



*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



90th Meeting  
Washington, D.C.  
June-July 1983

Provisional Agenda Item 26

CE90/26 (Eng.)  
2 June 1983  
ORIGINAL: ENGLISH

RESOLUTIONS OF THE THIRTY-SIXTH WORLD HEALTH ASSEMBLY OF INTEREST TO THE EXECUTIVE COMMITTEE

The Director of the Pan American Sanitary Bureau, Regional Director of the World Health Organization for the Americas, brings to the attention of the Executive Committee the following resolutions adopted by the Thirty-sixth World Health Assembly:

- WHA36.1 Appointment of the Director-General
- WHA36.5 Members in Arrears in the Payment of their Contributions to an Extent which may Invoke Article 7 of the Constitution
- WHA36.9 Scale of Assessments for the Financial Period 1984-1985
- WHA36.11 The Role of Nursing/Midwifery Personnel in the Strategy of Health for All
- WHA36.12 Alcohol Consumption and Alcohol-related Problems: Development of National Policies and Programmes
- WHA36.13 International Drinking Water Supply and Sanitation Decade
- WHA36.14 Oral Health in the Strategy of Health for All
- WHA36.15 Reference Substances for Quality Control of Drugs (Facilitation of their Departure for and Entry into Member States)
- WHA36.19 Recruitment of International Staff in WHO
- WHA36.21 Collaboration Within the United Nations System: General Matters
- WHA36.28 The Role of Physicians and other Health Workers in the Preservation and Promotion of Peace as the Most Significant Factor for the Attainment of Health for All
- WHA36.30 Tuberculosis Control in the World - Situation Analysis
- WHA36.32 Prevention and Control of Cardiovascular Diseases
- WHA36.33 Appropriation Resolution for the Financial Period 1984-1985
- WHA36.34 Implementing the Strategy for Health for All
- WHA36.35 Methodology and Content of the Seventh Report on the World Health Situation in Relation to the Monitoring and Evaluation of the Global Strategy for Health for All

AMRD:  
Grenada &  
Paraguay

THIRTY-SIXTH WORLD HEALTH ASSEMBLY

WHA36.1

5 May 1983

APPOINTMENT OF THE DIRECTOR-GENERAL

The Thirty-sixth World Health Assembly,

On the nomination of the Executive Board,

REAPPOINTS Dr Halfdan T. Mahler as Director-General of the World Health Organization.

Sixth plenary meeting, 5 May 1983  
A36/VR/6

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10 May 1983

MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS  
TO AN EXTENT WHICH MAY INVOKE ARTICLE 7 OF THE CONSTITUTION

The Thirty-sixth World Health Assembly,

Having considered the report of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Thirty-sixth World Health Assembly on Members in arrears to an extent which may invoke the provisions of Article 7 of the Constitution;<sup>1</sup>

Having noted that Chad, Comoros, Grenada, Guinea-Bissau and Paraguay are in arrears to such an extent that it is necessary for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended;

1. DECIDES not to suspend the voting privileges of Chad, Comoros, Grenada, Guinea-Bissau and Paraguay;
2. URGES these Members to intensify efforts in order to regularize their position, either by the payment of contributions or by proposing special arrangements for payment at the earliest possible date;
3. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Tenth plenary meeting, 10 May 1983  
A36/VR/10

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<sup>1</sup> Document A36/25.

10 May 1983

SCALE OF ASSESSMENTS FOR THE FINANCIAL PERIOD 1984-1985

The Thirty-sixth World Health Assembly,

1. DECIDES that the scale of assessments for 1984-1985 shall, subject to the provisions of paragraph 2 below, be as follows:

<u>Member</u>	<u>Assessment</u> (percentage)
Afghanistan .....	0.01
Albania .....	0.01
Algeria .....	0.13
Angola .....	0.01
Argentina .....	0.70
Australia .....	1.54
Austria .....	0.74
Bahamas .....	0.01
Bahrain .....	0.01
Bangladesh .....	0.03
Barbados .....	0.01
Belgium .....	1.26
Benin .....	0.01
Bhutan .....	0.01
Bolivia .....	0.01
Botswana .....	0.01
Brazil .....	1.36
Bulgaria .....	0.18
Burma .....	0.01
Burundi .....	0.01
Byelorussian Soviet Socialist Republic .....	0.35
Canada .....	3.02
Cape Verde .....	0.01
Central African Republic .....	0.01
Chad .....	0.01
Chile .....	0.07
China .....	0.86
Colombia .....	0.11
Comoros .....	0.01
Congo .....	0.01
Costa Rica .....	0.02
Cuba .....	0.09
Cyprus .....	0.01
Czechoslovakia .....	0.75
Democratic Kampuchea .....	0.01
Democratic People's Republic of Korea .....	0.05
Democratic Yemen .....	0.01

