years from the date of this Health Assembly;

(3) to encourage and assist employees who are smokers, but who wish to cease smoking, to take part in smoking cessation programmes, and provide open-air sheltered areas for those who wish to continue smoking;

2. **REQUESTS** the Director-General to report to the Forty-eighth World Health Assembly on progress in the implementation of this resolution.

Eleventh plenary meeting, 10 May 1993
A46/VR/11

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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
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RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.9

Agenda item 22.2

10 May 1993

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

The Forty-sixth World Health Assembly,

Noting with concern that, as at 31 December 1992:

(a) the rate of collection in 1992 of contributions to the effective working budget amounted to 77.60%, leaving US\$ 79 599 485 of 1992 contributions unpaid;

(b) only 87 Members had paid their 1992 contributions to the effective working budget in full, and 66 Members had made no payment;

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

Eleventh plenary meeting, 10 May 1993
A46/VR/11



世界衛生大會 決議

مؤتمرات الجمعية العالمية للصحة

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

WHA46.10

Agenda item 22.3

10 May 1993

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

The Forty-sixth World Health Assembly,

Having considered the second report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Forty-sixth 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, at the time of opening of the Forty-sixth World Health Assembly, the voting rights of Cambodia, Comoros, Congo, Dominican Republic and Equatorial Guinea remained suspended, such suspension to continue until the arrears of the Member State concerned have been reduced, at the present or future Health Assembly sessions, to a level below the amount which would justify invoking Article 7 of the Constitution;

Noting that, in accordance with resolution WHA45.8, the voting privileges of Antigua and Barbuda, Burundi, Guatemala, Iraq, Liberia, Mauritania, Niger, Sierra Leone and Somalia have been suspended as from 3 May 1993, such suspension to continue until the arrears of the Member State concerned have been reduced, at the present or future Health Assemblies, to a level below the amount which would justify invoking Article 7 of the Constitution;

Having been informed that as a result of payments received after the opening of the Forty-sixth World Health Assembly, the arrears of contributions of Guatemala and Mauritania have been reduced to levels below the amounts which would justify invoking Article 7 of the Constitution and, as such, the voting rights of these Members have been automatically restored;

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

1. EXPRESSES serious concern at the large number of Members in recent years which have been in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;
2. URGES the Members concerned to regularize their position at the earliest possible date;

¹ Document A46/17.

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

Eleventh plenary meeting, 10 May 1993
A46/VR/11

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世界衛生大會決議

مؤتمرات الجمعية العالمية للصحة العالمية

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

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.11

Agenda item 25

10 May 1993

METHOD OF WORK OF THE HEALTH ASSEMBLY

The Forty-sixth World Health Assembly,

Having considered the Board's report on the method of work of the Health Assembly;

Recalling resolutions WHA44.30 (Technical Discussions), WHA36.16 (duration); WHA31.13 (documentation and languages of the World Health Assembly and the Executive Board);

1. DECIDES that, in even numbered years, when the Director-General's proposed programme budget is not being reviewed, the Health Assembly shall close no later than noon of Thursday of the second week;
2. DECIDES that, starting with the current Health Assembly, the verbatim records of the Health Assembly shall be produced as a single multilingual document containing the text of each speech in the official WHO language in which it was delivered;
3. INVITES all Member States to consider, at country and regional levels, contributing to joint statements in plenary, representative of a number of countries in an appropriate grouping, instead of their delegates presenting individual country statements;
4. REQUESTS the Board to continue to monitor the effects of implementation of the above-mentioned decisions.

Eleventh plenary meeting, 10 May 1993
A46/VR/11

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世界衛生大會 決議

مؤتمر جمعية الصحة العالمية

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

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.12

Agenda item 26.1

10 May 1993

ASSESSMENTS OF THE CZECH REPUBLIC AND THE SLOVAK REPUBLIC

The Forty-sixth World Health Assembly,

Noting that the Czech Republic and the Slovak Republic, both Members of the United Nations, became Members of the World Health Organization by depositing with the Secretary-General of the United Nations formal instruments of acceptance of the WHO Constitution on 22 January 1993 and 4 February 1993 respectively;

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;

Noting however that the United Nations rates of assessment for the Czech Republic and the Slovak Republic will not be determined by the United Nations General Assembly until late 1993;

Recalling that the 1993 rate of assessment of the former Czechoslovakia in WHO, based upon the latest available United Nations scale of assessment, was fixed by resolution WHA45.15 at 0.54%;

Noting that the Czech Republic and the Slovak Republic have requested that, as concerns the year 1993, the 1993 assessment rate of the former Czechoslovakia be apportioned to them in the ratio of two-thirds and one-third respectively;

Noting further that the amounts calculated in accordance with the sharing ratio in the preceding paragraph have already been paid to WHO by the States concerned,

DECIDES:

- (1) that the 1993 assessment rate of 0.54% established for the former Czechoslovakia by resolution WHA45.15 shall form the basis for calculation of the 1993 rates of assessment of the Czech Republic and the Slovak Republic;
- (2) that the Czech Republic and the Slovak Republic shall be assessed at the rates of 0.36% and 0.18% respectively for the year 1993;

(3) that the contributions due from the former Czechoslovakia in respect of the year 1993 under resolution WHA45.15 shall be replaced by the contributions due from the Czech Republic and the Slovak Republic;

(4) that the contributions already paid by the Czech Republic and the Slovak Republic for 1993 shall be applied to budgetary income.

Eleventh plenary meeting, 10 May 1993
A46/VR/11

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مؤتمر الجمعية العالمية للصحة

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

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.13

Agenda item 26.1

10 May 1993

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS:

ASSESSMENT OF THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

The Forty-sixth World Health Assembly,

Noting that The Former Yugoslav Republic of Macedonia became a Member of the World Health Organization on 22 April 1993;

Noting that the United Nations General Assembly has not yet established an assessment rate for The Former Yugoslav Republic of Macedonia but it is expected that, consistent with past practice, when this rate is determined it will be deducted from the rate applicable to Yugoslavia;

Noting that the contribution payable by The Former Yugoslav Republic of Macedonia in 1993 would in effect constitute budgetary income, since it would be deducted from the previously assessed contribution payable for that year by Yugoslavia;

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 Former Yugoslav Republic of Macedonia shall be assessed for the second year of the financial period 1992-1993 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 Former Yugoslav Republic of Macedonia shall be assessed at the provisional rate of 0.02% for the second year of the financial period 1992-1993 and for future financial periods, to be adjusted to the definitive assessment rate when established by the Health Assembly;
- (3) that the 1993 instalment of the assessment shall be reduced to eight-twelfths of 0.02%;
- (4) that the assessment rate for The Former Yugoslav Republic of Macedonia and contributions payable shall be deducted from those applicable to Yugoslavia;
- (5) that, notwithstanding Financial Regulation 7.1, the 1993 contribution of The Former Yugoslav Republic of Macedonia shall be accounted for as budgetary income upon receipt.

Eleventh plenary meeting, 10 May 1993
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مؤتمر جمعية الصحة العالمية

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

WHA46.14

Agenda item 26.1

10 May 1993

ASSESSMENT OF NEW MEMBERS AND ASSOCIATE MEMBERS:

ASSESSMENT OF TUVALU

The Forty-sixth World Health Assembly,

Noting the admission of Tuvalu 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 Tuvalu shall be assessed for the second year of the financial period 1992-1993 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 Tuvalu shall be assessed at the provisional rate of 0.01% for the second year of the financial period 1992-1993 and for future financial periods, to be adjusted to the definitive assessment rate when established by the Health Assembly;
- (3) that the 1993 instalment of the assessment shall be reduced to seven-twelfths of 0.01%.

Eleventh plenary meeting, 10 May 1993
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إدارة جمعية الصحة العالمية

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

WHA46.15

Agenda item 26.2

10 May 1993

SCALE OF ASSESSMENTS FOR THE FINANCIAL PERIOD 1994-1995

The Forty-sixth World Health Assembly,

1. DECIDES that the scale of assessments for 1994-1995 shall, subject to the provisions of paragraphs 2 and 3 below, be as follows:

(1)	(2)	(3)
Members and Associate Members	WHO scale for 1994-1995 (percentage)	United Nations assessment for 1992-1994 (percentage)
Afghanistan	0.01	0.01
Albania	0.01	0.01
Algeria	0.16	0.16
Angola	0.01	0.01
Antigua and Barbuda	0.01	0.01
Argentina	0.56	0.57
Armenia	0.13	0.13
Australia	1.48	1.51
Austria	0.74	0.75
Azerbaijan	0.22	0.22
Bahamas	0.02	0.02
Bahrain	0.03	0.03
Bangladesh	0.01	0.01
Barbados	0.01	0.01
Belarus	0.47	0.48
Belgium	1.04	1.06
Belize	0.01	0.01
Benin	0.01	0.01
Bhutan	0.01	0.01
Bolivia	0.01	0.01
Bosnia and Herzegovina	0.04	0.04
Botswana	0.01	0.01
Brazil	1.56	1.59
Brunei Darussalam	0.03	0.03
Bulgaria	0.13	0.13
Burkina Faso	0.01	0.01
Burundi	0.01	0.01
Cambodia	0.01	0.01
Cameroon	0.01	0.01
Canada	3.06	3.11
Cape Verde	0.01	0.01
Central African Republic	0.01	0.01
Chad	0.01	0.01

(1)	(2)	(3)
Members and Associate Members	WHO scale for 1994-1995 (percentage)	United Nations assessment for 1992-1994 (percentage)
Chile	0.08	0.08
China	0.76	0.77
Colombia	0.13	0.13
Comoros	0.01	0.01
Congo	0.01	0.01
Cook Islands ^a	0.01	0.01 ^b
Costa Rica	0.01	0.01
Côte d'Ivoire	0.02	0.02
Croatia	0.13	0.13
Cuba	0.09	0.09
Cyprus	0.02	0.02
Czech Republic	0.36	0.37
Democratic People's Republic of Korea ..	0.05	0.05
Denmark	0.64	0.65
Djibouti	0.01	0.01
Dominica	0.01	0.01
Dominican Republic	0.02	0.02
Ecuador	0.03	0.03
Egypt	0.07	0.07
El Salvador	0.01	0.01
Equatorial Guinea	0.01	0.01
Estonia	0.07	0.07
Ethiopia	0.01	0.01
Fiji	0.01	0.01
Finland	0.56	0.57
France	5.90	6.00
Gabon	0.02	0.02
Gambia	0.01	0.01
Georgia	0.21	0.21
Germany	8.78	8.93
Ghana	0.01	0.01
Greece	0.34	0.35
Grenada	0.01	0.01
Guatemala	0.02	0.02
Guinea	0.01	0.01
Guinea-Bissau	0.01	0.01
Guyana	0.01	0.01
Haiti	0.01	0.01
Honduras	0.01	0.01
Hungary	0.18	0.18
Iceland	0.03	0.03
India	0.35	0.36
Indonesia	0.16	0.16
Iran (Islamic Republic of)	0.76	0.77
Iraq	0.13	0.13

^a Not a Member of the United Nations.

^b Assumed United Nations rate if State had been a Member of the United Nations.

(1)	(2)	(3)
Members and Associate Members	WHO scale for 1994-1995 (percentage)	United Nations assessment for 1992-1994 (percentage)
Ireland	0.18	0.18
Israel	0.22	0.23
Italy	4.22	4.29
Jamaica	0.01	0.01
Japan	12.24	12.45
Jordan	0.01	0.01
Kazakhstan	0.34	0.35
Kenya	0.01	0.01 ^b
Kiribati ^a	0.01	0.01 ^b
Kuwait	0.24	0.25
Kyrgyzstan	0.06	0.06
Lao People's Democratic Republic	0.01	0.01
Latvia	0.13	0.13
Lebanon	0.01	0.01
Lesotho	0.01	0.01
Liberia	0.01	0.01
Libyan Arab Jamahiriya	0.23	0.24
Lithuania	0.15	0.15
Luxembourg	0.06	0.06
Madagascar	0.01	0.01
Malawi	0.01	0.01
Malaysia	0.12	0.12
Maldives	0.01	0.01
Mali	0.01	0.01
Malta	0.01	0.01
Marshall Islands	0.01	0.01
Mauritania	0.01	0.01
Mauritius	0.01	0.01
Mexico	0.86	0.88
Micronesia (Federated States of)	0.01	0.01
Monaco ^a	0.01	0.01 ^c
Mongolia	0.01	0.01
Morocco	0.03	0.03
Mozambique	0.01	0.01
Myanmar	0.01	0.01
Namibia	0.01	0.01
Nepal	0.01	0.01
Netherlands	1.47	1.50
New Zealand	0.23	0.24
Nicaragua	0.01	0.01
Niger	0.01	0.01
Nigeria	0.20	0.20

^a Not a Member of the United Nations.

^b Assumed United Nations rate if State had been a Member of the United Nations.

^c Assessment imposed on a State which is not a Member of the United Nations, but participates in certain of its activities.

(1)	(2)	(3)
Members and Associate Members	WHO scale for 1994-1995 (percentage)	United Nations assessment for 1992-1994 (percentage)
Norway	0.54	0.55
Oman	0.03	0.03
Pakistan	0.06	0.06
Panama	0.02	0.02
Papua New Guinea	0.01	0.01
Paraguay	0.02	0.02
Peru	0.06	0.06
Philippines	0.07	0.07
Poland	0.46	0.47
Portugal	0.20	0.20
Puerto Rico ^{a,b}	0.01	0.01 ^c
Qatar	0.05	0.05
Republic of Korea	0.68	0.69
Republic of Moldova	0.15	0.15
Romania	0.17	0.17
Russian Federation	6.60	6.71
Rwanda	0.01	0.01
Saint Kitts and Nevis	0.01	0.01
Saint Lucia	0.01	0.01
Saint Vincent and the Grenadines	0.01	0.01
Samoa	0.01	0.01
San Marino	0.01	0.01
Sao Tome and Principe	0.01	0.01
Saudi Arabia	0.94	0.96
Senegal	0.01	0.01
Seychelles	0.01	0.01
Sierra Leone	0.01	0.01
Singapore	0.12	0.12
Slovak Republic	0.18	0.18
Slovenia	0.09	0.09
Solomon Islands	0.01	0.01
Somalia	0.01	0.01
South Africa	0.40	0.41
Spain	1.95	1.98
Sri Lanka	0.01	0.01
Sudan	0.01	0.01
Suriname	0.01	0.01
Swaziland	0.01	0.01
Sweden	1.09	1.11
Switzerland ^a	1.14	1.16 ^d

^a Not a Member of the United Nations.

^b Associate Member.

^c Assumed United Nations rate if territory had been a Member of the United Nations.

^d Assessment imposed on a State which is not a Member of the United Nations, but participates in certain of its activities.

(1)	(2)	(3)
Members and Associate Members	WHO scale for 1994-1995 (percentage)	United Nations assessment for 1992-1994 (percentage)
Syrian Arab Republic	0.04	0.04
Tajikistan	0.05	0.05
Thailand	0.11	0.11
Togo	0.01	0.01
Tokelau ^{a,b}	0.01	0.01 ^c
Tonga ^a	0.01	0.01 ^d
Trinidad and Tobago	0.05	0.05
Tunisia	0.03	0.03
Turkey	0.26	0.27
Turkmenistan	0.06	0.06
Uganda	0.01	0.01
Ukraine	1.84	1.87
United Arab Emirates	0.21	0.21
United Kingdom of Great Britain and Northern Ireland	4.94	5.02
United Republic of Tanzania	0.01	0.01
United States of America	25.00	25.00
Uruguay	0.04	0.04
Uzbekistan	0.25	0.26
Vanuatu	0.01	0.01
Venezuela	0.48	0.49
Viet Nam	0.01	0.01
Yemen	0.01	0.01
Yugoslavia	0.16	0.16
Zaire	0.01	0.01
Zambia	0.01	0.01
Zimbabwe	0.01	0.01
	100.00	101.24

^a Not a Member of the United Nations.

^b Associate Member.

^c Assumed United Nations rate if territory had been a Member of the United Nations.

^d Assessment imposed on a State which is not a Member of the United Nations, but participates in certain of its activities.

2. DECIDES FURTHER that the percentage rates of assessment assigned to the Czech Republic and the Slovak Republic are provisional and subject to amendment, if necessary, to take account of the United Nations rates of assessment for these Members, to be established by the United Nations General Assembly at a later date.

