

*executive committee of  
the directing council*

*working party of  
the regional committee*



**PAN AMERICAN  
HEALTH  
ORGANIZATION**



**WORLD  
HEALTH  
ORGANIZATION**

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

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

This document provides a summary of the work of the Assembly and the resolutions which, in the judgment of the Regional Director, will be of particular interest to the Directing Council in its role as the Regional Committee of the WHO for the Americas. The document considers 21 of the 38 resolutions and the new membership of the Executive Board. The Executive Committee is asked to analyze and discuss the significance of the resolutions for the Member States of PAHO/AMRO and for the Regional Office.

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**Annexes**

## 1. Introduction

The Fiftieth World Health Assembly (WHA50) was held in Geneva, Switzerland, from 5 to 13 May 1996. Dr. Alberto J. Mazza, Minister of Health of Argentina, presided over the opening of the Assembly as its President until the election of the new President. Dr. J. F. Oletta, Minister of Health and Social Welfare, Venezuela, was elected as one of the five vice-presidents, and Honorable Ruben Campos, Minister of Health, Belize, was elected as Chairman of Committee A. During its deliberations, WHA50 considered the work of the Executive Board at its 98th and 99th sessions, reviewed the *World Health Report 1997*, and considered a variety of programmatic and administrative issues. The Assembly passed a total of 38 resolutions, nine more than were passed in 1995.

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

## 2. Program Policy Matters

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

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

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

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

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

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

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

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

PAHO's Division of Health and Environment has been actively involved in follow-up to the United Nations Conference on Environment and Development (UNCED), the implementation of mandates from the Summit of the Americas, and

various projects in the Americas to prevent contamination by chemical pollutants and promote the appropriate use of pesticides. A number of these activities and projects are mentioned in Document CE120/22 which is being considered under item 4.13 by the Executive Committee. It should be noted that the Division has emphasized a risk assessment approach to the prevention and control of environmental contamination. In addition, the Division of Disease Prevention and Control promotes integrated case management for controlling vector-borne diseases, in particular malaria and dengue, and recommends the use of insecticides only in a specific and targeted manner.

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

Resolution WHA50.14 endorses the Washington Declaration on Protection of the Marine Environment from Land-based Activities and the Global Program of Action for the Protection of the Marine Environment from Land-based Activities. It urges Member States to support implementation of the Global Program of Action, to participate in the development of a clearing-house, and to explore ways of making additional financial resources available for the clearing-house. It further requests the Director-General to seek extrabudgetary resources, to take the lead in the development of the clearing-house mechanisms for information on sewage as one of the main sources of pollution, to support implementation of the Global Program of Action, and to collaborate with UNEP and other international organizations.

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

#### **2.5 *Prevention of violence (WHA50.19)***

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

PAHO has been collaborating closely with WHO/Headquarters on activities and projects against both unintentional and intentional injuries. At present, PAHO is conducting two large multi-center studies, one on attitudes and cultural norms about violence and the other on the cost of violence. During 1997, PAHO has held two meetings on the topic of violence, one on violence against women and the other on juvenile and gang violence. PAHO is working in close association with the Inter-American Development Bank and the Organization of American States in the formulation of a violence prevention initiative for the Americas, in order to coordinate efforts of technical cooperation with the countries of the Region.

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

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

Under the leadership of the Special Program for Vaccines and Immunization, PAHO is working with countries in harmonizing quality control methodologies through the network of quality control laboratories, in upgrading production activities through the certification program for vaccine producing laboratories, and in mobilizing countries to invest more in research and development of vaccines. PAHO will be pleased to work with Headquarters units, in particular the Biological Unit, in the implementation of this resolution.

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

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

PAHO is in full agreement that World Tuberculosis Day activities should be coordinated globally.

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

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

Nearly all countries in the Region of the Americas are involved in health sector reform. Of particular importance has been the leadership role of Ministries of Health in reform processes, and this issue was considered in detail by the Executive Committee's Subcommittee on Planning and Programming at its meeting in April 1997. Therefore, the details of this resolution are of direct relevance to all Member States in the Region of the Americas, and many of its terms have already been initiated by PAHO.

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

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

In the Americas, the most important foci of lymphatic filariasis are located in Haiti, Guyana, and Brazil. Epidemiological characteristics suggest that the main area in which an eradication program could be successful in the mid-term is the urban and peri-urban area of Recife, Pernambuco, Brazil, where baseline data has already been collected. PAHO will support an expert meeting to define indicators to follow up the eradication process. Strategies will include a mass treatment program with suitable



drugs and adjunctive vector control programs, including the use of biocides, impregnated bednets and curtains, and community supported vector management. Elimination activities will be expanded as resources and experience permit.

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

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

Under the leadership of the Division of Health Systems and Services, PAHO has a Regional Program on the Health on Indigenous Peoples, which is presented in Document CE120/17 and will be considered by the Executive Committee under item 4.8.

#### **2.11 *Malaria prevention and control (Resolution WHA50.34)***

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

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

programs toward the new malaria control strategy. The approach taken under the leadership of the Division of Disease Prevention and Control is consistent with the actions called for in Resolution WHA50.34.

### **2.12 *Eradication of dracunculiasis (Resolution WHA50.35)***

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

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

## **3. Administrative and Financial Matters**

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

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

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

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

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

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

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

Resolution WHA50.25 resolves to appropriate for the financial period 1998-1999 an amount of US\$ 922,654,000 distributed in seven appropriations sections, with an effective working budget of \$842,654,000. The resolution further authorizes the Director-General to make transfers between the appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for this section from which the transfer is made. The maximum net level of the exchange rate facility is established at \$31,000,000. It further decides that the net amount of casual income for 1997 remaining after meeting the provisions of the incentive scheme in the exchange rate facility should be returned to Member States to apply to their assessments in 1999.

The approved appropriation for the financial period 1998-1999 will provide an approximately 3.6% increase for the Region of the Americas. The proposed program budget of the Pan American Health Organization for the biennium 1998-1999 will be considered by the Executive Committee under item 4.1 and is presented in Official Document 281 and Document CE120/10.

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

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

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

## **4. Other Matters**

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

Resolution WHA50.2 urges Member States to support and develop national centers of expertise so that they may meet the criteria to become a WHO collaborating center and to inform WHO of the existence of these centers of expertise. It requests the Director-General to undertake a situation analysis concerning the existing networks of collaborating centers; to take steps to promote and encourage the emergence of a larger number of these centers in Member States; to explore methods and various possibilities of funding to support and coordinate the network of centers; and to report on his findings and recommendations to the 101st session of the Executive Board.

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

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

Resolution WHA50.23 urges Member States to consider the task force's report in the planning of development strategies and requests the Director-General to take into account the recommendations of the task force in preparing discussions for the Tenth General Program of Work and in the renewal of the health-for-all strategy; to take into account the recommendations of the task force to strengthen WHO's role as the leader in global health in the twenty-first century; to continue the existing focus on health and development, including the promotion of health rights and health equity for women, the disadvantaged, and vulnerable groups; to continue to support the work of the task force; and to report to the 101st session of the Executive Board and the Fifty-fourth World Health Assembly.

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

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

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

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

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

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

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

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

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

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

#### **4.6 *Executive Board membership***

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

Annexes



世界衛生大會 決議

قارر 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

FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.1

Agenda item 17.1

12 May 1997

## Reimbursement of travelling expenses for attendance at the Health Assembly

The Fiftieth World Health Assembly,

Recalling resolution WHA30.11 on reimbursement of travelling expenses for attendance at the Health Assembly;

Having considered the proposed programme budget for the financial period 1998-1999, in particular appropriation section 1, Governing bodies;

Noting the proposal contained therein that the Organization should meet the cost of travel to the Health Assembly for one representative each from the least developed countries only, in order to keep costs of governing bodies within the level budgeted for 1996-1997,

DECIDES that, with effect from 1 January 1998, only Members that are classified as least developed countries shall be reimbursed for the actual travelling expenses of one delegate each, the maximum reimbursement to be restricted to the equivalent of one economy/tourist return air ticket from the capital city of the Member to the place of the session.

Eighth plenary meeting, 12 May 1997  
A50/VR/8

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.2

Agenda item 17.1

12 May 1997

## WHO collaborating centres

The Fiftieth World Health Assembly,

Recognizing that in order to exert global health leadership in the twenty-first century in the current budgetary context the Organization must make every effort to create the broadest possible network of “partners for health” in order to make full use of all the skills available at country and regional levels; and to seek new resources and make optimum use of them in order to fulfil its tasks in the twenty-first century within the framework of the new strategy for health for all;

Aware that the collaborating centres represent a source of expertise that deserves to be better utilized and promoted;

Thanking the Director-General for the work accomplished in coordinating the network of collaborating centres at present in existence,

1. URGES Member States:

- (1) to support and develop national centres of expertise so that they may meet the criteria to become a WHO collaborating centre;
- (2) to inform WHO of the existence of these centres of expertise;

2. REQUESTS the Director-General:

- (1) to strengthen the cooperation between WHO and its collaborating centres in priority areas;
- (2) to undertake a situation analysis concerning the existing networks of collaborating centres:
  - (a) to prepare a review of designations and terminations since resolution WHA33.20 and submit it to the Executive Board in January 1998;
  - (b) to review the definition of the functions of the collaborating centres and the procedure for their designation and redesignation;
  - (c) to explore the arrangements between WHO and the collaborating centres, including the option of working through contracts;
  - (d) to review the procedures for and frequency of evaluation of these centres with a view to their redesignation or termination;