<u>Member</u>	<u>Assessment</u> (percentage)
Denmark .....	0.74
Djibouti .....	0.01
Dominica .....	0.01
Dominican Republic .....	0.03
Ecuador .....	0.02
Egypt .....	0.07
El Salvador .....	0.01
Equatorial Guinea .....	0.01
Ethiopia .....	0.01
Fiji .....	0.01
Finland .....	0.47
France .....	6.39
Gabon .....	0.02
Gambia .....	0.01
German Democratic Republic .....	1.36
Germany, Federal Republic of .....	8.39
Ghana .....	0.02
Greece .....	0.39
Grenada .....	0.01
Guatemala .....	0.02
Guinea .....	0.01
Guinea-Bissau .....	0.01
Guyana .....	0.01
Haiti .....	0.01
Honduras .....	0.01
Hungary .....	0.22
Iceland .....	0.03
India .....	0.35
Indonesia .....	0.13
Iran (Islamic Republic of) .....	0.57
Iraq .....	0.12
Ireland .....	0.18
Israel .....	0.22
Italy .....	3.67
Ivory Coast .....	0.03
Jamaica .....	0.02
Japan .....	10.14
Jordan .....	0.01
Kenya .....	0.01
Kuwait .....	0.24
Lao People's Democratic Republic .....	0.01
Lebanon .....	0.02
Lesotho .....	0.01
Liberia .....	0.01
Libyan Arab Jamahiriya .....	0.25
Luxembourg .....	0.06
Madagascar .....	0.01
Malawi .....	0.01
Malaysia .....	0.09
Maldives .....	0.01
Mali .....	0.01
Malta .....	0.01
Mauritania .....	0.01
Mauritius .....	0.01
Mexico .....	0.86

<u>Member</u>	<u>Assessment</u> (percentage)
Monaco .....	0.01
Mongolia .....	0.01
Morocco .....	0.05
Mozambique .....	0.01
Namibia .....	0.01
Nepal .....	0.01
Netherlands .....	1.75
New Zealand .....	0.25
Nicaragua .....	0.01
Niger .....	0.01
Nigeria .....	0.19
Norway .....	0.50
Oman .....	0.01
Pakistan .....	0.06
Panama .....	0.02
Papua New Guinea .....	0.01
Paraguay .....	0.01
Peru .....	0.07
Philippines .....	0.09
Poland .....	0.71
Portugal .....	0.18
Qatar .....	0.03
Republic of Korea .....	0.18
Romania .....	0.19
Rwanda .....	0.01
Saint Lucia .....	0.01
Samoa .....	0.01
San Marino .....	0.01
Sao Tome and Principe .....	0.01
Saudi Arabia .....	0.84
Senegal .....	0.01
Seychelles .....	0.01
Sierra Leone .....	0.01
Singapore .....	0.09
Solomon Islands .....	0.01
Somalia .....	0.01
South Africa .....	0.40
Spain .....	1.90
Sri Lanka .....	0.01
Sudan .....	0.01
Suriname .....	0.01
Swaziland .....	0.01
Sweden .....	1.30
Switzerland .....	1.08
Syrian Arab Republic .....	0.03
Thailand .....	0.08
Togo .....	0.01
Tonga .....	0.01
Trinidad and Tobago .....	0.03
Tunisia .....	0.03
Turkey .....	0.31
Uganda .....	0.01
Ukrainian Soviet Socialist Republic .....	1.30
Union of Soviet Socialist Republics .....	10.35
United Arab Emirates .....	0.16

<u>Member</u>	<u>Assessment</u>
	(percentage)
United Kingdom of Great Britain and Northern Ireland .....	4.59
United Republic of Cameroon .....	0.01
United Republic of Tanzania .....	0.01
United States of America .....	25.00
Upper Volta .....	0.01
Uruguay .....	0.04
Vanuatu .....	0.01
Venezuela .....	0.54
Viet Nam .....	0.02
Yemen .....	0.01
Yugoslavia .....	0.45
Zaire .....	0.01
Zambia .....	0.01
Zimbabwe .....	0.02

2. REQUESTS the Director-General, in the event that assessments are fixed provisionally or definitively by the present Health Assembly for any new Members, to adjust the scale as set forth in paragraph 1.

Tenth plenary meeting, 10 May 1983  
A36/VR/10

13 May 1983

THE ROLE OF NURSING/MIDWIFERY PERSONNEL  
IN THE STRATEGY OF HEALTH FOR ALL

The Thirty-sixth World Health Assembly,

Recognizing that in all countries nursing/midwifery personnel play an important role in providing health services and in mobilizing public opinion for the effective development of primary health care;

Recognizing that in many countries nursing/midwifery personnel play a vitally important part in training and supervising primary health care workers and thus provide an effective example of health team work and health team development that could be used as a basis for more vigorous efforts in that direction;

Bearing in mind that in almost every country organizations of nursing/midwifery personnel, by virtue of their size and their close contacts with individuals and communities, could constitute a significant force in support of national strategies and plans for primary health care as part of overall development and in endeavours to strengthen the appropriate health infrastructure;