3. 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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مؤتمرات الجمعية العالمية للصحة العالمية

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RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.16

Agenda item 18.1

12 May 1993

WHO RESPONSE TO GLOBAL CHANGE

The Forty-sixth World Health Assembly,

Recalling the comments of the Director-General in his Introduction to the proposed programme budget for the biennium 1994-1995 that there is a need for the United Nations system to adapt to recent global political, social and economic developments;

Noting that the Executive Board established a Working Group on the WHO Response to Global Change, which presented an interim report of its findings and conclusions to the Board at its ninety-first session in January 1993;

Aware that a final report of the Working Group, which takes into account comments and suggestions of the members of the Executive Board, has been prepared and circulated to members of the Board for consideration at its ninety-second session in May 1993;

Realizing that the report is a major initial step in a process of reform within WHO;

Aware that the report contains ideas and draft recommendations on WHO's mission and governance, the role and operation of headquarters, regional and country WHO offices, and coordination with other organizations in the United Nations system, budgetary and financial considerations, technical expertise and research;

Conscious that the Director-General in his statement to the Forty-sixth World Health Assembly pledged his support for implementing the reforms outlined in the Working Group's report, in collaboration with the Regional Directors and Assistant Directors-General, programme directors and all WHO staff;

Noting the positive reaction of Member States to the Director-General's commitment to begin implementing the recommendations of the Working Group's report;

Confident that the implementation of the action proposed in the report will improve the effectiveness of the Organization's operations, particularly in developing countries;

1. REQUESTS the Executive Board, in conjunction with the Director-General:

- (1) to examine all recommendations and requests for action outlined in the Working Group's report and prioritize them;
- (2) to consider the implications of their implementation for WHO's programmes, procedures and structure at headquarters, regional and country level;
- (3) to mobilize the necessary resources to ensure the systematic implementation of the priorities established;

2. RECOMMENDS that the Executive Board should establish a mechanism to monitor the implementation of these reforms;
3. REQUESTS the Director-General:
 - (1) to report regularly to the Executive Board on the plans and timetable for, and progress in implementing the reforms;
 - (2) to report to the ninety-third session of the Board in January 1994, on action already taken to implement the reforms;
 - (3) to make a full report to the Forty-seventh World Health Assembly on progress in responding to the Working Group's report.

Twelfth plenary meeting, 12 May 1993
A46/VR/12

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世界衛生大會決議

مؤتمر جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
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WHA46.17

Agenda item 18.2

12 May 1993

HEALTH DEVELOPMENT IN A CHANGING WORLD - A CALL FOR COLLECTIVE ACTION

The Forty-sixth World Health Assembly,

Recalling resolutions WHA30.43, WHA34.36, WHA39.7, WHA42.2, WHA45.4 and WHA45.5, concerning the Strategy for Health for All by the Year 2000 and progress in its implementation;

Reaffirming resolutions WHA42.37 and WHA43.9 concerning the importance of technical cooperation among developing countries (TCDC) as a fundamental element of health development, and the implementation of the medium-term programme (1990-1995) of TCDC for health for all;

Deeply concerned with the deteriorating health and social conditions of the people in some of the least developed countries;

Being aware that further progress in health must be sustained by effective multisectoral action, particularly on social issues related to population, education, women and development, children and young people;

Recognizing that this is a time of profound change and rapid transition, of great challenge as well as of opportunities, especially for the achievement of health for all;

1. NOTES with satisfaction the "Jakarta message: a call for collective action and the democratization of international relations" emanating from the Tenth Conference of Heads of State or Government of Non-aligned Countries, held in Jakarta from 1 to 6 September 1992, which reaffirmed the right to a standard of living adequate for health and well-being - a fundamental human right - and endorsed technical cooperation among developing countries as a key approach for enhancing health development;
2. WELCOMES the commitment of the Heads of State or Government of the Non-aligned Countries to the full and effective implementation of: the Declaration and Plan of Action of the World Summit for Children (1990); the Summit Declaration on the Advancement of Rural Women (1992); Agenda 21 adopted by the United Nations Conference for Environment and Development (1992); and to the forthcoming International Conference on Population and Development (1994); the World Conference on Women: Action for Equality, Development and Peace (1995); and the World Summit for Social Development (1995);
3. URGES all Member States to undertake the necessary measures to participate effectively in these important events;
4. CALLS UPON all Member States to continue to elaborate and implement health policies aimed at reducing inequalities in health, improving access to health care, and promoting healthy life-styles, better nutrition and a healthy environment;

5. URGES developing countries:

- (1) to intensify further and accelerate their actions for implementation of primary health care, with emphasis on underserved and underprivileged population groups;
- (2) to mobilize and encourage the support of all partners in health development, including nongovernmental organizations and institutions in the private sector, in the implementation of their national strategies for health for all;
- (3) to strengthen existing mechanisms and explore new ones, establishing focal points at appropriate levels, in order to mobilize effectively their human and financial resources for the development and implementation of TCDC activities, particularly in the fields of training, supply and control of pharmaceuticals, and traditional medicine;

6. CALLS UPON the developed countries:

- (1) to facilitate the transfer of technology and resources to developing countries for health development programmes that correspond to the assessed needs and priorities of the developing countries and further support the application of the principles of TCDC;
- (2) to provide WHO with the necessary financial resources to implement programmes which support effectively the efforts of developing countries in accelerating the implementation of health for all through primary health care;

7. REQUESTS the Director-General:

- (1) to strengthen international technical cooperation by reinforcing and reorienting WHO programmes to mobilize effectively political, technical and financial support for the achievement of health goals, especially for the least developed countries;
- (2) to strengthen the TCDC aspects of all WHO programmes with potential emphasis on building national capacity for the sustained implementation of primary health care, as well as the application and transfer of appropriate methods, techniques and procedures that are socially relevant to the needs and priorities of developing countries;
- (3) to support the continued implementation of the medium-term programme on TCDC for health for all for the period 1990-1995, through the provision and mobilization of the necessary financial resources for catalytic support to enhance the capacity of subregional, regional and global collaborating institutions for health development and TCDC;
- (4) to participate effectively in the follow-up of the recommendations in the Declaration and Plan of Action of the World Summit for Children (1990) and the Summit Declaration on the Advancement of Rural Women (1992); and contribute to the successful outcome of the International Conference on Population and Development (1994), the World Conference on Women: Action for Equality, Development and Peace (1995), and the World Summit for Social Development (1995).

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مؤتمر جمعية الصحة العالمية

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

WHA46.18

Agenda item 18.2

12 May 1993

MATERNAL AND CHILD HEALTH AND FAMILY PLANNING FOR HEALTH

The Forty-sixth World Health Assembly,

Recalling resolutions WHA32.42 and WHA38.22 on maternal and child health, including family planning, maturity before childbearing and promotion of responsible parenthood; resolution WHA39.18 on implementation of the Nairobi Forward-looking Strategies for the Advancement of Women as they related to the health sector; resolution WHA45.22 on child health and development (health of the newborn); resolution WHA45.25 on women, health and development, and the Organization of African Unity International Conference on Assistance to African Children;

Noting the United Nations Convention on the Rights of the Child, and United Nations Economic and Social Council resolution 251 of 1992 on traditional practices affecting the health of women and children;

Recognizing that great progress has been made by national authorities in improving the health of women and children through the application of policies, programme strategies and appropriate technology for maternal and child health and family planning;

Reiterating the inherent relation between the health, and nutritional and social status of women on the one hand and the health and growth and development of children and adolescents on the other;

Noting that even for countries in greatest need a package of essential care for mothers and babies is feasible and can contribute significantly to improving maternal and child health;

Aware that the vulnerability of women and children has been evident in circumstances of war, drought, famine, racial and ethnic violence, and economic deprivation;

Concerned that:

- (a) progress has been limited in some of the essential components of maternal and child health/family planning programmes, particularly those for maternal and newborn care and family planning;
- (b) many countries in greatest need have not benefited from such progress;
- (c) population growth and structure and migration are imposing new barriers to progress; and
- (d) the continuing inequities affecting women in general and the persistence of harmful traditional practices such as child marriages, dietary limitations during pregnancy, and female genital mutilation, further restrict the attainment of the goals of health, development and human rights for all members of society;

Recognizing the importance of collaboration between governments, international bodies and nongovernmental organizations in dealing with the health and development needs of women, children and adolescents,

1. **WELCOMES** the suggestion by the members of the Executive Board that the Director-General should use the opportunity of preparations for the meeting of the Expert Committee on Maternal and Child Health to present to the Board and the Health Assembly a review of the global progress made and problems faced by national maternal and child health/family planning programmes;
2. **URGES** all Member States:
 - (1) to continue to monitor and evaluate the effectiveness of their efforts to achieve the goals and targets of the Strategy for Health for All, the World Population Plan of Action, the World Summit for Children and the International Conference on Nutrition, with particular reference to eliminating harmful traditional practices affecting the health of women, children and adolescents;
 - (2) to determine systematically and seek operational solutions to the managerial, social and behavioural obstacles preventing satisfaction of the health and development needs of women, children and adolescents;
3. **REQUESTS** the Director-General:
 - (1) to ensure that the Organization strengthens its technical support to and cooperation with Member States in implementing the measures specified above;
 - (2) to submit to the ninety-third session of the WHO Executive Board, a thorough assessment of progress of maternal and child health/family planning programmes in meeting the health and development needs of women, children and adolescents, including an examination of the scope and health implications of traditional practices;
 - (3) to collaborate with other organizations and bodies of the United Nations system, governmental and nongovernmental organizations in contributing to the preparation of a plan of action¹ for eliminating harmful traditional practices affecting the health of women, children and adolescents.

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¹ ECOSOC resolution 1992/251.



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

WHA46.19

Agenda item 18.2

12 May 1993

NONPROPRIETARY NAMES FOR PHARMACEUTICAL SUBSTANCES

The Forty-sixth World Health Assembly,

Recalling resolution WHA31.32 on the importance of using nonproprietary names in establishing national drug formularies;

Noting the fundamental contribution of the WHO programme on international nonproprietary names (INN) to effective communication in medicine, and the challenge inherent in maintaining the nomenclature as new substances are introduced into clinical use;

Acknowledging with satisfaction the increasing contribution of generic products to national drug markets in both developed and developing countries;

Noting the current trend to market products with the same active ingredient as, and intended to be clinically interchangeable with, a product currently on the market (multisource products) under trade-marks or brandnames derived from stems or other descriptors for international nonproprietary names nomenclature;

Recognizing that such use, particularly in respect of single-ingredient prescription drugs, may compromise the safety of patients by creating confusion in prescribing and dispensing medicines and by interfering with the orderly development of the nomenclature for international nonproprietary names;

Aware of the concern expressed by the International Conference of Drug Regulatory Authorities at its last meeting about the increasing use of pharmaceutical brandnames that are very similar to or derived from international nonproprietary names;

Noting the recommendation made by the WHO Expert Committee on the Use of Essential Drugs, in its fifth report,¹ on the need to discourage, as a matter of urgency, the use of trade-marks that are derived from international nonproprietary names,

1. REQUESTS Member States:

- (1) to enact rules or regulations, as necessary, to ensure that international nonproprietary names (or the equivalent nationally approved generic names) used in the labelling and advertising of pharmaceutical products are always displayed prominently;

¹ WHO Technical Report Series, No. 825, 1992.

(2) to encourage manufacturers to rely on their corporate name and the international nonproprietary names, rather than on trade-marks, to promote and market multisource products introduced after patent expiration;

(3) to develop policy guidelines on the use and protection of international nonproprietary names, and to discourage the use of names derived from INNs, and particularly names including established INN stems as trade-marks;

2. **CALLS ON** the Director-General to intensify his consultations with governments and representatives of the pharmaceutical industry on ways of reducing to a minimum the problems arising from drug nomenclatures that may create confusion and jeopardize the safety of patients.

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WHA46.20

Agenda item 19

12 May 1993

WHO GLOBAL STRATEGY FOR HEALTH AND ENVIRONMENT

The Forty-sixth World Health Assembly,

Having considered the reports of the Director-General on the draft WHO global strategy for health and environment,¹ prepared in response to resolution WHA45.31 on Health and Environment, and on the United Nations Conference on Environment and Development;²

Recalling resolutions WHA42.26 on WHO's contribution to the international efforts towards sustainable development, WHA45.32 on the International Programme on Chemical Safety, and EB91.R6 on the WHO global strategy for health and environment;

Mindful of resolution CD35.R17 of the Directing Council of the Pan American Health Organization and the Pan American Health Organization regional plan for investment in the environment and health;

Considering the United Nations Conference on Environment and Development and its results, in particular the Rio Declaration on Environment and Development and Agenda 21;

Noting the European Charter on Environment and Health;

Responding to resolution 47/191 of the United Nations General Assembly on institutional arrangements to follow up the United Nations Conference on Environment and Development, in particular the section on coordination within the United Nations system which requests all United Nations specialized agencies and related organizations of the United Nations system to strengthen and adjust their activities, programmes and medium-term plans, as appropriate, in accordance with Agenda 21, and invites the governing bodies of all the competent organizations to ensure that the tasks assigned to them are carried out effectively;

1. THANKS the Director-General for the very timely and thorough response to the directives of the United Nations Conference on Environment and Development;
2. ENDORSES the WHO global strategy for health and environment;
3. CALLS UPON Member States, in response to the United Nations Conference on Environment and Development:

(1) to give high priority, in line with paragraph 38.8 of Agenda 21, to matters relating to health and the environment in the development of plans on sustainable development at the country level and to utilize the WHO global strategy as the framework for the environmental health aspects of these plans;

¹ Document A46/11.

² Document A46/INF.DOC./3.

- (2) to collaborate closely with WHO in order to strengthen their own capacities in matters related to health and the environment for the attainment of environmentally sound and sustainable development;
 - (3) to allocate adequate resources to implement the WHO global strategy at the country level;
 - (4) to establish appropriate coordinating mechanisms, if they have not yet done so, to ensure collaboration among the authorities in all sectors having responsibilities for health and the environment, including nongovernmental organizations;
4. **APPEALS** to multilateral and bilateral funding organizations to support the WHO global strategy and to give high priority to programmes and projects on health and the environment in financing sustainable development;
5. **REQUESTS** regional committees to use the global strategy in developing corresponding regional strategies and action plans;
6. **REQUESTS** the Director-General:
- (1) to support Member States in ensuring that measures for health and the environment are fully incorporated into plans and activities for sustainable development;
 - (2) to promote actively the global strategy as the basis for measures for health and the environment in Member States;
 - (3) to promote and carry out as part of the strategy, prospective studies on potential environmental hazards to human health;
 - (4) to exploit fully available resources by establishing new approaches and mechanisms required to implement the global strategy, in particular approaches involving several programmes and the strengthening of the role of WHO representatives' offices in countries;
 - (5) to determine the resources required to implement plans of action based on the global strategy throughout WHO, to mobilize the required extrabudgetary resources for implementation at country level and to ensure that priority is given to related requirements in future programme budgets;
 - (6) to expand collaborative activities with other organizations responsible for matters relating to health and the environment and to establish alliances with financial and other organizations to ensure that health goals are incorporated into their programmes on environment and development;
 - (7) to support the convening, in line with paragraph 19.76 of Agenda 21, and in collaboration with the International Labour Organisation and the United Nations Environment Programme, an intergovernmental meeting to consider further the recommendations of the meeting of government-designated experts held in London in December 1991, on increased coordination among United Nations bodies, and on proposals for an intergovernmental mechanism on chemical risk assessment and management;
 - (8) to participate actively in the United Nations Development Programme's Capacity 21, a country-level capacity-building programme in support of Agenda 21;
 - (9) to contribute actively to the work of the Commission on Sustainable Development, established by the United Nations Economic and Social Council, and the Interagency Committee on Sustainable Development, and to forward to the Commission reports on WHO's contribution to the implementation of Agenda 21;
 - (10) to keep the Health Assembly informed through the Executive Board of progress in implementing this resolution.



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FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.21

Agenda item 22.1

12 May 1993

SPECIAL REPORT OF THE EXTERNAL AUDITOR

The Forty-sixth World Health Assembly,

Having considered the special report of the External Auditor on allegations of possible financial irregularities during 1992 (document A46/33);

Noting with concern that the report submitted by the External Auditor on the matter draws attention to certain lapses and shortcomings in the letting of WHO contracts, especially in its existing contractual procedures;

Welcoming the insight provided by the report into the Organization's existing contractual rules and practices and for the positive recommendations to review and strengthen them;

Noting that full cooperation was extended to the External Auditor by WHO officials;

Expressing a desire that cost-effective means be found to strengthen the contractual procedures of the Organization, taking into account the need for the greatest possible efficiency and transparency as well as the ability to respond quickly and appropriately to the needs of Member States, particularly those in greatest need;

Wishing to improve the reputation of WHO;

1. WELCOMES and supports the Director-General's undertaking to take measures to implement the recommendations of the External Auditor to streamline contractual procedures and strengthen the review of contracts by higher levels of management;
2. REQUESTS the Director-General:
 - (1) to review, and amend as appropriate, existing contractual rules and procedures and to identify feasible and cost-effective methods to implement the recommendations of the External Auditor and overcome shortcomings identified in his report;
 - (2) to establish, in full consultation with the Executive Board, and with due regard to the recommendations of the External Auditor, a policy regarding contractual relations and employment of Board members, alternates and advisers with the Organization, and enforce that policy;
 - (3) in order to implement the recommendations of the External Auditor, to make appropriate adjustments in WHO structures and staff, and financial regulations that ensure effective implementation of strengthened contractual rules and procedures and which are responsive to the needs of WHO programmes and consistent with the Organization's aims and objectives;
 - (4) to secure maximum transparency, accountability and efficient use of WHO's resources, reestablishing the confidence of all Member States in its financial operations; and

(5) to report on actions taken to implement this resolution to the Executive Board in January 1994 and to the Forty-seventh World Health Assembly.