- (3) to take steps to promote and encourage the emergence of a larger number of collaborating centres in the countries concerned by WHO's priorities and to foster capacity-building programmes in these centres;**
- (4) to explore organizational mechanisms within WHO at headquarters and regional level and the various possibilities of funding to ensure the best support for and coordination of the network of centres;**
- (5) to report on his findings and recommendations to the 101st session of the Executive Board in January 1998.**

**Eighth plenary meeting, 12 May 1997  
A50/VR/8**

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.3

Agenda item 19

12 May 1997

## Guidelines on the WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce

The Fiftieth World Health Assembly,

Taking note of previous resolutions on WHO's Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce, and particularly resolutions WHA45.29 and WHA49.14;

Having reviewed the revised guidelines on implementation of the Certification Scheme which are the result of field trials in a number of WHO Member States and discussions during the sixth and seventh biennial International Conferences of Drug Regulatory Authorities;<sup>1</sup>

Believing that the adoption of the revised guidelines will provide an important instrument in support of drug registration in the importing country by ensuring access to transparent information on the regulatory status of the pharmaceutical product in the exporting country and the true origin of products to be imported,

1. ENDORSES the guidelines for implementation of the WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce and associated model certification forms;

2. URGES Member States:

(1) to implement these guidelines, and to issue and request WHO-type certificates in the form contained in the guidelines as from 1 January 1998 and to issue the certificates in the form proposed;

(2) to inform the Director-General of their intent to apply the Scheme and of any significant reservations they intend to express relating to their participation as provided for in article 2.1 of the guidelines.

Eighth plenary meeting, 12 May 1997  
A50/VR/8

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<sup>1</sup> WHO Technical Report Series, No. 863, 1996, Annex 10.



世界衛生大會決議

قار 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

FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.4

Agenda item 19

12 May 1997

## **Cross-border advertising, promotion and sale of medical products through the Internet**

The Fiftieth World Health Assembly,

Aware of the increasing use of electronic communication means by the general public for shopping and gathering information;

Aware of the fact that the efficacy, safety and quality of medical products require careful assessment, and that in many Member States such products require authorization prior to marketing, and are available only on medical prescription;

Aware that the proper and safe use of medical products may require review of the medical history, medical examination, diagnosis of the condition and subsequent counselling and follow-up by the health care professional;

Recognizing that regulations and regulatory control vary among countries regarding prescription/non-prescription (over-the-counter) status of medical products, resulting in national differences in their availability;

Aware that advertising, promotion and legal sale of medical products in one country may be violative in other countries;

Recognizing that in some situations provision of medical products by an authorized health professional on the basis of an electronically communicated request may contribute to more rational and better health care, and to the easier availability of necessary medical products and information about them;

Recognizing that such mail order service may in some countries include prescription-only products, and that in such situations national law may specify additional requirements to authorize the order;

Noting the continued need for vigilance in the maintenance of legal and ethical standards in the advertising, promotion and sale of medical products;

Concerned, however, that uncontrolled advertising, promotion and sales of medical products by electronic communication may present a hazard for public health as well as a risk for the individual patient, particularly with regard to misleading or fraudulent product information and lack of individual counselling;

Particularly concerned that advertising, promotion and sales through the Internet may lead to uncontrolled across-the-border trade of medical products or fraudulent imitations that may be unevaluated, unapproved, unsafe or ineffective, or used inappropriately,

1. **URGES all Member States to collaborate with WHO in order to facilitate collection of information on the Internet regarding the points listed above;**
2. **REQUESTS the Director-General:**
  - (1) to collect information on the various aspects and consequences of advertising, promotion, and sale of medical products through the Internet;
  - (2) to collaborate with the drug regulatory authorities and national and international enforcement agencies, consumer groups, professional associations, the pharmaceutical industry and other relevant parties, to collect all necessary information on the subject;
  - (3) to convene a WHO ad hoc working group consisting of representatives of the parties mentioned above, and, in addition, experts in ethics, legal matters, marketing and communication, and other experts as required, to consider and review the above and related issues in the advertising, promotion and sale of medical products through the Internet, and to formulate recommendations for action to the Director-General;
  - (4) to report on progress to the Executive Board at its 101st session in January 1998, and to the Fifty-first World Health Assembly in May 1998;
  - (5) to mobilize extrabudgetary resources for this activity.

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.5

Agenda item 22.1

12 May 1997

## Interim financial report for the year 1996

The Fiftieth World Health Assembly,

Having examined the interim financial report for the year 1996;

Having noted the report of the Administration, Budget and Finance Committee of the Executive Board,

ACCEPTS the Director-General's interim financial report for the year 1996.

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.6

Agenda item 22.1

12 May 1997

## **Transfer of funds from the Executive Board Special Fund to the Special Account for Disasters and Natural Catastrophes in the Voluntary Fund for Health Promotion**

The Fiftieth World Health Assembly

1. AUTHORIZES the transfer of the principal of US\$ 100 000 of the Executive Board Special Fund to the Special Account for Disasters and Natural Catastrophes in the Voluntary Fund for Health Promotion, to be used for emergency humanitarian activities;
2. REQUESTS the Director-General to report on the use of this amount under the Voluntary Fund for Health Promotion in his financial report.

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.7

Agenda item 22.2

12 May 1997

## Status of collection of assessed contributions

The Fiftieth World Health Assembly,

Noting with concern that, as at 31 December 1996:

(a) the rate of collection in 1996 of contributions to the effective working budget for that year amounted to 77.72%, leaving US\$ 93 394 425 unpaid;

(b) only 102 Members had paid their contributions to the effective working budget for that year in full, and 63 Members had made no payment;

(c) total unpaid contributions in respect of 1996 and prior years exceeded US\$ 169 million,

1. EXPRESSES deep concern at the continuing high level of contributions outstanding, 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 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 Members paying later will have their contributions payable for that subsequent programme budget reduced only marginally or not at all;

4. URGES Members that are systematically late in the payment of their contributions to take immediate steps to ensure prompt and regular payment;

5. REQUESTS the Director-General, taking into account developments in other organizations of the United Nations system and in the review of the WHO Constitution, to continue to review all additional measures that may be appropriate to the circumstances of WHO with a view to ensuring a sound financial basis for programmes and to report on this matter to the 101st session of the Executive Board and the Fifty-first World Health Assembly;

6. FURTHER REQUESTS the Director-General to draw this resolution to the attention of all Members.





FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.8

Agenda item 22.2

12 May 1997

## **Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution**

The Fiftieth World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution;

Having been informed that the voting rights of Angola, Nigeria and Peru had been restored as a result of payments made which reduced their unpaid prior years' arrears of contributions to a level below that indicated in resolution WHA41.7;

Noting that, at the time of opening of the Fiftieth World Health Assembly, the voting rights of Antigua and Barbuda, Armenia, Azerbaijan, Bosnia and Herzegovina, Chad, Comoros, Cuba, Dominican Republic, Equatorial Guinea, Georgia, Guinea-Bissau, Iraq, Kazakstan, Kyrgyzstan, Latvia, Liberia, Niger, Republic of Moldova, Somalia, Tajikistan, Turkmenistan, Ukraine and Yugoslavia remained suspended, 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;

Noting that, in accordance with resolution WHA49.4, the voting privileges of Mauritania, Togo and Venezuela have been suspended as from 5 May 1997, 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 the voting rights of Togo have been restored as a result of a payment received before the opening of the Fiftieth World Health Assembly;

Noting that Afghanistan, Central African Republic, Congo, Djibouti, Gabon, Guatemala, Haiti, Lithuania, Rwanda and Yemen were in arrears at the time of the opening of the Fiftieth 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 Fifty-first World Health Assembly;

Having been informed that as a result of payments received after the opening of the Fiftieth World Health Assembly, the arrears of contributions of Guatemala and Haiti have been reduced to a level below the amount which would justify invoking Article 7 of the Constitution,

1. **EXPRESSES concern at the increasingly large number of Members that have been in arrears in the payment of their contributions in recent years to an extent which would justify invoking Article 7 of the Constitution and the unprecedented level of contributions owed by them;**
2. **URGES the Members concerned to regularize their position at the earliest possible date;**
3. **FURTHER URGES Members that 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 to the Board at its 101st session and after the Members concerned have had an opportunity to explain their situation to the Board, to report to the Fifty-first 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 Fifty-first World Health Assembly, Afghanistan, Central African Republic, Congo, Djibouti, Gabon, Lithuania, Rwanda and Yemen 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 Fifty-first 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.**

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**FIFTIETH WORLD HEALTH ASSEMBLY**

**WHA50.9**

Agenda item 24.1

12 May 1997

## **Assessment of Andorra for 1997**

The Fiftieth World Health Assembly,

Noting that Andorra, a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 15 January 1997;

Noting that the United Nations General Assembly, in resolution 48/223, established the assessment of Andorra at the rate of 0.01%;

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

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

DECIDES:

- (1) that Andorra shall be assessed at an annual rate of 0.01% for the year 1997;
- (2) that Andorra's assessment relating to the year 1997 shall be reduced to eleven-twelfths of 0.01%.

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**FIFTIETH WORLD HEALTH ASSEMBLY**

**WHA50.10**

Agenda item 25

12 May 1997

## **Real Estate Fund**

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on the status of projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1997 to 31 May 1998;

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 III of the Director-General's report, at an estimated cost of US\$ 1 654 000;
2. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US\$ 815 000.