Appreciating the contribution made by nursing/midwifery groups, in collaboration with WHO, in directing attention to their role in primary health care and the goal of health for all by the year 2000;

Recognizing the importance of collaborative action between Member States and Regional Offices in increasing the involvement of nursing/midwifery personnel in primary health care development;

Recalling resolution WHA3C.48 on the role of nursing/midwifery personnel in primary health care teams;

Welcoming the suggestions made by the Director-General to the seventy-first session of the Executive Board for the development of case studies on health manpower with particular reference to nursing/midwifery personnel which could provide substantial information for subsequent consideration by an expert committee;

1. CALLS UPON nursing/midwifery personnel and their organizations everywhere to support WHO's policies regarding promotion of primary health care and to use their influential position to support training and information programmes relating to primary health care;
2. URGES all Member States to take appropriate steps in cooperation with their national nursing/midwifery organizations to develop a comprehensive nursing/midwifery component in their national health for all strategies;
3. CALLS UPON the international nursing/midwifery organizations to mobilize the necessary resources to support the national organizations so that they can better take responsibility in partnership with national governments for furthering effective nursing/midwifery services as an integral component of their health for all strategies;
4. REQUESTS the Director-General to ensure that WHO at all levels supports Member States in their efforts to provide nursing/midwifery personnel with adequate training in primary health care, its management and appropriate supportive research so that they can participate effectively in the implementation of national health for all strategies; and to report on the progress made to the Thirty-ninth World Health Assembly.

Twelfth Plenary Meeting, 13 May 1983  
A36/VR/12



13 May 1983

ALCOHOL CONSUMPTION AND ALCOHOL-RELATED PROBLEMS: DEVELOPMENT  
OF NATIONAL POLICIES AND PROGRAMMES

The Thirty-sixth World Health Assembly,

Recalling previous resolutions, particularly resolutions WHA32.40, concerning the development of WHO's programme on alcohol-related problems;

Reiterating its firm conviction that alcohol-related problems rank among the world's major public health concerns and constitute a serious hazard for human welfare, and that it is therefore necessary for the Member States and for WHO to intensify their efforts to reduce these problems;

Seriously concerned by the worldwide trends in alcohol consumption and alcohol-related problems, and by the promotional drives for the increasing consumption of alcohol, especially in countries and in population groups in which its use was not previously widespread;

Believing that increasing alcohol consumption and alcohol-related problems are incompatible with achieving health for all by the year 2000, and hence policies to reduce them must form an integral part of the strategy for health for all;

Recognizing that an effective strategy to tackle the alcohol-related problems necessitates comprehensive national alcohol policies;

Mindful that effective national alcohol policy requires a concerted effort consisting of a wide variety of measures for prevention, appropriate services for management with emphasis on the primary health care approach, and supporting research and evaluation, giving high priority to prevention by reducing the availability of and demand for alcohol;

Noting with satisfaction that the report of the WHO Expert Committee on Problems related to Alcohol Consumption<sup>1</sup> provides a thorough and authoritative summary of current knowledge applicable in this field and contains a number of important recommendations for WHO and Member States;

Appreciating the work already carried out by WHO, and recognizing the important contribution of the Technical Discussions held at the Thirty-fifth World Health Assembly on "Alcohol consumption and alcohol-related problems" for future developments;

1. URGES Member States to identify the actual and anticipated problems associated with alcohol consumption;

2. RECOMMENDS that Member States:

(1) formulate comprehensive national policies, with prevention as a priority, and with attention to populations at special risk, within the framework of the strategy for health for all;

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<sup>1</sup> WHO Technical Report Series, No. 650, 1980.

(2) develop mechanisms to coordinate programmes and activities for reducing alcohol-related problems on a planned, continuous and long-term basis;

(3) gives serious consideration in their national alcohol policy to all measures suggested in its report by the WHO Expert Committee on Problems related to Alcohol Consumption;<sup>1</sup>

(4) implement the policy adopted and evaluate its effectiveness with a view to further policy development;

3. REQUESTS the Executive Board to monitor and evaluate the development of WHO's alcohol programme;

4. REQUESTS the Director-General:

(1) to continue and intensify WHO's programme on alcohol-related problems as an integral part of the strategy for health for all through a primary health care approach, as envisaged in the Seventh General Programme of Work, and, in accordance with resolution WHA32.40:

(a) to strengthen further WHO's capacity to respond to requests from Member States to support their efforts in dealing with alcohol-related problems;

(b) to carry out studies on factors affecting alcohol consumption patterns and on measures to influence these patterns;

(c) to promote further joint consideration by the organizations of the United Nations system and nongovernmental organizations of the problems associated with alcohol and their alleviation;

(d) to seek additional funds from relevant United Nations bodies as well as governmental and nongovernmental sources,

(2) to ensure that necessary organizational, staffing and budgetary implications for the Organization are taken into account in the preparation of the programme budget for 1986-1987;

(3) to use all possible mechanisms for drawing attention and giving publicity to health problems related to alcohol consumption, for example by selecting this topic as a theme for a future World Health Day;

(4) to report on the progress made to the Thirty-eighth World Health Assembly.