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WHA46.22

Agenda item 28

12 May 1993

REAL ESTATE FUND

The Forty-sixth World Health Assembly,

Having considered resolution EB91.R14 and the report of the Director-General on the status of projects financed from the Real Estate Fund and on the estimated requirements of the Fund for the period 1 June 1993 to 31 May 1994;

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 an estimated cost of US\$ 535 000;
2. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US\$ 145 000.

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WHA46.23

Agenda item 29.1

12 May 1993

RECRUITMENT OF INTERNATIONAL STAFF IN WHO: GEOGRAPHICAL REPRESENTATION

The Forty-sixth 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 Board on the same subject, the last of which was WHA44.23;

Noting that the Director-General has adjusted recruitment procedures to facilitate efforts to improve geographical representation;

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 September 1994 for the appointment of nationals of unrepresented and under-represented countries and those below the mid-point of the desirable range;
2. CALLS UPON the Director-General and the Regional Directors to pursue energetically their efforts to continue to improve geographical representation;
3. REQUESTS the Director-General to modify the method for calculating desirable ranges by revising the number of posts used in that calculation to 1600;
4. FURTHER REQUESTS the Director-General to report on the recruitment of international staff in WHO to the Executive Board and the Health Assembly in 1995.

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WHA46.24

Agenda item 29.1

12 May 1993

RECRUITMENT OF INTERNATIONAL STAFF IN WHO: EMPLOYMENT AND PARTICIPATION OF WOMEN

The Forty-sixth World Health Assembly,

Noting the report and proposals of the Director-General and the views of the Executive Board with regard to the employment and participation of women in the work of WHO;

Recalling earlier resolutions of the Health Assembly and the Board on this subject, and in particular resolution WHA38.12;

Noting the situation as at September 1992 regarding the proportion of women on the staff, their distribution by grade and their participation in WHO's programmes as consultants, temporary advisers, members of technical groups and fellows,

1. DECIDES to maintain the target of 30% for the proportion of all professional and higher-graded posts in established offices to be occupied by women and to set a time-limit of 30 September 1995 for reaching this target;
2. URGES Member States to assist the Director-General in his efforts to find ways of increasing the participation of women in the programmes of WHO by proposing women candidates for long- and short-term assignments, for expert advisory panels and study groups and for fellowships, and by encouraging the increased participation of women in technical meetings and meetings of WHO's governing bodies;
3. CALLS UPON the Director-General and the Regional Directors, directors and programme managers to pursue energetically their efforts to ensure women's equitable participation, particularly at the highest levels of responsibility;
4. REQUESTS the Director-General to report on the employment and participation of women in the work of WHO to the Executive Board and the Health Assembly in 1996.

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WHA46.25

Agenda item 29.2

12 May 1993

SALARIES FOR UNGRADED POSTS AND THE DIRECTOR-GENERAL

The Forty-sixth World Health Assembly,

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

1. ESTABLISHES the salary for the posts of Assistant Directors-General and Regional Directors at US\$ 134 454 per annum before staff assessment, resulting in a modified net salary of US\$ 79 716 (dependency rate) or US\$ 72 087 (single rate);
2. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 148 296 per annum before staff assessment, resulting in a modified net salary of US\$ 86 914 (dependency rate) or US\$ 78 122 (single rate);
3. ESTABLISHES the salary for the Director-General at US\$ 183 158 per annum before staff assessment, resulting in a modified net salary of US\$ 105 042 (dependency rate) or US\$ 93 322 (single rate);
4. DECIDES that these adjustments in remuneration shall come into effect on 1 March 1993

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WHA46.26

Agenda item 30

12 May 1993

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

The Forty-sixth 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 over the deterioration of the health conditions of the Palestinian people living in the occupied Arab territories, as a result of occupying power policies, including the measures which obstruct the delivery of health services to the Arab population in the occupied Arab territories;

Concerned about violations by the occupation authorities of the human rights of the Palestinian people during the *Intifada*, on account of their negative effects on health particularly at a time when social and economic conditions in the territories are deteriorating;

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

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

Recognizing the need for increased support and health 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 the hope that the peace talks among the parties concerned in the Middle East will lead to a just and comprehensive peace based on the principles of international legitimacy and, in particular, on relevant United Nations resolutions, including the improvement of health conditions;

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

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

Recalling Health Assembly resolutions on the health conditions of the Arab population in the occupied Arab territories including Palestine,

¹ Document A46/24.

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;**
2. **EXPRESSES CONCERN at the deterioration in the health conditions of the Arab population in the occupied Arab territories, affirming that it is the role of the World Health Organization to assist in the provision of health care to the Palestinian people and the other Arab populations in the occupied Arab territories;**
3. **WELCOMES the resumption of the peace talks and expresses the hope that the peace talks will lead quickly to a just, and comprehensive peace in the Middle East, so that the Palestinian people can exercise responsibility for their health services and develop their health plans and projects to participate with the peoples of the world in the achievement of WHO's objective of "Health for All by the Year 2000";**
4. **STRESSES that the policies of the Israeli authorities in the occupied Arab territories are not consistent with the development of a health system appropriate to the needs of the Palestinian people, and that the only way to develop such a system is by enabling the Palestinian people to run their own affairs and oversee their own health services;**
5. **DEPLORES the continuing deterioration of the situation in the occupied Arab territories, which seriously affects the living conditions of the people, compromises in a lasting fashion the future of the Palestinian society, and prevents the economic and social development of those territories;**
6. **EXPRESSES ITS DEEP CONCERN at the Israeli refusal to permit the Special Committee of Experts to visit the occupied Arab territories, requesting that Israel allow the Committee to fulfil its mission of investigating the health conditions of the populations in those territories;**
7. **THANKS the Chairman of the Special Committee of Experts and requests the Special Committee of Experts to continue its mission and report on the health conditions of the Arab population in the occupied Arab territories to the Forty-seventh World Health Assembly;**
8. **RECALLS resolutions WHA42.14, WHA43.26, WHA44.31 and WHA45.26 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;**
9. **THANKS the Director-General for his efforts, requesting him, in the light of relevant Health Assembly resolutions:**
 - (1) **to continue the efforts to implement the special assistance programme, emphasizing the primary health care approach, in coordination with all Member States, observers and all other organizations involved in health and humanitarian activities;**
 - (2) **to further coordinate health activities, in particular in priority areas such as maternal and child health and an expanded programme of immunization, to cope with worsening problems related to water supply, sanitation and disposal of solid waste in the occupied Arab territories, and to help with planning in environmental health;**
 - (3) **to provide the systematic support required to enable the Palestinian people to assume responsibility for their health services, and to strengthen the role of the organizational unit on the health of the Palestinian people, the establishment of which at WHO headquarters was approved, in order to support training programmes for Palestinian health and administrative manpower;**
 - (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 Members and observers in WHO referred to in Health Assembly resolutions related to this item;**

(5) to continue his efforts to seek funds from extrabudgetary sources in support of the special technical assistance programme, taking into consideration the development of the comprehensive health plan for the Palestinian people;

(6) to report on the above to the Forty-seventh World Health Assembly;

10. **THANKS** all Member States, intergovernmental and nongovernmental organizations, and calls on them to continue 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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WHA46.27

Agenda item 31.2

12 May 1993

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM INTERNATIONAL YEAR OF THE FAMILY (1994)

The Forty-sixth World Health Assembly,

Having considered the Director-General's report on "Collaboration within the United Nations system: International Year of the Family (1994)";

Recalling resolution 44/82 of the United Nations General Assembly proclaiming 1994 as the International Year of the Family with the theme "Family: resources and responsibilities in a changing world", and the conclusions and recommendations of Technical Discussions held at the time of Health Assemblies and of progress reports on such family-related subjects as the role of intersectoral cooperation in national strategies for health for all (resolution WHA39.22); the reproductive health of young people (resolution WHA38.22) and health of youth (resolution WHA42.41); mental health (resolution WHA39.25); women's health (resolution WHA42.42), and substance abuse (resolution WHA42.20);

Noting that the family plays a major role in the caring, nurturing, and emotional and material support essential to the growth and well-being of its members, while recognizing that these functions of the family may be undermined or thwarted by such circumstances as war, drought, famine, racial or ethnic violence, and economic deprivation, or in the case of inadequate preparation for parenthood and family-building;

Convinced that equality between sexes, women's equal participation in employment, and shared parental responsibility are key ingredients for the attainment of the goals of health for all;

Reaffirming the importance of the role, responsibilities and resources of the family in the health of its individual members in particular, and in primary health care in general,

1. URGES all Member States:

- (1) to give effect to the objectives of the International Year of the Family in the health sector, including the strengthening of intersectoral collaboration in support of the goals of health for all as a crucial means for meeting the health and other development needs of families;
- (2) to determine, in collaboration with other sectors, which families are at risk of not being able to meet the basic needs of their members, and to develop or strengthen coordinated support to such families, including close collaboration with nongovernmental organizations, including women's organizations;
- (3) to undertake operational research on approaches to enhancement of the health, nurturing, caring and development functions within the family;

(4) to ratify, if they have not already done so, and to implement such international instruments as the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child as vehicles for family health development;

2. URGES the Director-General:

(1) to provide coordinated support to Member States, with other organizations and bodies of the United Nations system, for research on methods for measuring and evaluating the impact of policies and programmes on the health and functioning of the family and its members, and for determining which families are at risk of not being able to provide for the basic needs of their members;

(2) to examine the cost and benefits and social implications of a greater involvement of the family in health promotion, disease prevention, treatment and rehabilitation, with particular emphasis on equity and on sharing of family responsibilities.

Twelfth plenary meeting, 12 May 1993
A46/VR/12

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世界衛生大會 決議

مؤتمرات الجمعية العالمية للصحة العالمية

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

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.28

Agenda item 31.3

12 May 1993

HEALTH ASSISTANCE TO SPECIFIC COUNTRIES

The Forty-sixth World Health Assembly,

Mindful of resolutions WHA34.26, WHA38.29, WHA42.16 and WHA44.41 on the responsibilities that fall upon the Organization in emergency situations and disasters;

Aware of the consequences of the recent disaster caused by the atmospheric phenomenon known as the "Storm of the Century", which has severely affected not only the civil population and their property but also the agricultural and industrial activities of the country concerned, and in particular the health services;

Reaffirming resolution 47/228 of the United Nations General Assembly requesting all States and international organizations and other intergovernmental organizations to provide emergency support to Cuba in order to alleviate the difficult situation in which the affected population are placed, including their economic and financial burden,

REQUESTS the Director-General to accord the necessary assistance to the Republic of Cuba in order to help overcome the present crisis in the health care sector, and calls upon all Member States to contribute towards this objective.

Twelfth plenary meeting, 12 May 1993
A46/VR/12

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世界衛生大會決議

إقرار جمعية الصحة العالمية

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

WHA46.29

Agenda item 31.3

12 May 1993

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM HEALTH ASSISTANCE TO SPECIFIC COUNTRIES

The Forty-sixth World Health Assembly,

Recalling and confirming the previous resolutions of the Health Assembly on health assistance to specific countries, and the most recent resolution WHA45.21 which includes reference to Health and medical assistance to Lebanon; Health assistance to refugees and displaced persons in Cyprus; Liberation struggle in southern Africa: assistance to the front-line States, Lesotho and Swaziland; Reconstruction and development of the health sector in Namibia; and Health and medical assistance to Somalia;

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

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

Recalling resolution WHA35.1, on methods of work of the Health Assembly, which draws attention to the desirability of a full discussion at regional levels of all matters dealing with specific countries before such items are referred to the Health Assembly, and the recent decision on this matter by the Regional Committee for the Eastern Mediterranean (EM39/RC/D/11);

Having examined the Director-General's report¹ on the action taken by WHO for health assistance to specific countries and to drought-affected countries;

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

Twelfth plenary meeting, 12 May 1993
A46/VR/12

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¹ Document A46/27.



世界衛生大會 決議

مؤارحة الصحة العالمية

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

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.30

Agenda item 18.2

14 May 1993

**INCREASED SUPPORT UNDER THE PROGRAMME OF INTENSIFIED
COOPERATION WITH COUNTRIES IN GREATEST NEED,
IN PARTICULAR FOR THE AFRICAN COUNTRIES**

The Forty-sixth World Health Assembly,

Noting the Director-General's reports to the ninety-first session of the Executive Board and the Forty-sixth World Health Assembly, and with particular reference to WHO's unwavering support to the peoples of developing countries, particularly in Africa, against the many pandemics that affect them;

Recalling resolutions WHA43.17 and WHA44.24 committing the Organization to intensified cooperation, including the reallocation of its human and financial resources and reorientation of its programmes with countries in greatest need;

Recalling resolution AFR/RC41 of the forty-first session of the Regional Committee for Africa (1991), on the Bujumbura Appeal, "A Call for Africa";

Aware that adverse economic factors and armed conflicts have a very bad effect on health status;

Recognizing that many developing countries, particularly in Africa, are struggling under the strain of structural adjustment programmes, the debt burden, falling prices of commodities, the depreciating value of their currencies, the rapid deterioration of their health care infrastructures, as well as the burden of disease and the rising cost of health care;

Acknowledging the efforts of the World Health Organization and the international community in support of African health development,

1. APPEALS to all Member States, bilateral and multilateral development agencies, other organizations of the United Nations system and nongovernmental organizations to continue and to intensify their support for developing countries, particularly in Africa, in the implementation of their health-for-all strategies;
2. REQUESTS the Director-General:
 - (1) to focus efforts on the health priorities of African countries and to mobilize the necessary resources to support their efforts to attain health for all;
 - (2) to report to the Forty-eighth World Health Assembly on the action taken in implementing this resolution.