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**FIFTIETH WORLD HEALTH ASSEMBLY**

**WHA50.11**

Agenda item 25

12 May 1997

## **Relocation of the Regional Office for the Eastern Mediterranean from Alexandria to Cairo**

The Fiftieth World Health Assembly,

Having considered the report of the Director-General to the Executive Board on the subject of relocation of the Regional Office for the Eastern Mediterranean from Alexandria to Cairo;

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

1. EXPRESSES its appreciation to the Government of Egypt for making available land in Cairo as well as pledging a cash contribution for the purpose of construction of a new building for the Regional Office for the Eastern Mediterranean;
2. ENCOURAGES other Member States of the Region to make similar financial efforts;
3. AUTHORIZES the financing from the Real Estate Fund of the estimated expenditure of US\$ 9 890 000 for the purpose of building new Regional Office premises in Cairo, on the understanding that any costs over and above this estimate would be met from extrabudgetary resources;
4. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US\$ 9 890 000.

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.12

Agenda item 27.1

12 May 1997

## Establishment of the International Vaccine Institute

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on the establishment of the International Vaccine Institute (document A50/16 Add.1), and in accordance with Article 18(1) of the Constitution of the World Health Organization,

1. APPROVES the Agreement on the Establishment of the International Vaccine Institute;
2. AUTHORIZES the Director-General to deposit WHO's instrument of approval of the Agreement with the Secretary-General of the United Nations.

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.13

Agenda item 27.2

12 May 1997

## Promotion of chemical safety, with special attention to persistent organic pollutants

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on persistent organic pollutants;

Recalling resolutions WHA30.47, WHA31.28 and EB63.R19 on the evaluation of the effects of chemicals on health, and resolutions EB73.R10 and WHA45.32 on the International Programme on Chemical Safety;

Noting that the Director-General established in May 1996 a steering committee on sound management of chemicals to coordinate activities related to chemical safety;

Noting that the Memorandum of Understanding between UNEP, ILO and WHO concerning collaboration in the International Programme on Chemical Safety was renewed in 1996;

Noting that, in response to the call of the United Nations Conference on Environment and Development (UNCED) for improved international cooperation on sound management of chemicals, an Inter-Organization Programme for the Sound Management of Chemicals was established in 1995 with six participating organizations (UNEP, ILO, FAO, WHO, UNIDO and OECD), and that WHO is the administering organization;

Noting that, in response to a recommendation made at UNCED and to resolution WHA46.20, an intergovernmental forum on chemical safety was established in 1994 with WHO as the host agency,

1. ENDORSES the recommendations of the Intergovernmental Forum on Chemical Safety to the Health Assembly on persistent organic pollutants, as presented in the report of the Director-General;
2. CALLS UPON Member States:
  - (1) to involve appropriate health officials in national efforts to follow up and implement decisions of the UNEP and WHO governing bodies relating to the currently identified persistent organic pollutants;
  - (2) to ensure that scientific assessment of risks to health and the environment is the basis for the management of chemical risk;
  - (3) to continue efforts to establish or reinforce national coordinating mechanisms for chemical safety, involving all responsible authorities as well as the nongovernmental organizations concerned;
  - (4) to take steps to reduce reliance on insecticides for control of vector-borne diseases through promotion of integrated pest-management approaches in accordance with WHO guidelines, and through support for the development and adaptation of viable alternative methods of disease vector control;

- (5) to establish or strengthen governmental mechanisms to provide information on the levels and sources of chemical contaminants in all media, and in particular in food, as well as on the levels of exposure of the population;
  - (6) to ensure that the use of DDT is authorized by governments for public health purposes only, and that, in those instances, such use is limited to government-authorized programmes that take an integrated approach and that strong steps are taken to ensure that there is no diversion of DDT to entities in the private sector;
  - (7) to revitalize measures for training and for increasing public awareness in collaboration with intergovernmental and nongovernmental organizations, in order to prevent poisonings by chemicals and, in particular, pesticides;
3. REQUESTS the Director-General:
- (1) to participate actively in the intergovernmental negotiating committees on the currently identified persistent organic pollutants, in the drafting of a legally binding instrument for the "prior informed consent" procedure, and in other intergovernmental meetings on issues requiring health expertise, in particular those relating to the use of pesticides for vector control, in order to ensure that international commitments on hazardous chemicals are realistic and effective and that they protect human health and the environment;
  - (2) to support research on integrated approaches to the control of vector-borne diseases, including environmental management, including engagement of appropriate WHO collaborating centres in this effort;
  - (3) to continue to support the acceleration and expansion of WHO's activities for the assessment of chemicals risk as a basis for national decision-making on its management, including the joint FAO/WHO programmes on food additives and contaminants and veterinary drug residues and on pesticide residues;
  - (4) to cooperate with Member States in facilitating the exchange of information on chemicals utilizing modern technology, especially in the collation and provision of reliable and comparable data, in particular from developing countries, on human exposure, incidents of poisonings and other adverse health effects;
  - (5) to take the necessary steps to reinforce WHO's leadership in undertaking risk assessment as a basis for tackling high-priority problems as they emerge, and in promoting and coordinating related research, for example, on potential endocrine-related health effects of exposure to chemicals and on the possible causal links with cancer and reproductive, neurological and immunological disorders;
  - (6) to continue efforts to enhance technical cooperation with Member States for the determination of their capacity-building needs, and for the implementation of programmes for the management of chemicals risk, in collaboration with participants in the Inter-Organization Programme for the Sound Management of Chemicals and with other organizations;
  - (7) to report on the outcome of the deliberations at the Health Assembly to the UNEP Governing Council;
  - (8) to report to a future Health Assembly on progress in implementing this resolution.

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.14

Agenda item 27.2

12 May 1997

## Protection of the marine environment

The Fiftieth World Health Assembly,

Noting the successful conclusion of the Intergovernmental Conference to Adopt a Global Programme of Action for the Protection of the Marine Environment from Land-based Activities, which was held in Washington, D.C., from 23 October to 3 November 1995;

Having considered United Nations General Assembly resolution 51/189 on institutional arrangements for the implementation of the Global Programme of Action for the Protection of the Marine Environment from Land-based Activities;

Stressing the need for Member States to take the necessary measures for the implementation of the Global Programme of Action at national and, as appropriate, regional and international levels;

Concerned about risks to human health from the degradation of the marine environment caused by land-based sources of pollution,

1. ENDORSES the Washington Declaration on Protection of the Marine Environment from Land-based Activities and the Global Programme of Action for the Protection of the Marine Environment from Land-based Activities as they relate to the protection of human health;
2. URGES Member States:
  - (1) to support the implementation of the Global Programme of Action in general and with regard to public health aspects;
  - (2) to participate in the development of a clearing-house for the implementation of the Global Programme of Action and in particular to support WHO's efforts to lead the development of the clearing-house mechanism for information on sewage;
  - (3) to explore ways and means of making additional financial resources available for setting up and maintaining the clearing-house mechanism;
3. REQUESTS the Director-General:
  - (1) to seek extrabudgetary financial resources in order to enable the Organization to discharge its assigned responsibilities in the implementation of the Global Programme of Action;

- (2) to the extent that resources permit, to take the lead in the development of a clearing-house mechanism for information on sewage as one of the major land-based sources of pollution of the marine environment;**
- (3) to support the implementation of the Global Programme of Action concerning matters related to environmental health;**
- (4) to collaborate with UNEP and other international organizations concerned in the implementation of the Global Programme of Action.**

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.15

Agenda item 29.1

12 May 1997

## Recruitment of international staff in WHO: geographical representation

The Fiftieth World Health Assembly,

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

Recalling earlier resolutions of the Health Assembly and the Executive Board on the same subject, the last of which was resolution WHA48.28;

Noting that recruitment of nationals from unrepresented and under-represented countries and countries below the mid-point of the range has not yet reached the target of 60%;

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

1. DECIDES to maintain the target of 60% of all vacancies arising in professional and higher-graded posts subject to geographical distribution during the period ending September 1999 for the appointment of nationals of unrepresented and under-represented countries and those below the mid-point of the 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 of calculating desirable ranges by revising the number of posts used in the calculation to 1450;
4. FURTHER REQUESTS the Director-General to report on the recruitment of international staff in WHO to the Executive Board in 2000.

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.16

Agenda item 29.1

12 May 1997

## Employment and participation of women in the work of WHO

The Fiftieth World Health Assembly,

Noting resolutions WHA48.28 and WHA49.9;

Noting the situation at September 1996 regarding the proportion of women on the staff in established WHO offices and their distribution by grade;

Noting that the Strategic plan of action (1995-2000),<sup>1</sup> which was endorsed by the United Nations General Assembly in its resolution 49/167 of 23 December 1994, established the overall goal of parity for women by the year 2000, with a target of 25% in policy-level positions (D1 and above) by 1997;

Recognizing that women can also participate in WHO as temporary advisers, consultants and on scientific and technical advisory groups;

Recognizing the additional value that a balance of male and female staff can bring to the work of the Organization,

1. CALLS FOR the target for representation of women in the professional categories to be increased to 50% in WHO;
2. CALLS FOR targets to be set at 50% by 2002 for new appointments of women to professional categories, representation of women as temporary advisers, consultants and on scientific and technical advisory groups;
3. STRONGLY URGES Member States to support the strategies and efforts of the WHO Secretariat to increase the percentage of women in professional posts, by identifying more women candidates and regularly submitting their candidatures, and by encouraging women to apply for posts;
4. REQUESTS the Director-General and Regional Directors:
  - (1) to ensure full and urgent implementation of the action outlined in the Director-General's report;
  - (2) to raise the minimum thresholds for the recruitment of women;

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<sup>1</sup> See United Nations General Assembly document A/49/587, part IV: "Strategic plan of action for the improvement of the status of women in the Secretariat (1995-2000)".