Twelfth Plenary Meeting, 13 May 1983  
A36/VR/12

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<sup>1</sup> WHO Technical Report Series, No. 650, 1980.

13 May 1983

INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE

The Thirty-sixth World Health Assembly,

Noting with appreciation the report<sup>1</sup> of the Director-General relating to the International Drinking Water Supply and Sanitation Decade (1981-1990);

Recalling resolution WHA34.25 and particularly its emphasis on the Decade approach and its recommendation to Member States that they concentrate water supply and sanitation programmes on their priority health problems;

Noting with concern that, despite the progress made, including the increased external technical and financial support, with almost a quarter of the Decade already gone, countries are encountering difficulties in achieving the goals they and the Decade have set and in accelerating their Decade programmes;

Considering that in this respect the national health agencies have a special role to play in promoting the Decade and in contributing to the attainment of its aims as part of primary health care activities, and particularly the training and use of community-based workers, health education and public information, and the strengthening of the health infrastructure;

Noting that, despite the general acknowledgement of the importance of intersectoral cooperation and action, many national and international agencies have not yet taken steps to introduce the changes of approach that the Decade requires;

Recognizing that it is essential to seize now the opportunity of improving health through the provision of safe drinking water supplies and adequate sanitation services;

1. CALLS for a vigorous effort by all concerned to ensure substantial progress towards the goals of the Decade;
2. URGES Member States to pursue the following plan of action:
  - (1) to accelerate the adoption of national policies and the drawing-up of sound plans through which priority can be given to underserved urban and rural populations, bearing in mind that improved sanitation should go hand in hand with the provision of safe water;
  - (2) to promote, as proposed by the Director-General, the concept of safe drinking-water supply and sanitation as an essential component of primary health care;
  - (3) to ensure that their national agencies take practical steps and allocate the necessary resources and manpower to implement the above concept;

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<sup>1</sup> Document A36/5.

(4) to ensure that all agencies with operational responsibility for water supply and sanitation, including, where applicable, ministries of health, develop:

- (a) programmes to extend coverage to the whole population with priority to underserved urban and rural groups;
- (b) institutional structures that will enable communities to assume responsibility for important tasks in planning and implementation, and, more particularly, in operation and maintenance;
- (c) human resources with particular emphasis on middle-level and basic manpower;
- (d) the use of the health system's capacity for community and public health education;
- (e) low-cost technology for drinking-water supply and sanitation;
- (f) arrangements for drinking-water quality surveillance and control;

3. INVITES Regional Committees

(1) to review the Decade's progress at their meetings, in 1983 if possible, in the light of the regional health-for-all strategies, and to propose measures that national health agencies can take to ensure the adoption and implementation of the above-mentioned national plans of action, and to include relevant parts of these plans in reviews by countries of the utilization of resources for primary health care;

(2) to adopt regional measures to support countries in strengthening their Decade activities;

4. URGES the multilateral and bilateral agencies concerned

(1) to support health oriented national Decade plans in accordance with resolution WHA34.25;

(2) to participate in efforts to coordinate external contributions to Decade activities at country level;

(3) to pay particular attention to supporting infrastructural improvements and measures to enable countries to absorb external support more fully and use it more effectively.

5. REQUESTS the Director-General

(1) to continue to collaborate both with health agencies and with other agencies concerned in carrying out their tasks and activities in support of the above-mentioned plan of action, paying special attention to obtaining the greatest possible benefits to health, extending coverage to the underserved, and ensuring that sanitation develops pari passu with water supply;

(2) to strengthen the Organization's technical cooperation, particularly in regard to human resources, evaluation, research, information exchange and technological development, and, in collaboration with all the bilateral and international agencies concerned, to try to obtain a substantial increase in support for Member States in these respects;

(3) to continue to cooperate with multilateral and bilateral agencies by keeping them informed on needs for external cooperation, persuading them to direct more of their resources towards the crucial needs of Member States in regard to infrastructural improvement, and ensuring that their support is of the greatest possible benefit to health;

(4) to continue to collaborate with the other agencies of the United Nations system in the Steering Committee for the Decade, and specifically with UNDP Resident Representatives in their focal role at country level, and to use these means to ensure that the Decade has the greatest possible impact on progress towards health for all;

(5) to prepare a mid-Decade review of progress for submission to the Thirty-ninth World Health Assembly.