Thirteenth plenary meeting, 14 May 1993
A46/VR/13

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世界衛生大會 決議

دعوات جمعية الصحة العالمية

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

WHA46.31

Agenda item 18.2

14 May 1993

DENGUE PREVENTION AND CONTROL

The Forty-sixth World Health Assembly,

Recalling resolutions CD31.R26 and CD33.R19 of the Directing Council of the Pan American Health Organization on vectors of dengue;

Aware that epidemic dengue continues to pose a problem, with dramatic increases in cases and extreme risk of rapid and serious outbreaks, and that dengue haemorrhagic fever and dengue shock syndrome are spreading with associated loss of life, hampering socioeconomic development, affecting hospital services, tourism and employment (through loss of days of work), and threatening the lives of children as well as the health and well-being of adults in a large proportion of the urban, peri-urban and some rural populations of tropical regions;

Deeply concerned at the increasingly frequent occurrence of new epidemics and the rising fatality rates in the Americas and Asia, the rapid spread of dengue mosquito vectors, *Aedes aegypti* and *Aedes albopictus*, and their continued proliferation, constituting a serious health hazard as a cause not only of epidemic dengue but also of other serious diseases such as yellow fever, chikungunya and epidemic polyarthritides of which they are the vectors;

Recognizing that epidemics of dengue and dengue haemorrhagic fever are predominantly confined to cities, although significant outbreaks have occurred in rural areas also, and that population movements and unplanned rapid urbanization, particularly where water supply is poor, will continue to increase the risk of dengue transmission;

Recognizing that although there are positive developments in dengue vaccine research, including the successful completion of formal Phase I and II clinical trials using a live, attenuated, tetravalent candidate vaccine, and acknowledging that while manufacturing for Phase III efficacy testing is proceeding, a vaccine however is not yet available for public health use;

Appreciating the fundamental importance of community participation in most control measures, such as those to prevent breeding of *A. aegypti*;

Aware that a major problem in controlling vector-borne diseases, including dengue, is the lack of specialists capable of planning and implementing such disease control programmes in many countries and carrying out the necessary operational research;

Acknowledging that governments in countries where dengue, dengue haemorrhagic fever and dengue shock syndrome are endemic are having great difficulty in organizing, staffing and financing nationwide dengue control programmes;

Recognizing that control efforts will require the joint efforts of high-level policy and decision-makers with health authorities, municipal planners and those responsible for public health,

1. CONFIRMS that dengue prevention and control should be among the priorities of WHO;
2. URGES Member States:
 - (1) to strengthen national and local programmes for the prevention and control of dengue, dengue haemorrhagic fever and dengue shock syndrome, ensuring monitoring and assessment by general health services and other institutions as appropriate and reinforcing surveillance of the vector population, prevalence of the virus and numbers of cases in urban areas and among high-risk populations such as the urban and peri-urban poor;
 - (2) to concentrate on cost-effective approaches and control measures which in the meantime can significantly reduce dengue vector density and disease transmission, such as improved and expanded vector monitoring, appropriate vector control and proper waste management;
 - (3) to expand diagnostic capabilities and strengthen clinical and epidemiological surveillance for dengue and dengue haemorrhagic fever to better define their distribution and burden;
 - (4) to establish, in collaboration with WHO, safe and economic measures for the prevention and control of dengue, including planned urban development and the provision of safe and dependable water supplies through coordinated efforts in the public and private sectors;
 - (5) to increase numbers of well trained staff at all institutional levels for the planning and implementation of dengue operations and reduction of mortality through improved clinical management;
 - (6) to strengthen research on the pathophysiology of dengue infections; to improve community health education; to encourage health promotion and better hygiene; and to increase awareness and the capacity for action at the community level;
 - (7) to facilitate Phase III field efficacy trials, testing candidate dengue vaccines;
3. URGES other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned, to increase their cooperation in dengue prevention and control both through continued support for general health and social development and through specific support to national and international dengue prevention and control programmes, including emergency control;
4. REQUESTS the Director-General:
 - (1) to establish, in consultation with affected Member States, strategies to contain the spread and increasing incidence of dengue, dengue haemorrhagic fever and dengue shock syndrome in a manner sustainable by countries;
 - (2) to draw up plans for emergency health cooperation against outbreaks of dengue and coordinate their implementation with interested agencies and other groups;
 - (3) to increase WHO's capacity, within available resources, for directing and strengthening research in dengue surveillance, epidemiology and vaccine development, and to guide Member States in the prevention and control of dengue, including vector control;
 - (4) to coordinate dengue prevention and control in cooperation with other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned;
 - (5) to increase efforts to find extrabudgetary resources for support to national and international dengue prevention and control activities;
 - (6) to keep the Executive Board and the Health Assembly informed of progress in the implementation of this resolution.



世界衛生大會決議

مؤتمر جمعية الصحة العالمية

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

WHA46.32

Agenda item 18.2

14 May 1993

CONTROL OF MALARIA

The Forty-sixth World Health Assembly,

Recalling resolution WHA42.30 on the global malaria situation;

Recalling resolution AFR/RC42/R8 of the forty-second session of the Regional Committee for Africa, resolution SEA/RC45/R6 of the forty-fifth session of the Regional Committee for South-East Asia, and resolution WPR/RC42.R9 of the forty-second session of the Regional Committee for the Western Pacific;

Recalling that malaria threatens 2200 million people - about 40% of the world's population - causing often severe clinical illness in over 100 million people, and that more than one million die of it annually, hampering socioeconomic development and severely affecting the overall health status of populations;

Noting the report of the Director-General on the Ministerial Conference on Malaria, held in Amsterdam on 26 and 27 October 1992, at the invitation of the Government of the Netherlands, and the World Declaration on the Control of Malaria made at that conference and reproduced in the report;

Noting with satisfaction that the World Declaration on the Control of Malaria is fully consonant with the spirit of resolution WHA43.17 on strengthening technical and economic support to countries facing serious economic constraints;

1. THANKS the Government of the Netherlands for its hospitality and for the financial and technical support as well as the excellent facilities provided for the Ministerial Conference;
2. THANKS the other partners, including bilateral and multilateral development agencies and organizations of the United Nations system concerned for their technical and financial support to the Ministerial Conference;
3. ENDORSES the World Declaration on the Control of Malaria, which
 - (1) asserts the gravity of malaria, both as an unacceptable and unnecessary burden upon human health and as a serious obstacle to the social and economic fulfilment of persons and States;
 - (2) proclaims the strong commitment of political and health service leaders alike to curb the disease,
 - (3) promulgates a global malaria control strategy for country-specific action founded on a realistic appreciation of needs and means;
 - (4) fully supports the four technical elements of the strategy:
 - to provide early diagnosis and prompt treatment;
 - to plan and implement selective and sustainable preventive measures, including vector control,

- to detect early, contain or prevent epidemics;
- to strengthen local capacities in basic and applied research to permit and promote the regular assessment of a country's malaria situation, in particular the ecological, social and economic determinants of the disease;

4. URGES Member States where malaria remains a problem or a potential threat to reinforce their efforts for prevention and control in accordance with the principles enunciated in the Declaration;

5. URGES interested parties, including bilateral and multilateral development agencies, other organizations of the United Nations system and nongovernmental organizations:

- (1) to recognize the contributions of malaria control to individual health and community development;
- (2) to review the provision of multisectoral support for malaria control efforts;
- (3) to take into account the risk of malaria and related problems and the possible measures required to prevent them in the planning and implementation of development projects so that such projects do not contribute to the transmission of malaria and other communicable diseases;
- (4) to reinforce malaria surveillance;

6. REQUESTS the Director-General:

- (1) to reinforce WHO leadership in malaria control;
- (2) to ensure, with the Regional Directors concerned, the necessary technical support at global, regional and national levels to Member States for the preparation or reorientation of malaria control programmes according to the global malaria control strategy and for their implementation in the context of primary health care;
- (3) to pursue efforts for the progressive improvement and strengthening of local and national capabilities for malaria control and research through the health infrastructure;
- (4) to ensure that malaria control programmes conform to current standards of malaria control and that technical developments are rapidly translated into programme guidelines;
- (5) to stimulate the mobilization of resources at the global, regional and national levels sufficient to give the necessary priority to malaria control;
- (6) to continue seeking collaboration with new partners in effective and sustainable malaria control;
- (7) to keep the Executive Board and the Health Assembly informed of progress in the implementation of the global malaria control strategy, including the provision of epidemiological data.

Thirteenth plenary meeting, 14 May 1993
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تصاريح الجمعية العالمية للصحة

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

WHA46.33

Agenda item 19

14 May 1993

ERADICATION OF POLIOMYELITIS

The Forty-sixth World Health Assembly,

Noting the report of the Director-General on the Expanded Programme on Immunization which emphasizes the need to accelerate progress, particularly in implementing the initiative to eradicate poliomyelitis by the year 2000;

Appreciating the progress towards the goal of poliomyelitis eradication being made in all WHO regions;

Congratulating the countries of the Region of the Americas on having had no cases of poliomyelitis caused by wild poliovirus for over one year;

Noting resolution WPR/RC39.R15 of the Regional Committee for the Western Pacific on the regional eradication of poliomyelitis by the year 1995;

Recognizing the major concern expressed by the Programme's Global Advisory Group at "the absence of political will on the part of some industrialized countries, developing countries and donors to make poliomyelitis eradication a sufficiently high priority";

Warning that the goal of global poliomyelitis eradication will not be achieved unless there is a continuing acceleration of national immunization programmes;

Emphasizing that eradication of poliomyelitis will strengthen the Programme's activities against other diseases, conserve financial resources currently committed to vaccine purchase and medical and rehabilitative care, improve surveillance, strengthen laboratory services, render delivery systems more effective and increase community participation;

Recalling resolutions WHA41.28, WHA42.32, WHA44.33 and WHA45.17 of the Health Assembly and the World Declaration on the Survival, Protection and Development of Children, which set goals for the 1990s, including the global eradication of poliomyelitis, the elimination of neonatal tetanus and the reduction of measles morbidity and mortality,

- 1 REAFFIRMS that the goal of global eradication of poliomyelitis by the year 2000 is achievable;
- 2 CONFIRMS WHO's commitment to the eradication of poliomyelitis as one of its highest priorities for global health work;
- 3 ENDORSES the revised plan of action, including the establishment and extension of poliomyelitis-free zones and the confirmation of the absence of wild poliovirus transmission in those zones,

4. APPRECIATES the commitment, support and coordinated actions of UNICEF and other organizations of the United Nations system, other intergovernmental agencies and governmental and nongovernmental organizations, in particular Rotary International,
5. URGES Member States:
 - (1) to reaffirm their commitment to the national eradication of poliomyelitis and make available the staff and resources necessary to achieve it;
 - (2) to implement the essential policies and strategies in the global plan of action;
 - (3) to develop effective surveillance for cases of acute flaccid paralysis and persistent wild poliovirus circulation among the population and in the environment;
 - (4) to strengthen rehabilitation services for children disabled by poliomyelitis and other paralytic illnesses;
6. CALLS ON organizations of the United Nations system, other intergovernmental agencies, and governmental and nongovernmental organizations to support countries committed to poliomyelitis eradication by cooperating in the planning and implementation of essential activities, ensuring provision of adequate quantities of poliovaccine for supplementary immunization, supporting the development of the poliovirus laboratory network, and providing technical assistance on surveillance and immunization;
7. REQUESTS the Director-General:
 - (1) to implement the measures necessary to achieve the global eradication of poliomyelitis by the year 2000, particularly plans, budgetary support and organizational activities necessary for coordinated health work;
 - (2) to support countries in obtaining sufficient quantities of vaccine meeting WHO quality requirements for both routine and supplementary immunization, including local production or bottling of bulk vaccine, as appropriate;
 - (3) to cooperate with countries in determining their other needs with regard to implementing the essential measures to achieve poliomyelitis eradication, including logistics and cold-chain systems, laboratory services, and surveillance;
 - (4) to work with other organizations of the United Nations system, other intergovernmental agencies and governmental and nongovernmental organizations to mobilize sufficient funding for vaccine supply and to meet other requirements for the eradication of poliomyelitis;
 - (5) to monitor progress on a monthly basis through reports of detected cases of acute flaccid paralysis, confirmed cases of poliomyelitis and indicators of the effectiveness of surveillance;
 - (6) to continue to pursue basic and operational research relevant to poliomyelitis eradication;
 - (7) to keep the Executive Board and the Health Assembly informed of progress towards the global eradication of poliomyelitis by the year 2000.



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FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.34

Agenda item 18.3

14 May 1993

APPROPRIATION RESOLUTION FOR THE FINANCIAL PERIOD 1994-1995

The Forty-sixth World Health Assembly

RESOLVES to appropriate for the financial period 1994-1995 an amount of US\$ 890 386 600 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US\$
1.	Direction, coordination and management . .	97 847 000
2.	Health system infrastructure	272 219 900
3.	Health science and technology: health promotion and care	145 209 400
4.	Health science and technology: disease prevention and control	103 957 100
5.	Programme support	202 867 600
	Effective working budget	822 101 000
6.	Transfer to Tax Equalization Fund	65 000 000
7.	Undistributed reserve	3 285 600
	Total	890 386 600

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 1994 - 31 December 1995 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 1994-1995 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\$ 11 494 000). 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 1994-1995. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5

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

	US \$
(i) reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of	3 600 000
(ii) casual income (other than interest earned)	388 000
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	3 988 000
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thus resulting in assessments on Members of US\$ 886 398 600. 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\$ 12 741 000) 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 1994-1995.

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FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.35

Agenda item 18.3

14 May 1993

BUDGETARY REFORM

The Forty-sixth World Health Assembly,

Having considered the report of the Executive Board on the proposed programme budget for the financial period 1994-1995;

Recalling the Board's requests to the Director-General in its resolution EB91.R12;

Reiterating the obligation of all Member States to pay their assessed contributions in full and on time;

Mindful of the Organization's obligation to cooperate in health development in Member States and conscious of the rising costs of health care, the analysis and planning of care as well as the provision of services;

Recognizing the need to ensure that WHO carries out its programmes in the most transparent, most cost-effective and productive manner, providing the best value for money and redirecting resources to reflect priority health needs;

Reaffirming the fundamental importance of realistic programme targets and measurable outcomes;

Concerned by the growing proportion of the Organization's budget that goes to pay administrative costs, including staff and staff-related costs, and recognizing the desirability of an appropriate ratio between these costs and the costs of overall programme delivery,

Underlining the importance of achieving the highest standards of accountability and transparency within the programme and budget of the Organization;

Concerned by the complexity and lack of clarity in existing budget documents particularly in the failure to relate financial allocations and staff costs to specific health priorities, and the difficulty this poses for the Executive Board and the World Health Assembly in determining and establishing the strategic and financial priorities of the Organization;

Welcoming the intention expressed by the Director-General to relate the presentation of the programme budget to the statements of accounts, which will permit assessment of the amounts spent on programmes and their results,

REQUESTS the Director-General:

1. to introduce a clearer, simpler, more "user-friendly" proposed programme budget (blue book) for the financial period 1996-1997;
2. to develop an improved budget and accounting process which:

- (1) provides for a clearer, simpler presentation;
 - (2) reduces significantly the lead time between the beginning of preparation of the programme budget and its adoption,
 - (3) determines strategic and financial priorities within agreed global objectives,
 - (4) establishes realistic and measurable targets in accordance with each health priority established;
 - (5) reallocates human and financial resources to reflect the priorities and targets;
 - (6) establishes a process of regular evaluation of progress towards the agreed targets;
 - (7) includes data on actual cost increases during the last complete financial period and compares these with forecasts;
 - (8) takes account of the common accounting standards under development for organizations of the United Nations system,
- 3 to take measures to achieve a more appropriate ratio of staff and staff-related costs to all other programme costs,
- 4 to submit to the ninety-third session of the Executive Board in January 1994, for its consideration within the framework of its study of the report of the Working Group on the WHO Response to Global Change, a proposal in conformity with the recommendation of the Joint Inspection Unit in its report JIU/REP/89/9 for the establishment of a Budget and Finance Committee to assist the Board and through it, the Health Assembly in their deliberations on budgetary questions;
- 5 to report to the ninety-third session of the Board in January 1994 and to the Forty-seventh World Health Assembly on the progress achieved in implementing this resolution.

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WHA46.36

Agenda item 19

14 May 1993

TUBERCULOSIS PROGRAMME

The Forty-sixth World Health Assembly,

Recalling resolution WHA44.8 which endorsed a dual approach with a global target of successful treatment of 85% of detected sputum-positive patients and detection of 70% of such cases by the year 2000;

Aware that tuberculosis remains one of the most important causes of death despite the existence of highly cost-effective strategies and the availability of tools to control the disease;

Recognizing that the already serious situation is rapidly worsening in both developing and industrialized countries as the result of not emphasizing tuberculosis as a priority programme, economic recession, appalling conditions in many parts of the world due to war, civil disorders, famine and other calamities, spread of HIV infection, and increased international migration;

Stressing that there is a severe lack of political will and resources for operating effective programmes not only in many developing countries but also in some industrialized countries;

Concerned over the fact that inadequately managed tuberculosis programmes and especially incomplete treatment of tuberculosis may lead to the development of dangerous drug-resistant forms of tuberculosis, and that there is still inadequate appreciation of the seriousness of the situation,

1. THANKS the Director-General for his report;
2. WELCOMES the progress achieved during the past two years in meeting the needs of Member States, in particular:
 - (1) the setting-up of a coordination, advisory and review group involving representatives of Member States, donors and the scientific community in guidance of the programme;
 - (2) the development of cost-effective tuberculosis programme management strategies, effective tools to implement the strategies, and training materials;
3. URGES Member States to take rapid action to strengthen national tuberculosis programmes, as part of their national health services and as an integral part of primary health care, within the framework of WHO's global tuberculosis strategy, the main components of which are:
 - (1) detection of smear-positive cases through reliable microscopic examinations;
 - (2) introduction of standardized short-course chemotherapy with particular emphasis on directly observed therapy during the initial two months;

- (3) introduction of standardized case registries and thorough evaluation of treatment results by cohort analysis;
 - (4) provision of regular and uninterrupted supplies of antituberculosis drugs of assured quality to all treatment centres with particular emphasis on coordinating supply, storage and distribution, so that drugs are used appropriately, preferably being only accessible through national control programmes where they exist;
 - (5) promotion of public awareness on the prevention of tuberculosis, the recent increase in its incidence and its relation with HIV, through appropriate channels including schools and the media;
4. URGES the international community, including bilateral, multilateral and nongovernmental organizations, to continue their collaboration and support for improved tuberculosis programmes at national, regional and global levels;
5. REQUESTS the Director-General:
- (1) to ensure that the WHO tuberculosis strategy is effectively supported and implemented at all levels of the Organization by further strengthening the capacity of the programme, and to reinforce WHO's support to Member States in the effective implementation of their national tuberculosis programmes;
 - (2) to ensure coordinated efforts to fight tuberculosis with other relevant programmes, especially the Drug Action Programme, the Global Programme on AIDS and programmes on primary health care including district health systems, in order to use limited resources optimally;
 - (3) to advocate vigorously that the responsible authorities in Member States and the international community concentrate available resources on the urgent task of controlling tuberculosis;
 - (4) to mobilize additional resources in order to accelerate and expand cooperation with Member States for tuberculosis control and to consider establishing a Special Account for Tuberculosis in the Voluntary Fund for Health Promotion;
 - (5) to keep the Executive Board and the Health Assembly informed of progress in implementing this resolution.