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WHA50.17

Agenda item 29.2

12 May 1997

## Salaries for ungraded posts and the Director-General

The Fiftieth 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\$ 129 524 per annum before staff assessment, resulting in a modified net salary of US\$ 90 855 (dependency rate) or US\$ 82 245 (single rate);
2. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 142 546 per annum before staff assessment, resulting in a modified net salary of US\$ 99 059 (dependency rate) or US\$ 89 069 (single rate);
3. ESTABLISHES the salary for the Director-General at US\$ 175 344 per annum before staff assessment, resulting in a modified net salary of US\$ 119 722 (dependency rate) or US\$ 106 255 (single rate);
4. DECIDES that these adjustments in remuneration shall come into effect on 1 January 1997.

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Agenda item 29.2

12 May 1997

## **Salaries for ungraded posts and the Director-General**

The Fiftieth 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\$ 129 524 per annum before staff assessment, resulting in a modified net salary of US\$ 90 855 (dependency rate) or US\$ 82 245 (single rate);
2. ESTABLISHES the salary for the post of Deputy Director-General at US\$ 142 546 per annum before staff assessment, resulting in a modified net salary of US\$ 99 059 (dependency rate) or US\$ 89 069 (single rate);
3. ESTABLISHES the salary for the Director-General at US\$ 175 344 per annum before staff assessment, resulting in a modified net salary of US\$ 119 722 (dependency rate) or US\$ 106 255 (single rate);
4. DECIDES that these adjustments in remuneration shall come into effect on 1 January 1997.

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.18

Agenda item 31

12 May 1997

## Method of work of the Health Assembly and proposed amendments to its Rules of Procedure

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on the method of work of the Health Assembly;

Recalling resolution WHA20.2 concerning arrangements for the conduct of the general discussion in plenary meetings on the reports of the Executive Board and the Director-General, resolution EB71.R3 concerning, *inter alia*, the focus of such discussion, resolution WHA32.36 concerning, *inter alia*, preparation of the provisional agenda of regular sessions of the Health Assembly by the Executive Board and resolution WHA36.16 concerning, *inter alia*, the opening meeting of the Health Assembly;

Recalling also the decision of the Forty-eighth World Health Assembly to transfer resources from governing bodies to priority programmes, and the consequent need to shorten the duration of the Health Assembly;

Noting the proposed programme budget for the financial period 1998-1999 and the provision for sessions of the Health Assembly contained therein,

1. APPROVES the following arrangements for the conduct of the discussion in plenary meetings on the report of the Executive Board and *The world health report* (incorporating the annual report of the Director-General):

- (1) delegates are requested to limit to five minutes their statements in such discussions;
- (2) delegates wishing to do so may submit prepared statements of not more than 600 words for inclusion in the verbatim records of the plenary meetings;
- (3) the statements should focus on the theme of *The world health report*;

2. DECIDES:

- (1) that the Executive Board, when preparing the provisional agenda of each Health Assembly, shall normally include individual technical programme items in the agenda of the Health Assembly as separate items only in the years when the Health Assembly does not undertake a full review of the proposed biennial programme budget, thus allowing more time for such technical items;
- (2) that reports on technical programme items which the Director-General has been requested to submit in budget years by previous resolutions of the Health Assembly shall henceforth be submitted in non-budget years;

3. DECIDES also that the opening meeting of the Health Assembly shall be held at 10:00 on the opening day, followed by the meeting of the Committee on Nominations, the second plenary meeting, and the meeting of the General Committee, so as to permit the third plenary meeting to take place as early on the opening day as possible;
4. DECIDES further to amend Rules 24, 25 and 101 of the Rules of Procedure of the Health Assembly to read as follows:

*Rule 24*

The Committee on Nominations of the Health Assembly shall consist of twenty-five delegates of as many Members.

At the beginning of each regular session the President shall submit to the Health Assembly a list consisting of twenty-four Members, to comprise with the President, ex officio, the Committee on Nominations. Any Member may propose additions to such list. On the basis of such list, as amended by any additions proposed, a vote shall be taken in accordance with the provisions of those Rules dealing with elections.

The President of the Health Assembly shall preside over meetings of the Committee on Nominations. The President may designate a member of his delegation as his substitute in his capacity as member during a meeting or any part thereof.

Meetings of the Committee on Nominations shall be held in private.

*Rule 25*

The Committee on Nominations, having regard to an equitable geographical distribution and to experience and personal competence, shall propose (a) to the Health Assembly from among the delegates nominations for the offices of the President and five vice-presidents of the Health Assembly, for the offices of chairman of each of the main committees, and for the members of the General Committee to be elected under Rule 31, and (b) to each of the main committees set up under Rule 34, nominations from among the delegates for the offices of the two vice-chairmen and rapporteur. The President shall submit an initial list of proposals as set forth above for consideration by the Committee on Nominations. Any member of the Committee may propose additions to such list. On the basis of such list, as amended by any additions proposed, the Committee shall, in accordance with the provisions of Rule 80, determine its list of nominations which shall be forthwith communicated to the Health Assembly or to the main committees respectively.

*Rule 101*

At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than twenty-four hours after the President has made the announcement in accordance with this Rule.

Eighth plenary meeting, 12 May 1997  
A50/VR/8

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.19

Agenda item 19

13 May 1997

## Prevention of violence

The Fiftieth World Health Assembly,

Welcoming the report of the Director-General on prevention of violence;

Expressing satisfaction with the rapid progress in the development of the plan of action for progress towards a public health approach to violence prevention based on scientific data;

Recognizing the opportunities to give effect to the plan of action through the collaborative mechanisms of the WHO programmes concerned, collaborating centres and institutions, professional and other nongovernmental organizations, and in collaboration with other appropriate organizations and agencies of the United Nations system, with particular attention to those dealing with human rights;

Concerned with:

1. The increase in all forms of violence particularly domestic violence that is directed, mainly at women and children;
2. Child trafficking and sexual abuse;
3. Bullying in schools and in institutions, and various forms of organized violence;

Realizing the complexity of the issue, and that violence does not only affect health but in many cases is the outcome of practices detrimental to health such as alcohol and drug abuse as well as of various socioeconomic factors;

Reiterating WHO's role of leadership and guidance to Member States in assessing the problem of violence and in order to prevent self-inflicted violence and violence against others,

1. ENDORSES the Organization's integrated plan of action on violence prevention and health;
2. URGES Member States to collaborate with WHO in attaining the objectives and implementing the tasks of the plan of action;
3. REQUESTS the Director-General to continue to develop the plan of action and to submit to the next Assembly:

- (1) a report of the past year's activities, a budget, a timetable for implementation and a list of priority actions to be undertaken by WHO with its appropriate collaborating centres;
- (2) guidelines for the development of preventive activities to be taken by Member States.

Ninth plenary meeting, 13 May 1997  
A50/VR/9

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.20

Agenda item 19

13 May 1997

## Quality of biological products moving in international commerce

The Fiftieth World Health Assembly,

Noting the increasing movement across international boundaries of vaccines and other biological products for prevention and/or treatment of diseases, together with the rapid development and introduction into public health programmes of medicines produced by modern biotechnology in both developed and developing countries;

Recalling previous resolutions of the Health Assembly mentioning the vital need to ensure the quality, safety and efficacy of both established and new biological products;

Bearing in mind the responsibility of governments to ensure that biological products, whether imported or manufactured locally, are of good quality;

Recognizing the specialized technical expertise needed for evaluating and controlling biological products;

Recalling the role of WHO in coordinating technical assistance, including assistance given on a bilateral and multilateral basis, and in promoting resource mobilization from various sources, and aware that, according to its Constitution and the decisions of previous Health Assemblies, coordination and advocacy are among WHO's most important functions;

Recognizing that WHO's standardization activities need strengthening to meet the challenges of rapid growth and expansion in the field of biologicals, and also evaluation for any newly observed potential impact such activities may have on international trade as a result of the entry into force of World Trade Organization agreements;

Recognizing the long-standing and valuable role of WHO's biologicals unit and the Expert Committee on Biological Standardization;

Recognizing the report and recommendations of the ad hoc working group on the quality of biological products moving in international commerce as reflected in the Director-General's report,

1. URGES all Member States:

(1) to use only vaccines and other biological products of demonstrated quality, safety and efficacy;

(2) to adopt, as part of national regulations, requirements published by WHO or equivalent requirements of recognized competent control authorities to ensure that their products are safe, effective and of good quality;

(3) to strengthen their national regulatory authorities and national control laboratories;

2. REQUESTS the Director-General:

(1) to strengthen the mechanism for providing clear norms and active leadership to promote the quality, safety and efficacy of biological and biotechnological products;

(2) to extend the assistance offered to Member States within the limits of existing resources to develop and to strengthen their national regulatory authorities and control laboratories so as to increase their competence in this area, efforts to upgrade the quality of biological products being focused primarily on increasing the capabilities of national control authorities;

(3) to revise the approach to the development of requirements and guidelines for biologicals to ensure that the documents focus primarily on principles and essential elements that ensure the safety and efficacy of products, details of specifications, assays, and processes being provided as appendices, as appropriate;

(4) to review and update existing requirements and guidelines for biologicals and ensure that there is a mechanism to address and resolve rapidly scientific and medical inconsistencies in available documents;