Twelfth Plenary Meeting, 13 May 1983  
A36/VR/12

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13 May 1983

ORAL HEALTH IN THE STRATEGY OF HEALTH FOR ALL

The Thirty-sixth World Health Assembly,

Recognizing that oral health is deteriorating in developing countries, despite the availability of effective preventive methods which have markedly improved, and continue to improve, oral health in many industrialized countries;

Recognizing that bilateral cooperation focused on measures to arrest the deterioration in oral health in developing countries and to ensure permanent maintenance of any improvements achieved is not only possible but is particularly called for at the present time;

Appreciating the clear and practical strategy available<sup>1</sup> for achieving better oral health on a worldwide scale;

1. CALLS upon all Member States to follow the available strategy when developing their national oral health strategies;

2. URGES all Member States to use the facilities for coordination and collaboration available through WHO and in particular its International Collaborative Oral Health Development Programme mentioned in the attached strategy;

3. REQUESTS the Director-General:

(i) to mobilize available resources in setting up the International Collaborative Oral Health Development Programme in order to respond effectively to requests from Member States regarding all aspects of their national oral health strategies, thus taking advantage of a special opportunity to redeploy human and other resources to achieve health for all;

(ii) to report on progress to future World Health Assemblies through his biennial report.

Twelfth Plenary Meeting, 13 May 1983  
A36/VR/12

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<sup>1</sup> See Annex.

ANNEX

ANNEX<sup>1</sup>

FOUR-POINT COUNTRY ACTION PROGRAMME

1. Establish a coordinated planning process in oral health, using the standard WHO system for analysing oral health situations.
2. Within national plans thus formulated, emphasize prevention at the primary health care level and integrate oral health into the general health infrastructure including a relevant referral system.
3. Identify obstacles to achievement of national plans.
4. Use the WHO International Collaborative Oral Health Development Programme mentioned below to overcome those obstacles.

ROLE OF WHO IN SUPPORT OF COUNTRY ACTION PROGRAMMES

1. Establish a WHO International Collaborative Oral Health Development Programme, as outlined in documents EB71/1983/REC/2, pages 175-176 and A36/INF.DOC./2, page 3, incorporating the optimal deployment of all resources available to the Organization.
2. Collaborate with Member States in performing situation analyses, in developing national policies, goals, plans and programmes in the light of these analyses and in identifying obstacles to achievement of those goals.
3. Participate with governments in identifying activities required and the support needed through the WHO International Collaborative Oral Health Development Programme.
4. Promote and coordinate health services research and other research required to ensure the achievement of country goals in oral health.

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<sup>1</sup> Strategy for Oral Health summarized from PB/84-85 and A36/INF.DOC./2.

13 May 1983

REFERENCE SUBSTANCES FOR  
QUALITY CONTROL OF DRUGS  
(FACILITATION OF THEIR DEPARTURE FROM AND ENTRY INTO MEMBER STATES)

The Thirty-sixth World Health Assembly,

Recognizing the importance of the availability of high-quality reference standards for the quality control of drugs;

Noting the difficulties presently encountered in having reference materials delayed or lost in transit or held up unduly, while awaiting customs clearance, and being stored in conditions that could adversely affect the quality of the reference substances,

REQUESTS the Director-General to study the question and to take appropriate measures, in the light of the Organization's constitutional functions and related practices, and to inform Member States of such measures.

Twelfth Plenary Meeting, 13 May 1983  
A36/VR/12



13 May 1983

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM: GENERAL MATTERS

Contribution of the World Health Organization to the Participation  
of Women in Promoting International Peace, Cooperation and Health

The Thirty-sixth World Health Assembly,

Welcoming the valuable contribution made by the World Health Organization towards the attainment of the objectives of the United Nations Decade for Women: Equality, Development and Peace;

Referring to the close connexion between the equality of women and the protection of their health, as noted in resolution WHA28.40;

Recalling the principle laid down in the Constitution of the World Health Organization that health, the attainment of peace and international cooperation are interdependent;

Emphasizing the significance of WHO's cooperation with its Member States, other specialized agencies within the United Nations system, and international governmental and nongovernmental organizations in implementing the objectives of the United Nations Decade for Women;

Underlining the necessity to further improve preventive medical care and support for women in many Member States;

Recognizing the contribution made by women towards the preservation and promotion of health in their own families as medical and social workers as well as in the political and social sphere;

Emphasizing the constantly growing role of women in implementing the Global Strategy for Health for All by the Year 2000 in all Member States;

1. TAKES note of the adoption of the Declaration on the Participation of Women in Promoting International Peace and Cooperation by the United Nations General Assembly at its thirty-seventh session<sup>1</sup> as a step towards achieving the objectives set for the United Nations Decade for Women;

2. REQUESTS the Director-General

(1) to give high priority to well oriented and appropriate measures aimed at strengthening the provision of health care for women and enhancing their state of health in the implementation of WHO's Global Strategy;

(2) to ensure the Organization's active participation in the preparations for the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women to be held in 1985;

(3) to work towards the full integration of women and their cooperation on an equal basis in the activities of health services in Member States.