Thirteenth plenary meeting, 14 May 1993
A46/VR/13

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世界衛生大會決議

إقرار جمعية الصحة العالمية

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

FORTY-SIXTH WORLD HEALTH ASSEMBLY

WHA46.37

Agenda item 20

14 May 1993

STUDY ON A UNITED NATIONS PROGRAMME ON HIV/AIDS

The Forty-sixth World Health Assembly,

Having considered the report of the Director-General on the implementation of the global strategy for the prevention and control of AIDS in document A46/14;

Recalling resolutions WHA40.26, WHA41.24, WHA42.33, WHA42.34, WHA43.10 and WHA45.35, as well as United Nations Economic and Social Council resolution 1992/33 and United Nations General Assembly resolution 47/40;

Recognizing with concern the rapid spread of HIV and AIDS as a crucial health problem with major implications for women and children and for overall health policy in many countries of the world and which places an increasing burden on already strained health and social services;

Recognizing the role of other sexually transmitted diseases in the spread of HIV;

Recognizing that a multisectoral response is required to strengthen preventive efforts and to reduce the increasing social and economic consequences of the pandemic, and that a wide range of organizations, agencies and groups need to contribute to this response;

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

Realizing the need for a consistent source of technical, policy and strategic advice on HIV and AIDS as well as for monitoring and evaluation techniques;

Recognizing that resource constraints make ever more essential the need to use resources in the most cost-effective manner;

Considering the ongoing reform in the United Nations system to improve coordination in general, and welcoming in particular the strengthening of the Inter-Agency Advisory Group on AIDS, and the newly formed Task Force on HIV/AIDS Coordination established by the Management Committee of the WHO Global Programme on AIDS to facilitate coordination of the response to the HIV/AIDS pandemic,

1. REQUESTS the Director-General, taking full account of the views of the Management Committee, to consider the economic and organizational benefits - to Member States and the United Nations system - of a joint and cosponsored United Nations Programme on HIV and AIDS, designed to:

- (1) provide the cosponsoring agencies with technical, strategic and policy direction;

- (2) collaborate with other organizations of the United Nations system, governments and nongovernmental agencies on matters related to HIV and AIDS;
 - (3) strengthen governments' capacity to coordinate HIV/AIDS activities at country level;
2. REQUESTS the Director-General, taking into account the provisions of paragraph 1 above, to study the feasibility and practicability of establishing such a programme, giving particular attention to:
 - (1) the anticipated growth and consequences of the pandemic over the next two decades;
 - (2) the likely level of resources available for actions in relation to HIV and AIDS over the next decade;
 - (3) the practical arrangements for establishing such a programme, including management systems and structures;
 - (4) the need to have global leadership for a coordinated international response to the pandemic;
3. REQUESTS the Director-General to undertake the above in close consultation with the Administrator of the United Nations Development Programme, the Executive Director of the United Nations Children's Fund, the Executive Director of the United Nations Population Fund, the Director-General of the United Nations Educational, Scientific and Cultural Organization and the President of the World Bank; and in collaboration with other relevant international organizations, nongovernmental organizations and Member States;
4. CALLS UPON the organizations of the United Nations system cited in operative paragraph 3 above, as well as the Management Committee Task Force on HIV/AIDS Coordination, to participate actively in this consultative process;
5. URGES those providing contributions to the Global Programme on AIDS to continue to provide needed financial support while consultations are under way;
6. REQUESTS the Director-General, on the basis of the consultations, to develop options for a cosponsored programme with the organizations cited in operative paragraph 3, taking into full account the views of the Management Committee;
7. REQUESTS the Director-General to report on the outcome of the consultative process to the ninety-third session of the Executive Board in January 1994.

Thirteenth plenary meeting, 14 May 1993
A46/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-SIXTH WORLD HEALTH ASSEMBLY

WHA46.38

Agenda item 29.3

14 May 1993

MERITORIOUS WITHIN-GRADE INCREASES

The Forty-sixth World Health Assembly,

Having considered the report of the Director-General on meritorious within-grade increases;

Recalling the United Nations General Assembly resolutions 44/198 of 21 December 1989 and 45/241 of 21 December 1990 concerning the United Nations Common System, and in particular Section VI of resolution 45/241;

1. COMMENDS the Director-General and endorses his decision to amend the Staff Rules, in accordance with the requirements of the United Nations General Assembly resolution 45/241, so that no new staff joining WHO after 1 March 1993 will be eligible for extra meritorious within-grade steps after twenty, twenty-five, thirty and thirty-five years of service;
2. REQUESTS the Director-General further to amend the Staff Rules in accordance with the Staff Regulations in order that all staff who were working in the Secretariat before 1 March 1993 and who would have been eligible for an increase should, at the time they would have become eligible for that increase, receive one within-grade increase equivalent to the amount which would have been granted as a meritorious increase under the provisions of Staff Rules 555.1 and 555.2, and receive no more such increases thereafter.

Thirteenth plenary meeting, 14 May 1993
A46/VR/13

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世界衛生大會決議

مؤتمر 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-SIXTH WORLD HEALTH ASSEMBLY

WHA46.39

Agenda item 31.1

14 May 1993

HEALTH AND MEDICAL SERVICES IN TIMES OF ARMED CONFLICT

The Forty-sixth World Health Assembly,

Recalling the World Health Assembly resolution WHA30.32 and the Executive Board resolution EB61.R37 and decision EB63(10) on the Principles of Medical Ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment;

Recalling the rules of international humanitarian law on the protection of victims of armed conflict, especially the four Geneva Conventions of 12 August 1949 and their two additional protocols of 1977;

Recalling also the regulations in times of armed conflict, adopted by the World Medical Association in Havana, Cuba, in 1956 and Istanbul, Turkey, in 1957 and amended in Venice, Italy, in 1983 and the 1985 Declaration of Tokyo;

Aware that, over the years, considerations based on fundamental principles of humanity have resulted in improved protection for medical establishments and units as well as for their emblems;

Deeply disturbed by recent reports of increasing and widespread deliberate attacks on medical establishments and units and by the misuse of the Red Cross and Red Crescent emblems;

Further recalling that such acts constitute war crimes;

Deeply concerned over alleged systematic breaches of the Principles of Medical Ethics referred to above by some medical personnel;

1. CONDEMNS all such acts;
2. CALLS on all parties to armed conflicts to fully adhere to and implement the rules of international humanitarian law protecting wounded, sick and shipwrecked persons, as well as medical, nursing and other health personnel, and to respect provisions that regulate the use of Red Cross and Red Crescent emblems;
3. STRONGLY URGES parties to armed conflicts to refrain from all acts that prevent or obstruct the provision or delivery of medical assistance and services;
4. APPEALS to all medical, nursing and other health personnel associations to actively safeguard, promote and monitor strict adherence to established principles of medical ethics and to expose and take appropriate measures against infractions where they occur;
5. REQUESTS the Director-General:

- (1) to advocate strongly the protection of medical establishments and units to all parties concerned;
- (2) to liaise closely in this regard with the United Nations Secretary-General and his Under-Secretary-General for Humanitarian Affairs, Office of the High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and with competent organizations of the United Nations system, and other international and nongovernmental organizations concerned;
- (3) to disseminate this decision widely;
- (4) to report to the Forty-eighth World Health Assembly in 1995 through the Executive Board on developments and on action taken by WHO to remedy the situations referred to in this resolution;
- (5) to transmit this resolution to the Secretary-General of the United Nations with a view for its consideration by the General Assembly and the Security Council of the United Nations.

Thirteenth plenary meeting, 14 May 1993
A46/VR/13

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世界衛生大會 決議

مؤتمرات الجمعية 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-SIXTH WORLD HEALTH ASSEMBLY

WHA46.40

Agenda item 33

14 May 1993

HEALTH AND ENVIRONMENTAL EFFECTS OF NUCLEAR WEAPONS

The Forty-sixth World Health Assembly,

Bearing in mind the principles laid down in the WHO Constitution;

Noting the report of the Director-General on health and environmental effects of nuclear weapons;¹

Recalling resolutions WHA34.38, WHA36.28 and WHA40.24 on the effects of nuclear war on health and health services;

Recognizing that it has been established that no health service in the world can alleviate in any significant way a situation resulting from the use of even one single nuclear weapon;²

Recalling resolutions WHA42.26 on WHO's contribution to the international efforts towards sustainable development and WHA45.31 which draws attention to the effects on health of environmental degradation and recognizing the short- and long-term environmental consequences of the use of nuclear weapons that would affect human health for generations;

Recalling that primary prevention is the only appropriate means to deal with the health and environmental effects of the use of nuclear weapons;²

Noting the concern of the world health community about the continued threat to health and the environment from nuclear weapons;

Mindful of the role of WHO as defined in its Constitution to act as the directing and coordinating authority on international health work (Article 2(a)); to propose conventions, agreements and regulations (Article 2(k)); to report on administrative and social techniques affecting public health from preventive and curative points of view (Article 2(p)); and to take all necessary action to attain the objectives of the Organization (Article 2(v));

Realizing that primary prevention of the health hazards of nuclear weapons requires clarity about the status in international law of their use, and that over the last 48 years marked differences of opinion have been expressed by Member States about the lawfulness of the use of nuclear weapons;

1. DECIDES, in accordance with Article 96(2) of the Charter of the United Nations, Article 76 of the Constitution of the World Health Organization and Article X of the Agreement between the United Nations

¹ Document A46/30.

² See *Effects of nuclear war on health and health services* (Second Edition) Geneva, WHO, 1987.

and the World Health Organization approved by the General Assembly of the United Nations on 15 November 1947 in its resolution 124(II), to request the International Court of Justice to give an advisory opinion on the following question:

In view of the health and environmental effects, would the use of nuclear weapons by a State in war or other armed conflict be a breach of its obligations under international law including the WHO Constitution?

2. REQUESTS the Director-General to transmit this resolution to the International Court of Justice, accompanied by all documents likely to throw light upon the question, in accordance with article 65 of the Statute of the Court.

Thirteenth plenary meeting, 14 May 1993
A46/VR/13

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CE111/29 (Eng.)
ANNEX II

ASSESSMENTS FOR THE BIENNIUM 1994-1995
(A46/Inf.Doc/9)



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

A46/INF.DOC./9
14 May 1993

FORTY-SIXTH WORLD HEALTH ASSEMBLY

**CONTRIBUTIONS OF MEMBERS AND ASSOCIATE MEMBERS TO THE
PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1994-1995**

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 1994-1995. 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 1994-1995.¹

¹ See resolution WHA46.15.

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1994 - 1995 REGULAR BUDGET

Members and Associate Members	Scale percentage	Gross assessments	Less credit from Tax Equalization Fund	Less credit from Financial Incentive Scheme		Net contributions for 1994-1995	Payable in 1994	Payable in 1995
				Payment record 1991	Payment record 1992			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
Afghanistan	0.01	88 640	6 500	30	580	81 530	40 765	40 765
Albania	0.01	88 640	6 500	1 280	-	80 860	40 430	40 430
Algeria	0.16	1 418 240	104 000	180	17 450	1 296 610	648 305	648 305
Angola	0.01	88 640	6 500	1 280	150	80 710	40 355	40 355
Antigua and Barbuda	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Argentina	0.56	4 963 830	364 000	-	-	4 599 830	2 299 915	2 299 915
Armenia	0.13	1 152 320	84 500	-	-	1 067 820	533 910	533 910
Australia	1.48	13 118 700	962 000	119 400	203 650	11 833 650	5 916 825	5 916 825
Austria	0.74	6 559 350	481 000	67 120	82 920	5 928 310	2 964 155	2 964 155
Azerbaijan	0.21	1 861 440	136 500	-	-	1 724 940	862 470	862 470
Bahamas	0.02	177 280	13 000	-	-	164 280	82 140	82 140
Bahrain	0.03	265 920	19 500	2 470	2 490	241 460	120 730	120 730
Bangladesh	0.01	88 640	6 500	1 260	450	80 430	40 215	40 215
Barbados	0.01	88 640	6 500	1 090	1 130	79 920	39 960	39 960
Belarus	0.47	4 166 070	305 500	-	5 730	3 854 840	1 927 420	1 927 420
Belgium	1.04	9 218 540	676 000	14 120	-	8 528 420	4 264 210	4 264 210
Belize	0.01	88 640	6 500	30	1 200	80 910	40 455	40 455
Benin	0.01	88 640	6 500	-	1 170	80 970	40 485	40 485
Bhutan	0.01	88 640	6 500	1 020	890	80 230	40 115	40 115
Bolivia	0.01	88 640	6 500	1 070	-	81 070	40 535	40 535
Bosnia and Herzegovina	0.04	354 560	26 000	-	-	328 560	164 280	164 280
Botswana	0.01	88 640	6 500	1 070	1 110	79 960	39 980	39 980
Brazil	1.56	13 827 820	1 014 000	-	-	12 813 820	6 406 910	6 406 910
Brunei Darussalam	0.03	265 920	19 500	5 110	5 230	236 080	118 040	118 040
Bulgaria	0.13	1 152 320	84 500	11 560	9 550	1 046 710	523 355	523 355
Burkina Faso	0.01	88 640	6 500	380	-	81 760	40 880	40 880
Burundi	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Cambodia	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Cameroon	0.01	88 640	6 500	720	40	81 380	40 690	40 690
Canada	3.06	27 123 800	1 964 000	370 410	398 120	24 391 270	12 195 635	12 195 635
Cape Verde	0.01	88 640	6 500	-	1 090	81 050	40 525	40 525
Central African Republic	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Chad	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Chile	0.08	709 120	52 000	-	-	657 120	328 560	328 560
China	0.76	6 736 630	494 000	85 840	88 980	6 067 810	3 033 905	3 033 905
Colombia	0.13	1 152 320	84 500	16 860	17 170	1 033 790	516 895	516 895

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1994 - 1995 REGULAR BUDGET

Members and Associate Members	Scale percentage	Gross assessments	Less credit from Tax Equalization Fund	Less credit from Financial Incentive Scheme		Net contributions for 1994-1995	Payable in 1994	Payable in 1995
				Payment record 1991	Payment record 1992			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
Comoros	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Congo	0.01	88 640	(293 500)	-	-	382 140	191 070	191 070
Cook Islands	0.01	88 640	6 500	90	1 110	80 940	40 470	40 470
Costa Rica	0.01	88 640	6 500	2 560	840	78 740	39 370	39 370
Croatia	0.13	1 152 320	84 500	-	-	1 067 820	533 910	533 910
Cuba	0.09	797 760	58 500	-	-	739 260	369 630	369 630
Cyprus	0.02	177 280	13 000	2 330	2 440	159 510	79 755	79 755
Czech Republic	0.36	3 191 030	234 000	42 930	7 840	2 906 260	1 453 130	1 453 130
Côte d'Ivoire	0.02	177 280	13 000	-	120	164 160	82 080	82 080
Democratic People's Republic of Korea	0.05	443 200	32 500	6 300	6 550	397 850	198 925	198 925
Denmark	0.64	5 672 950	416 000	85 100	88 170	5 083 680	2 541 840	2 541 840
Djibouti	0.01	88 640	6 500	530	80	81 530	40 765	40 765
Dominica	0.01	88 640	6 500	950	1 140	80 050	40 025	40 025
Dominican Republic	0.02	177 280	13 000	-	-	164 280	82 140	82 140
Ecuador	0.03	265 920	19 500	-	-	246 420	123 210	123 210
Egypt	0.07	620 480	45 500	640	8 260	566 080	283 040	283 040
El Salvador	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Equatorial Guinea	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Estonia	0.07	620 480	45 500	-	-	574 980	287 490	287 490
Ethiopia	0.01	88 640	6 500	1 220	1 200	79 720	39 860	39 860
Fiji	0.01	88 640	6 500	1 170	1 140	79 830	39 915	39 915
Finland	0.56	4 963 830	364 000	62 450	64 540	4 472 840	2 236 420	2 236 420
France	5.90	52 297 520	1 635 000	789 630	799 890	49 073 000	24 536 500	24 536 500
Gabon	0.02	177 280	13 000	10	2 030	162 240	81 120	81 120
Gambia	0.01	88 640	6 500	10	-	82 130	41 065	41 065
Georgia	0.21	1 861 440	136 500	-	-	1 724 940	862 470	862 470
Germany	8.78	77 825 800	5 707 000	547 160	729 980	70 841 660	35 420 830	35 420 830
Ghana	0.01	88 640	6 500	990	-	81 150	40 575	40 575
Greece	0.34	3 013 750	221 000	45 470	44 680	2 702 600	1 351 300	1 351 300
Grenada	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Guatemala	0.02	177 280	13 000	-	-	164 280	82 140	82 140
Guinea	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Guinea-Bissau	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Guyana	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Haiti	0.01	88 640	6 500	-	-	82 140	41 070	41 070