(5) to expand WHO's interaction with other agencies and increase the use of selected WHO collaborating centres and other organizations in the preparation and review of documents (including draft guidelines and requirements), and in the production of International Reference Materials;

(6) to ensure that the decisions taken by the WHO Expert Committee on Biological Standardization are widely disseminated in a timely manner;

(7) to keep Member States informed of the development of new biological products and their potential value and application;

(8) to serve as the central resource for providing guidance on quality, efficacy and safety of biological products, when requested by a national control authority, and assist in promoting the exchange of information and "networking" of authorities;

(9) to review issues of potential conflict of interest and confidentiality as they relate to the application of requirements and guidelines published by WHO, including advice on the acceptability of vaccines intended for purchase by other organizations of the United Nations system;

(10) to convene an independent review of WHO's remit and activities in this field, particularly WHO's biologicals unit, covering *inter alia* how it interacts with other groups with related functions within WHO and externally, with a view to recommending action that will assist in the harmonization of standards and requirements, minimize duplication of activities and enable WHO to respond to scientific developments in a timely manner;

(11) to review the relation between WHO technical reports, requirements, and guidelines and World Trade Organization agreements, in particular, the Agreement on Technical Barriers to Trade, the Agreement on the Application of Sanitary and Phytosanitary Measures, and the Agreement on Trade-related Aspects of Intellectual Property Rights, as they apply to international trade in biological medicinal

products, and to prepare a report on this issue for submission to the Executive Board at its 102nd session in May 1998;

(12) to support and assist developing countries in the necessary negotiation process with potential sources of science and technology and resource mobilization.

Ninth plenary meeting, 13 May 1997  
A50/VR/9

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世界衛生大會 決議

قرار الجمعية العالمية للصحة

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RESOLUTION DE L'ASSEMBLEE MONDIALE DE LA SANTE  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНИЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

**FIFTIETH WORLD HEALTH ASSEMBLY**

**WHA50.21**

Agenda item 19

13 May 1997

## **World Tuberculosis Day**

The Fiftieth World Health Assembly,

Recalling resolutions WHA44.8 and WHA46.36 on the tuberculosis programme;

Encouraged by the success and the spirit of international collaboration manifested on World Tuberculosis Day, 24 March 1996, commemorating the day in 1882 on which Dr Robert Koch officially informed the scientific community that he had discovered the tuberculosis bacillus,

**REQUESTS** the Director-General to coordinate the observance of World Tuberculosis Day on 24 March of each year as an opportunity throughout the world for organizations concerned to raise public awareness of tuberculosis as a major urgent public health problem and for countries to assess progress in tuberculosis control.

Ninth plenary meeting, 13 May 1997  
A50/VR/9

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世界衛生大會決議

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RESOLUTION DE L'ASSEMBLEE MONDIALE DE LA SANTE  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАЩЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

**FIFTIETH WORLD HEALTH ASSEMBLY**

**WHA50.22**

Agenda item 22.2

13 May 1997

## **Arrears of payment, Bosnia and Herzegovina**

The Fiftieth World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, with respect to Bosnia and Herzegovina's proposal for the settlement of its outstanding contributions, and the terms of that proposal as set forth in the report of the Director-General to the Administration, Budget and Finance Committee (document A50/10, Annex 3, paragraph 23),

1. DECIDES on an exceptional basis to restore the voting privileges of Bosnia and Herzegovina at the Fiftieth World Health Assembly;
2. ACCEPTS as an interim measure, the proposal of Bosnia and Herzegovina for the settlement of its outstanding contributions, namely, payment of the 1997 contribution of US\$ 46 355 before the end of 1997 and liquidation of the arrears of contributions which remain outstanding for the period 1992-1996 inclusive, totalling US\$ 535 995, in five annual instalments of US\$ 107 200 (except that the last instalment will be US\$ 107 195) payable in each of the years 1997 to 2001, subject to the provisions of Financial Regulation 5.6, in addition to the annual contributions due during the period;
3. DECIDES that in accordance with Article 7 of the Constitution the voting privileges and other services to which a Member State is entitled, will be automatically suspended again if the Member State in question does not meet the requirements laid down in paragraph 2, and that, notwithstanding the provisions of Financial Regulation 5.8, payment of the 1997 instalment of Bosnia and Herzegovina's contribution for the financial period 1996-1997 and contributions for subsequent periods shall be credited to the financial period concerned;
4. REQUESTS the Director-General to report to the Fifty-first and four subsequent World Health Assemblies on the situation in respect of Bosnia and Herzegovina's settlement of its arrears;
5. REQUESTS the Director-General to communicate this resolution to the Government of Bosnia and Herzegovina.

Ninth plenary meeting, 13 May 1997  
A50/VR/9



**FIFTIETH WORLD HEALTH ASSEMBLY**

**WHA50.23**

Agenda item 26.1

13 May 1997

## **Report of the task force on health in development**

The Fiftieth World Health Assembly,

Noting that the WHO Constitution states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”;

Recalling resolution WHA45.24 on health and development, requesting the Director-General to establish a task force to undertake a comprehensive review and analysis of factors which could improve the health of the most vulnerable and disadvantaged populations;

Having considered the report by the task force on health in development;

Acknowledging that the development of the Tenth General Programme of Work should take into account matters concerning vision and mandate raised in the report;

Recalling resolutions WHA48.14 and WHA48.16 concerning review of the Constitution of the World Health Organization and renewal of the health-for-all strategy;

Deeply concerned about the worsening health status of many of the world’s most disadvantaged and vulnerable groups;

Recognizing that poverty, unemployment, economic adjustment, and the emergence and re-emergence of new health problems add to the health crisis;

Reaffirming that public health measures can be a powerful bridge to peace by helping to mitigate the negative effects of conflict and social and economic inequities;

Aware of the need for global health leadership to provide guidance in responding to the worsening health crisis in a rapidly changing world;

Convinced that WHO is in a unique position to lead and advocate for global health, and that in this role of global leader WHO will interact with a variety of partners in implementing global health initiatives and programmes;

Convinced also that WHO must continuously adapt its work in order to respond to the public-health and development exigencies of the twenty-first century,



1. **COMMENDS** the members of the task force on health in development for their commitment and creativity;
2. **APPRECIATES** the task force's vision for health leadership in the twenty-first century so WHO can act as the world's health conscience;
3. **URGES** Member States to consider the task force's report in the planning of development strategies, in accordance with the conditions prevailing in each region and country;
4. **REQUESTS** the Director-General:
  - (1) to take into account the recommendations of the task force in the preparatory discussions for the Tenth General Programme of Work and in the renewal of the health-for-all strategy;
  - (2) to work with the governing bodies, Member governments and partners in health and development to consider taking into account relevant recommendations of the task force to strengthen WHO's role as the leader in global health in the twenty-first century;
  - (3) to continue the existing focus within the Organization on health in development, including the articulation and promotion of health rights and health equity for women, disadvantaged and vulnerable population groups;
  - (4) to continue to support the work of the task force on health in development including provision of appropriate financial and human resources;
  - (5) to report to the 101st session of the Executive Board on the above;
5. **DECIDES** to keep the work of the task force under continuous review and requests the Director-General to report to the Fifty-first World Health Assembly, in order to enable it to consider the renewal of the mandate of the task force.

Ninth plenary meeting, 13 May 1997  
A50/VR/9

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世界衛生大會決議

قرار الجمعية العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY  
RESOLUTION DE L'ASSEMBLEE MONDIALE DE LA SANTE  
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ  
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

**FIFTIETH WORLD HEALTH ASSEMBLY**

**WHA50.24**

Agenda item 17.2

13 May 1997

## **Financing of the WHO worldwide management information system through the use of casual income**

The Fiftieth World Health Assembly,

Having considered the report of the Director-General on the financing of the WHO worldwide management information system from casual income;

Recognizing the importance of adequate funding for the rapid development and implementation of the management information system in order to increase the efficiency of the Organization;

Recognizing the need for the gradual incorporation of recurring costs into the regular budget,

**AUTHORIZES** the financing of the WHO worldwide management information system at an estimated amount of US\$ 6 145 000 from available casual income.

Ninth plenary meeting, 13 May 1997  
A50/VR/9

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世界衛生大會決議

الجمعية العالمية للصحة

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

FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.25

Agenda item 17.2

13 May 1997

## Proposed appropriation resolution for the financial period 1998-1999

The Fiftieth World Health Assembly

1. RESOLVES to appropriate for the financial period 1998-1999 an amount of US\$ 922 654 000 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US\$
1.	Governing bodies .....	19 281 800
2.	Health policy and management .....	255 618 000
3.	Health services development .....	170 423 800
4.	Promotion and protection of health .....	133 492 100
5.	Integrated control of disease .....	135 144 400
6.	Administrative services .....	<u>128 693 900</u>
	Effective working budget	842 654 000
7.	Transfer to Tax Equalization Fund .....	<u>80 000 000</u>
	Total	<u>922 654 000</u>

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 1998 - 31 December 1999 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 1998-1999 to sections 1 to 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 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme (US\$ 7 592 000). 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 1998-1999. 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 . . . . .	2 900 000
(ii) casual income (other than interest earned) . . . . .	2 622 980
	5 522 980

thus resulting in assessments on Members of US\$ 917 131 020. 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\$ 9 994 020) 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 1998-1999.