Twelfth plenary meeting, 13 May 1983  
A36/VR/12

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<sup>1</sup> United Nations General Assembly resolution 37/63.

16 May 1983

THE ROLE OF PHYSICIANS AND OTHER HEALTH WORKERS IN THE  
PRESERVATION AND PROMOTION OF PEACE AS THE MOST SIGNIFICANT  
FACTOR FOR THE ATTAINMENT OF HEALTH FOR ALL

The Thirty-sixth World Health Assembly,

Bearing in mind the principle laid down in the WHO Constitution that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolution WHA34.38 on the role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all;

Having considered the report on the effects of nuclear war on health and health services,<sup>1</sup> prepared by the International Committee of Experts in Medical Sciences and Public Health established by the Director-General in conformity with resolution WHA34.38;

1. THANKS the International Committee for its report;
2. NOTES with grave concern the conclusions of the Committee on the effects of nuclear war on health and health services;
3. ENDORSES the Committee's conclusion that it is impossible to prepare health services to deal in any systematic way with a catastrophe resulting from nuclear warfare, and that nuclear weapons constitute the greatest immediate threat to the health and welfare of mankind;
4. URGES Member States to give careful consideration to the conclusions of the report;
5. REQUESTS the Director-General:
  - (1) to publish the report with all its scientific attachments and to preface it with this resolution;
  - (2) to ensure that wide publicity is given to the report;
  - (3) to transmit the report to the Secretary-General of the United Nations with a view to its consideration by the appropriate United Nations and other bodies;
6. RECOMMENDS that the Organization, in cooperation with other United Nations agencies, continue the work of collecting, analysing and regularly publishing accounts of activities and further studies on the effects of nuclear war on health and health services, the World Health Assembly being kept periodically informed.

Thirteenth plenary meeting, 16 May 1983  
A36/VR/13

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<sup>1</sup> Document A36/12 and Add.1.

16 May 1983

TUBERCULOSIS CONTROL IN THE WORLD - SITUATION ANALYSIS

The Thirty-sixth World Health Assembly,

Recalling resolution WHA33.26;

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

Noting that tuberculosis continues to be an important health problem in the world, particularly in developing countries, where little improvement has been achieved in the last two decades;

Recognizing that improvement in socioeconomic conditions will have a beneficial effect on the tuberculosis situation;

Emphasizing that progress in tuberculosis control requires a sustained effort and that the programme must be integrated into comprehensive health systems based on primary health care;

Convinced that the social target of alleviating human suffering and preventing death and disability from tuberculosis is achievable in the context of primary health care and in accordance with the goal of health for all by the year 2000;

Recognizing that the epidemiological target of interrupting tuberculosis transmission and substantially reducing the magnitude of the tuberculosis problem in the world can only be achieved gradually;

Expressing its appreciation of the collaboration of the International Union against Tuberculosis and other nongovernmental organizations in furthering the general policy of WHO in tuberculosis control;

1. URGES Member States to intensify their efforts to extend tuberculosis diagnostic, treatment and prevention services to the whole population, and to do this by promoting close collaboration between those responsible for the development and organization of health system infrastructure based on primary health care and those responsible for tuberculosis control;

2. REQUESTS the Director-General:

(1) to continue to collaborate with Member States in the development and strengthening of tuberculosis control programmes as a component of primary health care, and to ensure that expertise in tuberculosis control remains available to the international and national communities;

(2) to continue to support BCG vaccination in children within the Expanded Programme on Immunization in accordance with the present policy of the Organization;

(3) to promote sociological and health systems research in order to establish baselines for programme planning and evaluation and to determine the most efficient ways of delivering the appropriate technologies through the health system infrastructure and of ensuring community participation;

(4) to promote fundamental and technological research, particularly in the fields of epidemiology and immunology, aimed at providing more effective preventive and diagnostic methods;

(5) to promote collaboration between tuberculosis programmes and programmes concerned with the organization of health systems based on primary health care, health laboratory technology programmes, drug action programmes, and programmes in public information and health education;

(6) to promote the development and strengthening of training programmes on the technical and management aspects of tuberculosis control as an integral part of the curricula for the training of all categories of health personnel;

(7) to make all possible efforts, through collaboration between the action programme on essential drugs and the pharmaceutical industry, to ensure that the most effective chemotherapeutic regimens become more widely accessible to developing countries;

(8) to keep the Executive Board and the Health Assembly informed of global progress in tuberculosis control.