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1994 - 1995 REGULAR BUDGET

Members and Associate Members	Scale percentage	Gross assessments	Less credit from Tax Equalization Fund	Less credit from Financial Incentive Scheme		Net contributions for 1994-1995	Payable in 1994	Payable in 1995
				Payment record 1991	Payment record 1992			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
Honduras	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Hungary	0.18	1 595 520	117 000	25 180	22 440	1 430 900	715 450	715 450
Iceland	0.03	265 920	19 500	3 260	3 570	239 590	119 795	119 795
India	0.35	3 102 390	227 500	20 270	21 590	2 833 030	1 416 515	1 416 515
Indonesia	0.16	1 418 240	104 000	15 340	18 080	1 280 820	640 410	640 410
Iran (Islamic Republic of)	0.76	6 736 630	494 000	570	-	6 242 060	3 121 030	3 121 030
Iraq	0.13	1 152 320	84 500	-	-	1 067 820	533 910	533 910
Ireland	0.18	1 595 520	117 000	12 220	13 560	1 452 740	726 370	726 370
Israel	0.22	1 950 080	143 000	12 340	15 680	1 779 060	889 530	889 530
Italy	4.22	37 406 020	2 743 000	463 850	421 130	33 778 040	16 889 020	16 889 020
Jamaica	0.01	88 640	6 500	1 080	1 000	80 060	40 030	40 030
Japan	12.24	108 495 180	7 956 000	1 222 320	1 342 720	97 974 140	48 987 070	48 987 070
Jordan	0.01	88 640	6 500	710	1 210	80 220	40 110	40 110
Kazakhstan	0.34	3 013 750	221 000	-	-	2 792 750	1 396 375	1 396 375
Kenya	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Kiribati	0.01	88 640	6 500	1 190	1 080	79 870	39 935	39 935
Kuwait	0.24	2 127 350	156 000	430	2 640	1 968 280	984 140	984 140
Kyrgyzstan	0.06	531 840	39 000	-	-	492 840	246 420	246 420
Lao People's Democratic Republic	0.01	88 640	1 500	1 110	110	85 920	42 960	42 960
Latvia	0.13	1 152 320	84 500	-	-	1 067 820	533 910	533 910
Lebanon	0.01	88 640	6 500	-	10	82 130	41 065	41 065
Lesotho	0.01	88 640	6 500	140	1 140	80 860	40 430	40 430
Liberia	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Libyan Arab Jamahiriya	0.23	2 038 710	149 500	-	-	1 889 210	944 605	944 605
Lithuania	0.15	1 329 600	97 500	-	-	1 232 100	616 050	616 050
Luxembourg	0.06	531 840	39 000	7 390	7 510	477 940	238 970	238 970
Madagascar	0.01	88 640	6 500	1 060	210	80 870	40 435	40 435
Malawi	0.01	88 640	6 500	1 090	150	80 900	40 450	40 450
Malaysia	0.12	1 063 680	78 000	12 210	12 210	961 260	480 630	480 630
Maldives	0.01	88 640	6 500	1 190	1 160	79 790	39 895	39 895
Mali	0.01	88 640	6 500	1 160	250	80 730	40 365	40 365
Malta	0.01	88 640	6 500	1 260	1 290	79 590	39 795	39 795
Marshall Islands	0.01	88 640	6 500	-	1 200	80 940	40 470	40 470
Mauritania	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Mauritius	0.01	88 640	6 500	1 070	1 290	79 780	39 890	39 890
Mexico	0.86	7 623 030	559 000	1 520	13 290	7 049 220	3 524 610	3 524 610

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1994 - 1995 REGULAR BUDGET

Members and Associate Members	Scale percentage	Gross assessments	Less credit from Tax Equalization Fund	Less credit from Financial Incentive Scheme		Net contributions for 1994-1995	Payable in 1994	Payable in 1995
				Payment record 1991	Payment record 1992			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
Micronesia (Federated States of)	0.01	88 640	6 500	-	1 140	81 000	40 500	40 500
Monaco	0.01	88 640	6 500	1 240	1 260	79 640	39 820	39 820
Mongolia	0.01	88 640	6 500	1 190	1 120	79 830	39 915	39 915
Morocco	0.03	265 920	19 500	1 070	1 120	244 230	122 115	122 115
Mozambique	0.01	88 640	6 500	1 120	1 150	79 870	39 935	39 935
Myanmar	0.01	88 640	6 500	1 280	1 280	79 580	39 790	39 790
Namibia	0.01	88 640	6 500	1 100	1 170	79 870	39 935	39 935
Nepal	0.01	88 640	6 500	1 260	1 170	79 710	39 855	39 855
Netherlands	1.47	13 030 060	955 500	199 640	186 380	11 688 540	5 844 270	5 844 270
New Zealand	0.23	2 038 710	149 500	29 400	30 340	1 829 470	914 735	914 735
Nicaragua	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Niger	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Nigeria	0.20	1 772 800	130 000	4 340	-	1 638 460	819 230	819 230
Norway	0.54	4 786 550	351 000	64 610	67 840	4 303 100	2 151 550	2 151 550
Oman	0.03	265 920	19 500	1 280	2 420	242 720	121 360	121 360
Pakistan	0.06	531 840	39 000	-	890	491 950	245 975	245 975
Panama	0.02	177 280	13 000	-	-	164 280	82 140	82 140
Papua New Guinea	0.01	88 640	6 500	-	50	82 090	41 045	41 045
Paraguay	0.02	177 280	13 000	3 240	860	160 180	80 090	80 090
Peru	0.06	531 840	39 000	-	-	492 840	246 420	246 420
Philippines	0.07	620 480	45 500	-	40	574 940	287 470	287 470
Poland	0.46	4 077 430	299 000	170	-	3 778 260	1 889 130	1 889 130
Portugal	0.20	1 772 800	130 000	5 710	1 900	1 635 190	817 595	817 595
Puerto Rico *	0.01	88 640	6 500	-	30	82 110	41 055	41 055
Qatar	0.05	443 200	32 500	-	-	410 700	205 350	205 350
Republic of Korea	0.68	6 027 510	442 000	25 910	23 120	5 536 480	2 768 240	2 768 240
Republic of Moldova	0.15	1 329 600	97 500	-	-	1 232 100	616 050	616 050
Romania	0.17	1 506 880	110 500	-	-	1 396 380	698 190	698 190
Russian Federation	6.60	58 502 310	4 290 000	563 770	-	53 648 540	26 824 270	26 824 270
Rwanda	0.01	88 640	6 500	-	1 110	81 030	40 515	40 515
Saint Kitts and Nevis	0.01	88 640	6 500	1 100	1 120	79 920	39 960	39 960
Saint Lucia	0.01	88 640	6 500	1 070	1 290	79 780	39 890	39 890
Saint Vincent and the Grenadines	0.01	88 640	6 500	510	950	80 680	40 340	40 340
Samoa	0.01	88 640	6 500	330	1 190	80 620	40 310	40 310
San Marino	0.01	88 640	6 500	1 170	1 260	79 710	39 855	39 855
Sao Tome and Principe	0.01	88 640	6 500	1 040	1 160	79 940	39 970	39 970

*Associate Member

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1994 - 1995 REGULAR BUDGET

Members and Associate Members	Scale per-centage	Gross assessments	Less credit from Tax Equalization Fund	Less credit from Financial Incentive Scheme		Net contributions for 1994-1995	Payable in 1994	Payable in 1995
				Payment record 1991	Payment record 1992			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
Saudi Arabia	0.94	8 332 140	611 000	108 660	113 190	7 499 290	3 749 645	3 749 645
Senegal	0.01	88 640	6 500	480	-	81 660	40 830	40 830
Seychelles	0.01	88 640	6 500	50	20	82 070	41 035	41 035
Sierra Leone	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Singapore	0.12	1 063 680	78 000	11 690	12 210	961 780	480 890	480 890
Slovak Republic	0.18	1 595 520	117 000	21 470	3 920	1 453 130	726 565	726 565
Slovenia	0.09	797 760	58 500	-	-	739 260	369 630	369 630
Solomon Islands	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Somalia	0.01	88 640	6 500	-	-	82 140	41 070	41 070
South Africa	0.40	3 545 600	260 000	-	-	3 285 600	1 642 800	1 642 800
Spain	1.95	17 284 770	1 267 500	207 300	240 490	15 569 480	7 784 740	7 784 740
Sri Lanka	0.01	88 640	6 500	990	1 030	80 120	40 060	40 060
Sudan	0.01	88 640	6 500	1 100	80	80 960	40 480	40 480
Suriname	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Swaziland	0.01	88 640	6 500	1 280	1 200	79 660	39 830	39 830
Sweden	1.09	9 661 740	708 500	152 130	155 440	8 645 670	4 322 835	4 322 835
Switzerland	1.14	10 104 940	741 000	128 330	131 700	9 103 910	4 551 955	4 551 955
Syrian Arab Republic	0.04	354 560	26 000	3 760	4 680	320 120	160 060	160 060
Tajikistan	0.05	443 200	32 500	-	-	410 700	205 350	205 350
Thailand	0.11	975 040	71 500	12 780	13 570	877 190	438 595	438 595
The Former Yugoslav Republic of Macedonia	0.02	177 280	13 000	-	-	164 280	82 140	82 140
Togo	0.01	88 640	6 500	1 280	100	80 760	40 380	40 380
Tokelau *	0.01	88 640	6 500	20	100	82 020	41 010	41 010
Tonga	0.01	88 640	6 500	1 280	1 310	79 550	39 775	39 775
Trinidad and Tobago	0.05	443 200	32 500	210	4 260	406 230	203 115	203 115
Tunisia	0.03	265 920	19 500	1 560	3 110	241 750	120 875	120 875
Turkey	0.26	2 304 630	144 000	8 530	13 880	2 138 220	1 069 110	1 069 110
Turkmenistan	0.06	531 840	39 000	-	-	492 840	246 420	246 420
Tuvalu	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Uganda	0.01	88 640	5 500	20	10	83 110	41 555	41 555
Ukraine	1.84	16 309 730	1 196 000	-	-	15 113 730	7 556 865	7 556 865
United Arab Emirates	0.21	1 861 440	136 500	-	19 150	1 705 790	852 895	852 895
United Kingdom of Great Britain and Northern Ireland	4.94	43 788 090	3 211 000	531 730	556 190	39 489 170	19 744 585	19 744 585
United Republic of Tanzania	0.01	88 640	10 500	1 210	1 310	75 620	37 810	37 810

*Associate Member

STATEMENT SHOWING THE COMPUTATION OF CONTRIBUTIONS
TO THE 1994 - 1995 REGULAR BUDGET

Members and Associate Members	Scale percentage	Gross assessments	Less credit from Tax Equalization Fund	Less credit from Financial Incentive Scheme		Net contributions for 1994-1995	Payable in 1994	Payable in 1995
				Payment record 1991	Payment record 1992			
	%	US \$	US \$	US \$	US \$	US \$	US \$	US \$
United States of America	25.00	221 599 650	12 650 000	98 350	211 460	208 639 840	104 319 920	104 319 920
Uruguay	0.04	354 560	26 000	4 140	4 720	319 700	159 850	159 850
Uzbekistan	0.25	2 215 990	162 500	-	-	2 053 490	1 026 745	1 026 745
Vanuatu	0.01	88 640	6 500	1 090	20	81 030	40 515	40 515
Venezuela	0.48	4 254 710	312 000	58 490	37 780	3 846 440	1 923 220	1 923 220
Viet Nam	0.01	88 640	6 500	1 060	1 180	79 900	39 950	39 950
Yemen	0.01	88 640	(33 500)	-	-	122 140	61 070	61 070
Yugoslavia	0.14	1 240 960	91 000	-	-	1 149 960	574 980	574 980
Zaire	0.01	88 640	6 500	-	-	82 140	41 070	41 070
Zambia	0.01	88 640	6 500	160	980	81 000	40 500	40 500
Zimbabwe	0.01	88 640	5 500	-	2 420	80 720	40 360	40 360
TOTALS	100.00	886 398 600	58 807 000	6 370 500	6 370 500	814 850 600	407 425 300	407 425 300

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CE111/29 (Eng.)
ANNEX III

WHO RESPONSE TO GLOBAL CHANGE
(EB92/4 and EB92.R2)

World Health Organization
Organisation mondiale de la Santé



Executive Board
Ninety-second Session

Provisional Agenda item 7

Report of the Executive Board Working Group on the WHO response to global change

Profound changes - political, economic and social - are affecting the world, and the World Health Organization must respond to these in order to remain effective in international health work. In January 1992 the Executive Board decided¹ to undertake a review of WHO's response to these global changes through a Working Group appointed from among its members². An interim report was presented by the Working Group to the Executive Board at its ninety-first session³ and the comments and suggestions made by Board members have been taken into account in preparing this final report which the Board is invited to consider.

¹ Handbook of Resolutions and Decisions, Vol III, third edition, pages 160 and 161, Decisions EB89(19) and EB90(3)

² Handbook of Resolutions and Decisions, Vol III, third edition, page 161, Decision EB90(10)

³ Document EB91/19

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REPORT OF THE EXECUTIVE BOARD WORKING GROUP ON THE WHO RESPONSE TO GLOBAL CHANGE

1. WORKING GROUP – RATIONALE AND WORKING METHODS

1.1 The World Health Organization (WHO) faces critical challenges as a result of recent global political, economic, social and health changes. Concerned with the need to respond to these profound changes, the Executive Board decided to undertake a review of the extent to which WHO could make a more effective contribution to global health work and in Member States. The Board established a Working Group on the “WHO Response to Global Change” (EBWG). [The terms of reference and membership of the Group are provided in decisions EB89(19) and EB90(10)]

1.2 In January 1992, a preparatory group was set up by the Executive Board to refine the terms of reference and work plan for the EBWG. One of the tasks undertaken by the preparatory group during the Forty-fifth World Health Assembly (WHA) was to survey, by means of a questionnaire, the personal opinions of delegates (Member States) regarding WHO's achievements.

1.3 The Working Group, which was formed by the Executive Board at its ninetieth session in May 1992, met three times during the remainder of 1992 and twice in 1993. During those meetings, the EBWG reviewed important documents and exchanged views with the Director-General, the six Regional Directors (RD) and members of the Secretariat. These exchanges contributed significantly to a better understanding of the critical factors underlying the accomplishments and shortcomings of WHO. They also enabled the EBWG to identify opportunities for improving the effectiveness of the Organization.

2. BACKGROUND – GLOBAL CHANGE

2.1 The end of the “Cold War” has stimulated a major ongoing realignment of global political and economic relationships. In many countries, these global changes have also been accompanied by greater emphasis on market based economies and

democratic reforms which stress individual rights and responsibilities for health, food, housing, education and political representation. At the same time, the decline in the pace of economic growth and the growing debt burden in many countries have resulted in fewer resources for international development activities and for national funding for health and social sector programmes. Confronting these serious limitations, national authorities worldwide have become increasingly preoccupied with health sector financing, particularly the sharply rising costs of medical care which threaten the sustainability of cost-effective primary health care interventions.

2.2 These dramatic global changes have also been accompanied by other transitions that have significantly affected health status and disease patterns. These include: growing environmental health problems resulting from natural resource degradation and pollution, and improper use and disposal of hazardous materials; significant demographic changes caused by rapid population growth in some countries, unplanned urbanization, and mass migration of refugees due to natural and man-made disasters; and greater expectations regarding the level and quality of health care created by expanding medical technology and health awareness. The spread of the AIDS pandemic and the resurgence of diseases such as tuberculosis and malaria threaten to jeopardize hard-won improvements in health status, particularly in terms of life expectancy and infant mortality.

3. WHO – PRESENT ORGANIZATION AND OPERATION

3.1 The achievements of WHO over the past two decades have been substantial. The report on the “Second Evaluation of the Implementation of the Global Strategy for Health for All” records the improvements achieved in health status, underscoring the important contribution of WHO's normative or global activities and country-level technical cooperation activities. Although WHO has undenu-

ably helped to improve global health status, other factors including rising individual health expectations, the pace of global change and WHO's expanding programme responsibilities are outpacing current resources and institutional capacity.