2. REQUESTS the Director-General, in finalizing the adjustments to reduce the effective working budget to US\$ 842 654 000, to confine these adjustments to non-operational (i.e. administrative and related) activities at the global, regional and country levels. Operational activities should continue to receive the same level of resources as specified in the Director-General's proposal.<sup>1</sup>

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

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<sup>1</sup> Document A50/4, Part II - The Director-General's proposals to the World Health Assembly on the proposed programme budget for the financial period 1998-1999 in response to the Executive Board.



FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.26

Agenda item 17.2

13 May 1997

## **Proposed programme budget for the 1998-1999 biennium: reallocation to priority health programmes of amounts resulting from measures to increase efficiency**

The Fiftieth World Health Assembly,

Recalling resolution EB99.R13 on programme budgeting and priority-setting;

Recognizing the need to ensure that a maximum amount of funds are allocated to specified priority health activities, as recommended by the Executive Board at its ninety-eighth session,

REQUESTS the Director-General:

- (1) to develop and present to the 101st session of the Executive Board an efficiency plan for the Organization, based on a review of the six appropriation sections, which specifies administrative savings and more effective means of programme delivery;
- (2) to specify clearly in the development of the efficiency plan, steps to achieve an efficiency savings target of 3% from the administrative costs and overheads in the six appropriation sections over the 1998-1999 biennium and to reallocate these amounts to activities of priority health programmes;
- (3) to report in detail to the 101st session of the Executive Board on progress made in the implementation of resolution EB99.R13.

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**FIFTIETH WORLD HEALTH ASSEMBLY**

**WHA50.27**

Agenda item 17.1

13 May 1997

## **Strengthening health systems in developing countries**

The Fiftieth World Health Assembly,

Mindful of the principles of, and obvious need for, technical cooperation among developing countries (TCDC) and of the interest shown by the Health Assembly by virtue of its resolutions WHA31.41, WHA31.51, WHA32.27, WHA35.24, WHA36.34, WHA37.15, WHA37.16, WHA38.23, WHA39.23, WHA40.17 and WHA40.30, in strengthening this type of cooperation with a view to improving the health situation in the developing countries;

Reaffirming resolutions WHA42.37, WHA43.9, and WHA46.17 with regard to the importance of technical cooperation among developing countries as a fundamental element of health development;

Recognizing the equality of all people and the need to promote sustained economic and social development as a means of eradicating poverty and reducing the increasing numbers of marginalized people;

Underlining the purposes and principles of the United Nations, as set out in the United Nations Charter, including the sovereign equality of States, and the purposes of developing friendly relations among nations based on respect for the principle of equal rights and self-determination of people;

Expressing particular concern for the health of people living under exceptional conditions, especially during natural disasters or armed conflict and under foreign occupation;

Noting with satisfaction the decisions taken by the non-aligned and other developing countries concerning the adoption of principles related to health development of their people and particularly those related to health sector reform as is currently under way in many countries;

Welcoming in this regard the recommendations made at the Technical Consultation Meeting on Health Sector Reform, held in Cartagena, Colombia on 19-21 February 1997;

Proclaiming that health sector reforms should facilitate the provision of health care to meet human needs, and that these must be governed by respect for human dignity, equity, solidarity and ethics;

Recognizing that health sector reforms, while intended to rectify failures of the health system, can be adversely affected by forces and constraints outside the purview of the health sector, such as high indebtedness, fiscal stringencies, structural adjustments and undue restrictions;

**Recognizing the importance of TCDC as an effective vehicle for health development and realizing that cooperation among the non-aligned and other developing countries is not an option, but an imperative, and that only the nurturing of a spirit of collective self-reliance and adoption of joint strategies will allow effective implementation of people-centred socioeconomic development,**

**1. WELCOMES the continuing political commitment of the non-aligned and other developing countries to facilitating the enjoyment of good health by all their people without hindrance, and to providing access to proper health care for all;**

**2. REMINDS Member States that everyone has the right to the enjoyment of the highest attainable standard of social well-being and physical and mental health;**

**3. CALLS UPON Member States:**

**(1) to promote the improvement of the health conditions of their people by strengthening the health sector within the context of comprehensive and sustained economic and social development;**

**(2) to identify appropriate policies and programmes for the promotion of health for all in accordance with the specific needs of each country;**

**(3) to strengthen the advocacy and negotiating capabilities of the health sector in order to ensure greater resources for health development;**

**(4) to strengthen the leadership role of ministries of health in reducing inequity, performing regulatory functions, monitoring health financing mechanisms, reallocating financial and human resources and coordinating internal and external cooperation for health in order to prevent fragmentation and dysfunction of health programmes;**

**(5) to foster the reorientation of human resources in the light of the needs of each health care system;**

**(6) to support activities oriented towards harmonizing the multiple actors - public and private - to make them consistent with national health policies;**

**(7) to accord the highest priority to health development;**

**(8) to foster the identification of critical factors impeding health development and the systematization, documentation and dissemination of experiences with health sector reforms within an international network of cooperation;**

**(9) to promote and support TCDC actions, activities and programmes for reforms in the health sector among Member countries and their institutions;**

**4. CALLS UPON the developed countries:**

**(1) to facilitate the transfer of materials, equipment, technology and resources to developing countries for health development programmes that correspond to the priority needs of those countries, and further to support the application of the principles of TCDC;**

**(2) to provide WHO with the necessary financial resources to implement agreed priority programmes which support effectively the efforts of developing countries in accelerating the attainment of health for all through primary health care;**

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5. **REQUESTS the international and multilateral institutions and agencies:**

- (1) to provide, within their mandate, greater support and resources to facilitate health sector reforms in developing countries that is designed to achieve equity in access to health care for their populations;
- (2) to identify obstacles to health for all and to support and uphold the self-reliance of these countries in charting their own path to health and human development;
- (3) to implement the relevant conclusions of the summits and conferences of organizations of the United Nations system that address health problems and make recommendations in this field;

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

- (1) to provide full support to all countries, especially the non-aligned and other developing countries, to pursue their own health sector reform efforts, and to improve the quality of health for all their people, with the firm understanding that such efforts should respond to the specific needs of each country, and to seek extrabudgetary resources in addition to the regular budget resources already assigned for such efforts;
- (2) to provide an analytical capability to distil the different experiences of health sector reform based on firm evidence;
- (3) to promote and support countries, especially in the context of TCDC, in the area of health sector reform by establishing a network of relevant institutions to identify critical factors impeding health development and the systematization, documentation, and dissemination of health sector reform approaches and to enable countries to exchange experiences on a continuing basis;
- (4) to ensure that activities supporting health sector reform are closely linked to those aimed at renewing the health-for-all strategy;
- (5) to promote measures for joint action, in agreement with the United Nations and other relevant international agencies, in order to accelerate health development in the developing, and especially the least developed countries;
- (6) to report on the progress achieved to the Fifty-first World Health Assembly.

Ninth plenary meeting, 13 May 1997  
A50/VR/9

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.28

Agenda item 18

13 May 1997

## WHO reform: linking the renewed health-for-all strategy with the Tenth General Programme of Work, programme budgeting and evaluation

The Fiftieth World Health Assembly,

Recalling resolution WHA48.16, which requests the Director-General to take the necessary steps for renewing the health-for-all strategy together with its indicators, by developing a new holistic global health policy based on the concepts of equity and solidarity, emphasizing the individual's, the family's and the community's responsibility for health, and placing health within the overall development framework;

Recognizing that the new global health policy should be based on an intensive consultation process with Member States, and on a practical and socially feasible approach with a view to achieving equity, solidarity, effectiveness and efficiency, paying attention to the rational use of resources;

Recognizing that the attainment of health is greatly influenced by environmental, social, economic and demographic factors which often lie outside the domain of the health sector, and that whereas the link between poverty and ill-health is well established, the fact that rapid urbanization, population movements and environmental degradation are all also likely to contribute to the future burden of disease is less well recognized;

Aware that more realistic targets are required that take into account the social and economic situation of each region;

Anticipating that the renewed health-for-all strategy will concentrate on improving life expectancy and the overall perceived quality of life, reducing morbidity and disability associated with ageing;

Thanking the Director-General for the progress made,

1. PROPOSES that the renewed health-for-all strategy, when adopted, taking into account regional differences and respecting cultural values should:

- (1) inspire and guide health programme priorities nationally, regionally and globally;
- (2) become the principal guiding framework for the translation of WHO's constitutional mandate into the development of the Tenth General Programme of Work, strategic budgeting and evaluation;

**2. URGES all Member States:**

- (1) to ensure that future health policies include a commitment to equity, “gender sensitivity” and sustainability for future generations, and that implementation of such policies takes into account scientific progress and cultural values and is guided by reliable data and valid assessments to ensure the achievement of objectives;
- (2) to make the necessary changes in health services with special emphasis on prevention, including the control of communicable diseases;
- (3) to develop and implement integrated strategies, when adopted, for health, focusing on intersectoral initiatives, cost-effectiveness, accessibility, quality and sustainability of health systems; the use of existing, appropriate and affordable new technology; and the use of initiatives based on scientific knowledge or practical evidence;

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

- (1) to use the renewed health-for-all strategy to enhance WHO’s leadership in global health matters;
- (2) to continue the preparation of the Tenth General Programme of Work, which should clearly and concisely set out strategic priorities and targets for WHO and should be subject to periodic evaluation. The Tenth General Programme of Work should be derived from and be closely linked to the new policy for health for all for the twenty-first century;
- (3) to link the preparation of subsequent general programmes of work to the evaluation of the health-for-all policy, taking account of social, economic and health developments;
- (4) to ensure that priorities and targets of the Tenth and subsequent General Programmes of Work are reflected in development, implementation, monitoring and evaluation of programme budgets;
- (5) to optimize the management and use of WHO’s human resources to enhance efficiency.