Thirteenth plenary meeting, 16 May 1983  
A36/VR/13

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13 May 1983

RECRUITMENT OF INTERNATIONAL STAFF IN WHO

The Thirty-sixth World Health Assembly,

Noting the report<sup>1</sup> and proposals of the Director-General and the views of the Executive Board with regard to the recruitment of international staff in WHO;

Recalling earlier resolutions of the Health Assembly and the Executive Board on the same subject, and in particular resolutions WHA32.37 and WHA34.15;

Noting the evolution between October 1980 and October 1982 of the geographical representativeness of the staff and of the proportion of women on the staff of WHO;

1. CONGRATULATES the Director-General on the progress which has been made towards achieving the recruitment targets agreed by the Health Assembly;
2. DECIDES to maintain the target of 40% of all vacancies arising in professional and higher-graded posts subject to geographical distribution during the period ending October 1984 for the appointment of nationals of unrepresented and under-represented countries;
3. DECIDES to maintain the target of achieving, by October 1984, a proportion of 20% of all professional and higher-graded posts in established offices to be occupied by women;
4. RENEWS the urgent request to Member States to assist the Director-General in his efforts to increase the number of women on the staff by proposing a much higher proportion of well qualified and experienced women candidates;
5. CALLS UPON the Director-General to pursue energetically his efforts to continue to improve both the geographical distribution of the staff and the proportion of posts occupied by women;
6. REQUESTS the Director-General in future to report on recruitment of international staff in WHO to the Executive Board and the Health Assembly in odd-numbered years, commencing with the seventy-fifth session of the Executive Board and the Thirty-eighth World Health Assembly in 1985;
7. FURTHER REQUESTS the Director-General to report to the seventy-third session of the Executive Board, in January 1984, on his conclusions regarding the concepts of career, tenure of appointment and related matters, and in the meanwhile to maintain the policy regarding career service appointments as recommended by the Executive Board at its sixty-seventh session and decided by the Health Assembly in resolution WHA34.15.

Twelfth plenary meeting, 13 May 1983  
A36/VR/12

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<sup>1</sup> Document EB71/1983/REC/1, Annex 7, p. 72.

16 May 1983

PREVENTION AND CONTROL OF CARDIOVASCULAR DISEASES

The Thirty-sixth World Health Assembly,

Recalling resolution WHA29.49, which invited the Director-General to prepare a long-term programme of the Organization in the field of cardiovascular diseases with special emphasis on promotion of research on prevention, etiology, early diagnosis, treatment and rehabilitation, as well as on coordination of international cooperative activities in the field of cardiovascular diseases;

Recognizing cardiovascular diseases as the main cause of morbidity and mortality in virtually all industrialized countries, and aware of their increasing significance as a cause of ill health and death in many developing countries;

Considering that appropriate technology now exists to prevent and control a growing number of cardiovascular diseases such as rheumatic heart disease in children, coronary heart disease and cerebrovascular accident resulting from hypertension;

Encouraged by the report of the Expert Committee on Prevention of Coronary Heart Disease<sup>1</sup>, which gave detailed guidance for the development of national strategies for the prevention and control of such disease;

Concurring with the recommendation of the Seventy-first session of the Executive Board to allocate additional funds to the Cardiovascular disease programme with particular reference to accelerating the implementation of the programme strategy for the prevention of coronary heart disease;

1. APPROVES the lines of action of the Organization's long-term programme in cardiovascular diseases, which was developed in response to resolution WHA29.49, and notes with appreciation the results since achieved;
2. URGES Member States to pay particular attention to the wide possibilities for prevention and control of cardiovascular diseases as an integral part of their national health plans,
3. REQUESTS those Member States which have the capacity to do so to provide financial and technical support to developing countries in implementing their programmes;
4. REQUESTS the Director-General

(1) to continue and further strengthen the activities of the Organization in the field of cardiovascular diseases as formulated in its long-term programme and implemented during the Sixth General Programme of Work, and as approved in the Seventh General Programme of Work,

(2) to take appropriate action to further mobilize extrabudgetary support for global, interregional, regional and national activities within the programme and to use, when necessary, funds from the Director-General's Development Programme and from the Development Programmes of the Regional Directors concerned;

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<sup>1</sup> WHO Technical Report Series No. 678.

(3) to promote within the Organization close technical collaboration among the various programmes supportive of these goals, and further coordinate the development and implementation of the cardiovascular diseases programme with activities carried out by appropriate non-governmental organizations, other international organizations and leading scientific institutes,

(4) to report periodically on the progress achieved through his annual reports to the World Health Assembly.

Thirteenth Plenary Meeting, 16 May 1983  
A36/VR/13

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16 May 1983

APPROPRIATION RESOLUTION FOR THE FINANCIAL PERIOD 1984-1985

The Thirty-sixth World Health Assembly

RESOLVES to appropriate for the financial period 1984-1985 an amount of US\$ 581 739 900 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US\$
1.	Direction, coordination and management . . . . .	60 938 600
2.	Health system infrastructure . . . . .	170 226 000
3.	Health science and technology: health promotion and care	91 576 700
4.	Health science and technology: disease prevention and control . . . . .	78 525 700
5.	Programme support . . . . .	118 833 000
	Effective working budget	520 100 000
6.	Transfer to Tax Equalization Fund . . . . .	52 000 000
7.	Undistributed reserve . . . . .	9 639 900
	Total	581 739 900

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 1984 - 31 December 1985 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 1984-1985 to section 1-6.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of section 1 exclusive of the provision made for the Director-General's and Regional Directors' Development Programme (US\$ 9 772 000). 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 1984-1985. 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 . . . . .	5 000 000
(ii) casual income in the amount of . . . . .	54 500 000
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	59 500 000

thus resulting in assessments on Members of US\$ 522 239 900. In establishing the amount of contributions to be paid by individual Members, their assessments shall be reduced further by 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.