3.2 Since its inception in 1947, WHO has been recognized for providing leadership to global health programmes and initiatives. However, WHO's recent attempts to attract resources from other sectors into health and its broader ventures into the general field of development have not been fully successful. Moreover, other United Nations agencies or international bodies have increased their efforts to assume direction of specific health and environmental initiatives. While the involvement of other institutions is important, it should not displace WHO's leadership of those initiatives. In order to maintain health sector leadership, WHO must strengthen its capabilities in epidemiological analysis, policy analysis and priority determination, programme planning and management, resource mobilization, management information systems, health research, international communications, and communications with the public.

3.3 In general, WHO technical staff are of high quality. The Organization's unique capability to assemble worldwide technical expertise to assess health needs, analyse major health issues, and implement health work is recognized. However, the further strengthening of the role of WHO depends on enhancing the competence, proficiency and capacity of staff and advisers. In this regard, the EBWG identified several critical areas including recruitment policies; the relative technical and managerial weaknesses of WHO country representatives; fragmented and compartmentalized management of global, regional and country programmes; the difficulties of effectively rotating personnel between headquarters and regions and interregionally; the lack of comprehensive programmes for staff evaluation, training and development; and the underutilization of the personnel and technical capabilities of WHO collaborating centres.

3.4 Financial constraints remain major obstacles to implementing and sustaining health services at the global and national levels. Nevertheless, WHO has demonstrated ingenuity in adjusting to 12 consecutive years of "no real growth" in the regular

budget through extrabudgetary resources which increased from about one-fifth of the budget in 1970 to slightly more than half in 1990. Paradoxically, these extrabudgetary programmes have created a financial drain on regular budget programmes which must subsidize the extrabudgetary administrative activities. Moreover, while these extra-budgetary resources usually support important health interventions, competing policy and budgetary considerations often arise between decisions of the Executive Board, the World Health Assembly, and Regional Committees and those of the donor dominated management structures of the extrabudgetary supported programmes.

3.5 The Constitution envisaged the regional areas established by the World Health Assembly and the regional organizations as integral components of WHO. In principle, the regional organizations should decide on matters of an exclusively regional character and carry out within the region the decisions of the World Health Assembly and the Executive Board. In practice, the Organization is often described as "seven WHO's": headquarters and the six regional offices. The Organization must avoid compartmentalization and fragmentation between headquarters, regions and countries, especially with regard to budgetary resource utilization, staff development, information systems, research and evaluation methods, and collaborative international health work.

3.6 Since 1978, the Organization has captured the world's attention with the call of "Health for All by the Year 2000" (HFA/2000) through "primary health care" (PHC). This call has been the basis for major accomplishments in: globally unifying PHC concepts; developing PHC services; affirming principles of health equity; reducing disease specific morbidity and mortality; and improving global health status. The EBWG found that, although HFA/2000 remained valid as a guiding principle, the Organization and Member States have not been able to finance and implement their programmes at a pace which would ensure the achievement of HFA/2000 targets. The EBWG concluded that the Organization is, thus, at a pivotal decision point. WHO must either redouble its efforts and concentrate its resources on achieving HFA/2000 goals or revise those goals to achievable levels in the light of the changing world conditions.

4. FUTURE DIRECTIONS FOR WHO

The main issues identified by the Working Group which require action are listed in the following paragraphs.

4.1 Mission of WHO

The WHO objective, described in the Constitution, is to enable Member States to ensure the attainment by all peoples of the highest possible level of health. To achieve this, WHO must have a clear sense of mission and direction. "Health for All" provides a valid and timeless aspirational goal. The association of "Health for All" with the Year 2000 has been a motivational concept for the past fifteen years. However, it can now be seen as limiting, sometimes misunderstood and proposing a time frame which is not universally attainable. More realistic operational targets and indicators are needed to guide future international health work by WHO and Member States. Operational targets, such as eradication of poliomyelitis or dracunculiasis, and extension of PHC, should define minimum acceptable levels of health status or services, consonant with the principle of equity. Thus, the year 2000 can represent only the first milestone in the continuum towards "Health for All".

■ Executive Board Action

- Request the Director-General to make an annual assessment of world health status and needs, and recommend relevant WHO priorities for international health action to meet those needs.
- Request the Director-General to analyse and define for the year 2000, the specific objectives and operational targets, measured through precise indicators, and mobilize appropriate resources to ensure attainment. This should make full use of resources and expertise in regions and countries.
- Request the Director-General, to the extent that targets will not be met by the year 2000, to propose alternative strategies and plans for intensified health programmes, with budgetary resources required to attain minimum goals, objectives and targets for the year 2005, 2010 or as appropriate.

- Request the Director-General to study the feasibility of organizing international workshops or other forums to develop consensus for any adjustments or new directions in the strategy for health for all, stress health promotion and disease prevention and their implications for extending lifespan or disability-free years (e.g. through individual and community responsibility).

These actions should be completed and reported to the January 1994 session of the Executive Board by the Director-General.

4.2 Governing Bodies

4.2.1 World Health Assembly

4.2.1.1 World Health Assembly resolutions

Resolutions are sometimes placed before the World Health Assembly without adequate analysis of their relevance to the current or future mission, policy and directions of WHO. Background information on their implications in terms of staffing, costs, budgetary resources and/or administrative support is often unavailable. In many cases, such resolutions contain no time limit for validity (i.e. "sunset clause") or indication of intended evaluation and reporting on implementation. This could be overcome if all proposed resolutions were subject to prior review by the Executive Board acting as the executive arm and facilitator of the work of the Health Assembly.

■ Executive Board Action

- To submit to the 1994 World Health Assembly a proposed resolution authorizing the Executive Board, in coordination with the Director-General, to establish a routine procedure for prior review of all resolutions proposed to the World Health Assembly that have potential impact on the objectives, policy and orientations of WHO, or that have implications in terms of staffing, costs, budgetary resources and/or administrative support. The Executive Board and the Director-General will ensure that resolutions proposed to the World Health Assembly are accompanied by the necessary background information, and that the text of the proposed resolutions includes provision for time limit, evaluation and reporting, as appropriate.

4.2.1.2 *Method of work of the World Health Assembly*

Many improvements have been made in the method of work of the Health Assembly in recent years. However, the agenda and discussions could be better focused on major policy, strategy and programme issues, while fully respecting the freedom of expression of delegates at the Health Assembly. This is particularly true of discussions in plenary, but it also applies to the debates in main Committees A and B. Greater advantage could be taken of modern audiovisual methods of presentation, in order to reduce documentation, and focus attention on issues requiring advice or decision. Measures should be taken to further shorten the duration of the Health Assembly, with resulting savings in costs.

■ *Executive Board Action*

- Request the Director-General to consider and submit to the Board in January 1994 further proposals for improvements in the method of work of the World Health Assembly, to focus discussions on major policy, strategy and programme issues, make better use of audiovisual methods, and realize further economies in the duration and cost of the Health Assembly
-

4.2.2 *Executive Board*

4.2.2.1 *Executive Board decisions*

The Executive Board has gradually ceded a large part of its constitutional functions to the Secretariat, particularly some of the decision-making relating to its role as the executive organ of the Health Assembly, and the overall supervision of technical, financial and administrative policy and management, as contained in Articles 18, 28 and 31 of the WHO Constitution. Often the Executive Board members discuss items on the agenda extensively and knowledgeably, but the Board as a whole fails to concentrate on essential matters requiring decision. It fails to reach clear conclusions, and give definitive guidance or direction to the Secretariat or the Health Assembly, whether in the form of formal resolutions and decisions, or less formal guidelines or recommendations recorded in the summary records.

■ *Executive Board Action*

- Request the Secretariat, beginning in January 1994, to identify clearly in Executive Board documents, in an appropriate form, the issues

that require the advice, guidance or decision of the Board, confirmed by vote when necessary

- Ensure that Executive Board discussions genuinely focus on, and reach clear conclusions and decisions with respect to, all issues concerning health policy, technical, budgetary and financial aspects or other overall supervisory or advisory functions
 - Request the Secretariat, beginning in 1994, to prepare summary records that are more succinct, with less reporting of various statements made during discussions, and more focus on conclusions and decisions reached, in addition to the resolutions and decisions formally adopted by the Executive Board.
-

4.2.2.2 *Method of work of the Executive Board*

The current method of work of the Executive Board in reviewing programmes in plenary sessions does not provide either adequate means, or sufficient time, to carry out meaningful, in-depth review of WHO programme policies, priorities, targets, plans, and budgets. Nor is it able to conduct a meaningful, in-depth evaluation of programme implementation, outputs and outcomes.

The review only in odd-numbered years of the proposed WHO biennial programme budget does not afford the opportunity for the Board to fulfil properly its Constitutional function in this respect. If the Board were to carry out various programme reviews by means of Executive Board subgroups, dealing with all elements indicated above, and doing so at each session, reporting back to the plenary Executive Board for final decision, a better result could be achieved.

■ *Executive Board Action*

- The Executive Board should establish subgroups or committees to meet during, and as part of, the Executive Board sessions each year, to review and evaluate a number of specific programmes, giving attention to interrelated elements of programme policy, priority, targets, plans, budgets, and other available resources including technology. Past performance, outputs and expected outcomes would be evaluated. The temporary subgroups should recommend actions to be taken, including trade-offs within available resources, and report back to the plenary Executive Board which alone can take the final decision

- The Executive Board should use the subgroups mentioned above, or establish dedicated subgroups as appropriate, to advise the Executive Board on "cross-programme" issues such as administration and finance.

4.2.2.3 Programme Committee of the Executive Board

Currently, the Programme Committee, established in 1976, has two major functions: (1) to advise the Director-General on the policy and strategy for technical cooperation and programme budget policy; and (2) to review the general programme of work for a specific period, in particular as it relates to the programme budget. Within these two functions, the Programme Committee also reviews the Director-General's proposed guidance for the next programme budget, and reviews in detail the global and interregional components of the proposed programme budget and makes recommendations to the Director-General thereon.

Some of these activities now duplicate work done at the Board itself. In view of the new approach proposed above, and in line with Articles 38 and 39 of the Constitution, the time has come for the Executive Board to reassess the need for its Programme Committee or, alternatively, to revise its terms of reference. If it is decided to disestablish the Committee, the Board should, nevertheless, contribute to the development of the programme budgets at an early stage.

■ Executive Board Action

- The Executive Board should reconsider the need for, and the terms of reference of, the Programme Committee of the Executive Board, consider a change in the timing of post-Assembly sessions of the Board, and the plan of work of the Programme Committee to better match the work of the Board and its subgroups.

4.2.2.4 Nomination and terms of office of the Director-General and Regional Directors

In view of the growing complexity and demands placed on the highest executive leadership of WHO, and recognizing the availability of highly capable health professionals within and outside the Organization, consideration should be given to reviewing practices and procedures for the nomination and the duration of the terms of office of the Director-General and Regional Directors, in consonance

with Articles 31, 51 and 52 of the Constitution. Options to be considered include: limiting the number of terms for the Director-General/Regional Directors; increasing the number of years of a term, but restricting to one; using a search committee of the Executive Board to identify candidates for nomination to the post of Director-General; using search committees of the Regional Committees to identify candidates for Regional Director (as is being used in the Regional Committee for Europe).

■ Executive Board Action

- To form a special ad-hoc subcommittee of the Executive Board to consider options for nomination and terms of office of the Director-General and Regional Directors, including the use of search committees, and report thereon to the Executive Board in January 1994

4.2.2.5 Participation of Executive Board members in the work of WHO

The Constitution and current rules of procedure for Executive Board members outline significant responsibilities and provide for a considerable input from Executive Board members. However, Board members, even the Chairman, at present are often isolated from the work of WHO except when the Board is in formal session or through contacts as representatives of a Member State. In addition, there are indications that Board members themselves have not always been prepared to assume their full responsibilities.

■ Executive Board Action

- To establish a small working group to recommend how to improve ways in which the Board members are designated, improve the selection procedures for the officers of the Board, and achieve more active involvement of all members throughout the year in the work of the Organization. Specifically, the working group should consider the possibility of designating a chairman-elect from among the officers of the Board, one year in advance of formal election under Rule 12, and the continued involvement of the outgoing chairman the following year, to permit a team approach at each session of the Board. The working group should also consider ways and means to improve communication and participation among the Chairman, Board

members and the Director-General throughout the year, and to keep all Board members informed of the involvement of individual Board members in the work of WHO. The Working Group should report to the Board by January 1994.

4.2.2.6 *Executive Board polling of Member State opinions*

The opinion poll of Member States conducted by the Working Group during the Forty-fifth World Health Assembly (WHA45) provided useful information on perceptions of the relevance, functioning, efficiency and effectiveness of the work of WHO at all organizational levels. It showed a need to strengthen policy formulation, resource mobilization, and infrastructure development for health care delivery, control of endemic diseases and assurance of a healthy overall environment.

■ *Executive Board Action*

- The Executive Board should conduct from time to time surveys of Member States' opinions and perceptions of the relevance, functioning, efficiency and effectiveness of the work of WHO at all organizational levels.

4.2.3 *Regional Committees*

4.2.3.1 *Method of work of Regional Committees*

The perception that WHO is composed of seven separate organizations is unacceptable. While recognizing the valid differences between regions, there is a compelling need to demonstrate the unity of WHO through better coordination. Furthermore, the work of the Regional Committees could be enhanced by certain of the improvements in the functioning of the World Health Assembly and the Executive Board proposed above. Thus, for example, a standing committee of the Regional Committee (where this does not already exist) could be concerned with prior review of draft resolutions. The method of work should encourage sharper focus of discussions on policy, strategy and programme issues, the adoption of conclusions and decisions, the use of informal subgroups for programme review, as well as better coordination of agendas among Regional Committees, the Executive Board and the World Health Assembly.

■ *Executive Board Action*

- Request the Regional Committees to study their own method of work with a view to harmonizing their actions with the work of the regional office, other regions, the Executive Board and the World Health Assembly, and report thereon to the Executive Board in January 1995.

4.3 *Headquarters*

The role of headquarters in developing and communicating overall policy, strategy, direction and leadership of the Organization's programmes and activities is essential. Headquarters also assumes the major responsibility for coordinating with other United Nations agencies. In this regard, certain functions at WHO headquarters, related to policy and global management, require renewed emphasis.

4.3.1 *Policy determination*

WHO has become a major force in improving global health status through its policy of Health for All and primary health care. These accomplishments have created additional expectations. When coupled with increasing numbers of Member States and of resolutions from the World Health Assembly, the expectations are outpacing the resources and institutional capacity of the Organization. The Eighth and Ninth General Programmes of Work provide a long-term focus for programme direction, but the rapidity of global change requires regular mid-course correction and reconsideration of priorities in coordination with the Executive Board. Although the regional and country-level decentralization of WHO facilitates responsiveness to local needs, it can also create obstacles to rapid, effective communication with Headquarters and may encourage regional and country-level staff to be less responsive to global international health work. Improvement in communications and coordination is required at all levels of the Organization.

■ *Executive Board Action*

- Request the Director-General to consider the establishment of a policy development team, utilizing current staff, to orient the long term vision, policy direction and programme priorities for the health sector and WHO.

- Request the Director-General to strengthen and develop, with the Regional Directors, an improved policy planning and analysis capability/system to recommend clear priorities for programme objectives, targets and budgets. These priorities should be coordinated at all levels of the Organization and reported to the Executive Board (or the Programme Committee if it is retained) on an annual basis
- Request the Director-General to propose and implement appropriate management and communication systems, particularly with the Regional Directors, to achieve the designated objectives and targets according to the priorities identified. Such management and communications systems should be served by the management and information systems (MIS) (4.3.2 below) for effective and efficient policy implementation

4.3.2 **Management Information Systems**

The Organization does not possess an adequate management and information system which would permit the rapid flow of information on programme management, fiscal control, health status, health projections and commodity/inventory control between countries, regions and headquarters. Current efforts under way to upgrade the management information system should reflect the major changes needed for the Organization to achieve the capability and compatibility required for a truly global system.

■ **Executive Board Action**

- Request the Director-General to provide a detailed analysis of the current status, capability, compatibility, plans and programmes of existing management information systems throughout the Organization (headquarters, regional and country levels). The Director-General should develop alternate plans for a WHO worldwide system which could be implemented within variable time frames, e.g. within 3, 5 and/or 10 years

The Director-General should report to the Executive Board on all activities in 4.3 by January 1994.

4.4 **Regional Offices**

As critical, intermediate links in the chain extending from the World Health Organization governing bodies to countries, regional offices regularly undertake an examination of their programme priorities and management capabilities. In particular, as outlined in the Constitution, the regional offices should determine how they can strengthen their capability to provide administrative support to the regional committees and carry out within the regions the decisions of the World Health Assembly and the Executive Board.