Ninth plenary meeting, 13 May 1997  
A50/VR/9

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.29

Agenda item 20

13 May 1997

## Elimination of lymphatic filariasis as a public health problem

The Fiftieth World Health Assembly,

Deeply concerned at the widening spread and increased distribution of lymphatic filariasis throughout the world in both urban and rural areas and concerned that it affects all ages and both sexes;

Appreciating with grave concern the human suffering, social stigma and costs to society associated with lymphatic filariasis morbidity;

Recognizing that there is a general lack of awareness concerning this disease and its impact on health status, and that there are insufficient data on its prevalence and distribution;

Welcoming the recent studies which have defined new, simplified, highly effective strategies;

Acknowledging that an international task force on disease eradication has recently identified lymphatic filariasis as one of only six "potentially eradicable" infectious diseases,

1. URGES Member States:

(1) to take advantage of recent advances in the understanding of lymphatic filariasis and the new opportunities for its elimination by developing national plans leading to its elimination, as well as for the monitoring and evaluation of programme activities;

(2) to strengthen local programmes and their integration with the control of other diseases, particularly at the community level, in order to implement simple, affordable, acceptable and sustainable activities based on community-wide treatment strategies, but supplemented where feasible by vector control and improved sanitation;

(3) to strengthen training, research, diagnostic laboratory, disease and data management capabilities in order to improve clinical, epidemiological and operational activities directed toward eliminating lymphatic filariasis as a public health problem;

(4) to mobilize support of all relevant sectors, affected communities and nongovernmental organizations for the elimination of the disease;

2. INVITES other specialized agencies of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned, to increase cooperation in the elimination of

**lymphatic filariasis through support of national and international programmes relevant to the prevention and elimination of lymphatic filariasis;**

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

- (1) to bring to the attention of the other specialized agencies and organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned the need for closer collaboration in the elimination of lymphatic filariasis as a public health problem;**
- (2) to mobilize support for global and national elimination activities;**
- (3) to keep the Executive Board and Health Assembly informed as necessary of progress in the implementation of this resolution.**

**Ninth plenary meeting, 13 May 1997  
A50/VR/9**

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**WHA50.30**

**Agenda item 22.2**

**13 May 1997**

## **Arrears of payment, Cuba**

The Fiftieth World Health Assembly,

Having considered the second report of the Administration, Budget and Finance Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution, with respect to Cuba's proposal for the settlement of its outstanding contributions, and the terms of that proposal as set forth in the report of the Director-General to the Administration, Budget and Finance Committee (document A50/10, Annex 3, paragraph 23),

1. **DECIDES** on an exceptional basis to restore the voting privileges of Cuba at the Fiftieth World Health Assembly;
2. **ACCEPTS** as an interim measure, the proposal of Cuba for the settlement of its outstanding contributions, namely, payment of the 1997 contribution of US\$ 211 195 before the end of 1997 and liquidation of the arrears of contributions which remain outstanding for the period 1993-1996 inclusive, totalling US\$ 1 264 468, in six annual instalments, the first being US\$ 125 000, the next four instalments being US\$ 227 894 each and the last instalment being US\$ 227 892 payable in each of the years 1997 to 2002, subject to the provisions of Financial Regulation 5.6, in addition to the annual contributions due during the period;
3. **DECIDES** that in accordance with Article 7 of the Constitution the voting privileges to which a Member State is entitled, will be automatically suspended again if the Member State in question does not meet the requirements laid down in paragraph 2, and that, notwithstanding the provisions of Financial Regulation 5.8, payment of the 1997 instalment of Cuba's contribution for the financial period 1996-1997 and contributions for subsequent periods shall be credited to the financial period concerned;
4. **REQUESTS** the Director-General to report to the Fifty-first and four subsequent World Health Assemblies on the situation in respect of Cuba's settlement of its arrears;
5. **REQUESTS** the Director-General to communicate this resolution to the Government of Cuba.

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.31

Agenda item 27.1

13 May 1997

## International Decade of the World's Indigenous People

The Fiftieth World Health Assembly,

Recalling the role of WHO in planning for and implementing the objectives of the International Decade of the World's Indigenous People as recognized in resolutions WHA47.27, WHA48.24 and WHA49.26;

Further recalling United Nations General Assembly resolution 50/157, which adopted the programme of activities for the International Decade of the World's Indigenous People, in which it is recommended that "specialized agencies of the United Nations system and other international and national agencies, as well as communities and private enterprises, should devote special attention to development activities of benefit to indigenous communities", that the United Nations system should establish focal points for matters concerning indigenous people in all appropriate organizations, and that the governing bodies of the specialized agencies of the United Nations system should adopt programmes of action for the Decade in their own fields of competence, "in close cooperation with indigenous people";

Recognizing with satisfaction the progress made in the Initiative on the Health of Indigenous People of the Americas;

Noting the recent report by the Director-General to the Executive Board;<sup>1</sup>

Noting with appreciation the activities of the focal point for the International Decade of the World's Indigenous People,

REQUESTS the Director-General:

- (1) to continue to facilitate the work of the focal point for the International Decade of the World's Indigenous People;
- (2) to submit to the Fifty-first World Health Assembly a report reviewing progress in finalizing a comprehensive programme of action for the Decade, developed in consultation with national governments and organizations of indigenous people;

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<sup>1</sup> Document EB99/23.

(3) to further encourage countries to develop health programmes for indigenous people, taking into account both the need for active participation at the local level in the whole health process, and the need for cultural sensitivity of health services and the participation of health care workers of indigenous origin.

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**WHA50.32**

Agenda item 31

13 May 1997

## **Respect for equality among the official languages**

The Fiftieth World Health Assembly,

Mindful that the universality of the World Health Organization is based, *inter alia*, on multilingualism and on the respect for the parity and plurality of the official languages chosen by the Member States;

Mindful also that, according to resolution WHA31.13, Rule 87 of the Rules of Procedure of the Health Assembly and Rule 22 of the Rules of Procedure of the Executive Board, Arabic, Chinese, English, French, Russian and Spanish are both the official and the working languages of the World Health Assembly and the Executive Board of the World Health Organization;

Stressing the need for compliance with the resolutions and rules which establish linguistic practice in the various organs and bodies of the World Health Organization and in the Secretariat;

Stressing also the importance, for the development of a global health policy, of ensuring the widest possible access by all Member States to the information and documentation of the Organization;

Stressing also the need to ensure high-quality translation of documents into the various official languages of the Organization;

Regretting that the various official languages and the working languages of the Secretariat are used unequally within WHO;

Considering that the distribution of the documentation for the Health Assembly and the Executive Board simultaneously in the six official languages of the Organization within the required time-limits is one of the fundamental conditions for equality among Member States,

**REQUESTS** the Director-General to:

(1) ensure the strict application of the rules of the Organization which establish linguistic practice, both as regards the Organization's relations with Member States and as regards the use of languages within the Secretariat;

(2) ensure that the documents related to the agendas of the World Health Assembly and the Executive Board of the Organization are distributed simultaneously and in good time in the six official languages of the Organization, and that those documents are not distributed until they are available in all the official languages, in order to respect the principle of equality of treatment of Member States;



- (3) take the necessary steps to ensure that the essential technical information of the Organization, whether in written, audiovisual or digital form, is disseminated in as many of the official languages as is required to meet the needs and priorities of the regions and countries and give all the Member States the widest possible access to it;**
- (4) submit a report on the implementation of this resolution to the Fifty-first World Health Assembly.**

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.33

Agenda item 24.2

13 May 1997

## Scale of assessments for the financial period 1998-1999

The Fiftieth World Health Assembly

1. DECIDES that the scales of assessments for the years 1998 and 1999 shall, subject to the provisions of paragraph 2 below, be as follows:

[Members and scale as in columns (1) and (2) of the Annex as per document A50/13.]

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

3. REQUESTS the Director-General to report to the Fifty-first World Health Assembly on changes, if any, to the scale of assessments adopted by the United Nations General Assembly at its fifty-second session, and on all the implications for WHO, including its earliest comparable application, taking into account the deliberations of the Fiftieth World Health Assembly and in accordance with the Constitution and financial regulations of the World Health Organization and relevant World Health Assembly resolutions;

4. REAFFIRMS the principle that the WHO scale of assessments should be based upon the latest available scale of assessments adopted by the United Nations General Assembly.

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**FIFTIETH WORLD HEALTH ASSEMBLY**

**WHA50.34**

Agenda item 20

14 May 1997

## **Malaria prevention and control**

The Fiftieth World Health Assembly,

Recalling resolution WHA46.32, which endorsed the World Declaration on the Control of Malaria and asserted the gravity of malaria as an unacceptable and unnecessary burden upon human health and as a serious obstacle to social and economic fulfilment of persons and States;

Recalling resolution WHA49.11, which noted the concern of the Health Assembly regarding malaria, recognized that further delay in intensifying the struggle against malaria could cost millions more lives, urged Member States to take action, Regional Committees to ensure that programmes are vigorously pursued, and the Director-General to explore ways and means of intensifying the programme,

1. ENDORSES the leadership role given to WHO by the United Nations Economic and Social Council (ECOSOC) in global malaria control in its resolution 1995/63;
2. THANKS the Director-General for his prompt action in establishing a Task Force to conduct an external review of the malaria problem and progress being made towards its control;
3. NOTES that the Task Force confirmed that the Global Malaria Control Strategy is the best control approach available today;
4. NOTES that the Organization of African Unity is to consider a pan-African declaration on malaria at its 33rd Heads of State and Government meeting in Harare on 2-4 June 1997;
5. URGES Member States to renew their political commitment to malaria control, to accord the highest priority to the control of malaria mortality in Africa south of the Sahara and in other highly endemic areas of the world, and also in countries where local transmission of malaria has begun again, and to guarantee core funding and sufficient competent staff and other resources for national programmes;
6. URGES Regional Committees to fully support the global effort for malaria control by promoting increased political awareness and commitment, and ensuring adequate resource allocation;
7. REQUESTS the Director-General to continue intensifying efforts to increase resources for WHO's action in malaria control including:
  - (1) seeking a long-term financial commitment to consolidate the initial effort and results achieved;

- (2) pursuing his actions to reinforce the implementation of the malaria control strategy with special emphasis on the training programme at country, regional and global levels.