Thirteenth Plenary Meeting, 16 May 1983  
A36/VR/13

16 May 1983

**IMPLEMENTING THE STRATEGY FOR HEALTH FOR ALL**

The Thirty-sixth World Health Assembly,

Noting with satisfaction the decisions taken by a Group of Member States - the Non-Aligned and other developing Countries - concerning the implementation of the strategy for Health for All by the Year 2000;

Stressing the importance of the decisions adopted by the Non-Aligned and other developing Countries in their resolutions on:

(i) Implementation of the Strategy for Health for All by the Year 2000;

(ii) Technical Cooperation among Developing Countries to attain the goal of Health for All by the Year 2000;

1. CONGRATULATES the Non-Aligned and other developing Countries for their continuing political commitment and vigorous efforts to attain the goal of Health for All;
2. REQUESTS the Director-General to mobilize support for these and other Member Countries for the implementation of their strategies for achieving Health for All and for technical cooperation among them, and to report to the Thirty-seventh World Health Assembly on progress made in this respect.

Thirteenth Plenary Meeting, 16 May 1983  
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16 May 1983

METHODOLOGY AND CONTENT OF THE SEVENTH REPORT ON THE  
WORLD HEALTH SITUATION IN RELATION TO THE MONITORING AND  
EVALUATION OF THE GLOBAL STRATEGY FOR HEALTH FOR ALL

The Thirty-sixth World Health Assembly,

Noting the record of the seventy-first session of the Executive Board<sup>1</sup> on its debate on the methodology and content of the Seventh Report on the World Health Situation in relation to the monitoring and evaluation of the Global Strategy for Health for All;

Having considered the report<sup>2</sup> of the Director-General on this subject;

Recalling resolutions WHA23.59 and WHA29.22 in which the need was reiterated for the Organization to publish an analysis and evaluation of the information on the state of health of the world population and on environmental health;

Appreciating the opportunity to improve the relevance of the Seventh Report by building it on the basis of reports on monitoring and evaluation of the Global Strategy for Health for All which the Member States are preparing in 1983 and 1985 in accordance with the plan of action adopted in resolution WHA35.23;

Recognizing the need to associate WHO's governing bodies as closely as possible with the monitoring and evaluation of the Global Strategy as well as with the preparation of the Seventh Report on the World Health Situation,

1. DECIDES that:

(1) the Seventh Report on the World Health Situation should be prepared on the basis of the first global report on the evaluation of the Strategy for Health for All which will be reviewed by the Health Assembly in May 1986;

(2) one global report together with six regional health situation reports, based on the first reports on the evaluation of the regional strategies for health for all, including country reviews, should be published in the six official languages in the second half of 1986, and entitled "Evaluation of the Strategy for Health for All by the Year 2000 - Seventh Report on the World Health Situation";

(3) the other proposals contained in the report of the Director-General be implemented; particularly with respect to the content of the Seventh Report;

2. URGES the Member States to develop or improve mechanisms for monitoring and evaluating their strategies for health for all, collecting relevant information and using it to assess their health system, analysing health situation and trends, and thus providing a sound basis for epidemiological surveillance and for decision-making for health development;

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<sup>1</sup> Document EB71/1983/REC/2, pp. 267-269.

<sup>2</sup> Document A36/30.

3. INVITES the WHO regional committees to evaluate the action undertaken at national and regional levels for monitoring and evaluating the implementation of the strategies for health for all by the year 2000 at these levels so as to use these processes as a tool for:

(a) improving these strategies;

(b) improving the national and regional capability in the field of monitoring and evaluation, assessing health situation and trends, and generating the information required for national health management and WHO programme development;

(c) guiding the WHO Secretariat in the preparation of the regional components of the Seventh Report on the World Health Situation;

4. RECOMMENDS that the Executive Board guide, through its Programme Committee, the Director-General in the preparation of the Seventh Report;

5. REQUESTS the Director-General:

(1) to ensure the preparation of the Seventh Report on the World Health Situation in accordance with this resolution;

(2) to take the provisional results of the Seventh Report on the World Health Situation into consideration in the preparation and discussion of the Proposed Programme Budget for 1986-1987;

(3) to support Member States in their endeavours at monitoring and evaluating their strategies for health for all, at assessing their health situation and trends, and at generating and using essential information to these ends.

Thirteenth Plenary Meeting, 16 May 1983  
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