4.4.1 **Staffing needs and patterns**

The technical expertise available in regional offices should correspond to the current needs of Member States, particularly in response to the recent global changes. It is important that the Organization utilize the most appropriate level of technical staff (headquarters, regional office, sub-regional/multi-country level or country level) to implement international health work and support specific country programmes.

■ **Executive Board Action**

- Request the Director-General to review the effectiveness of current WHO procedures and criteria utilized at headquarters, regional office and country levels for the development of appropriate staffing patterns and the selection and recruitment of staff.

The Director-General should report to the Executive Board on findings and recommendations for change by January 1994.

4.4.2 **Technical consultants**

The opinion poll indicated that WHO should strengthen its capability to provide technical cooperation in the areas of health policy formulation, planning, resource mobilization and sustainable infrastructures. The Organization seems to use, repeatedly, limited numbers and types of technical consultants which restrict the variety of views of technical cooperation for specific areas.

■ **Executive Board Action**

- Request the Director-General, in collaboration with the Regional Directors and in the light of the global changes, to review the practices of providing technical consultation for the Organization and identify changes needed in the provision and utilization of technical experts
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The Director-General should report on progress to the January 1994 session of the Executive Board.

4.4.3 **Communications and collaboration**

Communications between regional offices, headquarters and Member States should be strengthened and streamlined (with modern technology) to enhance WHO's effectiveness and speed of response. Coordination between United Nations agencies in the WHO regions should also be enhanced to facilitate collaboration and effectiveness of programme planning and implementation. The Executive Board should continue to have regular meetings with the Regional Directors to discuss strategies, outline opportunities for initiatives, exchange operational information and recommend management improvements.

■ **Executive Board Action**

- Request the Director-General to review the current delegation of authority between headquarters and regional offices and introduce appropriate changes in the light of experience and current needs, and report on progress to the Executive Board by January 1994
 - The Executive Board should include as part of its working agenda, on a regular basis, meetings with Regional Directors to review strategies and progress on key operational and management issues
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4.5 **Country Offices (WHO Representatives)**

Country offices have been recognized as being the key point within the Organization for the planning, management and implementation of WHO programmes. Although many WHO Representatives have provided excellent support for project development and implementation, a number of WHO Representatives are not prepared to imple-

ment the full spectrum of WHO health development programmes. Country offices and WHO Representatives throughout the Organization require continued strengthening and modernization.

4.5.1 **WHO Representatives' responsibilities**

WHO Representatives (WR) are increasingly faced with planning and programme implementation issues that extend beyond the boundaries of health and the traditional training of health professionals. Broader position descriptions and an expanded pool of expertise need to be considered to identify candidates with a stronger base of professional skills. Additional training and greater rotational opportunities in assignments are among the continuing education options that could be developed to enhance the current skills of the country-level staff. In general, the EBWG concluded that the requirements for the WHO Representative include experience with preventive and curative health programmes, health economics and managerial skills. Thus, future and current WHO Representatives might require additional training.

■ **Executive Board Action**

- Request the Director-General to evaluate current and planned country health programmes and determine the profile of skills and qualifications required to select highly qualified WHO Representatives
 - Request the Director-General to develop appropriate procedures for ensuring career development of the WHO Representatives through initial and periodic training and by rotation of WHO Representatives (between regions and headquarters) in the light of the Organization's current needs
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4.5.2 **WHO Representative and intersectoral coordination**

The role of the WHO Representative should be to provide leadership in health, nutrition, family planning and environmental health to the United Nations country team. WHO Representatives should be mandated by the regional offices and the Director-General to take the initiative in regard to intersectoral coordination of health activities.

■ *Executive Board Action*

- Request the Director-General to direct the Regional Directors and the WHO Representatives to provide leadership in intersectoral coordination among the United Nations agencies and between major donors (see 4.6.2), and report to the January 1994 session of the Executive Board on the results
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4.5.3 *Delegation of authority to WHO Representatives*

Delegations of authority to WHO Representatives vary between regions and should be reviewed, updated and standardized, with due recognition of specific regional circumstances. Operating procedures followed by country offices differ significantly. They should be reviewed, updated and standardized. A minimum level of operating resources should be available to all WHO Representative offices. Communications links between WHO Representative offices, regional offices and headquarters should be strengthened.

■ *Executive Board Action*

- Request the Director-General to review, update and standardize the delegations of authority, the country office administrative/management and operating procedures, and the basic operating resources for WHO Representative offices throughout the Organization, and report to the January 1994 session of the Executive Board on the results
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4.5.4 *WHO Representatives' involvement in policy and technical dialogue*

Many WHO Representatives have a sense of isolation from policy debate within the Organization. The WHO Representatives should have a greater opportunity to share their experiences and be involved in activities related to policy and strategy development, relevant to their work, which are undertaken by headquarters and regional offices. In addition, WHO Representatives need to be informed promptly of key technical information and policy decisions and have easy access to relevant policy, technical and managerial information.

■ *Executive Board Action*

- Request the Director-General to review the role of the WHO Representative and recommend appropriate measures to strengthen the integration of the work of the WHO Representative into the policy and strategy development of the Organization. In addition, the Director-General should take advantage of low-cost improvements in communication technologies, such as CD ROMS and integration with electronically keyed national libraries (of medicine and others), to improve access to information for the WHO Representative
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The Director-General should report on the action taken to the January 1994 session of the Executive Board.

4.5.5 *WHO representation in Member States*

WHO should seek to have some form of representation in each Member State. Member States, particularly developed countries which do not have a need for WHO representatives, may wish to consider setting up a "WHO coordination office" or "WHO focal point" at their expense.

■ *Executive Board Action*

- Request the Director-General to inquire among Member States their interest in having alternate forms of WHO representation, as mentioned above, within their countries.
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The Director-General should report to the January 1994 session of the Executive Board on actions under 4.5.

4.6 *Coordination with United Nations and other agencies*

4.6.1 *United Nations structural reforms*

Coordination of resources by major donors and the United Nations system is essential. It is the prerequisite for the effectiveness of planning and developing health care interventions. WHO should take the lead in ensuring coordination within the United Nations system for all health related matters

■ Executive Board Action

- Request the Director-General to ensure that the Organization be active in its response to the structural and operating reforms taking place in the United Nations and its programmes. WHO should develop concept papers or action papers to facilitate the adoption of procedures, within the United Nations system, which further interagency cooperation and collaboration in the resolution of health and development problems.
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4.6.2 Country and global coordination

The current country and global coordination systems within the United Nations need to be significantly improved. In view of the complexity of overall development problems and programmes, coordination of the overall United Nations programme can sometimes be better achieved through the leadership of the specialized United Nations agency concerned, e.g. World Food Programme for emergency feeding, WHO for health care, FAO for agriculture issues, rather than by UNDP alone.

■ Executive Board Action

- Request the Director-General to engage in discussions with appropriate elements of United Nations leadership to ensure optimal use of United Nations "unified offices" with United Nations specialized agency coordinators (not only UNDP coordinators). The newly-designed system, under the overall coordination of UNDP, could provide clear leadership of the "UN country-team" by the specialized United Nations agencies in their areas of expertise, e.g. WHO on health matters.
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4.6.3 WHO coordination of health resources

In certain circumstances WHO should seek to improve the orientation and impact of the resources available to other agencies to improve health, rather than compete for resource control or assume responsibility for primary implementation. For example, in irrigation projects, agricultural institutions could play a major role by adjusting irrigation practices to control schistosomiasis.

■ Executive Board Action

- Request the Director-General to take appropriate measures to present appropriate information and recommendations to the UN/donor agencies responsible for development projects to include disease surveillance, prevention, and control as an integral component of each development project, programme intervention or targeted service for specific geographical areas.
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4.6.4 United Nations regional standardization

Differences in structures and procedures between some WHO regions and those of other United Nations organizations can impair coordination and give rise to operating problems at the country and regional levels.

■ Executive Board Action

- Request the Director-General to engage in dialogue with the United Nations secretariat to study means for reducing differences in regions and operating procedures among United Nations agencies.
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The Director-General should report on progress of all activities in 4.6 to the January 1994 session of the Executive Board.

4.7 Budgetary and financial considerations

WHO is currently in its twelfth year of "no real growth" for the regular budget which is financed through the assessment of Member States. In view of the relative importance of health, the principle of zero budget growth should be reconsidered. To the extent possible, cost-benefit and cost-effectiveness information should be developed to justify all resource requirements. To this end, procedures for making budgetary requests and managing financial resources should follow established priorities and be adhered to by all staff members.

4.7.1 Extrabudgetary programmes and funding

Extrabudgetary resources are an important financial supplement to sustain vital programme activities. Extrabudgetary programmes often provide a

crucial contribution to health services. However, this situation often creates competing policy and budgetary decisions for the Executive Board, the World Health Assembly, Regional Committees and the donor dominated management structures of the special extrabudgetary programmes. There is a growing fiscal "overhead gap" created by the 13% overhead support cost standard mandated by the United Nations. In general, the actual overhead required to support programmes approaches 35%. Therefore, the regular budget must subsidize the extrabudgetary programmes by some 22% of overall funding levels. This creates an additional burden for those regular budget programmes and services which are without extrabudgetary funds.

■ Executive Board Action

- The Executive Board should consider assigning an Executive Board member to sit on the management committee of each major extrabudgetary funded programme (generally consisting only of donors), to facilitate coordination and compatibility of policies, decisions and priorities with those of the World Health Assembly/Executive Board
 - Request the Director-General to seek approval from the World Health Assembly to have the authority to assess appropriate overhead rates, up to 35%, for extrabudgetary programmes
 - The Executive Board should establish a pledging system to secure additional funds for priority regular budget programmes including those dealing with normative functions
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The Director-General should report results to the January 1994 session of the Executive Board.

4.7.2 Budgetary inputs and outputs

Internal management procedures and information systems should permit monitoring of activities, based on budgetary inputs and anticipated outcomes, to ensure that they support accepted goals, objectives and targets. Current systems of budgeting and monitoring do not provide sufficient capability to monitor the effectiveness and efficiency of programme planning and implementation in achieving objectives/targets with available resources

■ Executive Board Action

- Noting that regional and country allocations are based mainly on allocations for previous years, the Executive Board requests the Director-General to establish budgeting systems/mechanisms to derive the greatest benefit from the process of budgeting by objectives/targets and to facilitate the achievement of priorities and to provide for periodic adjustments of these priorities in accordance with changing health needs
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The Director-General should report on progress at each Executive Board session.

4.8 Technical expertise and research

The credibility and effectiveness of the Organization largely rest on maintaining and expanding its technical expertise.

4.8.1 Technical competence

Technical competence should be the overriding criterion in the selection and recruitment of long- and short-term personnel while bearing in mind the resolutions of the governing bodies regarding an appropriate geographical distribution. Periodic training should be provided by the Organization to maintain the technical skills of staff and ensure career development. Staff rotation throughout – and even outside – the Organization should be encouraged.

■ Executive Board Action

- Request the Director-General to improve the personnel procedures to ensure technical competence as the primary basis for the selection and recruitment of long- and short-term staff, the design and implementation of appropriate career development and continuing education programmes, and the development of a staff rotation system between headquarters and regions. The Director-General should assess the impact of the geographic distribution of posts on the quality of staff
 - The Executive Board should draw to the attention of the World Health Assembly the impact on the quality of staff and on the ability of the Organization to perform its mandated functions due to politically motivated appointments made by the secretariat as a result of pressures by Member States
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The Director-General should report to the Executive Board on the progress made in these areas in the biennial report on recruitment.

4.8.2 *Research initiatives*

WHO should catalyse, as well as coordinate, the nature and topics of research undertaken worldwide. Increased efforts are required to ensure the rapid application of research findings particularly at the country level. The WHO collaborating centres could be further utilized to accelerate research initiatives and contribute to the technical expertise available to the Organization.

■ *Executive Board Action*

- With a view to ensuring the best possible use of all resources available to the health sector, the Director-General should review and update existing guidelines and procedures related to WHO collaborating centres and their participation in research initiatives for the Organization. In particular, the review should focus on ways to facilitate, in a cumulative manner, the coordination of research efforts by the worldwide network of collaborating centres to achieve health for all targets and other priority health initiatives
- Request the Director-General to require every programme to include a budgetary item for conducting basic science or operational research activities as part of its institutional development process to achieve technical excellence

4.8.3 *WHO collaborating centres*

Collaborating centres provide an important source of technical capability to the Organization in general, not only in research matters. The potential of the collaborating centres has not been fully utilized by the Organization and, frequently, after the designation of a collaborating centre by WHO, no annual plan is established to ensure an institutional contribution to global health work. The use of the collaborating centres might provide a cost-effective approach to maintain technical capabilities, provide technical cooperation or conduct appropriate research, particularly for programme areas which have been constrained by limited or decreasing budgetary resources.

■ *Executive Board Action*

- The Executive Board should establish a small group to determine with the Director-General ways to expand the use of the centres. A special focus should be given to the implementation of priority health research and PHC/HFA initiatives
- Request the Director-General to develop annual plans with each collaborating centre to facilitate the implementation of appropriate international health work, and the evaluation of the capability of the centre to maintain its special designation

The Director-General should report to the January 1994 session of the Executive Board on all areas of 4.8.

4.9 *Communications*

Social marketing, improved education of health professionals and mobilization of opinion makers have been major factors in achieving interventions for child survival and for the adoption of risk reduction behaviours. Although these "reproducible" breakthroughs have occurred in multiple cultural settings and varying socioeconomic groups, WHO has not been fully able to utilize and transfer these powerful tools to its global health work and the health development programmes of all Member States.

■ *Executive Board Action*

- Request the Director-General to develop WHO's capability to make greater use of modern communication techniques and methods, particularly mass media tools to introduce health promotion and disease prevention concepts
- Request the Director-General to issue an annual publication which reports on the Organization's efforts and programmes for improving the world health situation. The report should be similar to UNICEF's "The State of the World's Children" in target audience and promotional context

The Director-General should report to the Executive Board annually at the January session on the progress being made to introduce advanced communication capabilities into WHO.

5. CONCLUSIONS

5.1 The discussions of the EBWG, and its recommendations, amount to a fundamental revision of the way in which WHO functions. It is hoped that this work may strengthen the Organization in its ability to face today's daunting tasks and take it into the twenty-first century with the means to meet new challenges. We have recommended changes in structure and process with a view to improving health status and health care throughout the world.

5.2 The work recommended by the EBWG is the responsibility of the Director-General, the Executive Board itself, or a series of working partners who must resolutely pursue the opportunities outlined in this report. However, to ensure continuity there is an urgent need to devise means for the Executive Board to monitor the work and continue activities, including the potential contribution from the current EBWG members.



世界衛生組織執行委員會決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-second Session

EB92.R2

Agenda item 7

18 May 1993

EXECUTIVE BOARD WORKING GROUP ON THE WHO RESPONSE TO GLOBAL CHANGE

The Executive Board,

Recognizing the complexity of health problems and the importance of reform and restructuring of WHO in accordance with resolutions WHA46.16 (WHO Response to Global Change) and WHA46.35 (Budgetary Reform), the recommendations of the Executive Board Working Group on the WHO Response to Global Change and the initiative of the Director-General as noted in his address to the World Health Assembly;

Recalling the statement by the Director-General in his Introduction to the proposed programme budget for the financial period 1994-1995 about the need for the United Nations system to adapt to recent global political, social and economic developments;

Expressing gratitude for the work and valuable recommendations of the Executive Board Working Group Report on the WHO Response to Global Change;

1. ENDORSES the concepts and principles of the final report of the Executive Board Working Group on the WHO Response to Global Change as the basis for action towards the reform of WHO;
2. REQUESTS the Director-General:
 - (1) to prepare documents on the implementation of the recommendations of the Working Group on the WHO Response to Global Change as well as options for implementing World Health Assembly resolutions WHA46.16 and WHA46.35;
 - (2) to present the documents noted in (1) above, including a timetable and workplans for implementation of the Working Group's recommendations, for review by the Executive Board Programme Committee in July 1993;
 - (3) to report on progress in implementing the Working Group's recommendations to the Executive Board at its ninety-third session;
3. REQUESTS the Programme Committee:
 - (1) to examine the timetable and workplans submitted by the Director-General for the implementation of the Working Group's recommendations;
 - (2) to establish priorities for early implementation, in particular those related to the work of the Executive Board;

(3) to determine the appropriate follow-up mechanism, defining its terms of reference and method of work;

4. REQUESTS the Regional Committees to study the implications of the recommendations as applicable to regional and country activities and to report to the Executive Board at its ninety-third session.

Fourth meeting, 18 May 1993
EB92/SR/4