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FIFTIETH WORLD HEALTH ASSEMBLY

WHA50.35

Agenda item 20

14 May 1997

## Eradication of dracunculiasis

The Fiftieth World Health Assembly,

Recalling resolutions WHA39.21, WHA42.29, and WHA44.5;

Encouraged by the finding of an international certification team that one country is no longer endemic for dracunculiasis, and indications that a number of other previously endemic countries are no longer affected;

Encouraged by the good progress made through community participation towards global dracunculiasis eradication, including the significant reductions in the number of cases and high levels of case-containment being reported;

Commending the Director-General on the important step taken to establish the International Commission for the Certification of Dracunculiasis Eradication;

Appreciative of the commitment to dracunculiasis eradication shown by endemic countries, and of the help from all those who have been supporting national programmes with integrated surveillance and with the case-containment phase of dracunculiasis eradication;

Concerned about the risk of dracunculiasis resurgence unless interventions are maintained with at least the current intensity in all remaining endemic countries until there are no more cases of the disease;

Concerned that more than 70% of the world's dracunculiasis cases remain in a single country, which is currently experiencing particular difficulties and where insufficient funds for programme activities are available,

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

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**WHA50.36**

Agenda item 20

14 May 1997

## **African trypanosomiasis**

The Fiftieth World Health Assembly,

Deeply concerned at the severity of the African trypanosomiasis problem and the danger of epidemics in a number of countries on the African continent;

Well aware that this disease causes death and impedes development, reduces productivity, and affects family, community and State structures;

Recognizing that the disease is curable but that Member States are experiencing a shortage of human, material and financial resources to combat it;

Welcoming WHO's initiative for global collaboration and consideration of action in support of sustainable agricultural development in the context of socioeconomic development,

1. **URGES** all Member States in endemic areas to reinforce control and surveillance activities and coordinate their actions through a joint OAU/FAO/IAEA/WHO project for global collaboration and coordination of action;

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

(1) to bring the problem to the attention of the international and national development agencies, emphasizing the need to mobilize further resources and provide substantial and sustained support for effective collaboration;

(2) to expand and intensify the coordination of control and surveillance and the development of human resources, and reinforce its links with FAO and OAU, and other international agencies including UNICEF;

(3) to ensure that WHO is able to maintain a sufficient stock of equipment and supplies, in particular drugs and diagnostic reagents, to manage emergencies;

(4) to increase awareness among policy-makers, decision-makers, health personnel, development agencies and communities about the problem and the means for its solution, considering the declaration of an African Trypanosomiasis Day as one possible approach.

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**WHA50.37**

Supplementary agenda item

14 May 1997

## **Cloning in human reproduction**

The Fiftieth World Health Assembly,

Having considered the Director-General's report on cloning, biomedical technology and WHO's role in standard-setting;<sup>1</sup>

Noting the statement issued by the Director-General on 11 March 1997,<sup>2</sup> as well as the statements made by Member States at the Fiftieth World Health Assembly;

Welcoming the Convention on Human Rights and Biomedicine of the Council of Europe,<sup>3</sup> which deals with the ethical principles of biomedicine;

Recognizing the need to respect the freedom of ethically acceptable scientific activity and to ensure access to the benefits of its applications;

Recognizing that developments in cloning and other genetic procedures have unprecedented ethical implications and considering that related research and development should therefore be carefully monitored and assessed, and the rights and dignity of patients respected,

1. **AFFIRMS** that the use of cloning for the replication of human individuals is ethically unacceptable and contrary to human integrity and morality;

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

(1) to take the lead in clarifying and assessing the ethical, scientific and social implications of cloning in the area of human health, in appropriate consultation with other international organizations, national governments and professional and scientific bodies; and, with the relevant international bodies, to consider related legal aspects;

(2) to inform the Member States in order to foster a public debate on these issues;

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<sup>1</sup> Document A50/30.

<sup>2</sup> Document A50/30, Annex.

<sup>3</sup> Council of Europe document DIR/JUR(96)14.

- (3) to report to the 101st session of the Executive Board, to the Fifty-first World Health Assembly and to other interested organizations on the outcome of the assessments.

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**WHA50.38**

Agenda item 28

14 May 1997

## **Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine**

The Fiftieth World Health Assembly,

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

Recalling the convening of the International Peace Conference on the Middle East (Madrid, 30 October 1991) on the basis of United Nations Security Council resolutions 242 (1967) of 22 November 1967 and 338 (1973) of 22 October 1973, as well as on the basis of the principle of land for peace, and the subsequent bilateral negotiations;

Expressing the hope that the peace talks between the parties concerned in the Middle East will lead to a just and comprehensive peace in the area;

Noting the signing in Washington D.C. on 13 September 1993 of the Declaration of Principles on Interim Self-Government Arrangements between the Government of Israel and the Palestine Liberation Organization (PLO), the commencement of the implementation of the Declaration of Principles following the signing of the Cairo Accord on 4 May 1994, the interim agreement signed in Washington on 28 September 1995, the transfer of health services to the Palestinian Authority, and the launching of the final stage of negotiations between Israel and PLO on 5 May 1996;

Emphasizing the need to accelerate the implementation of the Declaration of Principles and the subsequent Accord;

Noting with deep concern the current obstacles facing the peace process, in particular the Israeli resuming of settlement policies in the Palestinian territory, and especially in Jabal Abou Ghneim in occupied East Jerusalem;

Also noting with deep concern the adverse consequences of the continuous closure of the Palestinian territory on its socioeconomic development, including the health sector;

Recognizing the need for increased support and health assistance to the Palestinian population in the areas under the responsibility of the Palestinian Authority and to the Arab populations in the occupied Arab territories, including the Palestinians as well as the Syrian Arab population;

**Recognizing that the Palestinian people will have to make strenuous efforts to improve their health infrastructure, and expressing satisfaction at the initiation of cooperation between the Israeli Ministry of Health and the Ministry of Health of the Palestinian Authority, which emphasizes that health development is best enhanced under conditions of peace and stability;**

**Reaffirming the right of the Palestinian patients to be able to benefit from health facilities available in the Palestinian health institutions of occupied East Jerusalem;**

**Recognizing the need for support and health assistance to the Arab populations in the areas under the responsibility of the Palestinian Authority and in the occupied territories, including the occupied Golan;**

**Bearing in mind United Nations General Assembly resolutions 51/26 and 51/27 of 4 December 1996;**

**Having considered the report of the Director-General,**

- 1. EXPRESSES the hope that the peace talks will lead to the establishment of a just, lasting and comprehensive peace in the Middle East;**
- 2. CALLS UPON Israel not to hamper the Palestinian health authorities in carrying out their full responsibility for the Palestinian people, including in occupied East Jerusalem, and to lift the closure imposed on the Palestinian territory;**
- 3. EXPRESSES the hope that the Palestinian people, having assumed responsibility for their health services, will be able themselves to carry out health plans and projects in order to participate with the peoples of the world in achievement of WHO's objective of health for all by the year 2000;**
- 4. AFFIRMS the need to support the efforts of the Palestinian Authority in the field of health in order to enable it to develop its own health system so as to meet the needs of the Palestinian people in administering their own affairs and supervising their own health services;**
- 5. URGES Member States, intergovernmental organizations, nongovernmental organizations and regional organizations to provide speedy and generous assistance in the achievement of health development for the Palestinian people;**
- 6. THANKS the Director-General for his efforts and requests him:**
  - (1) to take urgent steps in cooperation with Member States to support the Ministry of Health of the Palestinian Authority in its efforts to overcome the current difficulties, and in particular so as to guarantee free circulation of patients, of health workers and of emergency services, and the normal provision of medical goods to the Palestinian medical premises, including those in Jerusalem;**
  - (2) to continue to provide the necessary technical assistance to support health programmes and projects for the Palestinian people in the transitional period;**
  - (3) to take the necessary steps and make the contacts needed to obtain funding from various sources including extrabudgetary sources, to meet the urgent health needs of the Palestinian people during the transitional period;**
  - (4) to continue his efforts to implement the special health assistance programme and adapt it to the health needs of the Palestinian people, taking into account the health plan of the Palestinian people;**

(5) to activate the organizational unit at WHO headquarters concerned with the health of the Palestinian people, and continue to provide health assistance so as to improve the health conditions of the Palestinian people;

(6) to report on implementation of this resolution to the Fifty-first World Health Assembly;

7. EXPRESSES gratitude to all Member States, intergovernmental organizations and nongovernmental organizations and calls upon them to provide assistance to meet the health needs of the Palestinian people.

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